Ministers set to force work-related activity on everyone in ESA support group

disabilitynewsservice.com/ministers-set-to-force-work-related-activity-on-everyone-in-esa-support-group/

By John Pring 11/3/2016

The Department for Work and Pensions is considering forcing all sick and disabled people on out-of-work disability benefits to take part in "mandatory" activity, its new green paper has revealed.

The suggestion of compulsory activity is revealed in a single line of the 92-page work, health and disability green paper, published this week.

Such a change would mean that all people on out-of-work disability benefits – even those who are terminally-ill or have the very highest support needs – would have to stay in regular touch with their local jobcentre or risk having their benefits sanctioned.

The measure would affect those in the support group of employment and support allowance (ESA) – and the equivalent group in the new universal credit – a group which is currently not expected to carry out any work-related activity at all.

The green paper, Improving Lives, says ministers "could consider implementing a 'keep-in-touch' discussion with work coaches" for people in the support group, which "could provide an opportunity for work coaches to offer appropriate support tailored to the individual's current circumstances" and "could be explored as a voluntary or mandatory requirement".

It comes only a month after the new work and pensions secretary, Damian Green, secured widespread praise for announcing an end to repeat assessments for those on ESA with "the most severe, lifetime conditions".

He said then that the government would "sweep away unnecessary stress and bureaucracy which weigh them down" and that "if someone has a disease which can only get worse, making them turn up for repeated appointments to claim what they need is pointless bureaucratic nonsense".

Asked about this inconsistency, a Department for Work and Pensions (DWP) spokeswoman did not deny the possibility of mandatory activity for all those in the support group.

She said: "We recognise that people in the support group have limited capability for work related activity – but that does not necessarily mean they should be left without any support at all.

"We believe it is important to give claimants the opportunity to take up the offer of personalised and tailored support if it is appropriate for them, regardless of what group they are placed in following the WCA."

The green paper's repeated emphasis that the government wants to "reinforce work as a health outcome" is also likely to alarm many disabled campaigners and healthcare professionals.

It says the government will increase the number of job advisers in healthcare settings and ensure that "all health professionals are sufficiently trained and confident to have work-related conversations" with patients.

It also warns that ministers "want to make the benefits of work an ingrained part of the training and professional approach of the health and social care workforce".

Asked whether DWP accepted that many disabled people and health professionals believe that it is dangerous and unethical to view employment as a health outcome, particularly for people in mental distress, a spokeswoman said that "evidence shows that being in the right work is good for health and that being out of work can have a detrimental effect on health".

She said that the government's Improving Access to Psychological Therapies mental health treatment programme was "voluntary at every stage and that includes the employment support offer within the programme".

There may also be concerns about new mandatory "health and work conversations" in which work coaches will use "specially designed techniques" to "help" some ESA claimants "identify their health and work goals, draw out their strengths, make realistic plans, and build resilience and motivation".

The green paper claims that these conversations were "co-designed with disabled people's organisations and occupational health professionals and practitioners and the Behavioural Insights Team [the controversial 'Nudge Unit', which is part-owned by the Cabinet Office]".

There has so far been little or no analysis of the green paper in the mainstream media or from politicians, with most of the coverage and comment occurring before it was published and so based on extracts offered by DWP.

Much of that media coverage repeated Green's claim that the government would provide more "personalised" employment support for disabled people.

But the green paper provides little evidence of real personalised support.

Measures likely to be widely welcomed include plans to remove the 12-month time limit on permitted work for those in the ESA work-related activity group (WRAG), and the possibility of funding for some local peer support groups.

The green paper suggests that those placed in the WRAG will be allocated employment support places in either the new Work and Health Programme or the specialist Work Choice programme, while DWP will expand peer support job clubs – whose effectiveness was backed in research earlier this year by Disability Rights UK and The Work Foundation – to 71 Jobcentre Plus areas with high numbers of ESA claimants.

Ministers will also test a voluntary, supported work experience programme for young disabled people, and increase funding for Access to Work's mental health support service.

The DWP spokeswoman said the personalised support "includes a range of new interventions and initiatives, [and]is designed to provide more tailored support which work coaches will offer" to disabled claimants.

There was widespread media coverage of Green's pledge to reform the work capability assessment (WCA), the controversial eligibility test for ESA which has been implicated in hundreds – and possibly thousands – of deaths of disabled people, and in causing significant harm and distress to tens of thousands of others.

But the green paper suggests little reform of the assessment process itself, although ministers say they would introduce a separate process for deciding what kind of employment support an ESA claimant should be signposted to.

It does suggest that the WCA process should be able to draw on information "from the NHS, the adult social care system or through other benefit applications" if this is "appropriate and relevant".

And it suggests that there could be "a more appropriate process" for the "small proportion" of ESA claimants with the highest support needs, which could include "a simpler assessment process".

Asked about the WCA reform plans, a DWP spokeswoman said there had been five independent reviews of the WCA, which had made more than 100 recommendations, "the vast majority of which we have accepted", while DWP was now "consulting on a new approach to deciding entitlement to financial employment support".

Questions are likely to be asked about the green paper's pledge to introduce an extra 300 disability employment advisers (DEAs) to jobcentres, increasing the total number to 500.

The green paper fails to point out that, as recently as January 2014, there were 900 DEAs spread across the country's 719 jobcentres, before hundreds were removed by ministers.

As recently as March, the previous – short-lived – work and pensions secretary, Stephen Crabb, promised to recruit an extra 500 DEAs.

Asked to confirm these figures, a DWP spokeswoman would only repeat that there will be an extra 300 DEAs.

In addition, DWP will recruit about 200 “community partners”, who will have “personal and professional experience of disability”, with many of them apparently to be seconded from disabled people’s organisations.

These community partners will work with Jobcentre Plus staff to “provide valuable first-hand insight into the issues individuals with a health condition or disability face in securing and sustaining employment”, and will draw on their local knowledge.

Questions may also be asked about the green paper’s refusal to provide any end date for the repeated ministerial pledge to halve the disability employment gap.

Asked if there was any target date, the DWP spokeswoman declined to provide one, but said the government was “committed to halving the disability employment gap” and had “helped nearly 500,000 more disabled people into employment over the past three years”.

There will be widespread concern at the statement in the green paper that ministers believe there should be a greater role for income protection insurance policies, which employers can take out privately to help address the risks and impact of ill-health among their employees.

Many disabled activists have grown increasingly concerned at the influence of at least one provider of such policies, which has been blamed for undermining the system of out-of-work disability benefits.

In September, a book by disabled researcher Mo Stewart detailed the influence of the US insurance giant Unum over successive UK governments, and how it had undermined the social security system in order to boost the market for its own income protection policies.

And there is likely to be frustration that, yet again, there is a strong focus on encouraging employers to be more “disability confident” – with a suggestion of offering them “financial or other incentives” to employ disabled people – but no mention of any measures to force them to implement their Equality Act duties on employing disabled people.

A DWP spokeswoman told DNS: “Businesses are required to fulfil their legal obligations under the Equality Act.

“As part of the consultation, we ask what the expectation should be on employers to recruit and retain disabled people and those with long-term health conditions.”

Meanwhile, there is confusion about whether ministers plan to scrap Work Choice, the specialist employment programme for disabled people, as was announced in last November’s spending review.

The green paper suggests instead that places on Work Choice will still be offered to ESA claimants from 2017.

The DWP spokeswoman said that the “Work Programme and Work Choice have been successful in supporting participants into work, but the current economic context demands a new approach” through a new Work and Health Programme, but by 11am today (Thursday) she had failed to clarify whether Work Choice will eventually be scrapped.

Help for those who are furthest from the job market will still be available through the Specialist Employability Support programme, according to the green paper, with the possibility of more places on the scheme for ESA WRAG claimants.

The green paper also promises to “open up apprenticeships” to young people with learning difficulties, by making “adjustments” to English and maths requirements, while it will work with social enterprises and disabled entrepreneurs to set up apprenticeships “specifically for young disabled people”.

A consultation on the green paper will run until 17 February 2017, and among the ways to comment are via an online survey and by emailing workandhealth@dwp.gsi.gov.uk

Open consultation

Work, health and disability: improving lives

From: Department for Work and Pensions, Department of Health, The Rt Hon Damian Green MP and The Rt Hon Jeremy Hunt MP
First published: 31 October 2016
Last updated: 2 November 2016, see all updates

This consultation closes at
17 February 2017
11:45pm

Summary

We are seeking views on what it will take to transform employment prospects for disabled people and people with long-term health conditions.

This consultation is being held on another website

Documents

Work, health and disability green paper: improving lives

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PDF, 2.11MB, 95 pages

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Welsh: Gwella Bywydau: Papur Gwyrdd Gwaith, Iechyd ac Anabledd

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Consultation description

This consultation seeks views on how we can halve the disability employment gap. Despite the current record-breaking labour market, 4.6 million disabled people and people with long-term health conditions are out of work. Less than half (48%) of disabled people are in employment, compared to 80% of the non-disabled population.

Topics in this consultation include the role of employers and work coaches, improvements to the welfare system, investing in innovative services, occupational health support and changing the culture around work and health.

The Department for Work and Pensions and the Department of Health are keen to hear views from all interested parties, especially disabled people and disability organisations.

Alternative formats

Audio version of the consultation

Audio version: Work, health and disability: improving lives

British Sign Language (BSL) version

BSL version: Work, health and disability: improving lives

Other formats

Braille copies can be ordered by:

Email: workandhealth@dwp.gsi.gov.uk

Post:

> Work, health and disability consultation
> Ground floor, Caxton House
> 6-12 Tothill Street
> London
> SW1H 9NA

Technical annex to Improving lives: The Work, Health and Disability Green Paper

We've published a technical annex containing statistical analysis on work, health and disability in the UK to support the consultation. It brings together existing evidence with new data analysis.

Published:

31 October 2016

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2 November 2016

+ full page history

From:

Department for Work and Pensions

Department of Health

The Rt Hon Damian Green MP

The Rt Hon Jeremy Hunt MP

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Improving Lives: Work, Health and Disability Green Paper

31 October 2016
Volume 616

4.29 pm

The Secretary of State for Work and Pensions (Damian Green)

With permission, Mr Speaker, I would like to make a statement on the Green Paper being published today by my Department, together with the Department of Health.

This Government are determined to build a country that works for everyone. That means an economy that serves the interests of ordinary, working people; it means a society where everyone has an opportunity to go as far as their talents can take them, regardless of their background. As part of that, it means creating a country where a disability does not dictate the path that a person is able to take in life.

Under successive Governments, we have made good progress in improving the lives of disabled people. Laws have been changed, old attitudes have been challenged, and understanding has improved. More disabled people are in work—half a million more than just three years ago. That is encouraging, but we need to build on that progress and do more to help disabled people reach their full potential.

It is clear that for many disabled people, the barriers to entering work are still too high, and that people in work who get ill too often fall out of work, lose contact, lose confidence and do not return to work. The impact extends far beyond the individual. Families suffer, the health service

Potential is left unfulfilled. Lives are lessened. Of course, the health and welfare systems must support those who will never be able to work. It should offer the opportunity of work to all those who can, provide help for those who could, and care for those who cannot. It is the help for those who could that, through this Green Paper, we will transform—first, within the welfare system.

In 2010, we inherited a broken system, where there were too few incentives to move from welfare to work, and one where too many of our fellow citizens were simply taken off the books and forgotten about. Since then, we have brought control and the right values back to the system. I want to recognise my predecessors, particularly my right hon. Friend the Member for Chingford and Woodford Green (Mr Duncan Smith) for his passion and conviction over the past six years, to make that a reality. Through reforms such as universal credit, we have ensured that work always pays, while ensuring a strong safety net for those who cannot work.

Spending on disabled people will be higher every year of this Parliament than it was in 2010, but we need to continue to review and reform the system based on what we know works. One of those areas is the level of personalised and tailored support that someone gets when they fall out of work. In the past 12 months, half of the people who attended a work capability assessment were deemed too ill to work, or even prepare for work, at that time. They then routinely receive no employment support at all. It is not surprising, then, that each month only 1% of people eligible for employment and support allowance after an assessment leave. For a benefit that was meant to help people back into work, the statistics show that it is not living up to that original aim, so we will build on the success of universal credit and provide more personalised employment support by consulting on further reform of the work capability assessment.

We will also introduce a new personal support package for disabled people, providing better tailored support, including a new health and work conversation between someone on ESA and their work coach, focusing on what they can do, rather than on what they cannot do. We will recruit around 200 community partners into jobcentres, to bring in expertise from the voluntary sector, and we will give young people with limited capability for work the opportunity to get valuable work experience with employers. These are practical steps and support that the welfare system will provide for disabled people.

This Green Paper marks a new era in joint working between the welfare and health systems—between the Department for Work and Pensions and the Department of Health. Recognising that work and meaningful activity can promote good health, we will work with Health Education England, Public Health England and others to make the benefits of work an ingrained part of the training and health workforce approach. We will review statutory sick pay and GP fit notes to support workers back into their jobs faster and for longer. It is also about transforming the way services join up. We will be consulting on how best to do this, as well as boosting existing joint services—for example, we are more than doubling the number of employment advisers placed in talking therapies services. It is right that we focus on such services, as mental health conditions, together with musculoskeletal conditions, are behind many people falling out of

work.

This is not a challenge for Government alone so, finally, I want to turn to the role of employers. Employers have so much potential power to bring about change, not just in their recruitment strategies, but in how they support their employees. We need all businesses—small or large; local, national or global—to use that power to deliver change. The fact is that, as well as being good for health, it makes good business sense; sick pay for workers who get ill costs business £9 billion a year.

Businesses are leaders in innovation and transformation. We need to harness that positive power of business to promote disability awareness, so we will create a “Disability Confident” business leaders group to increase employer engagement in looking after the health and wellbeing of their employees, and opening up opportunities to them. Now is the moment for every business to take a proper look at the relationship between work and health, and what that means for their business and productivity.

Over the coming months, we will be talking to disabled people and those who have health conditions. We will be talking to carers, families, professionals and a range of organisations that are so important to getting this right and, like us, want further change. Together, through this Green Paper, and building on our work since 2010, we intend to deliver just that—to improve the way the welfare system responds to real people with health conditions; to see employers stepping up and play their part; to see work as a health outcome; and to see a culture of high ambition and high expectations for the disabled people of this country, because they deserve it.

4.36 pm

Debbie Abrahams (Oldham East and Saddleworth) (Lab)

I thank the Secretary of State for his statement and advance notice of it. This is again kicking the issue of support for disabled people and halving the disability employment gap into the long grass. He is the third Secretary of State who has promised a plan, yet we have just talk, no action.

During his announcement today, the Secretary of State claimed he was confronting negative “attitudes, prejudices and misunderstandings”. The audacity of the statement is offensive. The Government have been responsible more than anyone for the negative attitude towards disabled people, with their shirkers grand narrative. Only this morning, the Secretary of State himself described disabled people as

“sitting at home living on benefits”.

The consultation itself demonstrates that the Government fail to understand the reality of many disabled people’s lives and the real anxiety those people feel about the coded messages in the consultation, yet further cuts are on the way.

I must challenge the Secretary of State for suggesting that the so-called reforms to social

security have helped to make work pay. These claims are derisory. All the evidence shows not only that the introduction of universal credit has been an unmitigated disaster—with seven delays to date, the Major Projects Authority and the National Audit Office expressing concerns regarding the scheme's governance, and the additional £3 billion the taxpayer is having to pay—but that cuts to work allowances signally fail to make UC help to make work pay. The Resolution Foundation has shown that, on average, 2.5 million working families will be over £2,000 a year worse off, so will the Secretary of State commit to reversing cuts to work allowances and universal credit?

On the Green Paper, if the Secretary of State is committed to helping disabled people into work, why has he cut employment support for disabled people from £700 million to £130 million? Will he commit to providing Access to Work support to more than the 36,500 disabled people who received it last year? Given that 1.3 million disabled people are fit and able to work, that is obviously a tiny proportion.

The Secretary of State referred to a review of statutory sick pay. Can he confirm that it is not a vehicle for further cuts to sick pay? Will he commit to maintaining levels of statutory sick pay, both now and in the future? On the plans to broaden the number of professionals who can provide a fit note—notes currently can be provided only by a general practitioner—will these people be appropriately trained clinicians? Given the Government's use of so-called healthcare professionals under the work capability assessment, we know that weakening the role of the medical profession in assessment processes is an underhand tactic to force people into work before they are ready.

On changes to the WCA itself, why will the Secretary of State not commit to scrapping this discredited process completely, as I have? As it stands, this dehumanising system does great harm and is nothing more than a vehicle for getting people off flow. Will the Secretary of State explain why only employment and support allowance is included in the statement? What are his intentions for the personal independence payment? How much funding is meant to underpin the health and work programme? Will he commit to reversing the cuts in support for the ESA work-related activity group, as those cuts will do untold harm? Does he accept his own data showing that people on ESA are more likely to die than the population at large, and that some sick and disabled people will never be able to work? As a civilised society, we must ensure that these people are adequately supported and not plunged into poverty, left destitute, or worse.

Damian Green

I am disappointed by the hon. Lady's tone because she seems to be completely out of touch with those who represent disabled people. Let me read her the words of the chief executive of Scope, Mark Atkinson, who said today:

"Disabled people are twice as likely as the general public to be unemployed. It is right that the Government has recognised this is an injustice that needs to be tackled. We welcome

the Green Paper's

"publication, which recognises the need for real change and sets out some bold ideas for reform."

Dr Liam O'Toole of Arthritis Research UK said:

"Today's Green Paper offers a vital opportunity to better understand and then meet the needs of people with arthritis."

The Work Foundation said:

"We have consistently advocated that good work and the benefits it brings to individuals, employers and society at large should be recognised as a positive outcome from a health perspective."

I am afraid that her carping is out of touch with the sector comprising those who most represent disabled people.

Let me deal with some of the detail. The hon. Lady repeated her promise to scrap any kind of assessment system at all for people getting benefits. Let me quote one of my predecessors who, when the work capability assessment was introduced, said, "We want to have a system where virtually everyone who is getting benefits is doing something to prepare for a return to work. The benefits system is not there for people to stay on benefits but to help them get back to work." I completely agree with that. It was said by Labour Work and Pensions Secretary James Purnell in 2008 when introducing the WCA. I am afraid that, again, the hon. Lady is out of touch.

The hon. Lady said a lot about universal credit and described it as a failure. Let me give her the facts about universal credit. Under universal credit, people spend about 50% more time looking for work and move into work faster. For every 100 people who found work under the old jobseeker's allowance system, 113 universal credit claimants have moved into a job. They are more likely to be looking to increase their hours—86% on universal credit compared with 38% on jobseeker's allowance. They are more likely to be looking to increase their earnings—77% on universal credit compared with 51% on JSA. *[Interruption.]* I am afraid that despite all the shouting from a sedentary position, the hon. Lady is simply wrong about the effect of universal credit.

The hon. Lady asked me to make some commitments about Access to Work. Real-terms increases in funding under Access to Work will support an additional 25,000 people each year by 2021. Last year, more than 36,000 people were helped to take up or remain in employment, including 2,800 young people. Access to Work is doing very well for tens of thousands of people with disabilities.

The hon. Lady would also, I hope, welcome our personal support package, which includes the recruitment of about 200 community partners into Jobcentre Plus to bring in expertise from the voluntary sector. One of the key things about this Green Paper is that we will work closely with the voluntary sector and use its expertise to help people with a disability.

The hon. Lady talks about forcing people into work. I hope that underneath some of her rhetoric she recognises the fact—this is now recognised increasingly by medical practitioners and clinicians—that a good job is good for people's health. Talking about forcing people into work demonstrates the wrong, old-fashioned mindset, and I genuinely hope she has moved on from that.

The hon. Lady asked about statutory sick pay. I assure her that there is nothing in this Green Paper about cutting statutory sick pay. We want to make it easier for people to move back into work, perhaps gradually, meaning that they take a few hours' work in the early days and months of their getting back into work. The purpose of the useful changes to the fit note, which is given by a properly qualified medical practitioner, is so that the process does not simply write someone off work, but guides them into a system that will help them to get back to work, because in the long run that is the best way to improve their lives, which is what the Green Paper is about.

Mr Iain Duncan Smith (Chingford and Woodford Green) (Con)

May I unreservedly welcome my right hon. Friend's statement, which builds on and elaborates previous work? I hope, however, that he will consider two issues during the Green Paper consultation. One of the greatest difficulties with the employment and support allowance is the binary choice that lies at the heart of its design, whereby it is deemed either that someone is too sick to work, or that they should work. We know that conditions can vary in many cases. Given that universal credit is now being rolled out, with this system forming part of that, would it be feasible to move away from that binary choice so that someone who moves into work can have that extra allowance before it tapers away? Given that universal credit is critical to this, will he look again at work allowances, particularly for those with limited capability for work, because they need to be increased to their original levels?

Damian Green

I am grateful to my right hon. Friend for his support. He is right about the binary choice that has obtained up to now under ESA and the fact that under the universal credit system, which he introduced, we have the capacity in the welfare system to make our approach much more flexible. That is precisely what the changes to the work capability assessment are designed to achieve—so that people are not simply put in one group or another and then left there. The much more personalised approach will mean that everyone should benefit from the assessment. We will be able to separate out the level of benefit that people should get from the level of support that they need to make the best of their lives. On the question of reversing previous changes in allowances, we have no plans to do so.

Dr Eilidh Whiteford (Banff and Buchan) (SNP)

May I thank the Secretary of State for advance sight of his statement? I am glad that, at last, this long-awaited Green Paper will be published. I broadly welcome the Government's commitment to reform, to more personalised support, and to consulting widely with disabled people, carers and those who represent them.

We will work constructively with all parties to deliver real progress for disabled people, but we need actions, not just words. The truth is that the burden of austerity that has fallen on sick and disabled people in recent years has caused severe hardship and pushed many people further away from the workplace. Sick and disabled people have been disproportionately sanctioned in the benefits system and disproportionately hit by the bedroom tax. The raising of the bar on personal independence payments has resulted in thousands of sick and disabled people losing their Motability vehicles, which in many cases are their only means of getting to and from work. From next April, sick and disabled people with long-term conditions will be deterred from going back to work, because if they do, but then have a relapse and need to go back on ESA, they will find their income cut by £30 a week. Far too many people who are manifestly too sick to work are still being found fit for work.

Earlier this year, the Government cut the budget for their Work programme from £2 billion to £130 million. Given its performance, I understand why they did that, but we know from more successful schemes to support disabled people into work such as Access to Work, and from voluntary sector initiatives such as the Moving On programme of Action on Hearing Loss, that tailored, personalised support does not come cheap. What additional budget does the Secretary of State envisage will be attached to the Government's proposals? What discussions has he had with the Treasury ahead of the autumn statement, and will there be Barnett consequentials for Scotland?

I also want to ask the Secretary of State about support for employers. To date, efforts have focused on improving employers' confidence, which is fine as far as it goes, but that can be fairly nebulous if there are no practical resources to back it up. Employers need concrete support to make this work. Will resources be attached to the rhetoric this time around? Finally, may I plead with the Secretary of State to hold off the impending cuts to the ESA WRAG until such time as the Government have got this right?

Damian Green

I am grateful to the hon. Lady for her general welcome for the appearance of the Green Paper and her commitment to work constructively on it. Indeed, my hon. Friend the Minister for Disabled People, Health and Work was in Scotland last week discussing with counterparts what needs to be done. As the hon. Lady might know, I will be there later this week to talk to the Social Security Committee.

The hon. Lady makes a point about resources, and I am able to tell her that there will be

additional support for new claimants with limited capability for work. That will be £60 million next year, with the figure rising to £100 million a year by 2020. There will be new money for the third sector—something like £15 million by Christmas this year.

The hon. Lady made a very good point about employers. I agree that we need more than rhetoric, which is why we will be rolling out a small employer offer to support the creation of more job opportunities for disabled people. It will provide support for employers and enable them to apply for a payment of £500 after three months' employment so that they can provide ongoing support. That kind of practical help, particularly for small businesses, will transform the situation for many people. We know that small businesses are the biggest creators of jobs in this country. We absolutely want them to use the great talent pool of people with disabilities, whose levels of employment are much less than those of people without disabilities.

Several hon. Members rose—

Mr Speaker

Order. Given extensive interest and the pressure on time, I am looking for single, short supplementary questions without preamble, and, of course, for pithy replies from the Secretary of State.

Stephen Crabb (Preseli Pembrokeshire) (Con)

My right hon. Friend is exactly right to take on this challenge. Does he agree that one of the keys to success in ending the enormous waste of human potential is, for the very first time, to get health services and his Department working together effectively at a community level to ensure that people on long-term sickness benefits get meaningful employment support and effective health intervention? At the moment, the system too often provides neither.

Damian Green

I completely agree with my right hon. Friend, who did good work on the subject during his time in this job. He will see from the Green Paper that we will be carrying out large-scale consultations on precisely the issue that he raises. In specific areas, it is important that we get right the way in which the health system and the welfare system work together. The situation might well be different in various parts of the country, so we will be holding geographically based large-scale trials.

Maria Eagle (Garston and Halewood) (Lab)

As a former Minister for disabled people, I welcome the Secretary of State's intention as stated in the Green Paper. Does he agree that the extra-costs benefits are tremendously important in helping people to work? Under PIP, hundreds of people a week are losing their access to Motability cars. Does he realise how important it is for those people to have their car to get to work, and what is he going to do to stop people losing their right to mobility?

Share this contribution

Damian Green

Of course, PIP is not a work-related benefit, as the hon. Lady knows. It is a benefit that is designed to meet the extra costs of those who have a disability, and it is sensible that people go through the appropriate assessment for it. As I have said, I completely agree that it is important to ensure that people have access to work, and that is why we are so keen on the Access to Work programme. There will be different ways for people to access work. As I have explained, the real-terms funding for the programme will increase through to 2021. I agree with her that this is an important issue, and we are doing something about it.

Share this contribution

Nigel Mills (Amber Valley) (Con)

Will the revised system ensure that if somebody is found fit for work on the basis of receiving a particular level of support, the need for that support will be passed on through the system and that support will be made available?

Share this contribution

Damian Green

Yes, that is exactly at the heart of what we are trying to do, because there have been too many gaps in the system. Health Ministers and I agree that we must get the systems working together much better so that individuals find the journey much more seamless than they ever have.

Share this contribution

Helen Goodman (Bishop Auckland) (Lab)

Could the Secretary of State consider more carefully the role of GPs? With the work capability assessment, untrained people are sometimes overriding the advice of GPs. We do not want to see that with ESA regarding fit notes.

Share this contribution

Damian Green

The hon. Lady makes a reasonable point. GPs will play a significant role in the system, and we want the role they play to be as constructive as possible. We have looked at ways of changing

the system so that GPs can be involved earlier. The reason for the consultation on the changes to the fit note is precisely to find a way of making the fit note help the person concerned back into work without adding to the burden on GPs. We want everyone involved in the system to feel they are playing a part in helping someone to get back into work.

Share this contribution

Mrs Cheryl Gillan (Chesham and Amersham) (Con)

I too extend a warm welcome to the Green Paper. Within the next hour, we will launch, with the National Autistic Society, a report entitled “The autism employment gap”, which shows that only 16% of people on the autism spectrum are in full-time employment. That gap is bigger than the disability employment gap. I welcome the personalised support to which my right hon. Friend has referred. Will he say more about how he will tailor it to meet the individual needs of autistic people in particular?

Share this contribution

Damian Green

I am grateful to my right hon. Friend for her kind remarks. I congratulate her on all the work she has done over many years in Parliament for those on the autism spectrum. I am pleased to tell her that we will have 1,100 specialists in autism services in Jobcentre Plus premises. She is quite right that we should never assume that disabled people are in any way homogenous: people have different needs and different requirements. She will know better than anyone that the needs of those on the autism spectrum are specific, and that they therefore need to be dealt with in a personal and specific way.

Share this contribution

Mr David Winnick (Walsall North) (Lab)

On the disabled, may I tell the Secretary of State that at my surgery on Saturday I saw a man—he will be 59 in two weeks’ time, and walks with tremendous difficulty on two crutches—who has had his employment and support allowance removed and who, during the time I was speaking to him, broke down in great distress? What sort of situation are we in when a law-abiding person of his age and suffering from disablement goes to his Member of Parliament in such a state of distress that he starts crying? I consider that a shameful situation. The Secretary of State should be aware that it is just one of many, many cases throughout the country. I will certainly write to his Department. With what result, we shall see.

Share this contribution

Damian Green

Obviously, if the hon. Gentleman wants to write to us about his constituent he should please do so, because we do not want any wrong decisions to be taken. I will happily look at the individual case, although he will recognise that I cannot possibly comment on it at the moment. The one

point on which I would take issue with him is when he says that this is the tip of an iceberg. Actually, the number of successful appeals against ESA judgments has fallen very significantly, from 14% to 5% in recent months, so the figures suggest that the system is getting better at making such judgments.

Share this contribution

John Howell (Henley) (Con)

Those with mental health conditions often require specialist support. What will the Green Paper do for people who suffer from mental health conditions?

Share this contribution

Damian Green

It is particularly those with mental health conditions who will be helped by the Green Paper, with the more tailored and personalised support. Very often, people with mental health conditions have conditions that come and go, so they may work full time some of the time, part time some of the time and not at all at other times. The changes to benefits—particularly, perhaps, those to statutory sick pay—will make it much easier for such people to stay in touch with work, perhaps working part time for a period. All the evidence suggests that people with mental health conditions are disadvantaged if they are completely detached from the world of work, because their depression may get worse.

Share this contribution

Kate Green (Stretford and Urmston) (Lab)

I really welcome the Green Paper's suggestion about the personal support package. It should be a significant improvement on the disastrous Work programme, which was a total failure for disabled people. Will the Secretary of State confirm that providers of such support will be adequately rewarded and incentivised to provide good enough support, because that was the difficulty with the Work programme?

Share this contribution

Damian Green

Yes. I am grateful to the hon. Lady for her supportive words. I hope she will see the personal support package make a difference. I have already mentioned the 200 community partners that will come in, so we will engage the third sector very actively in this process. We will also extend the journey to employment job clubs to 71 Jobcentre Plus areas—those with the highest number of people receiving ESA—so we are trying new ideas in the areas where we think they will particularly make a difference.

Share this contribution

Amanda Solloway (Derby North) (Con)

Does my right hon. Friend agree that in order to utilise the talent and enrich the lives of those with disabilities and ongoing health issues, including mental health issues, we need to make further improvements to reduce bureaucracy and personalise employment support for individual needs?

Share this contribution

Damian Green

I do. On a day-to-day basis in our constituency work we will all have seen people who are frustrated by the bureaucracy. When my hon. Friend and other Members read the Green Paper they will see an emphasis on making the systems more human and more personal, so that people do not feel that they are being ground down by a very difficult bureaucracy. Bureaucracy always takes a long time to change, but we absolutely want to change it.

Share this contribution

Stephen Timms (East Ham) (Lab)

It is true that the Work programme has been hopeless for people claiming employment and support allowance, with a pitifully small number of people getting into jobs, as the Secretary of State acknowledged in his statement. By how much does he expect the proposals to increase the proportion of ESA claimants getting into work, and how long will it take to halve the disability employment gap?

Share this contribution

Damian Green

It would be premature of me to try to set targets on either of those. The sensible thing is to take practical steps. For example, we are more than doubling the number of disability employment advisers to help with specialist and local expertise for disabled people. Along with everything else I have announced, that will be a significant step forward in halving the disability employment gap. Of course, doing so depends on both ends of it, as the halving of the gap will depend on what the total employment level is, and we are in good shape on that, as 80% of working-age people who do not have a disability are in work. But as the right hon. Gentleman knows, only 48% of those with a disability are in work. I want to make steady progress towards halving the gap, but it may take some time.

Share this contribution

Andrew Selous (South West Bedfordshire) (Con)

What discussions has the Secretary of State had with business to help people who can only work flexibly and at variable times but do not want to let their employers down?

Share this contribution

Damian Green

Very many—I have spoken to a number of private sector employers who are leading the way in providing the equipment needed. But what happens in the public sector is to some extent more under Government's control, so I hope that by the end of this year every Whitehall Department will be signed up as a Disability Confident employer and that in the course of 2017 the rest of the public sector will have followed. The public sector is a very large-scale employer so that will be very helpful.

Share this contribution

Mr Kevan Jones (North Durham) (Lab)

I broadly welcome the thrust of the Green Paper, but I suggest that there are two things the Secretary of State could do for people with mental health conditions now. One is to ensure that assessors undertaking work capability tests are properly qualified. Secondly, can we stop the small number of people with long-term, enduring mental health conditions, who are never going to work, going round this merry-go-round, which is not good for them or for the taxpayer?

Share this contribution

Damian Green

I am grateful for the expertise the hon. Gentleman brings to this. I will take both his points on board. In fact, on his second point, he may have seen that I have already announced that we are going to stop retesting those with a condition that already means that they cannot work and that will only stay the same or get worse. That seems to me a piece of pointless and fundamentally heartless bureaucracy that we can happily get rid of.

Share this contribution

Heidi Allen (South Cambridgeshire) (Con)

I encourage the Secretary of State to apply his very human and welcome fresh pair of eyes to the whole system. Damage will be done to his very good intentions if he proceeds with the cuts to universal credit work allowances and the ESA WRAG. I urge him to personally understand the risks in proceeding with both of those cuts.

Share this contribution

Damian Green

As my hon. Friend knows, we have had private discussions on this point, and I have heard her discuss it on a number of public platforms as well. I can only repeat what I said to my right hon. Friend the Member for Chingford and Woodford Green (Mr Duncan Smith): although we are not looking for new cuts in the welfare budget or welfare benefits, we have no plans to reverse anything that has already been legislated for.

Share this contribution

Ian Blackford (Ross, Skye and Lochaber) (SNP)

I welcome the Green Paper in the broadest sense if we can have a dialogue about improving the lives of disabled people, but the point has just been made that we need to ensure that the funding is on the table to protect people going back into work and those who need support. Perhaps two words are missing from the document and the Minister's statement: "compassion" and "dignity". Let us hope we get them in the Government's response.

Share this contribution

Damian Green

I completely agree with the hon. Gentleman and am grateful for his general support. I absolutely agree that the system should show compassion at all times, and that those who deal with the system should feel that they are being dealt with with dignity, and that it is being preserved. We are at one on that.

Share this contribution

Justin Tomlinson (North Swindon) (Con)

I very much welcome today's announcement. The chief executive of Scope, Mark Atkinson, rightly highlights that the assessment should be the first step for support. Therefore, will the Secretary of State set out how stakeholders and charities can not only shape future policy but help to deliver the expert tailored employment support so needed?

Share this contribution

Damian Green

I am grateful for the support from my hon. Friend, who did excellent work when he was the Minister for Disabled People. I am happy to reassure him that there will be localised services, with facilitated pacts done at a local level so that in each individual jobcentre and area the appropriate type of support will be available after an assessment has been made.

Share this contribution

Justin Madders (Ellesmere Port and Neston) (Lab)

I welcome the assurances given by the Secretary of State on statutory sick pay, but does he realise that millions of people in this country are in work but do not qualify for it because they are classed as self-employed? As part of this process, will he agree to consider implementing the relevant recommendations of the Deane review of self-employment?

Share this contribution

Damian Green

The hon. Gentleman is right that there are increasing numbers of self-employed people, and we want to ensure that they are treated as fairly as everyone else. Indeed, one of the successes of recent years is the new enterprise allowance, which has allowed nearly 20,000 disabled people to start up businesses. That is about one in five of business start-ups, so it is a significant part of the system, and it means that we are very alive to the needs of self-employed people.

Wendy Morton (Aldridge-Brownhills) (Con)

I welcome the Secretary of State's statement and the announcement of the Green Paper, but will he reassure me that he will also look at making further improvements to the work capability assessment to make it as smooth as possible for claimants, because that will make a big difference?

Damian Green

We have had five different reviews of the work capability assessment in the past six years, and the ideas I am bringing forward today are the latest response. There is no system so good that it cannot be improved, and I would welcome my hon. Friend's input to make the system even better in future.

Neil Coyle (Bermondsey and Old Southwark) (Lab)

The Government's target of halving the disability employment gap is very welcome. The Green Paper offers £115 million in funding for a new model of employment support. Will the Secretary of State confirm that that figure represents less than 5% of the total cut that disabled people have experienced in disability living allowance and employment and support allowance?

Damian Green

The hon. Gentleman is slightly confusing apples and pears. This is a support programme to get people with a disability back into work. The best route out of poverty for people with a disability, as it is generally, is to have a job. As a society, we have been much less good at allowing and encouraging people with a disability back into work than we have for the general population. The Green Paper is intended to address that problem.

Mr Philip Hollobone (Kettering) (Con)

My constituents in Kettering want to know whether the Secretary of State thinks that the film "I,

Daniel Blake" is an accurate portrayal of the benefits system. If it is, do the changes he has announced in the Green Paper address the problems raised? If it is not, what are the inaccuracies?

Share this contribution

Damian Green

I have not seen the film yet but have seen quite a lot of trailers. *[Interruption.]* I would point out to my hon. Friend and the hon. Lady on the Opposition Bench who is chuntering from a sedentary position that it is a work of fiction and not a documentary. It bears no relation to the modern benefits system. As I understand it, it is monstrously unfair to jobcentre staff, who are hugely conscientious people doing a job, sometimes in difficult conditions, and doing it very well indeed.

Share this contribution

Ian C. Lucas (Wrexham) (Lab)

If the Secretary of State believes that the disability appeals system is improving, will he explain why he is investing a further £22 million in recruiting more staff to assist the Department for Work and Pensions in defeating more personal independence payment and work capability assessment claims?

Share this contribution

Damian Green

Because I always seek to improve systems. Even though the appeals system does appear to be producing better results, no system is so good that it cannot be improved, as I said a moment ago.

Share this contribution

Mr David Burrowes (Enfield, Southgate) (Con)

I welcome the Green Paper's direction of travel. Will its additional, personalised and tailored support for disabled people reach them by April, when they will lose the WRAG payments—which was a condition of support for the ESA cuts for many of my hon. Friends?

Share this contribution

Damian Green

I know that my hon. Friend has a deep interest in this area, and, when he reads the Green Paper in full, he will find that there are many measures we can take immediately so that help will flow through in the coming months to many people who have a disability but also have the burning desire to get back into work.

Share this contribution

Lilian Greenwood (Nottingham South) (Lab)

The manifesto of the Secretary of State's party set out an aim of halving the disability employment gap, but the Government now appear to have watered down that commitment to merely making progress. In his response to my right hon. Friend the Member for East Ham (Stephen Timms), the Secretary of State rejected targets, but without setting out milestones and monitoring progress towards them, how will he judge the success of his Government's actions?

Share this contribution

Damian Green

I did not water down the commitment. The original commitment in the manifesto did not have an end date, so I am merely repeating the manifesto commitment. We will publicise all the relevant information so that the House and the public will know the progress we are making. There has been progress in the past few years. The percentage of disabled people employed has gone up in recent years, but I intend to improve on that progress in future.

Share this contribution

Tom Pursglove (Corby) (Con)

I very much welcome what the Secretary of State has had to say this afternoon, especially in relation to greater support for those with mental health conditions. What steps does he plan to take to make sure that we engage properly with people affected by such conditions and the organisations that represent them to ensure that we get this right?

Share this contribution

Damian Green

As I have said, we are doing large-scale, localised consultations, and that is the way to do it. There is a huge network of 750 jobcentres around the country, so the DWP has the power to get into local areas and know what local conditions are. That is by far the most powerful tool we have to make sure that the services we offer can be appropriately sensitive in every local area.

Share this contribution

Greg Mulholland (Leeds North West) (LD)

Despite some changes, the work capability assessment system is fundamentally flawed. Surely reform must ensure that, as well as the system judging whether people are fit for a job, the jobs are available for them. Will the Secretary of State look at whether a new assessment can include the jobs available in a local area as well as the claimant's condition?

Share this contribution

Damian Green

I hope that the hon. Gentleman will recognise that more jobs are available and being taken in our economy than ever before. General levels of unemployment are very low—4.9% is a rate that would have been unimaginable in previous eras, so we should be proud of that. The key is to make sure that those jobs—I agree with him on this point—can be matched to those who may have a disability or long-term health condition so that they can take advantage of the vibrant jobs market we currently have.

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Peer support ‘could provide impetus for government’s jobs pledge’

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BY JOHN PRING ON MAY 26, 2016

EMPLOYMENT

Listen

Providing support from their peers is an effective way of boosting disabled people’s job prospects, and should be used far more in government work programmes, according to two new studies.

The research from Disability Rights UK (DR UK) and The Work Foundation concludes that “peer to peer” support or mentoring is an “effective” way of boosting disabled people’s employment prospects, although it is currently still “under-developed and under-evaluated”.

A review of research in the area, led by The Work Foundation, part of Lancaster University, found “promising” evidence that peer support can improve job retention, cut sick leave and help disabled people find a new job or move into education.

DR UK then carried out research to identify and share examples of how peer support is being used in practice.

The disabled people who took part in the research said that peer support – people with similar experiences, providing emotional and practical support – offered them “hope, self-belief, encouragement and good role models”.

They also trusted the people supporting them and felt in control, in contrast to reports of anxiety and pressure that have been linked to many government welfare-to-work schemes.

DR UK concluded in its study: “Powerful themes of hope, confidence and achievement come through from a range of sources and types of peer support – based on the empathy, learning and encouragement that come from people who have ‘been there too’.”

Disabled people’s organisations (DPO) – which have peer support “in their DNA” – are keen to provide such schemes, said DR UK.

One DPO told DR UK: “As a disabled people’s organisation peer support is the thread that all our work is built around and enables our organisation to support people effectively.

“Our organisations are experts in peer support and the positive impact it has on people’s lives. This should be formally recognised and invested in by government.”

One scheme examined by DR UK – a government-funded project run by Spectrum Centre for Independent Living, a DPO in Hampshire – provided peer support through a job club.

In less than a year, nearly one-third of participants – most of whom had faced significant barriers to employment – had secured jobs, when DWP’s target had been for just four per cent to do so.

Spectrum’s own results show that half of those taking part had secured employment, a work placement or volunteering.

One participant said: “The J2E [Journey to Employment] course gave me my confidence back that I had lost for so long with job searching, and made me feel so much more relaxed about upcoming interviews. Suffice to say, I got the job.”

Another said: “I was quite nervous to begin with as I haven’t worked in a group for a considerable time.

“Everyone was friendly and I settled in with ease. It felt more like friends helping each other.”

A key conclusion of the research is that the benefits of peer support tend to last longer because that support and networks that are built up do not always disappear when the programme is finished.

Examples of peer support examined by DR UK included job clubs, support with Access to Work claims, and schemes focusing on leadership skills, such as DR UK’s Leadership Academy, as well as schemes focusing on wider life outcomes.

Both of the studies suggested that peer support for employment could deliver indirect benefits – such as growth in self-belief, self-confidence and social skills – that could also boost job and career prospects.

Liz Sayce, DR UK’s chief executive, said: “Disabled people’s user-led organisations have been particularly influential in developing peer support.

“They are well-placed to connect employment peer support to a range of other life issues – such as housing or debt problems – that can prevent someone finding work or moving up the career ladder.

“Scaling up peer support could also provide badly-needed impetus to the government’s pledge to halve the disability employment gap.”

Among the recommendations agreed by DR UK and The Work Foundation are for a new national network on employment-based peer support; investment by the government in testing peer mentoring delivered by disabled people; and encouraging the use of peer support to bring together objectives on both employment and health gains, through the government’s new Joint Work and Health Unit.

Disability Rights UK | Liz Sayce | Spectrum CIL | The Work Foundation

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ABOUT

Disability News Service (DNS) is run by John Pring, an experienced journalist who has been reporting on disability issues for nearly 20 years.

He launched DNS in April 2009 to address the absence of in-depth reporting in both the specialist and mainstream media on issues that affect the lives of disabled people. read more

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YOU ARE AT: Home » Benefits and Poverty » ‘Damning’ research on WCA deaths is ‘timely’ reminder of government’s shame

‘Damning’ research on WCA deaths is ‘timely’ reminder of government’s shame

BY JOHN PRING ON NOVEMBER 20, 2015 BENEFITS AND POVERTY

Listen

Disabled activists say government-funded research, which concludes that the programme to reassess people on incapacity benefit through the work capability assessment (WCA) was linked to 590 suicides in just three years, is both “damning” and “timely”.

Campaigners, doctors and psychiatrists have been warning for several years of strong anecdotal evidence that the programme to reassess hundreds of thousands of old-style incapacity benefit (IB) claimants was causing significant harm and distress, particularly to people with mental health conditions.

But now public health experts from the Universities of Liverpool and Oxford have shown in a study that, for every 10,000 IB claimants who were reassessed in England between 2010 and 2013, there were an additional six suicides, 2,700 cases of self-reported mental health problems, and an increase of more than 7,000 in the number of anti-depressants prescribed.

The most significant increases took place in the most deprived local authority areas of England.

Across England as a whole, the reassessment process from 2010 to 2013 was “associated with” an extra 590 suicides, 279,000 additional cases of self-reported mental health problems, and the prescribing of a further 725,000 anti-depressants.

The idea for the research came originally from disabled activist Rick Burgess (*pictured*), who later co-founded the grassroots campaign group New Approach, and wanted “recognised and respected epidemiologists” to carry out “an academically-rigorous study” into the number of deaths caused by the WCA, with the results to be reported before the 2015 election.

Together with three other leading campaigners – artist-activist Liz Crow* and New Approach co-founders Jane Bence and Nick Dilworth – Burgess began discussing the idea early last year with David Stuckler, professor of political economy and sociology at Oxford and one of the new study’s co-authors.

Stuckler concluded at the time that such research was not possible because the necessary data had not been released by the government.

Burgess pointed out that the research had been “started by disabled people with no funding”, but he said it was “brilliant” it had been completed, and that he felt “grimly vindicated” by evidence which would, “in any functioning democracy”, cause a government to be removed by a vote of no confidence.

He said: “It does show welfare reform is causing excess deaths, which is what we have always said, and it has been reported in most media, so the idea to have a rigorous, reputable study done was worth it for campaigners, even though it is not exhaustive and there is much data still to be wrestled out of the hands of this very secretive government.”

Linda Burnip, co-founder of Disabled People Against Cuts (DPAC), said: “This research simply confirms what we’ve all known for a long time, but is very timely both in relation to the ongoing UN inquiry into the grave and systematic violation of disabled people’s human rights and to DPAC’s campaigning priorities for 2016.

“The main focus of this campaigning will be an end to people being wrongly pushed to their deaths by the current benefit system inflicted on them by [work and pensions secretary]Iain Duncan Smith.”

Mark Harrison, chief executive of Equal Lives, said the research was “very timely and damning of a brutal system which is damaging people’s mental health”.

He said it was clear the government was intent on cutting public spending and dismantling public services “whatever the human consequences”.

He said: “To them, people who commit suicide or whose mental health conditions deteriorate as a result of their policies are merely collateral damage in their austerity war.

“I am sure the government will ignore the evidence in this report as it does with all the facts and statistics which show their policies are damaging the life chances and killing poor and disabled people.”

He added: “This poses a real challenge for the leaders of the disability rights movement and disabled people’s organisations in how to respond to politicians and civil servants who are not listening and aren’t interested in disabled people’s lives and human rights.”

John McArdle, co-founder of Black Triangle, said: “This is yet another damning body of evidence that makes it clear that the UK government is guilty of implementing policies and systems that are leading directly to the deaths of hundreds, if not thousands, of chronically ill and/or disabled people.

“It remains the case that there exists no safety protocol built into the DWP-Maximus [the US company which carries out the tests]disability assessment regime.

“Vital medical evidence is neither sought by, nor provided to, the DWP and we are firmly of the view that this is a deliberate policy.

“The Westminster government knows fine well that were such vital evidence to be provided, far fewer people would be found fit for work and so the Tories’ overarching goal of destroying our social security safety net as part of George Osborne’s ‘long-term economic plan’ would fail to meet its target.

“Lives lost are accepted as being collateral damage in achieving this aim. These deaths have irrefutably arisen as a direct consequence of the implementation of an official policy that is ‘intentionally or knowingly reckless with a depraved disregard for life’.

“The Westminster government is therefore unquestionably guilty of democide.”

Michelle Maher, of the WOWcampaign and petition, said the research “joins a long list of evidence given to the government on the horrific impact of medical assessments”.

She said: “I am still concerned that the government will claim they are listening and change the WCA, making it worse, under the heading of helping sick and disabled people into work because work is good for us.

“The numerous reports into foodbanks have been ignored or justified in appalling ways, with Tory members celebrating their existence.

“I fear the same will be said of the WCA and reports of the language the DWP and Iain Duncan Smith are using would indicate a direction of change that will be far worse.”

The study’s authors say their findings also demonstrate the need for a cumulative assessment of the impact of austerity measures on disabled people, as demanded by the WOWcampaign.

The study was published online in the Journal of Epidemiology and Community Health, and carried out by researchers from the University of Liverpool’s Institute of Psychology, Health and Society, and from the University of Oxford, and funded by the National Institute for Health Research, which itself is funded by the Department of Health.

Ben Barr, the study’s lead author and senior clinical lecturer in applied public health research at the University of Liverpool, said: “The programme of reassessing people on disability benefits using the WCA was independently associated with an increase in suicides, self-reported mental health problems and antidepressant prescribing.

“This policy may have had serious adverse consequences for mental health in England, which could outweigh any benefits that arise from moving people off disability benefits.”

But DWP dismissed the report’s findings.

A DWP spokesman said: “This report is wholly misleading, and the authors themselves caution that no conclusions can be drawn about cause and effect.

“In addition, it is concerning that they provide no evidence that the people with mental health problems highlighted in the report even underwent a work capability assessment.”

He pointed to the five independent reviews of the WCA – the first three carried out by Professor Malcolm Harrington – and “significant improvements to the process” made by DWP since 2010, including to how the WCA is used to assess people with mental health conditions.

He also said the percentage of people with mental health conditions who receive the highest level of support after being assessed for eligibility for employment and support allowance through the WCA has “more than tripled since 2010”.

Barr said DWP’s response was “disappointing”, and that none of the other factors researchers had looked at as possible causes, such as cuts to local government services or a fall in wages, could explain the rise in suicides and the deterioration in mental health.

And he said the increases only happened among age groups most affected by the WCA, while the rise in mental health problems “tended to occur shortly after the increase in people undergoing the WCA in each area”.

Barr also called on DWP to publish any data it has on claimants’ mental health before, during and after the assessment.

He said: “Unfortunately, the DWP implemented the policy without a controlled trial or any plans to evaluate its impact on mental health.

“Given that data is not currently available on the specific individuals who underwent the WCA and there is no trial evidence, the next best approach to investigate the potential effects on mental health is the one we applied in our study, using appropriate statistical methods to control for alternative explanations for these trends.

“Our findings should at the very least raise serious concerns for the DWP that the potential negative impacts of the WCA need to be investigated further.”

Sue Bott, deputy chief executive of Disability Rights UK, added: “It is shameful for the DWP to dismiss in such an offhand manner a serious academic study showing a worrying rise in suicides and mental health issues connected to the WCA.

“This evidence, added to the growing weight of evidence from tribunals and concerns from coroners, should surely lead to a complete rethink on the WCA, which by any measure is not fit for purpose.”

**Crow’s own piece of work, We Are Figures, grew out of the discussions with Stuckler, but because of the difficulty of identifying how many austerity-related deaths there had been, she focused on the human cost of austerity*

Ben Barr | Black Triangle | Disability Rights UK | DPAC | Liverpool University | Liz Crow | New Approach | work capability assessment | WOW campaign

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DNS is run by journalist John Pring

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ABOUT

Disability News Service (DNS) is run by John Pring, an experienced journalist who has been reporting on disability issues for nearly 20 years.

He launched DNS in April 2009 to address the absence of in-depth reporting in both the specialist and mainstream media on issues that affect the lives of disabled people. read more

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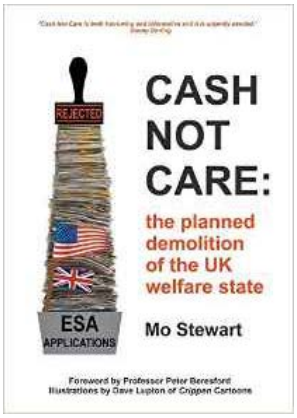


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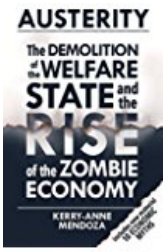

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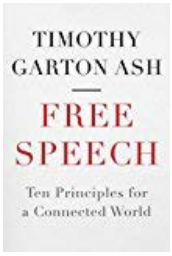

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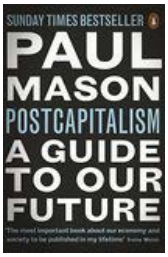

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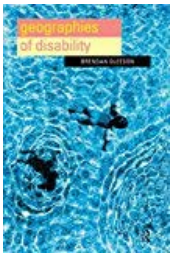

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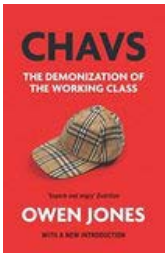

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A must read
By Antony Phillip Dean on 20 Sept. 2016
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Every MP, Member of the House of Lords, and every newspaper editor should read this book. I am astonished there has been no mention of the book anywhere in the mainstream media.

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How Did Our Benefit System Become So Callous
By Chris Johnstone on 30 Oct. 2016
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This is an important book and should be read by anyone interested in our society and how it looks after its disadvantaged. It is essential reading for anyone involved in the benefit system, especially benefit policy. Mo Stewart has assiduously collected data and evidence of how the British welfare system was ruined by the ideological implementation of a fatally flawed, privatised, American assessment process. This process is designed to reduce costs at the expense of individual care. This financial imperative took all compassion out of the system and has led to the terrible state we have now. Ken Loach's film, 'I, Daniel Blake', shows what it is like to be enmeshed within the UK benefit system today, this book shows how we got there. Essential reading.

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Mo Stewart has been tirelessly exposing the shocking story behind ...
By Catherine Hale on 6 Oct. 2016
Format: Paperback
Mo Stewart has been tirelessly exposing the shocking story behind disability benefit reforms for seven years. Still, it seems, the truths and the betrayal of disabled people by prominent figures are too raw for the mainstream press to swallow. The notorious Work Capability Assessment (the "fit for work" test) and the whole Employment and Support Allowance benefit system for people with ill health or disability was based on a lie. Without a shred of evidence, politicians and policy elites of all stripes decided behind closed doors that one million people claiming Incapacity Benefit were either swinging the lead or malingering and had to be pushed off benefits. And so, together with consultants from the discredited Unum insurance firm who had a ruse for denying disability benefit claims, and a discredited former banker, Lord Freud who admitted to knowing nothing about disability or welfare, they designed the callous, regressive and punitive ESA system. And they started a smear campaign in the media branding disabled people as cheats and scroungers to get the public to buy their "reforms". Countless people have died from its brutality. This story badly needs to be heard if we are going to start to undo the damage that ESA and WCA have done to disabled peoples lives. Thanks to Mo for hunting down the evidence, and bringing the corruption to light and telling the tale that almost no one in power wants to hear.

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★★★★★ **A harrowing but vital read**

By Independent Living on 16 Oct. 2016

Format: Kindle Edition | **Verified Purchase**

A harrowing but vital read, and an absolute must for policy makers, responsible journalists, and activists.

Mo Stewart's work demonstrates how successive governments have, since 1992, adopted US-style welfare policies in order to demolish the UK welfare state, with the current Conservative government leading an "unprecedented hostile political attack against chronically sick and disabled people, who are financially dependent upon long-term sickness benefits".

The book pinpoints the beginning of today's "policies of fear" to John Major's Conservative government of 1992, when Peter Lilly, then Secretary of State for Social Security, hired the US-owned UnumProvident Insurance to advise on how to reduce an identified rise in the number of claimants of long-term sickness benefits. Included in Unum's advice was the message that US doctors had exaggerated patients' needs in order to ensure that their fees were paid by healthcare insurers, and the suggestion that British doctors would do the same to support claimants of long-term sickness benefits.

This developed into a complete disregard of the claimant's medical history during Work Capability Assessments, and the notion of "malingering" when discussing sick and disabled benefit claimants.

The author's research is compelling. Her findings are backed with strong evidence from a broad range of sources which are transparently included in the book. The writing style makes the book accessible beyond academics, and it should be widely read and debated. The content, if published as fiction would not be believed.

Sadly, the Independent Living website, providing information and advice to disabled people and carers, hears on a daily basis from individuals who have fallen foul of the warped welfare system Mo Stewart is here excoriating.

Comment | 2 people found this helpful. Was this review helpful to you? Yes No Report abuse

★★★★★ **Read it, and react with action.**

By Jen Dunstan on 4 Oct. 2016

Format: Paperback | **Verified Purchase**

Excellent, informative, upsetting, mind blowing. Any disabled activist should read this and share the recommendation.
Herein lies the knowledge with which to back up arguments.
Also this is an invaluable resource with which to refer to when making leaflets and posters, even constructing articles.
Thank you Mo.
Solidarity.

Comment | 2 people found this helpful. Was this review helpful to you? Yes No Report abuse

★★★★★ **Truth to power**

By Maria Berghs on 20 Oct. 2016

Format: Paperback

Anybody who has been doing disability research or has been involved in activism in the United Kingdom in the last few years knows that Mo Stewart speaks truth to power. Mo argues that since Thatcher, the UK has been witnessing a move of health and social care services towards neoliberal models whereby duties and rights of care have been slowly eroded. The effects on disability services, disabled people, veterans and long term sick have been devastating. This is exemplified in the Work and Capability Assessment (WCA). One of the lead researchers working on the background to the introduction of the Work Capability Assessment (WCA) for over seven years, Mo is best placed to expose the fatally flawed assessment scheme and lack of evidence behind some of the outrageous lies that scapegoated disabled people. It's so hard to read this book but we all have to. It's also going to become a classic..

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Spending Review and Autumn Statement 2015

The government published a joint Spending Review and Autumn Statement on 25 November 2015.

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The Spending Review and Autumn Statement has been set out to Parliament – here's a summary of what was announced.

Spending Review and Autumn Statement 2015: documents

This is the Spending Review and Autumn Statement in full. You can find supporting and related documents below.

Chancellor George Osborne's Spending Review and Autumn Statement 2015 speech

The Spending Review and Autumn Statement speech in full.

Help to Buy: new announcements explained

London Help to Buy and Shared Ownership: key announcements from the Spending Review and Autumn Statement.

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The Work, Health and Disability Green Paper

Presented to Parliament
by the Secretary of State for Work and Pensions and the Secretary of State for Health
by Command of Her Majesty
October 2016

Cm 9342

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Contents

Ministerial foreword

This government is determined to build a country that works for everyone. A disability or health condition should not dictate the path a person is able to take in life – or in the workplace. What should count is a person's talents and their determination and aspiration to succeed.

However, at the moment, for many people, a period of ill health, or a condition that gets worse, can cause huge difficulties. For those in work, but who are just managing, it can lead to them losing their job and then struggling to get back into work. Unable to support themselves and their family, and without the positive psychological and social support that comes from being in work, their wellbeing can decline and their health can worsen. The impact of this downward spiral is felt not just by each person affected and their families, but also by employers who lose valuable skills and health services that bear additional costs. There is a lack of practical support to help people stay connected to work and get back to work. This has to change.

We know that the right type of work is good for our physical and mental health and good health and support helps us in the workplace. We know that we must protect those with the most needs in society. We need a health and welfare system that recognises that – one that offers work for all those who can, help for those who could and care for those who can't.

The UK has a strong track record on disability rights and the NHS provides unparalleled support to people with poor health. We have put mental and physical health on the same footing. We have seen hundreds of thousands more disabled people in work in recent years. However, despite that progress, we are not yet a country where all disabled people and people with health conditions are given the opportunity to reach their potential. That's why we are committed to halving the disability employment gap and share this commitment with many others in society.

We are bold in our ambition and we must also be bold in action. We must highlight, confront and challenge the attitudes, prejudices and misunderstandings that, after many years, have become engrained in many of the policies and minds of employers, within the welfare state, across the health service and in wider society. Change will come, not by tinkering at the margins, but through real, innovative action. This Green Paper marks the start of that action and a far-reaching national debate, asking: 'What will it take to transform the employment prospects of disabled people and people with long-term health conditions?'

This Government is committed to acting but we can't do it alone. Please get involved. Let's ensure everyone has the opportunity to go as far as their talents will take them – for a healthier, working nation.

Damian Green

Secretary of State for Work and Pensions

Jeremy Hunt

Secretary of State for Health

Evidence shows that appropriate work is good for our health

Good work → **Good health**

Worklessness → **Poor health**

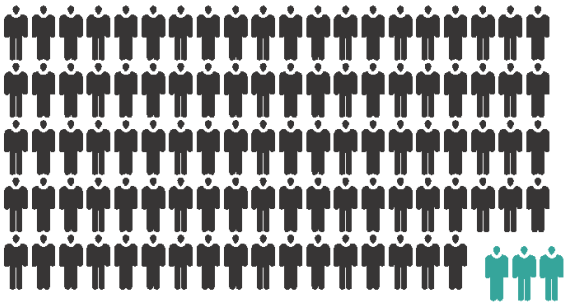
Ill-health among working age people costs the economy

£100 billion and sickness absence costs employers £9bn a year.

Reducing long term sickness absence is a priority

1.8 million employees on average have a long-term sickness absence of four weeks or more in a year

Only around 3 in 100 of all Employment and Support Allowance claimants leave the benefit each month.



8% of employers report they have recruited a person with a disability or long term health condition over a year.

Access to timely treatment varies across areas

Average waiting times for mental health treatment can differ by as much as 12 weeks across England and some evidence suggests treatment for musculoskeletal conditions can differ by as much as 23 weeks

Disability-free life expectancy at birth also varies across England

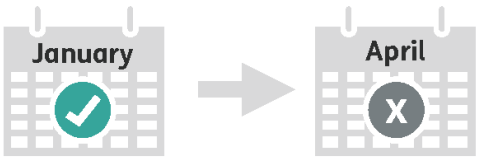
Male	Female
72 years	72 years
55 years	53 years

Disability has been rising

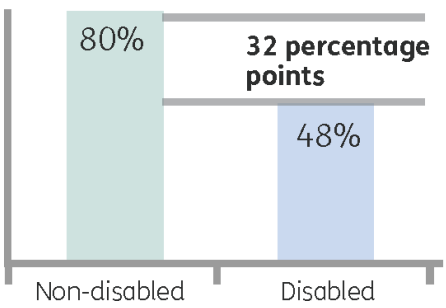
over 400,000 increase in the number of working age disabled people in the UK since 2013 **taking the total to more than 7m**

Compared to non-disabled people, disabled people are less likely to enter employment so preventing them from leaving work is important

Between two quarters as many as 150,000 disabled people leave employment.



The disability employment gap is too wide



Executive summary

1. Employment rates amongst disabled people reveal one of the most significant inequalities in the UK today: less than half (48%) of disabled people are in employment compared to 80% of the non-disabled population.[1] Despite a record-breaking labour market, 4.6 million disabled people and people with long-term health conditions are out of work[2] leaving individuals, and some large parts of communities, disconnected from the benefits that work brings. People who are unemployed have higher rates of mortality[3] and a lower quality of life.[4] This is an injustice that we must address.
2. This green paper sets out the nature of the problem and why change is needed by employers, the welfare system, health and care providers, and all of us. We consider the relationship between health, work and disability. We recognise that health is important for all of us, that it can be a subjective issue and not everyone with a long-term health condition will see themselves as disabled.[5] We set out some proposed solutions and ask for your views on whether we are doing the right things to ensure that we are allowing everyone the opportunity to fulfil their potential.

The nature of the problem

3. Making progress on the government's manifesto ambition to halve the disability employment gap is central to our social reform agenda by building a country and economy that works for everyone, whether or not they have a long-term health condition or disability. It is fundamental to creating a society based on fairness: people living in more disadvantaged areas have poorer health and a higher risk of disability. It will also support our health and economic policy objectives by contributing to the government's full employment ambitions, enabling employers to access a wider pool of talent and skills, and improving health.
4. Almost 1 in 3 working-age people in the UK have a long-term health condition which puts their participation in work at risk.[6] Around 1 in 5 of the working-age population has a mental health condition.[7] As many as 150,000 disabled people who are in work one quarter are out of work the next.[8] Over half (54%) of all disabled people who are out of work experience mental health and/or musculoskeletal conditions as their main health condition.[9] It is evident that our health and welfare systems are struggling to provide meaningful support, and, put simply, the system provides too little too late. Too many people are falling into a downward spiral of declining health and being out of work, denying them the benefits that employment can bring, creating pressures on the NHS and sustaining a major injustice in our society.

1 Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
2 Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
3 Roelfs D J, Shor E, Davidson KW, Schwartz, JE. Losing life and livelihood: A systematic review and meta-analysis of unemployment and all-cause mortality. *Social Science & Medicine* 2011;72(6): 840–854.
4 Cabinet Office. *Analysis of the Annual Population Survey (APS) Wellbeing Data, Apr-Oct 2011*. Available at: https://www.gov.uk/government/publications/wellbeing-and-employment (accessed October 2016).
5 For the definitions used in this paper, see the box on p9.
6 Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
7 McManus S, Bebbington P, Jenkins R, Brugha T. (eds.). *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey;* 2016.
8 Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016.
9 Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016.

5. Almost 3.4 million disabled people are now in work.[10] Yet many disabled people experience expectations that are too low, employers who can be reluctant to give them a chance, limited access to services and a welfare system that does not provide enough personalised and tailored support to help people into work and to stay in work. Too many people experience a fragmented and disjointed system which does little to support their ambitions of employment, and indeed can erode those ambitions.
6. The evidence that appropriate work can bring health and wellbeing benefits is widely recognised.[11] Employment can help our physical and mental health and promote recovery. But the importance of employment for health is not fully reflected in commissioning decisions and clinical practice within health services, and opportunities to support people in their employment aspirations are regularly lost. Once people are on benefits, their chances of returning to work steadily worsen. There are systemic issues with the original design of Employment and Support Allowance with 1.5 million people now in the Support Group[12] who are treated in a one-size-fits-all way and get little by way of practical support from Jobcentres to help them into work. This consultation seeks to address these issues, exploring new ways to help people, but does not seek any further welfare savings beyond those already legislated for.

Areas for action

7. These challenges are complex and pressing. Our vision is to create a society in which everyone has a chance to fulfil their potential, where all that matters is the talent someone has and how hard they are prepared to work. We are determined to remove the long-standing injustices and barriers that stop disabled people and people with health conditions from getting into work and getting on, preventing them from being whatever they want to be. We are also determined to bring a new focus to efforts to prevent health conditions from developing and worsening, helping more people to remain in work for longer. We want to:

    - ensure that disabled people and people with long-term health conditions have equal access to labour market opportunities and are given the support they need to prevent them from falling out of work and to progress in workplaces which embed effective health and wellbeing practices;
    - help employers take action to create a workforce that reflects society as a whole and where employers are equipped to take a long-term view on the skills and capability of their workforce, managing an ageing workforce and increased chronic conditions to keep people in work, rather than reacting only when they lose employees;
    - ensure people are able to access the right employment and health services, at the right time and in a way which is personalised to their circumstances and integrated around their needs;
    - more effectively integrate the health and social care and welfare systems to help disabled people and people with long-term health conditions move into and remain in sustainable employment;
    - put mental and physical health on an equal footing, to ensure people get the right care and prevent mental illness in the first place;
    - invest in innovation to gain a better understanding of what works, for whom, why and at what cost so we can scale promising approaches quickly; and
    - change cultures and mind-sets across all of society: employers, health services, the welfare system and among individuals themselves, so that we focus on the strengths of disabled people and what they can do.

[10] Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
[11] Waddell G, Burton AK. *Is work good for your health and wellbeing;* 2006
[12] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

8. Taken together, this will mean the ambitions of disabled people and people with health conditions, their aspirations and their needs, are supported by more active, integrated and individualised support that wraps around them. This will help improve health and wellbeing, benefit our economy and enable more people to reach their potential.

9. To make early progress we are:

    - **working jointly across the whole of government**: this green paper is jointly prepared by the Department of Health and the Department for Work and Pensions, working closely with the Department for Communities and Local Government, the Department for Business, Energy and Industrial Strategy, NHS England, Public Health England, local government, and other partners;
    - **significantly improving our employment support**: for example, expanding the number of employment advisers in talking therapies and introducing a new Personal Support Package offering tailored employment support which Jobcentre Plus work coaches will help disabled people or people with health conditions to access;
    - **working with health partners** such as NHS England, Public Health England, the National Institute for Health and Care Excellence, Health Education England, the Royal Colleges and regulators to embed evidence into clinical practice and support training and education across the NHS workforce;
    - **investing £115 million of funding** to develop new models of support to help people into work when they are managing a long-term health condition or disability. We will identify and rapidly scale those which can make a difference, while weeding out less promising approaches.

10. We will not be satisfied with this, and further action needs to be sustained across all sectors. In this green paper we ask:

    - **how big a role can we expect employers to play** in ensuring access to opportunities for disabled people, and how can the 'business case' for inclusive practices be strengthened? What is the best way to influence employers to support health and wellbeing in the workplace, both to ensure the effectiveness of their workforce and avoid employment practices which can negatively impact health? How can we prevent sickness absence resulting in detachment from the labour market?
    - **how can work coaches play a more active role** for disabled people and people with health conditions? How can we build their skills and capabilities to support a diverse group with complex needs, build their mental health awareness, and develop a role in personalising support and helping individuals navigate a complex system?
    - **how can we improve a welfare system** that leaves 1.5 million people – over 60% of people claiming Employment and Support Allowance[13] – with the impression they cannot work and without any regular access to employment support, even when many others with the same conditions are flourishing in the labour market? How can we build a system where the financial support received does not negatively impact access to support to find a job? How can we offer a better user experience, improve system efficiency in sharing data, and achieve closer alignment of assessments?
    - how can we **promote mental and physical health** and ensure that people have **timely access to the health and employment support** that they need rather than struggling to access services (particularly musculoskeletal and mental health services)? How do we make sure that health and employment service providers provide a tailored and integrated service, and that the important role of employment is recognised?

[13] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

- how can we develop **better occupational health support** right across the health and work journey?
- what will it take to **reinforce work as a health outcome** in commissioning decisions and clinical practice? How can we ensure good quality conversations about health and work, and improve how fit notes work?
- how can we best **encourage, harness and spread innovation** to ensure that commissioners know what works best in enabling disabled people and people with health conditions to work?
- perhaps most crucially, how can we build **a culture of high hopes and expectations** for what disabled people and people with long-term health conditions can achieve, and mobilise support across society?

11. This challenge is not one that will be solved quickly, but we know that to build a country that works for everyone, we must address issues with a long-term return. This is why we have a 10-year vision for reform, the foundations of which we have set out at the end of this consultation. Where we are certain of our ground we will act quickly, making the changes we know are needed. But we will also look to the long term, investing in innovation to understand what is most effective and reshaping services where they are needed.

Your views

12. The consultation on the proposals in this green paper is an important part of building a shared vision and achieving a real change in culture. We want to launch a discussion around how we can best support disabled people and people with long-term health conditions to get into, and to stay in, work. We want to bring together wide-ranging expertise, opinions and experiences. Over the coming months we will talk to disabled people and people with long-term conditions, their families and carers, health and social care professionals, their representative bodies, local and national organisations, employers, charities and anyone who, like us, wants change.
13. We recognise that the devolution administrations are important partners, particularly because of their responsibilities for health as a devolved matter and other related areas. The government is committed to working with the devolved administrations to improve the support accessible to disabled people and people with health conditions across the country at a national, local and community level.
14. Please let us know what we need to improve so that we can build a plan that will bring real and lasting change. You can respond to this consultation at: https://consultations.dh.gov.uk/workandhealth/consult/, email us at workandhealth@dwp.gsi.gov.uk or write to us at The Work, Health and Disability consultation, Ground Floor, Caxton House, 6–12 Tothill Street, London, SW1H 9NA. The consultation will run until Friday 17th February 2017.

15. We are committed to tackling the injustice of disability employment, so that all can share in the opportunities for health, wealth and wellbeing that the UK has to offer and where everyone has the chance to go as far as their talents will take them.[14]

Definition of disability and long-term health conditions used in this paper

- The Equality Act 2010[15] 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 expecting to last for at least 12 months.
- Health can be a subjective issue – we know that the way people think about their health is diverse and that not everyone that meets the Equality Act definition would consider themselves to be disabled. But we follow the Equality Act definitions in this paper, so:
  - An individual is considered in this paper as having a **long-term health condition** if they have a physical or mental health condition(s) or illness(es) that lasts, or is expected to last, 12 months or more.
  - If a person with these condition(s) or illness(es) also reports it reduces their ability to carry out day-to-day activities as well, then they are also considered to be **disabled**.
- This means some people who may have a long-term health condition will be grouped together with those people who do not have any long-term health condition and be considered as **non-disabled**. We recognise that long-term health conditions can fluctuate and the effects of a condition on an individual's day-to-day activities may change over time.
- Incapacity Benefits refers to Employment and Support Allowance and its predecessors Incapacity Benefit, Income Support on grounds of disability and Severe Disablement Allowance.

[14] References for infographic at start of chapter: "Evidence shows that appropriate work is good for our health" Source: Waddell G, Burton AK. *Is work good for your health and wellbeing;* 2006. "Ill-health among working age people costs the economy £100bn a year in sickness absence and costs employers £9bn a year". Sources: Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016 and Black C, Frost C. *Health at work - an independent review of sickness absence*; 2011. "Reducing long term sickness absence is a priority. 1.8 million employees on average have a long term sickness absence of four weeks or more in a year." Source: Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016. "Only around 3 in 100 of all Employment and Support Allowance claimants leave the benefit each month." Source: Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html. "8% of employers report they have recruited a person with a disability or long term health condition over a year." Source: Department for Work and Pensions. *Employer Engagement and Experience Survey;* 2013. "Access to timely treatment varies across areas. Average waiting times for mental health treatment can differ as much as 12 weeks across England and some evidence suggests treatment for musculoskeletal conditions can differ as much as 23 weeks." Source: Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016 and Chartered Society of Physiotherapy. *Stretched to the limit;* 2012. "Disability free life expectancy at birth also varies across England. Disability free life expectancy at birth in upper tier local authorities in England range from 55 to 72 years for Males and 53 to 72 years for Females in 2012-2014." Source: Office for National Statistics. *Disability-Free Life Expectancy (DFLE) and Life Expectancy (LE) at birth by Upper Tier Local Authority, England, 2012 to 2014*; 2014. "Disability has been rising - over 400,000 increase in the number of working age disabled people in the UK since 2013, taking the total to more than 7 million." Source: Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016. "Compared to non-disabled people, disabled people are less likely to enter employment so preventing them from leaving work is important. Between two quarters as many as 150,000 disabled people leave employment." Source: Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016. "The disability employment gap is too wide. 80% of non-disabled working age people are in employment compared to 48% of disabled people. This leads to a disability employment gap of 32 percentage points." Source: Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.

[15] Equality Act 2010. http://www.legislation.gov.uk/ukpga/2010/15/contents (accessed October 2016)

1: Tackling a significant inequality – the case for action

Chapter summary

In this chapter we set out the injustice of the disability employment gap. We explore:

- how being in work can help an individual's health and wellbeing;
- how systemic issues hold back too many disabled people and people with health conditions;
- how we need to learn from what works and develop innovative approaches; and
- how we need to work beyond artificial boundaries and work with everyone to achieve our shared vision.

Being in work can help an individual's health and their overall wellbeing

16. This government is committed to helping everyone, whoever they are, enjoy the independence, security and good health that being in work can bring, giving them the chance to be all they want to be.

17. The evidence is clear that work and health are linked. Appropriate work is good for an individual's physical and mental health. Being out of work is associated with a range of poor health outcomes.[16] Academics and organisations such as the WHO,[17] the ILO,[18] the OECD,[19] RAND Europe,[20] the Royal College of Psychiatrists[21] and NICE[22] all recognise that work influences health and health influences work. The workplace can either support health and wellbeing and the health system can actively support people into work in a virtuous circle or the workplace can be unsupportive and health and work systems can work against each other.

[16] Waddell G, Burton AK. *Is work good for your health and wellbeing;* 2006; Rueda, S., Chambers, L., WIlson, M., Mustard, et al. Association of returning to work with better health in working-aged adults: a systematic review. *American Journal of Public Health*, 2012; 102, 541–56.; Paul KI, Moser K. Unemployment impairs mental health: Meta-analyses. *Journal of Vocational Behavior*, 2009; 74, 264–282.; Roelfs DJ, Shor E, Davidson KW, Schwartz JE. Losing life and livelihood: A systematic review and meta-analysis of unemployment and all-cause mortality. *Social Science & Medicine*, 2011; 72(6), 840–854.

[17] Benach J, Muntaner C, Santana V. Employment Conditions and Health Inequalities. *Final Report to the WHO Commission on Social Determinants of Health (CSDH) Employment Conditions Knowledge Network. 2007.* http://www.who.int/social_determinants/themes/employmentconditions/en/ (accessed October 2016).

[18] ILO & Finnish Ministry of Social Affairs. *The Economics of Health, Safety and Well-being. Barefoot Economics: Assessing the economic value of developing a healthy work environment*; http://www.ilo.org/safework/info/publications/WCMS_110381/lang--en/index.htm (accessed October 2016).

[19] Ministerial Statement: *Building More Resilient and Inclusive Labour Markets. OECD Labour and Employment Ministerial Meeting. January 2016.* Available at: http://www.oecd.org/employment/ministerial/labour-ministerial-statement-2016.pdf Accessed October 2016).

[20] van Stolk C, Hofman H, Hafner M, Janta, B. *Psychological Wellbeing and Work: Improving Service Provision and Outcomes. January 2014.A report by RAND Europe.* https://www.gov.uk/government/publications/psychological-wellbeing-and-work-improving-service-provision-and-outcomes (accessed October 2016).

[21] Royal College of Psychiatrists. *Mental Health and Work* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212266/hwwb-mental-health-and-work.pdf (accessed October 2016).

[22] NICE. *Workplace health. Local government briefing [LGB2].* https://www.nice.org.uk/advice/lgb2/chapter/introduction (accessed October 2016).

18. We know that the longer a person is out of work the more their health and wellbeing is likely to deteriorate.[23] So, every day matters. For every week, every month, every year someone remains outside the world of work, it is increasingly more difficult for them to return and their health and wellbeing may worsen as a result. We must address this downward spiral.

19. Of course, work can also bring a range of other benefits which support mental and physical health and wellbeing.[24] It is the best route to raising the living standards of disabled people and people with a long-term health condition and moving them out of poverty.[25] But a good standard of living is about more than just income.[26] Work can help someone to be independent in the widest sense: having purpose, self-esteem, and the opportunity to build relationships. Being in the right job can be positively life changing.

20. But, whilst work is good for health in most circumstances, the type of work matters. Many factors such as autonomy, an appropriate workload and supportive management are important for promoting health at work.[27] These factors can be very personal.

21. As many stakeholder organisations like Scope have highlighted, many disabled people and people with long-term health conditions already work and many more want to access all the benefits that work can bring.[28] We want to understand how to improve the current system of support to make this aspiration a reality. We also recognise that some disabled people and people with health conditions might not be able to work due to their condition, whether in the short or long term. This government is committed to ensuring that they are fully supported by the financial safety net that the welfare system provides and so this consultation does not seek any further welfare savings beyond those in current legislation.

> "…and there's quite significant benefits associated with work over and above the financial benefit of working, the social aspects of it, things to do with people's self-esteem, so trying to keep people plugged into that is very important for their overall health."[29] General Practitioner
>
> "I don't have to work financially, but I want to… self-confidence, self-worth…."[30] Individual

[23] Maier R, Egger A, Barth A, Winker R, Osterode W, Kundi M, Wolf C, Ruediger H. Effects of short- and long-term unemployment on physical work capacity and on serum cortisol. *International Archives of Occupational and Environmental Health*. 2006;79(3): 193–8.; Hämäläinen J, Poikolainen K, Isometsä E, Kaprio J, Heikkinen M, Lindeman S and Aro H. Major depressive episode related to long unemployment and frequent alcohol intoxication. *Nordic Journal of Psychiatry.* 2005;59 (6): 486–491.; Voss M, Nylén L, Floderus B, Diderichsen F, Terry P D (2004) *Unemployment and Early Cause-; Royal College of Psychiatrists: Mental Health and Work* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212266/hwwb-mental-health-and-work.pdf (accessed October 2016).

[24] Bivand, P. and Simmonds. *The benefits of tackling worklessness and low pay*. https://www.jrf.org.uk/report/benefits-tackling-worklessness-and-low-pay (October 2016).

[25] Scope. *A million futures: halving the disability employment gap.* http://www.scope.org.uk/Scope/media/Documents/Publication%20Directory/A-million-futures-updated.pdf?ext=.pdf (accessed October 2016).

[26] Scope. *Better Living Higher Standards: Improving the lives of disabled people by 2020.* http://www.scope.org.uk/Scope/media/Documents/Publication%20Directory/living-standards-report.pdf?ext=.pdf (accessed October 2016).

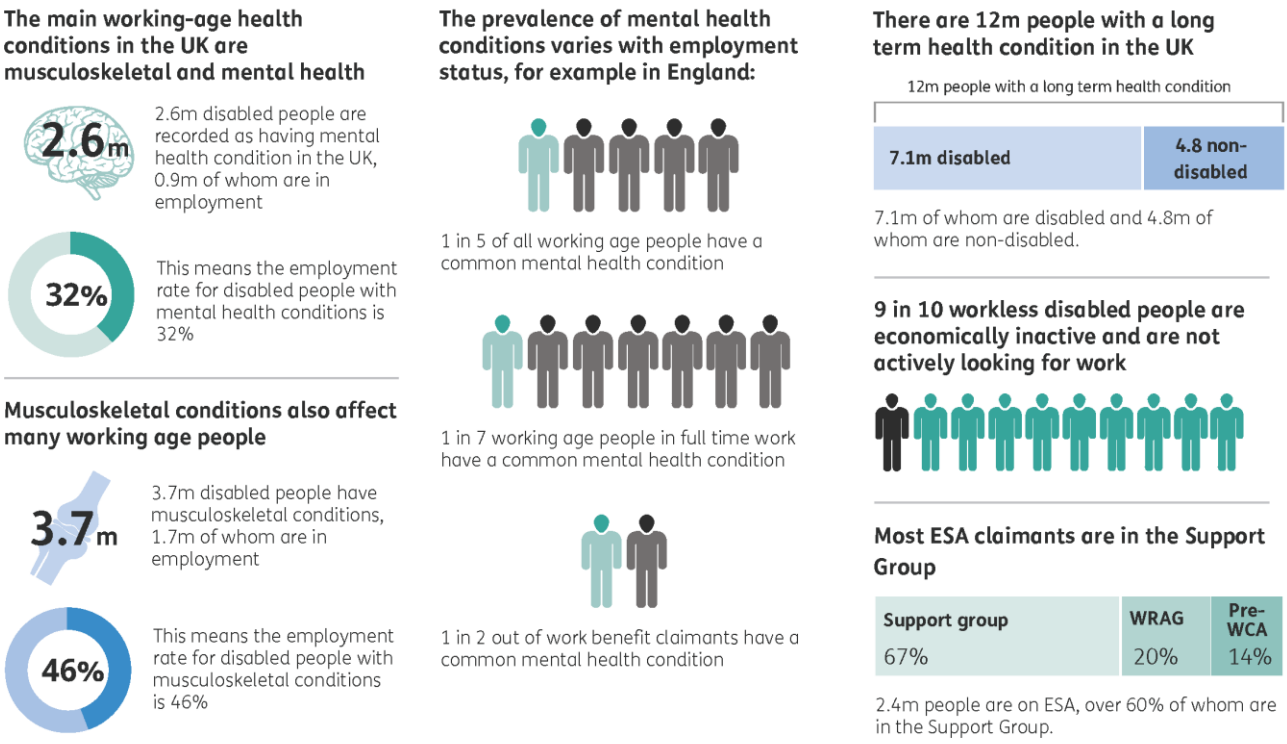
[27] Institute of Health Equity. *Local action on health inequalities: Increasing employment opportunities and improving workplace health. Health Equity Evidence Review*; 2014.

[28] Scope. *A million futures: halving the disability employment gap*. http://www.scope.org.uk/Scope/media/Documents/Publication%20Directory/A-million-futures-updated.pdf?ext=.pdf (accessed October 2016)

[29] Fylan F, Gwyn B, Caveney L. *GP's perception of potential services to help employees on sick leave return to work. Department for Work and Pensions. 820*; 2012.

[30] Work and Health Unit run in-depth interviews in Bedfordshire, December 2015.

Closing the disability employment gap to tackle injustice and build our economy



22. This government is committed to building a country and an economy that work for everyone. The UK employment rate is the highest it has been since records began. Over 31 million people (nearly 75% of the working age population) are in employment.[31] However, while there has been an increase of almost half a million disabled people in employment over the last 3 years, there are still fewer than 5 in 10 disabled people in employment compared with 8 in 10 non-disabled people.[32] This disability employment rate gap, the difference between the employment rates of disabled and non-disabled people, has not changed significantly in recent years and now stands at 32 percentage points.[33,34]

[31] Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
[32] Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
[33] Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
[34] References for preceding infographic: "The main working-age health conditions in the UK are musculoskeletal and mental health. 2.6m disabled people recorded as having mental health condition in the UK, 0.9m of whom are in employment. This means employment rate for disabled people with mental health conditions is 32%." Source: Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*, Supplementary Tables; 2016. "Musculoskeletal conditions also affect many working age people. 3.7m disabled people have musculoskeletal conditions, 1.7m of whom are in employment. This means the employment rate for disabled people with musculoskeletal conditions is 46%." Source: Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*, Supplementary Tables; 2016 "The prevalence of health problems varies with employment status, for example in England: 1 in 5 of all working age people have a common mental health condition, 1 in 7 working age people in full time work have a common mental health condition and 1 in 2 out of work benefit claimants have a common mental health condition." Sources: McManus S, Bebbington P, Jenkins R, Brugha T. (eds.). *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey;* 2016. "There are 12m people with a long term health condition in the UK, 7.1m of whom are disabled and 4.8m of whom are non-disabled". Source: Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016; "9 in 10 workless disabled people are economically inactive and are not actively looking for work." Source: Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016; "Most ESA claimants are in the Support Group. 67% of ESA claimants are in the Support Group, 20% of claimants are in the Work Related Activity Group and 14% are pre-Work Capability Assessment. 2.4m people are on ESA, over 60% of whom are in the Support Group. Source: Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

23. So 3.8 million disabled people are out of work despite a record breaking labour market.[35] People with particular health conditions can be disadvantaged, for example only 32% of people with mental health conditions are in employment. This leaves people, and in some places entire communities, disconnected from the benefits that work can bring. This is one of the most significant inequalities in the UK today and the government cannot stand aside when it sees social injustice and unfairness. That is why we have set ourselves the ambition to halve the disability employment gap.
24. This ambition is not only about tackling an unacceptable injustice for individuals. The disability employment gap also represents a waste of talent and potential which we cannot afford as a country: poor health and unemployment results in substantial costs to the economy.
25. The cost of working age ill health among working age people is around £100 billion a year.[36] The majority of this cost arises from lost output among working age people with health conditions not being in paid work. Economic inactivity costs government around £50 billion a year, including £19 billion of welfare benefit payments, and lower tax revenues and national insurance contributions. The NHS also bears £7 billion of additional costs for treating people with conditions that keep them out of work.[37] And there is also a cost to employers: sickness absence is estimated to cost £9 billion per year.[38] And, of course, there is a cost to people and their families.

Action is needed now to prevent this situation getting worse

26. We have seen that the costs, to the individual and the economy, of the disability employment gap are already unacceptably high. Trends in demography and population health mean that we need to take action now to prevent these costs rising further.
27. Older people will make up a greater proportion of the workforce in the future. Between 2014 and 2024 the UK will have 200,000 fewer people aged 16 to 49 but 3.2 million more people aged 50 to State Pension age.[39] Older workers can bring great benefit to businesses and drawing on their knowledge, skills and experience may help businesses to remain competitive and to avoid skills and labour shortages.
28. We also know that while life expectancy at birth has been increasing year on year, changes in healthy life expectancy have not consistently been keeping pace: we are living longer lives but some more years in ill health.[40] There is a known correlation between an ageing population and an increasing prevalence of long-term chronic conditions and multiple health issues.
29. We know that the world of work is changing. For example, new information and communication technologies have changed the nature of work tasks. This change may bring benefits, for example enabling more flexible working to help people with health conditions stay in work, but can also have less positive effects like work intensification that may affect people's ability to cope or adapt in work with a health condition.[41]
30. The impact of poor health on work is not inevitable for people at any age. For example, advances in technology can assist people to remain in work where they might have been previously unable to do so. Lifelong learning can also offer the opportunity for people to gain new skills to change roles if they develop a health condition or disability, or an existing one worsens.[42] And while many conditions are not preventable, the evidence is clear that the way we live our lives can influence

[35] Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
[36] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack; 2016.*
[37] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack; 2016.*
[38] Black C, Frost D. *Health at work – an independent review of sickness absence*; 2011
[39] Department for Work and Pensions. Fuller working lives reference data. Available at: https://www.gov.uk/government/statistics/fuller-working-lives-background-evidence (accessed October 2016).
[40] Healthy life expectancy at birth is only 63.4 for males and 64 for females. Source: Office for National Statistics. *Disability-Free Life Expectancy (DFLE) and Life Expectancy (LE) at birth by Upper Tier Local Authority, England, 2012 to 2014*; 2014.
[41] Green, F. Why Has Work Effort Become More Intense? *Industrial Relations: A Journal of Economy and Society* 2004; 43: 709-741.
[42] Institute of Health Equity. *Local action on health inequalities: Adult Learning Services. Health Equity Evidence Review*; 2014

health outcomes. Currently, 6 out of 10 adults are overweight or obese,[43] nearly 1 in 5 adults still smoke,[44] and more than 10 million adults drink alcohol at levels that pose a risk to their health.[45] Public health interventions form a vital part of the health and work agenda to help reduce the prevalence of conditions that can lead to people leaving the labour market due to ill health.

Case study – Susannah

Susannah was diagnosed with osteoarthritis and rheumatoid arthritis in 2010, she had lived with symptoms for more than 6 months before getting a formal diagnosis. She has lived a very active life and was working on a farm in France at the time of diagnosis. Following diagnosis, Susannah returned to the UK and now works as the personal assistant at a country house and estate.

Upon receiving her diagnosis, her employer was quite understanding of the impact rheumatoid arthritis was having on her. Her manager spoke with the HR team who provided her with reasonable adjustments to her workplace. Fatigue is also major issue for Susannah, as with many others with rheumatoid arthritis, she feels very tired after a day at work and this limits her from socialising in the evenings or at weekends. Nevertheless, she admits she does have some difficulties with her workload but she does not feel comfortable asking her employer for further adjustments to it.

In light of her current difficulties she is planning to retire early, having originally planned to retire at 66. She says she has accumulated enough earnings to have a reasonable retirement. When asked if anything could accommodate her to remain in work and thus not retire, she says working 3 days rather than 4 would probably be sufficient, however, she says this would amount to a job share which would be impractical for her employer and something she is not prepared to ask for.

"Retiring early isn't ideal and I would like to keep on working but I just can't perform all of the roles of the job anymore and my work-life balance has suffered due to my tiredness and pain at the end of each day. I don't see my friends much anymore and it's something I really miss. If I could work a three-day week I could probably carry on, but I don't feel that is something which could be accommodated. Before my diagnosis I never contemplated having to retire early but now I see it as almost inevitable."

Provided by National Rheumatoid Arthritis Society

Underlying factors play an important role

31. To reduce the disability employment gap, we need to understand the reasons why disabled people might be unable to enter or stay in work, and to recognise the wide variety of conditions and circumstances they face. The disability employment gap is affected by a number of factors, for example people frequently move in or out of disability and employment over time. It is therefore important to look at a wider group of work and health indicators to allow us to better understand the wider picture. The Work, Health and Disability Green Paper Data Pack accompanying this publication includes more statistics about the disability employment gap.

[43] Office National Statistics. *Statistics on obesity, physical activity and diet.* http://www.hscic.gov.uk/catalogue/PUB16988/obes-phys-acti-diet-eng-2015.pdf (accessed October 2016).

[44] Office for National Statistics. *Statistics on smoking*. http://www.hscic.gov.uk/catalogue/PUB17526/stat-smok-eng-2015-rep.pdf (accessed October 2016)

[45] Department for Work and Pensions. *Health matters*. https://www.gov.uk/government/news/health-matters-third-edition-published (accessed October 2016).

32. Almost 12 million working age people in the UK have a long-term health condition, and of these 7 million are disabled.[46] A health condition does not, in itself, necessarily prevent someone from working. Indeed people with a long-term health condition who are not reported as being disabled have a very similar employment rate to people without any type of health condition – around 80%.[47] However, employment rates are much lower among disabled people with only 48% in work.[48]

33. This suggests that it is important to try to prevent long-term health conditions developing or worsening to the extent that they are disabling. We know that a person's health is affected by the conditions and environments in which they live. *Fair Society, Healthy Lives*[49] provided evidence that the conditions in which people are born, live, work and age, are the fundamental drivers of health and health inequalities. Where people live can have a big impact on both health and employment outcomes. In England, men born in the most deprived areas can expect 9.2 fewer years of life, and 19.0 fewer years of life lived in good health than people in the least deprived areas. For women the equivalent figures are 7.0 and 20.2 years.[50]

34. We also know that disabled people from more disadvantaged backgrounds are more likely to be out of work. For example, while employment rates can be as low as 16% for people with mental health conditions who live in social housing, for disabled people who live in a mortgaged house and who have 1 or 2 health conditions, the employment rate is as high as 80%.[51] This is similar to the overall employment rate for non-disabled people.[52]

35. In addition to the strong links between socio-economic disadvantage and poorer work and health outcomes, other factors can also be significant. Attitudes in society can have a significant impact: for example, people may have lower expectations of disabled people and people with health conditions, which may impact on whether an individual feels able to work. There may also be physical barriers to employment for some disabled people and people with long-term health conditions, such as difficulties accessing transport and buildings.

36. We also need to recognise that some disabled people or people with long-term health conditions may face other disadvantages associated with worklessness. They may need a wide range of support, through different agencies working in partnership, to address all of the connected and overlapping problems they face. These might include drug or alcohol addiction, a criminal record, homelessness or caring responsibilities for young children. We recognise that these are complex problems, requiring a focused look at the factors that stand in the way of employment for these groups, which is why the government has asked Dame Carol Black to conduct an independent review into the impact on employment outcomes of alcohol or drug addiction, and obesity.

37. Although factors unrelated to an individual's health condition or disability have a significant impact on their ability to work, there do appear to be some patterns in employment rates for people with certain conditions, or for those who have multiple conditions. For example, disabled people with mental health conditions have an employment rate of just 32%, which is significantly below the overall employment rate for disabled people at 48%.[53] People who have more than one condition are also more likely to be out of work – disabled people with one long-term health condition have an employment rate of 61%, but the 1.2 million disabled people who have 5 or more long-term health conditions have an employment rate of just 23%.[54]

[46] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack; 2016.*
[47] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack; 2016.*
[48] Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
[49] Marmot, M. *Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010*; 2010
[50] Public Health England; *Public Health Outcomes Framework*. Figures for 2012-14; 2016.
[51] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack; 2016.*
[52] Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
[53] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack; 2016.*
[54] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack; 2016.*

38. Of course not all health conditions are static. Many, such as some mental health conditions, fluctuate over time, and affect people differently at different times. What is clear, though, is that once someone is out of work due to a health condition and claims Employment and Support Allowance their chance of finding work is slim. Only around 3 in 100 of all people receiving Employment and Support Allowance stop receiving the benefit each month, and not all of these people return to work.[55] While the government recognises that some people will not be able to work and rightly need to receive financial support, for others this starts a journey away from work which can make their health problems worse and, in turn, negatively impact upon their employment prospects.

39. It is impossible to address this complex picture with a simple, one-size-fits-all solution. We need to change our attitudes and behaviours towards disabled people and people with health conditions, working with everyone from employers to schools, health professionals to community groups. We need to develop a more personalised and integrated system that puts individuals at the centre, and gives all individuals the chance to prosper and play their part in a country and an economy that works for everyone.

Tackling the systemic issues

40. The disability employment gap has persisted over many years and its causes are long-term, systemic and cultural. Efforts to help disabled people and those with long-term health conditions have been hindered by a lack of vision and by systems which fail to join up and take people's needs properly into account.

41. A number of systemic issues hold back too many disabled people and people with health conditions:

    - employees are not being supported to stay healthy when in work, and to manage their health condition to stop them falling out of work: in one report, mental ill health at work was estimated to cost businesses £26 billion annually through lost productivity and sickness absence;[56]
    - too many disabled people and people with long-term health conditions are being parked on financial support alone: over 60% of people on Employment and Support Allowance[57] do not have access to integrated and personalised employment and health support which focuses on what they can and want to do;
    - individuals are not getting access to the right support and treatment: for example, some evidence suggests that waiting times for musculoskeletal services can vary from between 4 to 27 weeks;[58] and
    - the health and welfare systems do not always work well together to join up around an individual's needs and offer personalised and integrated support to help them manage their condition.

42. Our strategy is to provide support centred on the disabled person or person with a health condition. Disabled people and people with health conditions are the best judges of what integrated support they need to secure work or stay and flourish in work. To do this, we want to align systems better so that we can make a real difference to people's health and work prospects. In this green paper we explore how we can encourage employers, the welfare system and health services to take a more joined-up approach to health and work:

[55] Source: Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

[56] Centre for Mental Health. *Mental health at work: developing the business case*. https://www.centreformentalhealth.org.uk/mental-health-at-work (accessed October 2016).

[57] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

[58] Chartered Society of Physiotherapy. *Stretched to the Limit*. http://www.csp.org.uk/documents/stretched-limit (accessed October 2016)

- how we can encourage employers to be confident and willing to recruit disabled people, to put in place approaches to prevent people from falling out of work, and to support effectively those employees on a period of sickness absence to encourage their return to work;
- how we can create a welfare system that provides employment support in a more personalised and tailored way, with a simpler and more streamlined process for those with the most severe health conditions;
- how we can create a health system where work is seen as a health outcome and where all health professionals are sufficiently trained and confident to have work-related conversations with individuals to increase their chances of maintaining or returning to employment; and
- how we can better integrate occupational health type support with other services to ensure more holistic patient care.

43. We also need to look beyond 'systems' to look at the important role played by individuals, carers and the voluntary and community sectors.

The role of individuals

44. Disabled people, people with long-term health conditions and those who may develop them are at the heart of our strategy. We want to deliver services which enable people to have more information about their care and support, be better able to manage any health conditions, and have more say in the health and employment support they may need. The patients' organisation National Voices puts it clearly: personalised care will only happen when services recognise that patients' own life goals are what count; that services need to support families, carers and communities; that promoting wellbeing and independence need to be the key outcomes of care; and that patients, their families and carers are often 'experts by experience'.[59]

45. Individuals can also support employers to make workplaces more inclusive by working in partnership with them to deliver changes in recruitment and retention practices and promoting a healthy work culture.

The role of carers

46. This government recognises that carers can play a fundamental role in enabling disabled people and people with long-term health conditions to be all they want to be. The support of carers can be crucial in supporting disabled people and people with a long-term health condition to return to or remain in work. According to a report from 2009,[60] as many as 3 million people combine paid work with providing informal care to family and friends who might have a range of physical or learning disabilities, or who may have long-term health conditions related to ageing.

47. Carers UK recently found that carers in England are "struggling to get the support they need to care well, maintain their own health, balance work and care, and have a life of their own outside of caring."[61] The challenges of balancing paid work with a caring role can mean that carers have to reduce their working hours, pass up career opportunities, or leave employment altogether: an estimated 2 million people have given up paid work to care.[62] Of these, there are currently 315,000 working age adults who, having left work to care, remain unemployed after their caring role has ended. These impacts are felt disproportionately by older workers, with around 1 in every 6

[59] National Health Service. *NHS Five Year Forward View*. https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf (accessed October 2016).
[60] The European Commission. *The 2009 Ageing Report: Dealing with the impact of an ageing population in the EU;* 2009.
[61] Carers UK. *State of caring 2016.* https://www.carersuk.org/news-and-campaigns/state-of-caring-survey-2016 (accessed October 2016).
[62] Carers UK and YouGov. *Caring & Family Finances Inquiry UK report Carers UK*; 2014.

economically inactive people aged between 50 and State Pension age citing caring responsibilities as the reason for inactivity.[63]

48. Many of the challenges faced by carers in balancing their work and caring roles stem from the same issues faced by workers who are themselves disabled or have a long-term health condition, for example a risk-averse attitude among employers to recruiting disabled people and caring responsibilities, and a lack of flexible working arrangements in many organisations. Changing attitudes and behaviours towards disabled people and people with long-term health conditions should also have a positive impact on carers, but there is more to be done.

49. The government is committed to supporting carers. A key objective of our future work will be to support carers of all ages to enter, remain in and re-enter work. The government's Fuller Working Lives programme focuses on the challenges for older workers to remaining in or returning to work due to caring responsibilities, ill health or disability. As part of the programme a series of Carers in Employment pilots was launched in April 2015, to help support carers to stay in work or return to paid work alongside their caring responsibilities. Early next year the government will publish a new, cross-government and employer-led national strategy, which will set out the future direction of this Fuller Working Lives agenda.

The role of the voluntary and community sectors, local authorities and other local partners

50. We recognise that the voluntary and community sectors play a crucial role in helping more people to lead healthy and fulfilling lives, and that there are many organisations from these sectors, with broad reach and diversity, working to support and involve disabled people and people with long-term health conditions. These voluntary and community organisations embody a spirit of citizenship upon which our country is built, and we want to better harness their expertise and capacity in order to achieve the best outcomes for disabled people and people with long-term health conditions.

51. As a government, we are already working to invest in, and partner with, the voluntary and community sectors, including:

    - the Department of Health, NHS England and Public Health England, working closely with the sectors, have published a co-produced review of investment and partnerships in the sector. The review contains a range of recommendations for the department, the wider health and care system and the sectors. From this review, work is underway to progress recommendations and to promote more integrated working between the statutory and voluntary sectors to improve health and wellbeing outcomes;
    - the Office for Civil Society is providing £20 million of funding through its Local Sustainability Fund, to help voluntary, community and social enterprise organisations review and transform their operating models to develop more sustainable ways of working; and
    - the National Citizen's Service is a programme open to all 16 and 17-year-olds in England, giving them the opportunity to develop the skills and attitudes needed to engage with their local communities and become active and responsible citizens.

52. When it comes to unlocking the potential of disabled people and people with long-term health conditions, we want to build on these strong foundations, as well as on the many successful programmes and initiatives led by the voluntary and community sectors themselves, to deliver real change.

[63] Department for Work and Pensions. Fuller working lives reference data. Available at: https://www.gov.uk/government/statistics/fuller-working-lives-background-evidence

53. By being close to their users, charities have 'a unique perspective on their needs and how to improve services'.[64] As advocates and providers of services, the voluntary and community sectors form an essential part of achieving lasting change and bringing about a new approach to work and health support. The voluntary and community sectors can help drive change by speaking out for people and their needs, both to the public sector and wider society. The sectors also have an important role in service delivery and have already demonstrated successful programmes such as peer support programmes and mentoring networks, which help people understand and manage their disabilities and health conditions, and explore ways to get into and remain in work. We want to build on these strong foundations to deliver real change.

54. Part of the reason the voluntary and community sectors are so important is because of their links with and reach within their local communities. Evidence shows that employment outcomes for disabled people and people with long-term health conditions vary across different regions in the country.[65] There are significant opportunities to advance this agenda through a 'place-based' approach, unlocking the political capital and resources needed to drive innovation and deliver the system-wide response needed to improve outcomes and local growth. It is also important that employment support for those furthest from the labour market plays an active role in helping people get back to work and unlocking productivity in places. Approaches to integrating work and health provision should draw on the strategic intelligence of Local Enterprise Partnerships and building on the existing strengths of local employers. Better outcomes for disabled people and people with long-term health conditions will require a concerted partnership between communities, central government departments, local authorities, Local Enterprise Partnerships, local providers, and devolution partners.

55. Ultimately, stronger engagement, partnership and co-production with the voluntary and community sectors forms a central part of our work if we are to reach disabled people and people with long-term health conditions within their local communities, better understand their experiences with services, listen fully to what they as individuals want to achieve, and offer them support that is rounded, tailored and easily accessible.

The role of the devolved administrations

56. We recognise that services and support for disabled people and people with long-term health conditions needs to join up more effectively and holistically around the needs of the individual. Devolution, with the ability it brings to make decisions and formulate policy at a localised level, plays a key part in this ambition. The devolved administrations are important partners in developing appropriate local solutions, particularly because of their responsibilities for health as a devolved matter. The government is committed to working with the devolved administrations and devolution deal areas to improve the support accessible to disabled people and people with health conditions across the country at a regional, local and community level.

[64] National Council for Voluntary Organisations. *The charity sector and public services,* https://www.ncvo.org.uk/about-us/media-centre/briefings/220-the-charity-sector-and-public-services. (accessed October 2016).

[65] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack; 2016.*.;' Resolution Foundation. *Retention Deficit: A new approach to boosting employment for people with health problems and disabilities*. http://www.resolutionfoundation.org/wp-content/uploads/2016/06/Retention-deficit.pdf (accessed October 2016).

Case study: Working with children with a hearing impairment

"I lost my hearing progressively from early childhood and as it deteriorated it became harder to participate and I felt increasingly isolated and dependent. I became acutely aware that people had different expectations of me because I was deaf. However, I didn't see myself, or my capabilities, as any different from my hearing friends.

"I struggled in the workplace as I was increasingly unable to use the phone and found meetings challenging. I was fortunate to have excellent support from colleagues that I worked with in the civil service and from speech to text reporters, made possible by the government's Access to Work scheme. In 2006, I had cochlear implant surgery and thanks to the technology and the habilitation support that I received afterwards, I was able to 're-enter' the hearing world, grow my confidence at work and in social situations. This enabled me to have a successful career in the senior civil service.

"The speech and language therapists at St Thomas' Hospital in London provided me with the support to make sense of the new sounds that I was able to access through my hearing technology. Without such support, I would not benefit from the investment that the NHS makes in these wonderful devices. Habilitation is key.

"I am now Chief Executive of a charity that works with deaf children and their families to provide critical support in the early years of their lives. This includes enabling them to develop the listening and spoken language skills that gives them an equal start at school and enables them to access the same opportunities in life as their hearing peers. Auditory verbal therapy is a parent coaching programme delivered by highly specialist speech and language therapists who have undergone an additional three years of training in auditory verbal practice. Our oldest graduates of the programme are now entering the world of university and work – equipped with the skills to succeed.

Anita Grover, Chief Executive, Auditory Verbal UK

Provided by the Royal College of Speech and Language Therapists

Achieving lasting change: investing in innovation

57. Change on this scale will take time to achieve and not everything we try will work. Success demands we take an innovative, experimental approach to test a wide range of approaches in different environments and learn quickly, shifting focus early from any failures and moving rapidly to scale up successful approaches. It means working with a wide range of people to identify where we should focus our efforts. And we should look to capture the impacts across the whole of government, where possible, to build the case for future investment and help us influence a wider range of actors. Having a clear idea of what works in what context will enable us to:

- focus our resources on services and commissioning models which have the most impact;
- influence commissioners of services to make the right decisions to invest in different support to meet local population needs; and
- provide employers with information about successful approaches and spread best practice.

58. We want to take early action to build our evidence base on what works in the areas that we already know are important. We start with a solid understanding of some of key principles based on evidence from past delivery. For instance, evidence suggests that when a person faces both health and employment barriers, both should be addressed simultaneously, since there is no evidence that treating either problem in isolation is effective.[66] As an example, Individual Placement and Support, an integrated health and employment model, has demonstrated improved employment outcomes for those with severe and enduring mental health condition. A UK evaluation found that chances of finding employment doubles for those who received this service.[67]

59. We also know that evidence gaps exist, in particular:

    - how best to support those in work and at risk of falling out of work, including the part employers can play;
    - understanding how best to help those people in the Employment and Support Allowance Support Group who could and want to work (discussed further in chapter 2);
    - the settings that are most effective to engage people in employment and health support; and
    - how musculoskeletal treatment and occupational health interventions improve employment outcomes.

60. We have a range of activity underway that is focused on the evidence gaps we have identified, including access to services and levels of support we should offer. This will help us to develop new models of support to help people into work when they are managing a long-term health condition or disability.

61. As part of this our £70 million Work and Health Innovation Fund, jointly managed by the Work and Health Unit and NHS England, will support promising local initiatives to drive integration across the health, care and employment systems. The first areas we will work with are West Midlands Combined Authority and Sheffield City Region. Seed funding will be provided to support the design trials to test new approaches at scale and understand if they can improve employment and health outcomes. Following this design phase, we plan to review these proposals and decide if they are viable for implementation, with access to further funding and national support available to enable full implementation from spring 2017.

62. By bringing local Clinical Commissioning Groups, Jobcentre Plus and local authorities into new partnerships these trials will create new support pathways for people with common physical and mental health conditions to help them stay in or return to work.

63. Alongside this, we are testing a range of approaches to improve outcomes for people with common mental health conditions, who make up 49% of those on Employment and Support Allowance.[68] We want to rapidly scale up those which show they can make a real impact. Trials include testing interventions that offer faster access to treatment and support services, co-locating employment support in a health setting and building on the evidence for Individual Placement and Support to understand if this is a model which can work successfully for people with common mental health conditions.

64. Examples of this approach include the Mental Health Trailblazers. These combine a specific type of employment support, Individual Placement and Support, with psychological support provided

[66] van Stolk C, Hofman H, Hafner M. Janta B. *Psychological Wellbeing and Work: Improving Service Provision and Outcomes*. https://www.gov.uk/government/publications/psychological-wellbeing-and-work-improving-service-provision-and-outcomes (accessed October 2016).

[67] Heslin L, Howard M, Leese P, McCrone P. Rice C. Randomized controlled trial of supported employment in England: 2 year follow-up of the Supported Work and Needs (SWAN) study, *World Psychiatry,* 2011; 10, 132–137.

[68] Department for Work and Pensions. Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016, Primary health condition. https://www.gov.uk/government/collections/dwp-statistics-tabulation-tool

through the NHS talking therapy services in three areas: Blackpool, West London and the North East.

65. As set out in the 2015 Spending Review, there are opportunities to make use of Social Impact Bonds to help people with mental health problems. Social investment offers an exciting new opportunity to draw on both private capital and voluntary and community sector innovation to test and scale new forms of support. We are reviewing how Social Impact Bonds can be best used across our range of innovation activity and will invest up to £20 million on work and health outcomes. The Government Inclusive Economy Unit will explore the possible role of existing or new public service mutuals, which already operate to good effect in the health and care sectors.

66. We recently launched our Small Business Challenge Fund to encourage small businesses in developing small-scale innovative models for supporting small and medium-sized enterprises with sickness absence. This approach will allow us to use a small amount of funding to identify promising interventions and prototypes to take forward to more robust testing.

67. We aim to build on this Challenge Fund approach to develop small-scale innovative approaches to quickly understand which may work and fail fast on those which do not. Such an approach is likely to be most useful where there is limited evidence, such as supporting small and medium-sized employers with sickness absence, or where there is already a market of innovators, such on digital health technologies. We are particularly interested to use the consultation process to identify key areas where such an approach may be appropriate.

68. Finally, it is important we share information on what works widely to support local delivery. To do this, **we will work with Public Health England to develop a set of work and health indicators and identify how we can best bring together and share the existing evidence for local commissioners and delivery partners**. We will continue to draw on a range of internal and external evidence, including trials and research, the academic literature and relevant third sector organisations to improve policy making and delivery nationally and locally.

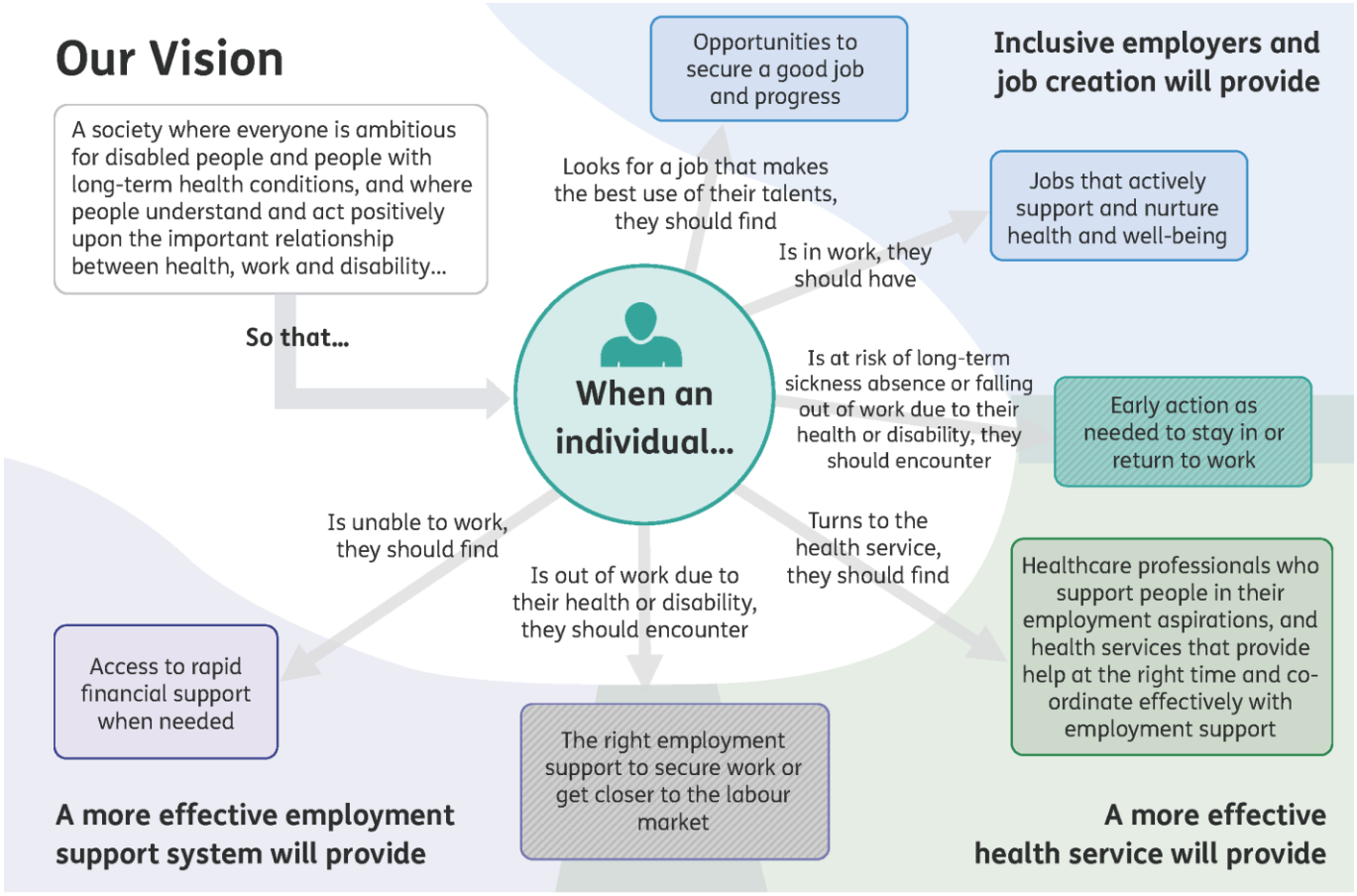
Your views

69. We are committed to building a pipeline of innovation to rapidly improve support for individuals. As part of this we will be developing a structured evidence base so that we know what works, and we recognise that there will be rich sources that have already been developed or are being drawn together by others. We want to hear from you about areas you are already exploring or have learnt from:

    - What innovative and evidence-based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?
    - What evidence gaps have you identified in your local area in relation to supporting disabled people or people with long-term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?
    - How should we develop, structure and communicate the evidence base to influence commissioning decisions?

Building a shared vision

70. This green paper sets out the pressing case for action, and the systemic challenges we face. Achieving our vision will require us to work beyond artificial system boundaries and work with those in our local communities. We will also need to be innovative and test new ways of doing things.



71. This green paper discusses a number of areas where we want to see change to make systems work better for people. It considers:

- Supporting more people into work (chapter 2);
- Assessments for benefits for people with health conditions (chapter 3);
- Supporting employers to recruit with confidence and embed a healthy working culture in the workplace (chapter 4);
- Supporting employment through health and high quality care for all (chapter 5).

72. Chapter 6 discusses the vital role all of us can play in delivering the changes we want to see, and sets out how you can respond to this consultation. The involvement of employers, local government, practitioners, providers, advocacy groups, carers, disabled people, and people with long-term health conditions is vital. Please let us know what we need to improve so that we can build a plan that will bring real and lasting change.

Summary of consultation questions

We are committed to building a structured evidence base so that we know what works and recognise that there will be rich sources that have already been developed or are being drawn together by others. We want to hear from you about areas you are already exploring or have learnt from:

- What innovative and evidence-based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?
- What evidence gaps have you identified in your local area in relation to supporting disabled people or people with long-term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?
- How should we develop, structure and communicate the evidence base to influence commissioning decisions?

2: Supporting people into work

Chapter summary

In this chapter we focus on how we can best provide employment support to disabled people and people with health conditions. It explores:

- our vision for how people can access an integrated network of health and employment support delivered from a range of sectors, supported by a dedicated Jobcentre Plus work coach who can work closely with someone to build a relationship and offer personalised support that is tailored to their needs;
- how we are investing in the skills and capabilities of Jobcentre Plus work coaches to enable them to better support people with a wide range of health conditions, including mental health conditions, bringing in external expertise;
- our new Personal Support Package, including an enhanced menu of employment support for work coaches to draw on; and
- how we can better engage with people placed in the Employment and Support Allowance Support Group or the Universal Credit Limited Capability for Work and Work-Related Activity Group (LCWRA). We will undertake research and a trial to better understand how we can support individuals to move closer to the labour market and into employment, where appropriate.

Introduction

73. We want everyone to have the opportunity to benefit from the positive impacts that work can have, including on their health and wellbeing. Where people want to work, and have the potential to do so immediately or in the future, we should do everything we can to support them towards their goal. We want people to be able to access appropriate, personalised and integrated support at the earliest opportunity, which focuses on what they can do, builds on their talents and addresses their individual needs.

74. Where someone is out of work as a result of a health condition or a disability, the employment and health support they receive should be tailored to their personal needs and circumstances. This support might be delivered by a range of partners in their local area, such as by Jobcentre Plus, contracted provision, local authorities or third sector providers. Increasingly, our work coaches across Jobcentre Plus will assess an individual's needs and ensure that they access the right help. Work coaches will be supported by new Community Partners and Disability Employment Advisers, who will be able to use their networks and expertise to work with local organisations, to support disabled people and people with health conditions to achieve their potential.

75. Universal Credit is already making improvements which put people at the heart of the welfare system, giving more personalised and integrated support from a dedicated work coach in Jobcentre Plus to help claimants with a health condition move closer to the labour market and get into work. It will also, for the first time, help those claimants with health conditions who are already in work to progress in the labour market supporting them to earn more. Evaluation has found people receiving Universal Credit are more likely to move into employment and move into work quicker than similar

individuals receiving Jobseeker's Allowance.[69] To ensure that disabled people and people with health conditions receive the best possible support, **we will introduce a new Personal Support Package for people with health conditions in Jobcentre Plus**, with a range of new interventions and initiatives designed to provide more tailored support.

76. However, further action is needed to build on the principles Universal Credit has introduced. We cannot make significant progress towards halving the disability employment gap with a system that treats 1.5 million people[70] – the current size of the Support Group in Employment and Support Allowance – in a one-size-fits-all way. The current approach does not do enough to treat people as individuals: more must be done to ensure that people do not miss out on accessing the wealth of local, integrated support available through Jobcentre Plus. We will achieve this by identifying evidence gaps, building on insights from trials and drawing on the knowledge of both service users and providers.

77. In this chapter we will discuss 2 key themes:

- Universal Credit is moving in the right direction, but there is still more to do to **improve how work coaches systematically engage with disabled people and people with health conditions**. We want to identify the most effective support based on a person's circumstances and the capabilities required in Jobcentre Plus to deliver these interventions. Work coaches will also be able to offer an array of targeted support as part of the Personal Support Package summarised below; and
- The current one-size-fits-all approach to employment support is not appropriate. This is because people in the Employment and Support Allowance Support Group, and those with 'Limited Capability for Work and Work Related Activity' (LCWRA) in Universal Credit, do not routinely have any contact with a Jobcentre Plus work coach. We are committed to protecting those with the most needs, but want to test how we might offer **a more personalised approach to employment support, which reflects the wide variety of conditions and needs** within this group and is in keeping with Universal Credit principles.

We are introducing the new **Personal Support Package** for people with health conditions. This is a range of new measures and interventions designed to offer a package of support which can be tailored to people's individual needs.

The offer, set out in more detail in this chapter, includes the following new forms of support for all Employment and Support Allowance claimants (and Universal Credit equivalents):

- personal support from disability trained, accredited work coaches. A particular focus of training will be mental health. Work coaches will also be better supported by an extra 300 Disability Employment Advisers and around 200 new Community Partners, with disability expertise and local knowledge. This will lead to better signposting to other local voluntary and public sector services; and
- a Health and Work Conversation for everyone claiming Employment and Support Allowance, as appropriate.

[69] Department for Work and Pensions. *Estimating the Early Labour Market Impacts of Universal Credit. DWP Report number: 28*; 2015.
[70] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html (accessed 10 February 2016).

For new claimants in the Employment and Support Allowance Work-Related Activity Group (ESA WRAG), and the equivalent Universal Credit Limited Capability for Work Group (UC LCW), an enhanced offer of support will also include:

- a place on either the new Work and Health Programme or Work Choice, for all eligible and suitable claimants who wish to volunteer;
- additional places on the Specialist Employability Support programme;
- Job Clubs delivered via peer support networks;
- work experience places, with wrap-around support, for young people;
- increased funding for the Access to Work Mental Health Support Service;
- Jobcentres reaching out to employers, particularly small employers, to identify opportunities and help match people to jobs in a new Small Employer Offer;

We will continue to develop the offer by:

- trialling the use of specialist medical advice to further support work coaches;
- working with local authorities to pilot an approach to invest in Local Supported Employment for disabled people known to social care, notably those with learning disabilities and autism, and secondary mental health service users;
- testing a Jobcentre-led alternative to Specialist Employability Support; and
- trialling additional work coach interventions.

Action already taken

78. There is a significant amount of work already underway to strengthen and improve the employment support offer available to disabled people and people with health conditions. These activities are explored in more detail within the chapter, and include:

    - **Universal Credit** – replacing 6 benefits with 1, the introduction of Universal Credit will make a significant difference in improving the level and quality of support offered to individuals with health conditions;
    - **expansion of the Disability Employment Adviser role** – we are recruiting an additional 300 Disability Employment Advisers, taking the total to 500;
    - **permitted work** – from April 2017, we will remove the 52-week limit on how long Employment and Support Allowance claimants placed in the Work-Related Activity Group (WRAG) are able to work for. This will improve work incentives for this group;
    - **the Work and Health Programme –** following the end of the Work Programme, this provision will be available to disabled people receiving Employment and Support Allowance or Universal Credit on a voluntary basis from October 2017.

Universal Credit and the financial benefits of work

79. It is essential to ensure that people are better off in work. Under Universal Credit, people can more clearly see the financial benefits of moving into work, allowing them to take small steps into the labour market and to work flexibly in line with their needs.

80. In Universal Credit, for people who have 'limited capability for work' (LCW) or 'limited capability for work and work related activity' (LCWRA), there is a work allowance for earned income. This means that someone assessed as having LCW or LCWRA, with housing costs, can earn up to £192 a month, and a similar person, without housing costs, can earn up to £397 a month, in both cases without affecting their Universal Credit payment. For any earnings above these allowances, the Universal Credit 65% taper applies, which means that only 65% of the extra earnings above those allowances are deducted from the claimant's Universal Credit entitlement – a steady and predictable rate as people gradually increase their hours and earn more, rather than the cliff-edge approach of Employment and Support Allowance. This is particularly well suited for people whose disability or health condition means they can only work some of the time.

81. Individuals on Employment and Support Allowance are allowed to work up to 16 hours and earn up to £115.50 a week and keep all of their benefit. If earnings exceed this amount, Employment and Support Allowance stops altogether. The permitted work rules allow people claiming Employment and Support Allowance to undertake some part-time work without it impacting on their benefit, to encourage them to gradually build their employment skills and return to work. However for those in the Work-Related Activity Group this is limited to 52 weeks. We will remove this limit from April 2017 to bring the Employment and Support Allowance rules more into line with Universal Credit and improve the incentive to work.

Early engagement

82. Being better off in work is not enough on its own if disabled people and people with health conditions are not being enabled to find work in the first place. Universal Credit ensures that people with health conditions still have an opportunity to engage with a work coach prior to their Work Capability Assessment, where appropriate. This approach builds on evidence that early intervention can play an important role in improving the chances of disabled people and people with a health condition returning to work.[71]

83. This is a significant improvement on the current process in Employment and Support Allowance, where people are not routinely having a face-to-face conversation with a work coach about practical support to help them back to work until after their Work Capability Assessment is complete – and this can be many months after their initial claim. Over 60% of the 2.4 million people receiving Employment and Support Allowance – those currently in the Support Group[72] – do not get this opportunity and often have no contact at all with a work coach and therefore do not access tailored support when they need it. We are missing a significant opportunity to provide help to people when they could benefit most.

84. This earlier engagement between an individual and a work coach in Universal Credit will also serve as a gateway to a wider, integrated system of support offered by the Department for Work and Pensions and other agencies, such as the NHS and local authorities. If a work coach identifies that someone has particularly complex barriers to work or complex health conditions, they will be able to advise individuals about other types of support in their local area – whether health services, skills courses or support with budgeting.

[71] Coleman, N., Sykes, W. and Groom, C. *What works for whom in helping disabled people into work?* Department for Work and Pensions. Working paper: 120, 2013.

[72] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

85. This builds on the approach of Universal Support, which helps people make and maintain their Universal Credit claim, and will assist people with their financial and digital capability throughout the life of their claim. This is delivered in partnership between the Department for Work and Pensions and local authorities, and with other local partners such as Citizens Advice and Credit Unions. Through Universal Support we are transforming the way Jobcentres work as part of their local communities to ensure they more effectively tackle the complex needs some people have and support them into sustainable employment. The Troubled Families programme offers another example of an integrated approach, with local authorities coordinating wider support services for complex families, including those with health conditions, and in doing so, driving public service reform around the needs of families. The Department for Work and Pensions provides work coaches acting as Troubled Family Employment Advisers, based within local authorities, where they play an important role in integrating employment support with the wider services.

Building work coach capability

86. The relationship between a person and their work coach should be at the heart of each person's journey in the welfare system. To ensure that people with complex and fluctuating health conditions receive the most appropriate support, we will continue to build and develop the capability of our work coaches. We have introduced an accredited learning journey for work coaches, which includes additional mandatory training in supporting those with physical and mental health conditions. From 2017, we will **introduce an enhanced training offer which better enables work coaches to support people with mental health conditions and more confidently engage with employers on the issue of mental health**.

87. Work coaches will be supported by specialist **Disability Employment Advisers**. We are currently recruiting up to 300 more Disability Employment Advisers, taking the total to over 500. These advisers will work alongside work coaches to provide additional professional expertise and local knowledge on health issues, particularly around mental health conditions. The role will have a much stronger focus on coaching work coaches to help build their confidence and expertise in supporting individuals with a health condition or disability.

88. We also recognise the value of bringing external expertise into Jobcentres and of working more effectively with the voluntary sector in our design and delivery of support. We know that voluntary organisations have unique insight and expertise about the people they work with and their conditions, and we want to harness this. So, **we will recruit around 200 Community Partners across Jobcentre Plus**. These will be people with personal and professional experience of disability and many will be seconded from a Disabled People's User-Led Organisation or disability charity. From next year, Community Partners will be working with Jobcentre Plus staff, to build their capability and provide valuable first-hand insight into the issues individuals with a health condition or disability face in securing and sustaining employment. Drawing on their local knowledge, they will identify more tailored local provision to ensure individuals with health conditions can benefit from the full range of support and expertise available. Community Partners will also engage with local employers to help improve the recruitment and retention of disabled people and people with health conditions.

89. Our Community Partners will map local services available in each of our Jobcentre Plus districts. This will include understanding where there are peer support and patient groups which engage with disabled people and people with long-term health conditions who might otherwise find it hard to re-engage with employment, helping develop confidence and motivation. Where there are gaps in provision our districts may be able to make local decisions to fund any priority areas, using the Flexible Support Fund. We will be providing an extra £15 million a year in 2017/18 and 2018/19 for our Flexible Support Fund so that local managers can buy services including mentoring and better engage the third sector in their community. We will introduce a new Dynamic Purchasing System across the country by December 2016 which will allow third sector and other organisations to develop employment-related service proposals that Jobcentres can quickly contract for. Our goal is

to extend the reach of Jobcentre Plus into third sector support groups which are already well established.

90. Often, the best advocates of the positive impact of being in work are people who themselves have had the experience of managing a serious health condition, or overcoming an employer's prejudice about disability. We have already tested Journey to Employment peer support job clubs on a small scale, offering personalised support in a group environment delivered by people who have personal experience of disability, drawing on research by Disability Rights UK and the Work Foundation. These clubs often take place outside a Jobcentre as this provides an alternative setting which may be more effective for some individuals with health conditions. **We are extending our Journey to Employment job clubs to 71 Jobcentre Plus areas with the highest number of people receiving Employment and Support Allowance**, to further test the effectiveness of peer support job clubs at supporting those with health conditions.

Case study: Journey to Employment (J2E) Job Club

Jayne was employed, but life events affected her health and changed everything. Jayne joined the J2E Project in 2015 and she started her journey to recovery.

Describing her time before the Job Club, she said, "I shut down to protect myself and drew inward trying to block things in work. I didn't feel I was functioning on 'all cylinders', my confidence was shot, I was checking up on what I was doing constantly and this spiralled out of control.

"I felt I was in limbo I didn't really know what I wanted to do, I could not afford not to work so felt confused about where go and who to seek help from. I was suffering with anxiety and terrible panic attacks, I was also depressed and can recognise now through help I have received and my own research that it was all due to the environment I was in.

"I suffer mainly with anxiety and this escalated due to having to make the decision to leave my job to protect my mental health. Life was still awful, leaving work meant my fear increased and I was really down and family noticed the change in me. I wasn't getting up in the mornings and I was confining myself to my room.

"I had a good supportive GP and work coach called Janis. I needed support to attend the appointment with Janis and felt that Janis really listened, had empathy and was so supportive. I felt she was on my side, she indicated different choices and J2E sounded ideal to give me structure and at last it felt good to know where I was going.

"I felt nervous going to see Louise my Community Employment Specialist, but once I met her and had a chat I knew that attending the J2E training course would be beneficial for me.

"Attending the course gave me insight into my options, it helped me to manage myself better. Being amongst others that understood what I was going through, having balance and hearing about other people's lives gave me a perspective on my situation. By that I mean that, it made me see that some people were struggling with a great deal more than I was.

"All my concerns, talking about my situation with other people were eased, because I felt the others in the group understood. I also completed a mindfulness course via my GP which lasted for 6 to 8 weeks, this also helped me self-manage."

Provided by Merthyr and the Valleys Mind

91. We want to make sure work coaches can access the right specialist advice and support, so they can understand how a complex health condition might affect an individual's ability to work, and access advice on how someone can better manage a health condition to be able to work. We therefore intend to **trial access to specialist advice** through a 3-way conversation between a work coach, healthcare professional and a person who has been placed in the Work-Related Activity Group, following a Work Capability Assessment. The trial will begin in 2017, with a view to rolling out provision on a wider scale in future years, depending upon results.

Early intervention in Employment and Support Allowance

92. These improvements will place the relationship with the work coach and access to a network of integrated support at the heart of each individual's journey. We also want those receiving Employment and Support Allowance to benefit from the support that disabled people and people with health conditions who receive Universal Credit can already access as part of their Claimant Commitment discussion. To that end, **we have developed a new Health and Work Conversation between an individual and their work coach**. In the Health and Work Conversation, work coaches will use specially designed techniques to help individuals with health conditions to identify their health and work goals, draw out their strengths, make realistic plans, and build resilience and motivation. People will be required to attend the Health and Work Conversation, where appropriate, but the actions they subsequently agree to within the conversation will be entirely voluntary in the period before the Work Capability Assessment, and will be captured in a new Employment and Support Allowance Claimant Commitment.

93. The Health and Work Conversation will focus on what individuals can do to move closer to work while managing or treating their health condition, rather than on what they are unable to do. This new conversation was co-designed with disabled people's organisations and occupational health professionals and practitioners and the Behavioural Insights Team. As a person and their work coach works together, the Claimant Commitment can be updated over time as the individual moves closer to being able to work. This approach will mean that a person will have an established relationship with their work coach and be able to explore the implications of their Work Capability Assessment with them after it takes place. They will also be able to review the Claimant Commitment actions they have jointly developed up until that point. We are exploring how we could integrate this approach into Universal Credit as well.

Your views

94. Work coaches play a crucial role in ensuring that disabled people and people with a long-term health condition can access the right support, at the right time, and in an integrated manner at a local level. We also recognise that there is more that can be done to improve how work coaches engage with these individuals.

    - How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?
    - What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

Employment support for disabled people and people with health conditions

95. Work coaches will increasingly be able to offer a wide menu of interventions tailored to people's needs. Building on what we have learnt from the Work Programme and Work Choice, the **Work and Health Programme** will offer a more personalised, local approach to supporting disabled people to overcome barriers to employment. The Work and Health Programme will be targeted at people who are likely to be able to find work within 12 months, with more specialist support. Disabled people can volunteer for the programme at any time. Providers will be expected to support people based on the needs, strengths and aspirations of the individual; deliver effective services which are integrated with local services; and connect individuals with local employers and place and support them in sustainable employment. From 2017 we plan to be able to offer a place on either Work Choice or the Work and Health Programme to all eligible and suitable new Employment and Support Allowance (Work-Related Activity Group) and Universal Credit (Limited Capability for Work) claimants who are assessed as being within 12 months of being able to start work, and who wish to volunteer. This commitment will not include a small number of claimants who will be placed into the control group of the Randomised Control Trial used to evaluate the performance of the Work & Health Programme.

Localism and devolution

We are already funding work with Greater Manchester, London and in Glasgow and the Clyde Valley to deliver locally designed employment support to help those residents who claim Employment and Support Allowance who have left the Work Programme without finding work.

In parallel, through the Devolution Deal process, we have agreed to co-design the new Work and Health Programme with the Tees Valley, East Anglia, Sheffield City Region, the West of England, West Midlands, Liverpool City Region and Cardiff Capital Region. This will ensure there is a more personalised approach in those areas and one which fully supports local plans to integrate services to provide a more co-ordinated service for residents to avoid duplication and people getting lost in the system. We are also working with London and Greater Manchester to not only co-design the programme with them but also ensure that they can jointly shape every element of the commissioning process, from strategy to service design, managing provider relationships and reviewing service provision. We are keen to understand what works locally to inform future strategy for supporting local delivery and supporting areas ambitions for integrating health and work provision.

96. The Work and Health Programme will not be suitable for everyone, as some people have additional and more complex needs. We currently offer additional help through the **Specialist Employability Support** programme. This provision focuses on helping those furthest away from the employment market and for whom other provision is unsuitable due to the complexities of their barriers to employment. Specialist Employability Support offers an individually tailored combination of advice, guidance, training, work placements and work experience. We are currently considering how we should continue this support in the future, including how to provide more places to individuals in the Employment and Support Allowance Work-Related Activity Group or assessed as having limited capability for work in Universal Credit from April 2017.

97. We will continue to support disabled people and people with health conditions who wish to start their own business. The New Enterprise Allowance scheme provides access to business mentoring and offers financial support to those in receipt of an eligible benefit, including those on Employment and Support Allowance and Universal Credit. The New Enterprise Allowance has so far supported around 90,000 people into self-employment, where 21% of these businesses have been established by individuals who have declared a disability.[73]

98. We will also ensure we make better use of local support mechanisms. For those with a learning disability or autism who are known to adult social care, or those in contact with secondary mental health services, we will pilot an approach working with local authorities to deliver **Supported Employment** on an outcome-payment basis. Supported Employment uses a 'place then train' approach, aimed at moving people into paid employment. This will help us to test the effectiveness of locally-driven solutions to best support people with the most challenging conditions, and build on our learning of what works for them.

99. We also want to support local areas to design new, integrated approaches to improving health and work outcomes at scale. We are using the **Innovation Fund** to develop large-scale **health-led trials** creating partnerships between local health service commissioners and providers, Jobcentres, and councils. These partnerships will test if health-led support services are effective at supporting disabled people and people with health conditions into work, how effectively they support people to stay in work and how to get a region to work collaboratively on the health and employment agenda, through the introduction and integration of services.

Supporting people with mental health conditions

100. Improving our offer of support for people with mental health conditions will be integral to our approach. The Five Year Forward View for Mental Health and NHS England's Implementation Plan sets out a series of actions to prevent mental ill health, improve services and reduce stigma. Around half of Employment and Support Allowance claimants in the Support Group report a mental or behavioural disorder as their primary health condition – the most prevalent of these being depression, stress and anxiety.[74] The government will invest in trials, proofs of concept and feasibility studies over the next 3 years to test ways to provide specialist support for people with common mental health conditions and ensure that we are providing access to the most effective health support when it is needed. As discussed in chapter 5, we are also increasing the number of employment support advisers co-located in talking therapy services. We are supportive of co-locating services where it can improve support and will consider whether there is wider learning on co-location we can draw from this work.

101. The new support we will test to establish what works best for people with mental health conditions who are out of work includes:

- Group Work – to test whether the JOBS II model, a form of group work, improves employment prospects and wellbeing; and
- Supported computerised Cognitive Behavioural Therapy (cCBT) testing whether early access to supported cCBT can support employment outcomes alongside recovery.

[73] Department for Work and Pensions. *New Enterprise Allowance Statistics: April 2011 – June 2016*. https://www.gov.uk/government/statistics/new-enterprise-allowance-april-2011-to-june-2016 (accessed October 2016).

[74] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016*. http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html

Case study – a community employment specialist

"I am a Community Employment Specialist and really enjoy making a difference and changing attitudes, I have worked in a variety of roles and in various sectors, including small community development projects supporting people with multiple barriers to the workplace and managing a large branch of Waterstones booksellers. For most of my early life I struggled with a mental health condition and ended up claiming Employment and Support Allowance as I was not prepared to acknowledge or seek proper treatment for my condition. My mental health reached a crisis point and I ended up homeless and living in my car, at that point I did seek help.

"After 9 months of this situation, I managed to secure a council flat and slowly began a recovery journey. I joined the Fed Centre for Independent Living because I wanted to work in a role where my experience and situation could actually help others instead of feeling like something I was always trying to hide.

"I was thrilled at the opportunity of delivering a Journey to Employment (J2E) job club and support others. Working directly in Jobcentre Plus has enabled me to support work coaches, build relationships and provide advice to people with health conditions.

"I also deliver J2E training which I deliver in a very flexible, person-centred way building the course content around each group of participants. I have support in the job club from a colleague who also has lived experience of managing a health condition, and exploring development of different coping mechanisms. This allows us to provide insight into the recovery journey, provide support wellbeing, resilience and respond to the changing needs of the people we work with so that we can support them on their journey back into employment."

Provided by Journey to Employment in Brighton

Supporting young people

102. Gaining employment after leaving education should be a core part of the journey into adulthood for disabled young people and young people with health conditions yet successful outcomes are far too low. Young people who are out of work and begin to claim Employment and Support Allowance or Universal Credit early in their lives can face scarring effects of long-term unemployment if they do not move into work. To explore how to better support this group **we will test a voluntary, supported Work Experience programme for young people with limited capability for work**. This will enable young people to benefit from time in the workplace with a mainstream employer to build their confidence and skills, enhance their CV and demonstrate their ability to perform a job role.

103. There are over 250,000 children and young people in education in England with a Statement of Special Educational Needs or an Education Health and Care (EHC) plan.[75] Most have a learning disability or autism and many do not get the support they need to move into work. These young people who have an EHC plan at age 15 are more than twice as likely not to be in education, employment or training at 18. Just 5.8% of adults with a learning disability known to local authorities are in a job.[76] This must be addressed. We will work with organisations to listen to the views of people with a learning disability and their families to look at what we can do to improve employment opportunities for this group.

[75] Department for Education. *Special Educational Needs in England: January 2016*; 2016.
[76] NHS Digital. *Adult Social Care Statistics*; 2016.

104. **We will open up apprenticeships to young people with a learning disability**. For this group, we will make adjustments to English and maths requirements and draw on the £2.5 billion the government will make available for apprenticeships each year by the end of this Parliament. We will also work with social enterprises and disabled entrepreneurs to set up apprenticeships specifically for young disabled people. Jobcentre Plus will increase support in schools for young disabled people, by bringing in Supported Employment providers, business mentors and young disabled people who are in work to inspire young people to see employment as an achievable goal. This could include 2 weeks supported work experience.

105. A further way that young people with a health condition or disability can be helped while still in full-time education is through supported internships. These give 16 to 25 year-olds with an EHC plan (or equivalent) an unpaid work placement of at least 6 months, personal support from a job coach and a personalised study programme. The results can be impressive: evaluation found 36% of participants in the trial secured paid work.[77]

106. It is our ambition that all young people with an EHC plan should be able to do a supported internship[78] but to achieve this we need many more employers to offer these opportunities. We suspect too few employers know where to go for information about how to offer a supported internship and do not understand the benefits, which can include: the flexibility to create opportunities that meet their needs; free support; and the chance to grow their employees of the future. **We therefore want to help employers to link up with schools and colleges to increase the number of supported internships.**

Supporting people in work

107. Universal Credit will also support disabled people and people with health conditions to not only get into work, but to progress in work as well. It is payable to those on a low income and aims to support those individuals to increase their earnings, progress *in work* and reach their full potential. This is the first time any country has attempted this approach. Therefore, it is crucial that we build the evidence base to understand what works. We have developed a substantial programme of trials as part of the wider test and learn strategy in Universal Credit. Evidence from these trials will be central to the development of our future in-work support service, and will provide a foundation for further development of support for disabled people and people with health conditions.

108. Whatever a person's needs, this new package of support offered through Jobcentre Plus will ensure more personalised, integrated and targeted approaches for disabled people or people with a long-term health condition. The work coach is the key gateway to this support within the Jobcentre Plus network and across local provision – transforming the way we engage with individuals with health conditions from the very start of their claim and testing direct referral into health services. We need to provide work coaches with additional tools to ensure that they are referring people to the right forms of support. We are therefore keen to hear from stakeholders about how best to support individuals, to inform our evidence base.

[77] Department for Education. *Supported internship trial for 16 to 24 year old learners with learning difficulties and/or disabilities: An evaluation*; 2013.

[78] Department for Education and Department for Business Innovation and Skills. *Post-16 Skills Plan*. 2016.

Your views

- What support should we offer to help those 'in work' stay in work and progress?
- What does the evidence tell us about the right type of employment support for people with mental health conditions?
- If you are an employer who has considered providing a supported internship placement but have not done so, please let us know what the barriers were. If you are interested in offering a supported internship, please provide your contact details so we can help to match you to a local school or college.

Improving access to employment support

109. The new Personal Support Package, along with the earlier intervention and changes that Universal Credit introduces, marks a step change in the approach to helping people move towards and into sustainable employment. In practice however, over the last 12 months we have seen on average 50% of Employment and Support Allowance claimants being placed in the Support Group following their Work Capability Assessment,[79] meaning they will not access this support and risk facing long periods of time on benefits.

110. We recognise the challenges of helping those with the most complex health conditions move closer to work, particularly when there is limited evidence of what works best. Our aim is not to reduce the amount of benefit those in the Support Group (or the Limited Capability for Work and Work-Related Activity Group in Universal Credit) receive or to change the conditions of entitlement, but we do want to ensure people are treated as individuals. We want people to be able to access a personalised, tailored, practical employment support service that recognises that someone might not currently be able to engage with employment support but that they may be able to access and make good use of that support in the future.

111. While we do offer employment support to individuals in the Support Group, this has historically received a very low take up, with very few people volunteering for this help. We need to do more to understand how we can best help this group and offer appropriate support.

112. **We will undertake comprehensive research to better understand how best to engage with people in the Support Group and those found to have limited capability for work and work-related activity in Universal Credit**, and what interventions are needed to support them effectively. We will also develop a large-scale trial to test and learn from different approaches of offering employment and health support, and ways to increase the numbers of people taking up offers of voluntary support. We will explore how we can improve the nature of engagement with someone placed in the Support Group, and consider alternative ways of working with people which could include engagement outside a Jobcentre environment or through other local partners.

113. This will help us to better equip work coaches to support individuals to fulfil their potential and allow us to target future support in better ways. We want to explore how to work more closely with the voluntary sector and local partners, to see if such organisations are better placed to offer individuals the right help. We will ensure that any additional support is effective for individuals, as well as offering affordability and value for money for the taxpayer. These findings will build on the range of interventions being trialled through the Work and Health Unit's Innovation Portfolio, which will help establish a stronger evidence base for what works and help inform how we might help disabled people and people with health conditions.

[79] Department for Work and Pensions. DWP *Employment and Support Allowance: Work Capability Assessments, Mandatory Reconsiderations and Appeals. ESA-WCA outcomes to March 2016 (MRs to July 2016);* 2016.

114. As there is currently no requirement for people in the Support Group to stay in touch with the Jobcentre, besides engaging with reassessments, we could consider implementing a 'keep-in-touch' discussion with work coaches. This could provide an opportunity for work coaches to offer appropriate support tailored to the individual's current circumstances, reflecting any changes since their Work Capability Assessment. This light-touch intervention could be explored as a voluntary or mandatory requirement and we would consider our approach carefully, utilising digital and telephone channels in addition to face-to-face contact, depending on which was more appropriate for the individual and their circumstances.

Your views

- Should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?
- What type of support might be most effective and who should provide this?
- How might the voluntary sector and local partners be able to help this group?
- How can we best maintain contact with people in the Support Group to ensure no-one is written off?

Conclusion

115. Where people want to work, and have the potential to do so immediately or in the future, receiving the health and employment support that is tailored to their personal needs and circumstances can help them to achieve their goals. This chapter has set out our new Personal Support Package, the ways we are supporting work coaches to better help people with health conditions, and the work we are undertaking to better understand the needs of the Support Group.

116. We want to work with disabled people, their families and their representatives to ensure we are delivering the services which best support disabled people and people with health conditions to reach their full potential. The next chapter outlines how we could go further, to reform the Work Capability Assessment itself and further break down the barriers to being able to offer personalised support to disabled people and people with health conditions.

Summary of consultation questions

Building work coach capability

- How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?
- What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

Supporting people into work

- What support should we offer to help those 'in work' stay in work and progress?
- What does the evidence tell us about the right type of employment support for people with mental health conditions?
- If you are an employer who has considered providing a supported internship placement but have not done so, please let us know what the barriers were. If you are interested in offering a supported internship, please provide your contact details so we can help to match you to a local school or college.

Improving access to employment support

- Should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?
- What type of support might be most effective and who should provide this?
- How might the voluntary sector and local partners be able to help this group?
- How can we best maintain contact with people in the Support Group to ensure no-one is written off?

3: Assessments for benefits for people with health conditions

Chapter summary

In this chapter we consider how we can best provide disabled people and people with health conditions with financial support in a straightforward and timely way if they fall out of employment. It explores:

- whether breaking the link between cash entitlement and Jobcentre support would lead to a more personalised offer of support, rather than this being decided by the category an individual is placed in following their Work Capability Assessment, as is the case with the current system;
- how this could work in practice, with eligibility for financial support still being decided by an assessment but allowing work coaches to determine the offer of employment support, making decisions on a case by case basis based on an individual's needs and circumstances;
- how we can share information more effectively across health and welfare systems, to create a more streamlined process for individuals with severe and lifelong conditions to secure financial support, building on our announcement to stop reassessments for this group; and
- how improved data-sharing between health assessments (Employment and Support Allowance and Personal Independence Payment) could ensure we are able to make timely, accurate decisions about an individual's entitlement to financial support.

Introduction

117. People who have recently developed a health condition or become disabled are likely to be facing a stressful and challenging period in their lives. Falling out of work because of their health is an added stress. We want people not only to be able to access tailored employment support available through Jobcentre Plus, but also to get the financial help they are entitled to in a simple, straightforward way – especially for people with the most severe lifelong health conditions or disabilities. Crucially, the financial support they receive should not affect their eligibility to accessing employment support.

118. Universal Credit is already transforming lives, ensuring that individuals are supported when they have the most needs: both by accessing the financial support they need, and getting practical help to take the necessary steps to move back to work through an integrated support offer. Universal Credit goes a long way to simplifying the system, replacing 6 benefits with one, so it is easier for individuals to get the financial help they need without making multiple applications to different benefits or switching between benefits when their circumstances change, and offering personalised and tailored support from a dedicated work coach. But there is more we could do to build on these foundations to ensure that we are maximising employment opportunities for people, whilst also ensuring access to the appropriate financial support.

119. The **Work Capability Assessment process for Employment and Support Allowance and Universal Credit** does not lead to the individualised employment and health support service that we would like. We currently have an assessment system that places people into fixed categories for the purposes of engagement with local Jobcentres and specialist support programmes, with over half of individuals not receiving any systematic support towards employment as a result.

120. As Jobcentre Plus moves towards offering a Personal Support Package focused on early intervention, we believe it is wrong for these individuals to miss out on the personalised support Jobcentre Plus and other agencies, including health and voluntary sector providers, can offer. This support could help them manage, or overcome, health or other issues preventing them working.

121. This consultation does not seek further welfare savings beyond those in current legislation. But there are ways that we can improve how the current functional assessment process for people with health conditions works, in particular in relation to employment and health support.

122. In this chapter we want to explore 2 areas:

- the first area is whether we can **improve how we assess entitlement to benefits**; and
- the second area is the need to be able to **share information more effectively across welfare and health systems**. There are challenges to achieving this, but also significant opportunities for government departments to work together to share the information already available, to take the stress out of assessment processes for securing financial support and ensure we make timely, accurate decisions about financial entitlement.

123. These 2 areas of reform are important to delivering the type of personalised and effective services we know disabled people and people with health conditions, their families and stakeholders want to see. We want to hear your views about how we can best do this.

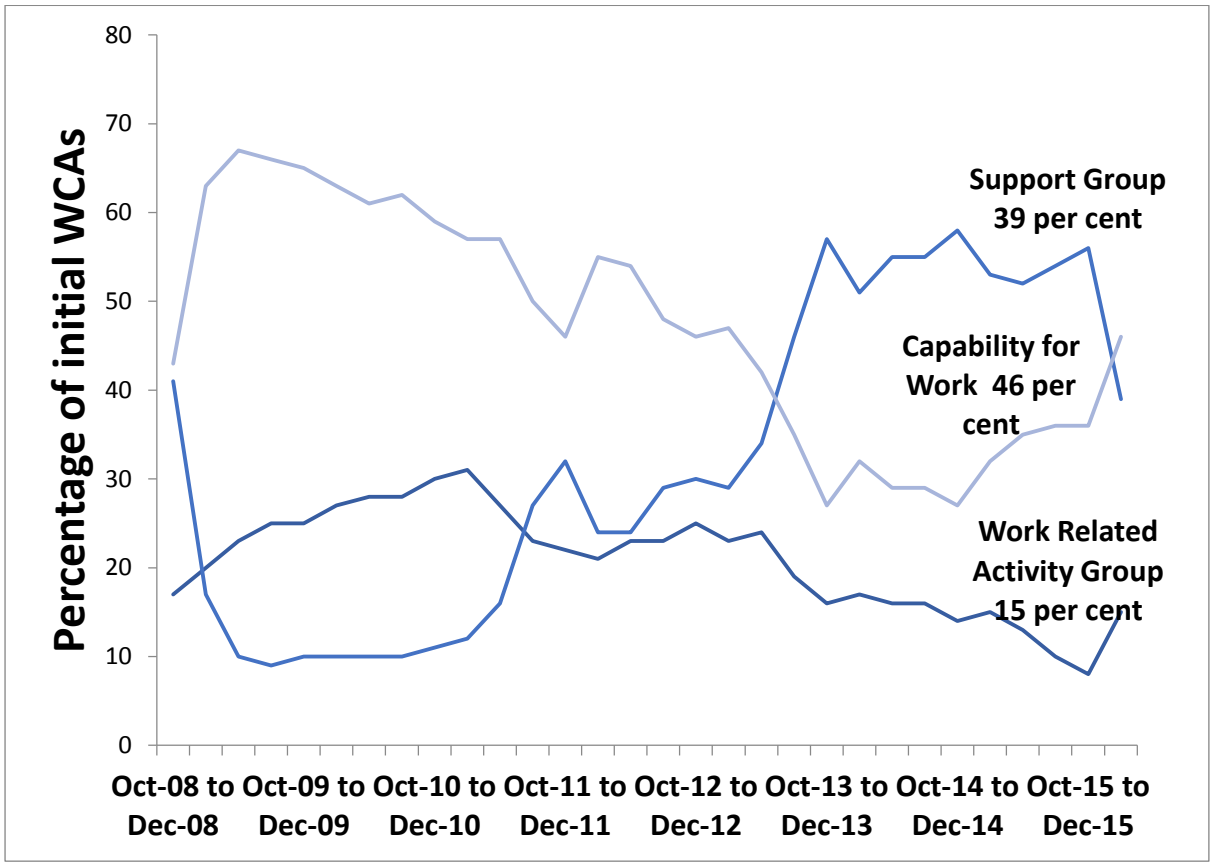
The role of assessments in determining employment and health-related support

124. Employment and Support Allowance was introduced in 2008 to deliver a more proactive approach to supporting individuals with health conditions into work, with an expectation that a significant proportion of those going through the Work Capability Assessment would be placed in the Work-Related Activity Group, where they would be offered practical support to prepare to return to work if and when they were ready. Those who were unable to engage with any type of employment-related support would be placed in the Support Group and those who were found to be ‘capable of work’ would claim Jobseeker’s Allowance instead.

125. We are already taking steps to improve the assessment process and have responded to a range of recommendations from five independent reviews of the Work Capability Assessment. Last year, the Centre for Health and Disability Assessments (CHDA) introduced a telephone support service to help individuals to complete their health questionnaire, known as the ESA50 or UC50. We are also sharing information from the Work Capability Assessment with Jobcentre Plus work coaches, to allow them to consider health conditions and barriers to work-related activity in order to better tailor support. Employment and Support Allowance and Universal Credit forms and letters are being reviewed with groups representing service users and CHDA to improve their clarity. We are revising the letter sent to GPs by decision makers when an individual is found to be capable of doing some work to encourage their collaboration and highlight the benefits of work. We are also launching an online Employment and Support Allowance claims process to give individuals and their representatives more flexibility in how and when they apply, while also improving the quality of evidence received.

126. However, it is clear that more needs to be done to improve assessments and ensure people are not being written off without support. At the time Employment and Support Allowance was implemented in 2008 it was assumed that less than 10% of those having a Work Capability Assessment would go into the Support Group and that, as a result of this additional support, there was an aspiration that 1 million fewer people would be on incapacity benefits (Employment and Support Allowance, Incapacity Benefit and Severe Disablement Allowance) by 2015. In practice, over the last 12 months we have seen on average 50% of people going into the Support Group,[80] as shown in Figure 1. While it is right that these people receive additional financial support, it was never intended that we apply a one-size-fits-all approach on accessing employment support to such a large group of individuals with a wide variety of conditions and differing prognoses.

Figure 1 – Outcomes of initial Work Capability Assessment



127. As a result of these trends, over 1.5 million people have been given the perception they do not have any capability for work and are unlikely to think about when and how they might start to prepare for an eventual return to work as a result of the Work Capability Assessment. This label may then apply for years and results in them not receiving any systematic contact with a Jobcentre Plus work coach. 69% of those in the Support Group have been on the benefit for 2 years or more:[81] a high proportion not being engaged for a long period of time. And only 1 person in every 100 of those in each of the Work-Related Activity Group and Support Group leave Employment and Support Allowance each month.[82]

[80] Department for Work and Pensions. *Employment and Support Allowance: Work Capability Assessments, Mandatory Reconsiderations and Appeals. ESA-WCA outcomes to March 2016 (MRs to July 2016);* 2016.

[81] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

[82] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

128. The one-size-fits-all approach is inappropriate considering the wide range of primary conditions and needs within Employment and Support Allowance and the Support Group. Conditions in the Support Group can range from having a mental health condition (50%) to diseases of the musculoskeletal system (12%) or nervous system (7%).[83] People might have fluctuating health conditions so they are able to engage with help one week but not the next. And survey data shows that 52% of people in the Support Group do want to work,[84] although their health condition may be a barrier to this.

129. Alongside their entitlement to additional financial support, these people deserve a personalised, tailored, practical support service as outlined in chapter 2. For instance, someone might be unable to engage with employment support at the point they undertake their Work Capability Assessment, but at a later point they could benefit from light-touch contact with a work coach who could provide advice on the health or employment services that might benefit them.

Reforming the assessment process

130. In order to realise our ambition to ensure individuals can access personalised support while still receiving the additional financial help they need, we need to consider whether the Work Capability Assessment is the right vehicle for deciding access to personalised employment support. This process initially included a Work-Focused Health-Related Assessment to explore with individuals their perceptions about work and to identify potential barriers to employment, but this was suspended in 2010 after we identified it was not as effective as had been hoped. This means we have a single functional assessment that tries to do two things: deciding both financial entitlement and also levels of systematic contact with Jobcentre Plus. We need to consider whether this is the right approach for the future.

131. Instead, it ought to be possible to build a more effective approach to assessing entitlement to financial and employment support. For instance, establishing entitlement to financial support could still be decided by an assessment, but that assessment could be used *solely* to determine whether an individual should get additional financial support. Decisions on whether someone should engage with Jobcentre Plus or specialist programmes could then be made through a separate process. This would avoid the current situation where someone's entitlement to additional financial support can also result in them being given no employment support.

132. For instance, trained work coaches could have discretion to make case-by-case decisions about the type of employment support a person is able to engage with. To do this effectively, they would work closely with the person, building on information gathered at early discussions such as the Health and Work Conversation to ensure they are signposted to help that is appropriate to their needs. Work coaches will be able to draw on additional advice where needed, from Disability Employment Advisers and Community Partners, and could access specialist advice such as occupational health and Jobcentre Plus work psychologists where individuals have more complex health conditions.

133. That important relationship with a work coach would then continue beyond the assessment, ensuring those assessed as needing the most financial support can still access the holistic health and employment support and signposting offered by and through Jobcentre Plus. Work coaches could have full discretion to tailor any employment support to each individual claimant. This approach would be truly responsive, allowing the work coach to adjust requirements and goals dependent on changes in a person's condition or circumstances. This is particularly important for people with fluctuating health conditions, as the support available would always be reflective of their needs.

[83] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

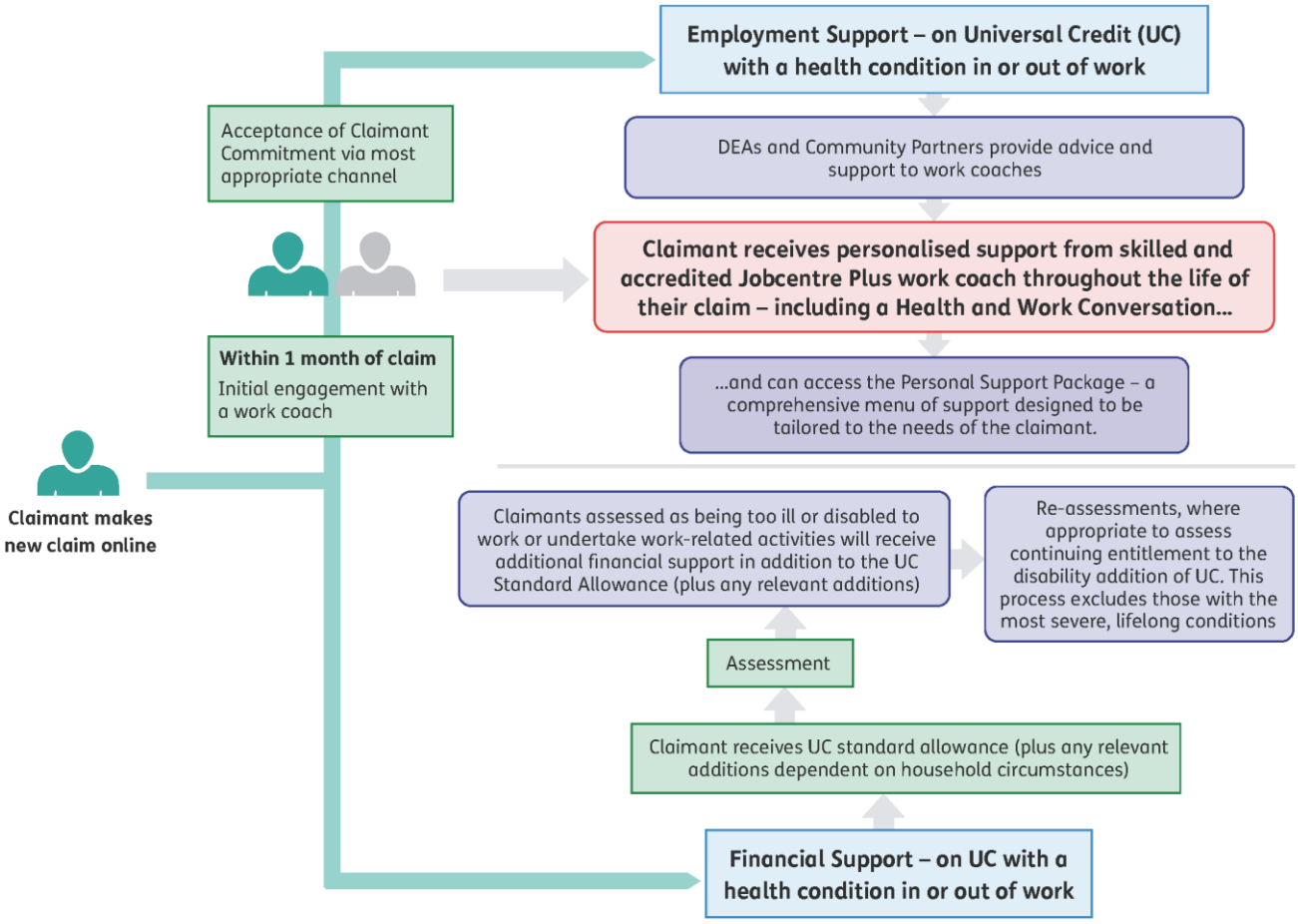
[84] Department for Work and Pensions. DWP *A Survey of Disabled Working Age Benefit Claimants*; 2013.

134. This would mean that people are really offered a personalised service that takes appropriate account of their needs while still receiving the same financial support as under the current system – rather than having the offer of employment support determined by a fixed category. We would of course put safeguards in place to ensure that work coaches do not require someone to attend an appointment where this would not be reasonable.

135. There are a number of principles to how a new assessment approach could work which we would want to test. For instance, any assessment for financial support should draw as far as possible on existing information that has been gathered from the NHS, the adult social care system or through other benefit applications, such as from a Personal Independence Payment application, where this is appropriate and relevant. And it should still focus on the impact that an individual's health condition has on them – recognising that those with the greatest level of disability have the biggest labour market disadvantage.[85]

136. An assessment which only considered financial support would also align to the principles of Universal Credit, meaning that an individual would continue to receive the 'limited capability for work and work related activity' rate of Universal Credit even if they moved into work, which would taper away as earnings increased.

137. This diagram illustrates a possible model for how this proposed approach could work in future – it does not describe the current system. We would like to hear views on whether this model would work, or whether there are alternative options we should explore.



[85] Rigg J. *Labour Market Disadvantage amongst Disabled People: A longitudinal perspective.* CASE paper No. 103. Centre for Analysis of Social Exclusion, London School of Economics; 2005.

Your views

138. We recognise that stakeholders have repeatedly highlighted concerns about the effectiveness of the Work Capability Assessment. We want to hear your views on alternative ways that we could improve the process by which people are assessed for entitlement to financial support.
    - Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?
    - How can we ensure that each claimant is matched to a personalised and tailored employment-related support offer?
    - What other alternatives could we explore to improve the system for assessing financial support?

Improving the data we use to assess financial support

139. People rightly expect public services to work together with each other, and to use the information they have provided to ensure the best possible service. This is even more important for services that provide essential financial support when someone is in need, such as when they have developed a health condition, or lost their job and their source of income.

140. For example, the Armed Forces Covenant helps ensure that service personnel, veterans and their families are supported and treated fairly, and recognises that special consideration is appropriate in some cases, especially for those who have given the most, such as those who have been injured. The Department for Work and Pensions uses Service Medical Board evidence where it can so a severely disabled person doesn't have to undergo additional examinations for Employment and Support Allowance purposes.

141. However, there may be opportunities to use this evidence more widely in Employment and Support Allowance and Universal Credit assessments for all members of the armed forces which would result in speedier benefit awards and a less burdensome claiming process for the individuals.

142. If a person falls out of work as a result of a health condition or disability, they might already be accessing NHS services and potentially support from their local authority such as adult social care. They might also apply for financial assistance from a range of NHS schemes, such as the Healthcare Travel Costs Scheme. In addition, they might also claim a number of benefits, including Employment and Support Allowance or Universal Credit, and Disability Living Allowance or Personal Independence Payment.

143. In order to receive both Employment and Support Allowance or Universal Credit, and Personal Independence Payment, people will take part in 2 separate assessment processes. Around half of those who claim Employment and Support Allowance also receive Personal Independence Payment (or Disability Living Allowance), and 64% of those in the Employment and Support Allowance Support Group claim Personal Independence Payment or Disability Living Allowance.[86] This means that these individuals have to make 2 separate benefit applications where they often have to provide much of the same information, which might be in addition to applying to the NHS, local services or other bodies to receive specific support. For those who claim both Employment and Support Allowance and Personal Independence Payment, as at April 2016, around 70% applied for Employment and Support Allowance first.[87]

[86] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016.
[87] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016.

144. Different schemes provide financial support to meet different needs. For instance, Employment and Support Allowance and Universal Credit are paid to replace and supplement someone's income while they are out of work or in low-paid work with a health condition. However Personal Independence Payment is designed to contribute to additional costs arising from a disability. It is sometimes appropriate that individuals might receive one and not the other, so to some extent it may be unavoidable that more than one application and assessment is required to determine eligibility for these different schemes.

145. However, where there are opportunities to share common information across processes and where information is up to date and relevant, we should reduce the burden on the individual of providing the same details over and over again should they claim both. This could also improve the accuracy of assessments to ensure individuals get the financial support they are entitled to, by making more effective use of data already held within the welfare system.

146. For example, subject to establishing that any data to be shared is up to date and relevant, we can consider sharing of data between the two assessments for Employment Support Allowance/Universal Credit and Personal Independence Payment. This could mean sending relevant sections of the Work Capability Assessment report to Personal Independence Payment assessors should an individual in receipt of Employment Support Allowance/Universal Credit, subsequently claim Personal Independence Payment. This could simplify the process so that once someone has provided information about their health condition to one part of the system, that information is used if they make a claim to a different benefit. This would ensure a person receives what they are entitled to without having to submit the same information again.

147. We will also explore how the assessment process could use data already gathered by the NHS or local authorities where appropriate, to ensure people do not have to repeatedly provide the same information. There are inevitably important sensitivities around how an individual's data is used, and Dame Fiona Caldicott's Review of data security and consent / opt-outs has explored how we achieve the right balance between protecting an individual's data, and using it to improve services.[88] However, if we can strike the right balance, there is a valuable opportunity to create a more seamless journey for people with the most needs, using data in a way that improves their access to services, and promotes more integrated services.

Those with the most severe lifelong conditions

148. Some people have been diagnosed with the most severe health conditions and disabilities from which they will never recover, and which require high levels of day-to-day care. People in these circumstances are likely to already have significant engagement with the NHS or social care services and in many cases they will already have had detailed and up-to-date NHS or local authority health or care assessments.

149. As these people's conditions are extremely unlikely to improve, we have recently announced that they will no longer be required to take part in reassessments and are engaging with experts to design the criteria for deciding to whom this should apply. They are still currently expected to take part in an initial Work Capability Assessment to determine if they should have access to increased financial support and to decide their access to employment support.

150. We are therefore consulting on whether we should introduce **a more appropriate process for people who have severe health conditions and disabilities**, who represent a small proportion of those in the Employment and Support Allowance caseload. For instance, we could consider whether a simpler assessment process could be developed, that means that people do not need to provide as much information as required under the current system. It may be possible to achieve this, with an individual's consent, by using data already held in the NHS to determine severity of condition and functional impact where this is appropriate.

[88] National Data Guardian. *Review of Data Security, Consent and Opt-Outs;* 2016.

151. In order to test the feasibility of this approach we will be conducting a case review exercise in our Assessment Centres to determine whether a healthcare professional could have completed a shortened assessment process using, for example, pre-existing NHS or local authority evidence such as care plans to make their recommendation. This would avoid placing any further burdens on the individual to fill in additional questionnaires or attend a face-to-face assessment to determine their eligibility. As part of this and the data-sharing work, we are also looking at wider opportunities to reduce bureaucracy and improve individuals' experiences of assessment processes.

Your views

152. We want to hear from you about how we can make these processes work more effectively and seamlessly for individuals accessing financial support.

- How might we share evidence between assessments, including between Employment Support Allowance/Universal Credit and Personal Independence Payments to help the Department for Work and Pensions benefit decision makers and reduce burdens on claimants?
- What benefits and challenges would this bring?
- Building on our plans to exempt people with the most severe health conditions and disabilities from reassessment, how can we further improve the process for assessing financial support for this group?
- Is there scope to improve the way the Department for Work and Pensions uses the evidence from Service Medical Boards and other institutions, who may have assessed service personnel, which would enable awards of benefit to be made without the need for the claimant to send in the same information or attend a face-to-face assessment?

Conclusion

153. Disabled people and people with health conditions need a simple, effective route to the most appropriate financial support so that they can focus on managing their disability or health condition and accessing employment support where appropriate. This paper is seeking views on whether individuals could receive a better experience in accessing financial support – with improved used of data, and an assessment process that enables them to access financial support without this affecting their engagement employment support.

Summary of consultation questions

- Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?
- How can we ensure that each claimant is matched to a personalised and tailored employment-related support offer?
- What other alternatives could we explore to improve the system for assessing financial support?
- How might we share evidence between assessments, including between Employment and Support Allowance/Universal Credit and Personal Independence Payments to help the Department for Work and Pensions benefit decision makers and reduce burdens on claimants?
- What benefits and challenges would this bring?
- Building on our plans to exempt people with the most severe health conditions and disabilities from reassessment, how can we further improve the process for assessing financial support for this group?
- Is there scope to improve the way the Department for Work and Pensions uses the evidence from Service Medical Boards and other institutions, who may have assessed service personnel, which would enable awards of benefit to be made without the need for the claimant to send in the same information or attend a face-to-face assessment?

4: Supporting employers to recruit with confidence and create healthy workplaces

Chapter summary

In this chapter we consider the role of employers in supporting more disabled people and people with health conditions into work. We explore:

- why employers should take action, highlighting the benefits of investment and the risks of inaction;
- how employers can be supported to establish good practices and supportive workplace cultures. We discuss the role of the public sector as a major employer in its own right and then look at how employers can be helped to address stigma and monitor workplace health, how they can access information, support and peer networks, how we can strengthen the evidence base for action and the possible role of incentives in driving the right behaviour and innovation;
- how we can encourage employers to recruit disabled people and people with health conditions; and
- how employers can support more disabled people and people with health conditions to stay in or return to work. We explore the critical role of promoting health, practical preventative and rehabilitative support, how sickness absence management can be improved to support phased returns to work and the role of insurance schemes in supporting prevention activities and protecting incomes.

Introduction

154. We want to create a country and an economy that works for everyone, in which disabled people and people with health conditions are given the chance to be all they want to be and employers can benefit from a large, valuable and under-used section of the labour market.

155. Employers are important partners in this enterprise. Many are already creating healthy, inclusive workplaces and our vision is for this to become normal practice for all employers. This chapter sets out an ambitious view of what employers can do. We first consider why it is in the interests of employers to act and then consider the foundation step of embedding good practices and healthy, inclusive cultures – which will underpin our efforts to help disabled people and people with health conditions to move into, stay in, progress in, or return to work.

156. We then focus on the tangible things we could do now to move towards an employment culture that recognises the contribution that disabled people and people with health conditions make to the workplace and where investment in health and wellbeing is the norm. We particularly want to know how to support, encourage and incentivise employers to adopt good practice, particularly among small and medium-sized businesses.

The case for employer action

157. Businesses drive our economy and are rightly focused on growth, productivity and delivering a return on their investments. Investing in workplace inclusivity, health and wellbeing is critical to these goals:

- employers will have access to a wider pool of talent and skills if they have inclusive and disability-friendly recruitment, retention and progression policies,[89] and may also be able to serve their customer base more effectively;
- organisations that promote and value health and wellbeing benefit from improved engagement and retention of employees, with consequent gains for performance and productivity. Highly engaged employees are less likely to report workplace stress, take fewer days sick absence[90] and make the most productive and happiest employees;[91]
- employers lose out when people go sick: 139 million sick days were taken in 2015[92] and the direct cost to businesses of sickness absence has been estimated at £9 billion per year.[93] One survey put the median cost at £622 for each absent employee;[94]
- the challenge will become greater as the working age population gets older – the workforce is projected to increase by roughly a million in the coming decade, with the majority of this increase in the 50 to 64 year old age group.[95] With health conditions and disabilities more prevalent in this group, employers will increasingly need to support their employees to remain healthy and manage their conditions if they are to make the most of their skills and experience;
- by helping someone who is having difficulty in work due to illness or disability or intervening early in a period of sickness absence, employers can retain skilled employees and avoid additional recruitment costs. One study found that the average costs of replacing a worker earning more than £25,000 ranged between £20,000 and £40,000;[96]
- in addition to being bad for employers and the economy in general, a prolonged period of sickness absence is bad for individuals – early intervention is important,[97] the longer someone is away from work, the harder it is for them to get back to work, and the greater the risk of them missing out on all the benefits that work can bring;[98] and
- beyond the workplace, there are benefits to employers from investing in health and disability: households including disabled people have a combined spending power of around £212 billion[99] and we know that there is scope for businesses to better serve disabled consumers and communities and therefore capitalise on this spending power.

[89] Gulliford J. *Enabling work: disabled people, employment and the UK economy*; 2015
[90] Clark N. *Enhancing performance through employee engagement – the MacLeod* Review; 2010
[91] Clark N. *Enhancing performance through employee engagement – the MacLeod* Review; 2010
[92] Office for National Statistics.ONS *Sickness Absence in the Labour Market: February 2014*. 2014
[93] Black C, Frost D. *Health at work – an independent review of sickness absence*. 2011.
[94] Confederation of British Industry. CBI*Fit for purpose: Absence and workplace health survey 2013;* 2013
[95] Office for National Statistics.ONS. *Principal Population Projections*; 2015.
[96] Oxford Economics. *The cost of the brain drain: understanding the financial impact of staff turnover*; 2014.
[97] Gabbay M, Taylor L, Sheppard L, Hillage J, Bambra C, Ford F, et al. NICE guidance on long-term sickness and incapacity. *British Journal of General Practice*.Brit J Gen Pract. 2011; 61(584):206-7.
[98] Black C, Frost D. *Health at work – an independent review of sickness absence*: 2011.
[99] Department for Work and Pensions. *Annual net income of households containing a disabled person 2012 to 2013*; 2014.

The benefits of work experience placements

"What's not to like about hiring exceptional candidates? We've quickly learned that there can be a fabulous overlap between candidates with learning difficulties and exceptional employees – and any employer that isn't interested in that overlap is missing out in a big way"

Partner at a global law firm which works with Mencap to offer work placements and has recruited disabled people

Action already taken

158. Employers already have to take certain actions to comply with health and safety and equality laws and the government has recently appointed Matthew Taylor to lead an independent review to look at how current regulations may need to change in order to keep pace with the growing number of people who are registered as self-employed, on zero hours contracts or in temporary work. The review will look at job security, pay and rights and it will also examine whether there are ways to increase opportunities for carers, disabled people and older people.

159. Employers can also access government support to recruit and retain disabled people and people with health conditions in several ways:

- **Disability Confident** is a campaign that challenges negative attitudes to disability and disability employment and aims to help disabled people achieve their potential. We want the Disability Confident badge to become a recognised symbol of a good employer and for the list to be published so disabled jobseekers can find supportive employers;
- **Access to Work** supports the disability-related needs of individuals in the workplace where they go beyond reasonable adjustments required under the Equality Act 2010. Last year Access to Work invested around £100 million to support over 36,000 disabled people. Additional funding announced in 2015 will mean that we will be helping over 60,000 people per year by the end of the Parliament. It has also seen a new focus to respond to those with hidden impairments like mental health conditions and learning disabilities;
- **Fit for Work** provides a free, expert, impartial work and health advice service for employers and a targeted occupational health assessment for employees who are off sick for 4 weeks or more;
- a **Small Employer Offer** is being rolled out to support smaller employers to create more job opportunities for disabled people and people with health conditions. Advisers based in Jobcentre Plus will work with employers to create tailored in-work support for employees, and provide advice and support for employers on workplace adaptations. Small employers can apply for a payment of £500 where employment continues for 3 months;
- the **Small Business Research Initiative** aims to solve challenges by harnessing creative ideas from business. A competition launched in October 2016 looks at innovative ways small and medium-sized businesses can manage sickness absences and support early returns to work. A decision on successful bids will be made in January 2017.

Embedding good practices and supportive cultures

160. We know that the right organisational culture and practices can enable more disabled people and people with health conditions to get into and stay in work. Many employers already have a strong track record in this area and we want to learn from their success and support others who need to do more. In this section, we set out the steps we will take to encourage inclusive cultures which have supportive employment practices by focusing on:

- the public sector leading by example;

- addressing stigma and encouraging disclosure;
- providing guidance and helping employers to learn from each other; and
- incentivising action and encouraging innovation.

The public sector as an employer

161. The public sector is a large employer, and we are committed to ensuring that it leads the way in developing employment practices that allow disabled people and people with health conditions to flourish. There are a number of activities already underway to support this ambition. For example:

    - all central government departments provide support to help all employees to stay well and manage their health conditions at work. This support includes a variety of programmes like occupational health support, online cognitive behavioural therapy, counselling support and the Civil Service reasonable adjustments service;
    - departments also have a variety of employee networks focused on health and disability. These are supported by senior managers and allow employees to support and learn from each other; and
    - work is also underway in other parts of the public sector. The NHS employs 1.4 million people and NHS England, through its Healthy Workforce Programme is providing healthy food options, NHS health checks and voluntary initiatives such as weight watching to NHS employees. It is also working to improve recruitment of people with learning disabilities.

162. This investment has proved effective in bringing down civil service sickness rates: for example, sickness rates in the Department for Work and Pensions have fallen from 11.1 days per staff year in 2007 to 6.2 in 2016.[100] However, it is clear that more needs to be done. Sickness absence in the wider public sector stands at 8.7 average working days lost per person compared to 6.1 in the Civil Service and 5.8 in the private sector.[101] Just under 12% of those who work in the public sector report having a disability, compared to an overall disability prevalence rate of 17% within society overall.[102]

163. We are committed to the public sector leading by example and will take action to:

    - ensure public sector employers monitor and review their recruitment, sickness absence and wellbeing activities and take action where issues are identified. The ambition is that inclusive recruitment, tailored wellbeing and ill-health prevention activity to support and sustain people in work is the norm.
    - ensure all government departments are signed up as being Disability Confident by the end of the year. In addition, we will extend this expectation across other public sector employers over the next 12 months.
    - explore whether the use of procurement, which has been simplified and streamlined since 2015, can deliver wider objectives as well as value for money. For example, whether the Department for Work and Pensions' initiative that encourages suppliers to provide employment and other opportunities to disadvantaged groups, including disabled people, could be expanded to other government departments or employers who receive public funding.

[100] The Civil Service measures average working days lost (AWDL) per staff year, based on hours actually worked by employees. This produces a more accurate but generally higher absence figure than the AWDL per person figure used for external comparisons. Source: Department for Work and Pensions. *Sick Leave: Written question – 29117*. http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2016-03-01/29117/ (accessed October 2016). http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2016-03-01/29117/

[101] Chartered Institute of Personnel and Development. *Absence measurement and management fact sheet.* https://www.cipd.co.uk/hr-resources/factsheets/absence-measurement-management.aspx (accessed October 2016). CIPD October 2015

[102] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016.

Addressing stigma and encouraging disclosure

164. Of course any employer, whether public, private or voluntary and community sector, can only help someone start or stay in work if they are aware of a health condition or disability. Many conditions can be hidden and a person's decision to disclose a disability or health condition to an employer can hinge on a number of factors. These include the extent to which they feel able to have a conversation with their manager, whether they fear disclosure might result in stigma or discrimination and the level of support they feel their manager, employer or colleagues might give them. Broaching the subject of disability and health may feel too sensitive or off-limits for many managers and employers who fear saying or doing the wrong thing.

165. Yet in many instances open and supportive conversations about disabilities and health conditions will help employees and employers work together to enable someone to fulfil their potential at work, and remain in work if a condition fluctuates or develops. It is also important for employers to understand the profile of their workforce both through individual conversations and by analysing data they hold (for example on sickness absence and from worker health surveys) to plan for, and address, issues it may present.

166. Currently UK employers are not required to know the details about disability or sickness in their workforce.[103] If we are to realise our ambition of a healthy UK workforce with fewer people dropping out of work because of ill health, then **we need to see all employers creating environments where employees feel able to disclose health issues and where employers act on that information to improve employee health.** We would like to hear how best employers can be supported to create environments that support disclosure and what it is reasonable to expect employers to do as regards monitoring and acting on the health needs of their workforce.

Creating a culture that encourages disclosure: Barclays Bank

Since 2013, Barclays has run a "This is Me" campaign to tackle the awareness and understanding of mental health in the workplace. The campaign is designed to address the hesitancy to speak out about the topic itself, is driven and designed by employees with personal experience of managing their own mental health and wellness, and fully supported by Barclays disability network, Reach.

The campaign was built on individual experiences and has a three-fold approach – authentic stories of colleagues talking about their lives including their own mental health and wellness, identifying and addressing areas for improvement, for example through manager training and policy reviews, and an external commitment to breaking the stigma related to mental health issues by signing the Time to Change pledge. From just 9 stories, the campaign grew and to date over 160 stories have been shared by colleagues and they have seen more than 60,000 visits to the website.

As a result of the response from other businesses, Barclays has partnered with the Lord Mayor of London to expand its campaign to "This is Me in the City". This city-wide campaign has encourage over 70 London based organisations to launch a similar 'This is Me' style campaign within their own organisations.

Mark McLane, Global Head of Diversity and Inclusion at Barclays, said "It is clear that authentic story-telling truly engages people and, when led by colleagues, it leads to real inclusion and builds a sense of trust. However daunting it may seem at the start, this approach encourages more people to speak out about their own experiences. Strong leadership and support from well-informed charity partners has proved to be invaluable."

[103] Although public sector bodies are required to publish employment data concerning protected characteristics under the Public Sector Equality Duty under the Equality Act 2010, https://www.gov.uk/guidance/equality-act-2010-guidance#public-sector-equality-duty.

Providing and publicising guidance and supporting employers to work together

167. Employers may be prevented from creating a supportive culture by a lack of expertise, support or capacity. This can be a particular issue for smaller businesses, where they might be facing the issues for the first time. There is already a wealth of information about how employers can support disabled people and people with health conditions, but the extent to which it is known about, used or found useful is unknown. So we want to consider how we can bring this information together, make it accessible and support employers to work together.

    As well as guidance, we want to provide more information on the business case for employers to be more inclusive for their employees and their customers. Although the evidential case for employer action on health and work is already compelling, we believe there is scope for it to be stronger still, and particularly so for smaller employers. We believe there is a case for research to build and illustrate the business case for employer action in a number of areas. These could include:

    - the benefits of wellbeing, prevention and rehabilitation activities, including occupational health support for employers and others;
    - the return on investment for employers who purchase income protection insurance; and
    - effective recruitment methods across different disabilities and health conditions.

168. Many organisations have recommended consolidating some of the evidence on the business case for change, as well as practical information, into a one-stop shop for employers. This could include case studies, examples of reasonable adjustments as well as running awareness sessions. We agree that there could be benefits to this and so **we will undertake research to find out what employers would find most useful in a one-stop shop on health and work**. We also seek your views on this as part of the consultation.

169. Partners have also suggested that government should be more proactive in making businesses aware of the information and support that is available to them, rather than expecting them to find it themselves. We agree, and so we **will work with partners to develop and run information campaigns on key topics around health and work to help employers access existing information and adopt good practices.** We want to hear from employers about how best to do this, for example, who employers are influenced by and how to reach different sectors.

Realising potential

170. Seeing more disabled people and people with health conditions get into work is important but on its own it is not ambitious enough – we want to see these employees reaching their full potential, making their fullest contribution and going as far as their talent and drive can take them. Senior, executive and board positions should be within their reach.

171. Evidence suggests that seeing employers have success in hiring disabled people and people with health conditions can be a powerful way of motivating other employers to act.[104] Employer-employee networks and business-led initiatives therefore have a big role to play in influencing employers to recognise the talents of disabled employees and employees with health conditions and creating the momentum to support these employees excel.

172. Some organisations already support networks that stimulate the exchange of new ideas and good practices. The Business Disability Forum brings together business people, disabled opinion leaders and government while Purple Space focuses more specifically on employee networks, providing learning, networking and professional development opportunities.

[104] Organisation for Economic Co-operation and Development. OECD's *Sickness, Disability and Work, Breaking the Barriers*; 2010.

173. Business-led initiatives can also have great influence. For example, from 2010 to 2015, the number of women on the boards of FTSE 350 companies more than doubled, following the business-led Lord Davies Review set up by Government into women on boards. The Davies Review worked with key stakeholders including businesses, investors and executive search firms, and we saw the target for 25% women on boards of the FTSE 100 by 2015 exceeded, and all-male boards in the FTSE 100 eliminated. Work continues under the new Hampton-Alexander Review, with the increased target for 33% women on FTSE 350 boards by 2020.

174. The Review created a culture change in business, with companies recognising that achieving a better gender balance at these levels will not only help to close the gender pay gap, but companies will also benefit from better decision making, accessing the widest talent pool and being more responsive to the market. Increasing the number of women at senior levels is about improving performance and productivity.

175. We believe there is much more we can do to achieve the same results for disabled people. Although representation of disabled people and people with health conditions in senior positions is unknown (noting employers are not required to collect data on this), it is reasonable to surmise that with a disability employment gap of 32 percentage points, representation at senior levels is also likely to be lacking. So we want to know what the role of employers and government should be in helping disabled people and people with long-term health conditions progress in work and secure senior roles.

176. We want to see businesses leading the way and creating the same sort of momentum as they have to increase the number of women on boards. To achieve this, **we will establish a Disability Confident Business Leaders Group who will work alongside ministers and officials to increase employer engagement around disabled employment, starting with FTSE 250 companies**.

177. In addition, we think there is scope to do more, especially among small and medium-sized employers, **to establish supportive networks between employers, employees and charities around health and work**, and would like your views on the best way of doing this.

Incentivising action and stimulating innovation

178. We want to know whether financial or other incentives would encourage employers to try new and creative things to support more disabled people and people with health conditions in work. The reality is that in order to halve the disability employment gap, all things being equal, we need to see around a million additional disabled people in work and we want to explore how we can incentivise employers in creating new roles for disabled people and people with long-term health conditions. Several financial incentive schemes around health and work and stimulating employment more generally already exist:

- to encourage employers taking action to prevent employee ill health, employers can claim tax relief on up to £500 of the cost of treatment for an employee recommended by an occupational health practitioner and can claim corporation tax relief on their premiums when they purchase income protection insurance products for their employees.
- to encourage job creation, particularly among young people, the Employment Allowance scheme allows businesses to employ 4 adults, or 10 18–20 year-olds, full-time on the National Minimum Wage without paying employer National Insurance contributions.
- a small grant promoting the employment of disabled people and people with health conditions is being trialled through the “Small Employer Offer” mentioned at paragraph 159 above. Small and medium-sized enterprises who sustain such employees at work for 3 months will receive £500 to provide on-going mentoring and support for employees.

179. We recognise that the evidence about the effectiveness of such initiatives in sustaining people in or supporting them into employment is mixed. However we believe that, given the scale of the challenge ahead of us, it is right to consider if they have a role to play.

180. Partners have suggested, for example, using financial incentives to encourage large employers to share their HR, occupational health or employee assistance services with smaller employers; or encouraging employers to provide occupational health support to their employees. Schemes like this may help build capacity among small and medium-sized employers.

181. More broadly, we know that employer indexes such as Stonewall's Equality Index can support changes in employer behaviours.[105] The mental health charity Mind launched its Workplace Wellbeing Index earlier this year.[106] It may be helpful for the Disability Confident scheme to include an index of employers on how inclusive of disability they are. We would like your views on whether there is a role for these and other incentives in helping more disabled people and people with health conditions to move into or stay in work.

Your views

- What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?
- What expectation should there be on employers to recruit or retain disabled people and people with health conditions?
- Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions? Please consider:
    - the information it would be reasonable for employers to be aware of to address the health needs of their employees;
    - the barriers to employers using the support currently available;
    - the role a 'one stop shop' could play to overcome the barriers;
    - how government can support the development of effective networks between employers, employees and charities;
    - the role of information campaigns to highlight good practices and what they should cover;
    - the role for government in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles;
    - the impact previous financial, or other, incentives have had and the type of incentive that would influence employer behaviour, particularly to create new jobs for disabled people; and
    - any other measures you think would increase the recruitment and retention of disabled people and people with health conditions.
- Should there be a different approach for different sized organisations and different sectors?
- How can we best strengthen the business case for employer action?

[105] Stonewall. *Workplace Equality Index*. http://www.stonewall.org.uk/get-involved/workplace/workplace-equality-index (accessed October 2016).

[106] Mind. *Workplace Wellbeing Index.* http://www.mind.org.uk/workplace/workplace-wellbeing-index/ (accessed October 2016). http://www.mind.org.uk/workplace/workplace-wellbeing-index/

Moving into work

182. A supportive inclusive culture is demonstrated in practice at 2 critical points – the recruitment of disabled people and people with health conditions, and how they are supported to stay and progress in work. In this section, we set out some existing good practice for inclusive recruitment and consider how we might improve existing government schemes to support employers to recruit disabled people and people with health conditions.

183. The Disability Charities Consortium has identified that employers who are good at recruiting disabled people consider the challenges such candidates may face and take innovative steps including offering "working interviews" and providing supported internships and apprenticeships to help disabled people gain skills and experience.[107] Disability Confident suggests other ways of making recruitment practices more inclusive include making online recruitment more accessible and providing additional training for recruiting managers. We would like to establish what good practice employers are already taking and how government schemes can support this.

184. There are already a number of government schemes that support employers or employees to manage health conditions and disabilities at work, such as Disability Confident and Access to Work. Various organisations have suggested ways in which the remit and operation of some of these schemes could be changed to support employers to recruit more disabled people and people with health conditions. We would like to hear about the ways these schemes could be enhanced to help even more disabled people move into work.

Your views

- How can existing government support be reformed to better support the recruitment and retention of disabled people and people with health conditions?

[107] The Disability Charities Consortium is made up of eight of the largest disability charities in the UK: Action on Hearing Loss, Disability Rights UK, Leonard Cheshire Disability, Mencap, Mind, National Autistic Society, RNIB, and Scope.

Case study – Jamie

Jamie joined North One Television on a one year-internship leading up to the Rio Paralympics, where he then joined the Channel 4 production team in Brazil. The objective of the internship at North One was to give Jamie direct exposure to sports production, and to this end we placed Jamie within our MotoGP team, producing coverage for BT Sport of the world motorcycle racing championship.

Channel 4 has been leading the way in creating opportunities for people with disabilities in the media. But the main challenge (and one that we have whole-heartedly supported) is to accept that people with disabilities simply want to achieve what the rest of us have – a career with prospects that can provide an income to allow them to plan for and support their long-term future.

This requires a management and workforce to accept and share the challenges that a person with disabilities has, to feel able to speak openly about them to make the workplace as practical as possible, but then – crucially – to put the disability second and the ability first.

Jamie is a wheelchair user so a number of workplace adjustments took place (accessibility issues and so on). But that was dealt with. Jamie then got stuck in to his role on MotoGP and has proven himself to be an extremely capable Researcher/Assistant Producer, to the extent that he will be returning after the Paralympics to join our team beyond this internship.

There are no favours here, no preferential treatment or tokenism. Jamie has earnt this position because he is a good Researcher/ Assistant Producer. I think this is a fundamental issue, but it requires open and frank discussion about what a disability means in practical terms and then to focus on the job, as you would with any other employee.

But the process of making adjustments to the workplace and engaging employees in that process makes for a far more accepting and understanding wider workforce, shifting the general focus from disability to ability.

Account from Robert Gough, North One Television.

Staying in or returning to work

185. A person who falls ill in work or who has an existing condition or disability that worsens may face a critical point where the right support from their employer can make all the difference between them remaining and flourishing in work or struggling to cope and falling out of work. An inclusive culture, where health is promoted and action taken to prevent or manage ill health supports the interests of both employer and employee. Yet some employers focus on compliance with health and safety legislation without necessarily considering wider health and wellbeing.

186. A true preventative approach requires a focus on both physical and mental health and support for those having difficulty in work due to illness or those who have gone off sick. In this section, we consider:

- how employers can proactively promote health and wellbeing and preventing ill health;
- managing sickness absence and the role of Statutory Sick Pay in supporting phased returns to work; and
- how insurance products could better support employers to manage the potential costs of ill health.

Promoting health and wellbeing and preventing ill health

187. Given the time most working people spend in the workplace it should be a key place to support health and wellbeing. Investing in the health and wellbeing of employees can bring business benefits by reducing sickness absence rates and improving productivity. To be effective, initiatives will need to be tailored to the organisation, although various organisations and studies have identified several core components which positively embed health and wellbeing in the workplace. These include:

    - **the right culture and leadership** such as supportive company values and standards, the right working policies and practices, a commitment to health and wellbeing at all levels but particularly among senior leaders and effective communication and consultation with employees;
    - **the right physical environment** through safe and appropriate working conditions;
    - **effective people management** where managers have the confidence and capacity to deal with workplace health and wellbeing issues. Where in place this has been linked with improved performance and wellbeing; where it isn't it creates pressure among those who continue to work despite illness[108] and has been linked with stress, burnout and depression.[109]

188. These are not new concepts and build on the key elements of effective health and safety management. Advice and support for employers on how to embed these elements is readily available (although we are considering how we can ensure it is more effectively organised and made available) and there are many practical ways employers can support workforce wellbeing.

189. Interventions should be based on the specific health needs of each organisation's workforce and employers may find it helpful to work with their local NHS and local government to identify needs and deliver interventions. These could include initiatives like healthy food, support with weight management, stop smoking schemes or mental health or physical opportunities like cycle-to-work schemes. Employee assistance providers can also help employees with wider life issues that can impact health such as bereavement, domestic violence, debt and relationships.

190. As part of creating healthy workplaces employers can do a great deal to help and encourage their staff to be physically active. The physical and mental health benefits of physical activity are well established, with Public Health England's *Everybody Active Every Day* report from 2014 setting out the evidence and making a powerful case for creating an active society with active environments. The benefits of physical activity are most pronounced for those who are currently inactive. Disabled people and those with serious health conditions are much less likely to be physically active than others.

191. The government's sport strategy, *Sporting Future: a New Strategy for an Active Nation*, which the Department for Culture Media and Sport published last December, set out the benefits for employers and staff of a physically active workforce, including greater levels of staff engagement and commitment to the organisation. Government will be working with others to establish an employers' network to promote physical activity. In addition, as part of the public sector setting an example, we have established a Civil Service Physical Activity Workplace Challenge which is currently being piloted across a number of departments.

192. There are various assessment and accreditation schemes available to help employers identify suitable actions to take on workforce wellbeing and standards endorsed by Public Health England. Schemes include Liverpool City Council's Workplace Wellbeing Charter,[110] London's Healthy Workplace Charter[111] and the North East's Better Health at Work Award.[112] The Health and Safety

[108] Robertson IT, Leach D, Doerner N et al. *Poor health but not absent: Prevalence, predictors and outcomes of presenteeism. Journal of Occupational and Environmental Medicine* 2012 54: *1344–9.*
[109] Tait et al. Impact of Organizational Leadership on Physician Burnout and Satisfaction. *Mayo Clinic Proceedings* 2015: 90, (4); 432–440.
[110] *The Workplace Wellbeing Charter.* http://www.wellbeingcharter.org.uk/Whats-Involved.php
[111] Greater London Authority. *Healthy Workplace Charter.* https://www.london.gov.uk/what-we-do/health/healthy-workplace-charter
[112] *North East Better Health at Work Award.* http://www.betterhealthatworkne.org/

Executive's Stress Management Standards also provide well-evidenced support with mental health issues.[113]

193. We want employers to do more to promote health and wellbeing and believe there is a place for a proactive good practice information campaign. To support this, we would like to know what good practices are already taking place and seek your views on what the campaign might cover below.

> **Case study: Hatstand Nelly**
>
> Hatstand Nelly is a hair and beauty salon in Aberdeen with 18 employees. In 2007, the business introduced an incentive scheme to encourage higher levels of attendance. The quarterly bonus of £75 for full attendance paid for itself. They also looked at the reasons for absence and helped staff to avoid back problems with a programme of talks and activities at work. A qualified physiotherapist, gave a talk about the long-term effects of poor posture which was followed up with a pilates lesson in the salon helping the team to learn practical skills to improve their fitness levels.
>
> As a result of all this work, sickness absence at Hatstand Nelly reduced by around 60% and the Manager Lorraine Watson commented that the new culture of wellbeing showed in the atmosphere at the salon and that customers had picked up on it too.[114]

194. Occupational health services can help employers promote health and wellbeing and also support employees to manage a disability or health condition at work. Although our understanding of the effectiveness of different types of occupational health support in different settings is incomplete, there is some evidence that providing such support can lead to reduced sickness absence, boosted productivity and increased employee satisfaction.[115]

195. There is scope for employers to be doing significantly more to provide this support in the workplace. A 2014 survey found 72% of public sector employees had access to occupational health support compared to 52% in the voluntary sector and 39% in the private sectors.[116]

196. Of private sector employers, 80% of large employers provide occupational health provision, demonstrating their recognition of the role it can play. Yet even then awareness and usage appears inconsistent – only 65% of employees of large employers claimed to have occupational health access. In addition, only around a third who had been in work prior to claiming Employment Support Allowance reported having access to occupational health support at work.[117]

197. Chapter 5 discusses our vision for occupational health in more detail, but we would like your views on how we can encourage more employers to provide occupational health support.

Managing sickness absence and the role of Statutory Sick Pay in supporting phased returns to work

198. Supportive absence management processes are key to helping people stay in work or return to work after a period of sickness absence. Offering periods of flexible working in particular may help people to manage or recover from a health condition. This is in the interests of employers who benefit from keeping employees in work and avoiding the costs associated with lower productivity, disruption and replacing employees. However we know that too few people return from a period of

[113] Health and Safety Executive. *What are the Management Standards* http://www.hse.gov.uk/stress/standards/.
[114] NHS Scotland. Healthy Working Lives Case Study.
[115] PricewaterhouseCoopers LLP. *Building the case for wellness;* 2008. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209547/hwwb-dwp-wellness-report-public.pdf
[116] Steadman K., Wood M., and, Silvester, H. (2015). *Health and Wellbeing at work: a survey of Employees 2014. DWP Research Report 901*; 2015 https://www.gov.uk/government/publications/health-and-wellbeing-at-work-survey-of-employees http://www.theworkfoundation.com/blog/2526/Working-for-better-mental-health-results-from-a-survey-of-employees
[117] Sissons P, Barnes H, Stevens H. *Routes onto Employment and Support Allowance* DWP Research Report 774; 2011. https://www.gov.uk/government/publications/routes-onto-employment-and-support-allowance-rr774

sickness absence. 45% of Employment and Support Allowance claimants who had worked at some point in the 12 months before their claim had a period of sickness absence before they left work.[118]

199. We know that the longer someone remains out of work the less likely they are to return. So keeping up contact between employers and employees is critical in retaining a person in employment. Furthermore, evidence shows that phased returns to work from sickness absence can see employees return quicker and stay in employment longer.[119]

200. Some countries take the approach of mandating contact between employers and employees when the latter is off with ill health, requiring employer action to support employees back into work or ultimately to pay for sickness or benefit costs if this is not achieved. Such approaches would represent a shift to the current UK landscape with new requirements placed on employers where retention is unsuccessful, although success in sustaining these employees in work could bring gains from retained skills and experience and avoided replacement costs.

International approaches to preventing and addressing sickness absence[120]

Several countries take a different approach by mandating employer action to manage sickness absence. In Norway and the Netherlands within or by the first 8 weeks of absence an employer must draw up a return-to-work plan with the employee. In Norway, this must be submitted to the national insurance office on request. In the Netherlands, where employers may have to pay sickness benefits for up to 2 years, the plan must include evaluation criteria which is reviewed every 6 weeks and at the 12 month stage, including a forward look

Denmark similarly requires employers to monitor and address issues in the work environment and its Working Environment Authority visits employers unannounced. If violations are not addressed within 6 months, fines can be imposed and the performance of employers is published as a further incentive to employers to address issues.

Several countries also either require or encourage employers to provide preventative or rehabilitative support, often in the form of occupational health support. Finland, the Netherlands and Sweden have all had varying approaches to this, some supported with government subsidies.

201. Although it is likely that many employers are already having supportive contact with their employees who are off with illness, we also know that managers can shy away from such conversations because of a lack of confidence, lack of knowledge or a feeling that it is not their role. We also hear anecdotally that some employers feel unable to have such conversations during periods they are paying Statutory Sick Pay, or during the period specified on a fit note, because they perceive these as allowances of leave that people are allowed to exhaust.

202. We are clear that the systems around fit notes and Statutory Sick Pay should not discourage conversations between employers and employees, or the exercise of flexibilities, that support employees to remain in or return to work. We discuss the issues around fit notes in chapter 5 but believe that **we should reform the Statutory Sick Pay system so that it better encourages supportive conversations and phased returns to work**.

[118] Adam L, Oldfield K, Riley C, Duncan B, Downing C. *Understanding the journeys from work to Employment and Support Allowance (ESA*). DWPs Research Report No. 902; 2015.

[119] See: Waddell, G.Waddell G, Burton K. *Is Work Good for Your Health and Wellbeing?* London: The Stationery Office; 2006. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf

[120] http://ec.europa.eu/health/mental_health/eu_compass/reports_studies/disability_synthesis_2010_en.pdf. OECD. *Sickness, Disability and Work: Breaking the Barriers. A synthesis of findings across OECD countries*; 2010. http://ec.europa.eu/health/mental_health/eu_compass/reports_studies/disability_synthesis_2010_en.pdf .

203. Currently, Statutory Sick Pay is paid by employers when a person does no work at all.[121] This means that people who are low paid may be deterred from returning to work on reduced hours because they would not qualify for Statutory Sick Pay and their earnings may prove to be less than the amount provided by Statutory Sick Pay. Or alternatively it may encourage them to return to their usual hours before they are ready, potentially leading to further absence or falling out of work altogether.

204. One approach to reforming Statutory Sick Pay to allow phased returns would be that where an employee would earn less than the Statutory Sick Pay rate of £88.45 per week in returning on reduced hours, the employer would be able to 'top up' their wages to the Statutory Sick Pay level (see example below).

205. This would mean that the maximum amount of Statutory Sick Pay and/or pay spent by employers and received by employees during a period of transition back from sickness remains constant. It would also allow for an earlier, albeit phased, return to work which could be good for the employee and employer. Of course this approach would not prevent an employer from paying Statutory Sick Pay on a pro-rata basis alongside wages. In this case a person's income would reflect a proportion of Statutory Sick Pay for hours not worked, and paid wages for the period worked, potentially offering an income above the basic allowance, and a greater incentive for the individual to return to work as part of a phased return.

206. As regards contact during sickness absence, **we would like to see regular conversations between employers and their employees who are off ill to agree steps that can be taken to support a return to work**. We seek views on what it would be reasonable to expect of employers and employees in this regard.

> **Example**
>
> An employee works 25 hours a week for £7.20 per hour or £180 per week.
>
> If they went on a period of sickness absence they will need to return to work for at least 13 hours in order to compensate for the loss of £88.45 in Statutory Sick Pay(13 hours x £7.20 = £93.60).
>
> If the employer and employee came to an agreement for a partial return to work of 10 hours per week, the employer would 'top up' the salary to the Statutory Sick Pay level. For example, the employer would pay £72 in wages (£7.20 x 10 hours) plus £16.45 to 'top up' to the Statutory Sick Pay rate of £88.45.

Encourage better provision by the insurance industry, and take-up by employers, of income protection insurance

207. There are various insurance policies that employers and employees can take out to support them in addressing the risks and impacts of ill health: life insurance, private medical insurance, critical illness cover or personal accident or sickness insurance. This final element can be taken out by individuals, in the form of Individual Income Protection, or by employers on behalf of their employees as Group Income Protection.

208. Group Income Protection insurance generally provides 3 elements: a financial element which pays an income to employees who cannot work because they are ill or injured after an agreed period (usually 6 months); ill health prevention programmes; and specific support for employees and the employers for example physiotherapy, mental health support and HR support.

[121] Statutory Sick Pay is paid from the 4th consecutive day of absence at £88.45 per week for up to 28 weeks. Employers may also decide to pay employees their own occupational sick pay too.

209. The benefits of Group Income Protection to employers and their staff may vary, but analysis by the Centre for Economics and Business Research indicates that employees who have access to early intervention and rehabilitation services and use them tend to have shorter duration long-term absences compared to those that do not. On average, the duration is shorter by 16.6%.[122]

210. Although Group Income Protection policies have the potential to support employers to retain disabled employees and employees with health conditions, uptake is low: only 7–8% of the working population is covered by such a policy. Coverage is particularly low among small and medium-sized employers. In part this might be because some insurance providers do not offer products to very small businesses, but cost and awareness of the products are also thought to be a factor (between £250–£450 per employee per year).

211. As this paper sets out, we want to see employers doing more to invest in their employees' health and wellbeing and to thereby reap the benefits that such investment brings. We think group income protection insurance policies have a much greater role to play in supporting employers in taking this action and **therefore want to explore why larger employers are not making better use of these products and what would encourage them to do so**.

212. Smaller employers are also important: they represent the vast majority of UK businesses and employ around 36% of the UK workforce. We are working with the insurance industry to explore the viability of group income protection insurance products for smaller employers and, if there is sufficient interest, could look at how such employers could be supported to pool resources to purchase existing products as a collective.

213. **We therefore want the insurance industry to develop group income protection products that are affordable for, and tailored to meet the needs of, smaller employers, including micro businesses, and for them to raise awareness and make access to such products easier.**

Your views

- What good practice is already in place to support inclusive recruitment, promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?
- Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?
- What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?
- What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

Conclusion

214. This chapter has considered what can be done by or with employers to support our ambition of more disabled people and people with health conditions getting into and staying in work. We want to see more employers providing the right support at the right time, and taking a more proactive approach to the health and wellbeing of their workforce for the benefit of their employees and their business.

215. If someone does fall out of work because of their health or disability, they are likely to be facing a stressful and challenging period in their lives. It is essential that, at the appropriate time, they can access the integrated health and employment support they need to manage their health condition and move back towards work, as we discussed in chapter 2. This, and the role of health and high quality care, is discussed in the next chapter.

[122] Centre for Economics and Business Research. *The benefits of early intervention and rehabilitation; Supporting employees when they need it the most.* London; 2015. Section 3.2

Summary of consultation questions

Embedding good practices and supportive cultures

- What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?
- What expectation should there be on employers to recruit or retain disabled people and people with health conditions?
- Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions? Please consider:
    - the information it would be reasonable for employers to be aware of to address the health needs of their employees;
    - the barriers to employers using the support currently available;
    - the role a 'one stop shop' could play to overcome the barriers;
    - how government can support the development of effective networks between employers, employees and charities;
    - the role of information campaigns to highlight good practices and what they should cover;
    - the role for government in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles;
    - the impact previous financial, or other, incentives have had and the type of incentive that would influence employer behaviour, particularly to create new jobs for disabled people; and
    - any other measures you think would increase the recruitment and retention of disabled people and people with health conditions.
- Should there be a different approach for different sized organisations and different sectors?
- How can we best strengthen the business case for employer action?

Moving into work

- How can existing government support be reformed to better support the recruitment and retention of disabled people and people with health conditions?

Staying in or returning to work

- What good practice is already in place to support inclusive recruitment, promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?
- Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?
- What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?
- What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

5: Supporting employment through health and high quality care for all

Chapter summary

In this chapter we look at how work can make a significant contribution to someone's health. We explore:

- how we can promote health and prevent ill health;
- how we can ensure an individual can access health services, which consider their employment needs, particularly for common conditions which affect an individual's ability to work – especially musculoskeletal and mental health;
- how we can strengthen the role of occupational health and related professions and services, so that people's health and employment needs are considered together;
- how we need to create the right conditions for joined-up support; and
- how we can reinforce the recognition across the health and care system that work can promote good health – that work is in itself a 'health outcome'.

Introduction

216. By now, we hope that the case is clear that appropriate of work can have a positive effect on an individual's health and that having the right health support can have a positive effect on an individual's ability to work and progress in their career. While many factors affect a person's health and employment, in this chapter we concentrate on how people, whether in or out of work, can access the right health and social care support in the right place and at the right time to enable them to enjoy the benefits of work.

217. We know we still have a long way to go to ensure that people get the right health and employment support when they need it. Services do not always work well together. Decisions can be taken in isolation rather than recognising that we may have different needs at different times, and that work and health are importantly linked.[123] This is frustrating for people who are forced to navigate complex and fragmented systems and who may miss out on support.

218. We also know that the health service is facing significant challenges of preventable ill health and health inequalities and variable quality of services, as set out in the NHS Five Year Forward View which set out a vision for the future of the NHS. The Five Year Forward View highlighted how important it is that we get serious about prevention, deliver the right care in the right place, and build a more engaged relationship with patients, carers and citizens.

[123] Litchfield P. *An Independent Review of the Work Capability Assessment – year four*; 2013 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/265351/work-capability-assessment-year-4-paul-litchfield.pdf

219. We want to look at health in the broadest sense and do more to encourage employers, Jobcentre Plus staff, and those working in the voluntary and community sectors to support health through promoting health, preventing ill health, early intervention and ensuring access to joined-up services. Individuals, as partners in their care, can also do more to look after their own health and manage their care. It is when these groups work together that we will see real benefits for individuals, for the health of the population, and for the economy.

220. In this chapter, we set out our plans to improve care and support so that it starts with the individual, and meets their health and employment needs. This isn't something government can achieve on its own – those working in health services and employment support, especially commissioners, will play a critical role – so we also want to hear how we can support and encourage the changes we wish to see.

221. This chapter focuses on key opportunities when the right health and care support can make a difference to, and be considered alongside, an individual's employment needs. These include:

- the importance of promoting health, and recognising that work can make a significant contribution to someone's health;
- ensuring an individual can access health services, which consider their employment needs, particularly for common conditions which affect an individual's ability to work – especially musculoskeletal and mental health conditions; and
- strengthening the role of occupational health and related professions and services, so that people's health and employment needs are considered together to help them get into, and stay in, work.

222. For the right joined-up support to be available at each of these times, this chapter then explores how we need to create the right conditions, and reinforce the recognition across the health and care system that appropriate work can promote good health – that work is in itself a 'health outcome'.

223. Throughout this chapter is the fundamental principle that individuals are partners in their care, and that innovative approaches, including digital ones, can help people look after their health and manage their own care.

Action already taken

224. The government has already taken steps to support work through measures to improve health. We have:

- put in place ill-health prevention measures including the diabetes prevention programme, national immunisation and screening programmes, and public health campaigns such as the 'One You' campaign;
- funded local authorities to commission a range of public health services to improve the health of their populations, including health checks, stop smoking services and drug and alcohol treatment services;
- invested in early intervention for psychosis, and improved access to talking therapies;
- set out plans to increase recurrent funding in primary care, including to support mental health in primary care, by an estimated £2.4 billion a year by 2020/21 and a 5-year 'turnaround' package of £500 million; and
- encouraged health and care services to plan their Sustainability and Transformation Plans[124] on 'footprints' which bring together health and care leaders to support the delivery of improved health and care based on the needs of local populations.

[124] NHS England and NHS Improvement. *NHS Operational Planning and Contracting Guidance 2017-2019.* https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf

Promoting health

225. Health issues can prevent people from getting into work, and fulfilling their role at work, and can be a factor in people falling out of employment or taking early retirement. But this does not always have to be the case and there are several areas where we could do more to prevent ill health or disability becoming a barrier to people achieving their potential in work and in life in general.

226. There are primarily two types of health conditions that impact on an individual's potential to participate in work and wider society:

- a long-term condition which may be fluctuating but once developed may last throughout an individual's life such as diabetes, arthritis or some mental health conditions. Some conditions, may of course, be present from birth; and
- a sudden health event like a heart attack or a broken leg where the event happens and then there is a recovery phase to either full health or a new normal for the individual.

227. Some conditions are preventable, or manageable, and promoting healthy lifestyles can prevent or delay conditions developing. The workplace can play an important role in promoting health, and minimising risks to health, for example through encouraging staff to take action on obesity and smoking, as set out in chapter 4. Where an individual experiences health issues, such as a sudden health event or a long-term condition, there is the potential for earlier action to support individuals better to remain active in society and participate in work to retain their financial independence and the health benefits of employment.

228. Preventing health-related worklessness means taking a proactive approach to engaging and supporting people to talk about their concerns about work and signposting and supporting them to access help or reasonable adjustments.

229. Clinicians, patient support groups and charities all have a role to play in supporting people with health conditions to achieve their potential. For example, simply asking about work in routine clinical consultations may open an opportunity to identify individuals who might be at risk of falling out of work due to ill health where this could be prevented. Indeed a fear of falling out of work may make a health condition worse.

230. Helping people achieve their potential is important for everyone. For young people with long-term conditions, mental health issues and physical and sensory impairments, there are opportunities to integrate careers advice, education support and clinical management to give this group of young people the best start in life and the best chance at gaining employment.

Improving discussions about fitness to work and sickness certification

231. When an individual first becomes ill, or an existing condition worsens, their first port of call is usually their general practitioner (GP). Discussions about work and health and an assessment of a patient's fitness for work provide an opportunity for doctors to discuss ways in which a patient may be helped to stay in work by, for example, advising on workplace adjustments or a phased return to work. It may also lead to a referral to Fit for Work for patients who are off sick for 4 weeks or more.

232. The Statement of Fitness for Work, or 'fit note', was introduced in 2010 to encourage fuller discussions about work and health. Fit notes are used to support payment of Statutory Sick Pay by employers or as medical validation to make a claim to health-related benefits. The information they provide can be used by employers or work coaches within Jobcentre Plus to support a return to work.

233. The fit note has the potential to be a key tool to identify a person's needs and help them to manage their condition and stay in or return to work whilst working with an employer or work coach. This could shorten periods of sickness absence and ultimately reduce the need for repeat fit notes, reducing pressures on GPs and potentially reducing costs over the longer term. It can also act as a prompt for the GP to consider a referral to Fit for Work if appropriate.

234. However, although over 60% of GPs agree or somewhat agree that the fit note has improved the quality of their return to work discussions with patients, and over 90% agreed that helping patients to stay in or return to work was an important part of their role,[125] the fit note is not fully achieving what it set out to do. Although the fit note includes the option for the doctor to use a 'may be fit for work subject to the following advice', this option is rarely used.

235. Decisions on whether a person is able, or not able, to work may be made without the recognition that many people can work with the appropriate support. This means that opportunities to influence someone's understanding around what work is possible for them to do can be lost, from the first GP consultation onwards. This increases the risk that the individual falls out of work altogether or moves further away from securing employment.

236. Evidence from GPs suggests that they may, on occasion, find it difficult to refuse to issue a fit note.[126] The value of the initial discussion between a healthcare professional, individual and employers about the work an individual can do would then largely be lost, with the fit note process seen as an administrative burden rather than an opportunity to provide work and health-focused support.

237. We want to ensure that people are better supported to understand their health condition, treatment needs and how this might impact on their ability to work, and employers have access to information which will enable them to support their staff. That means developing a system where:

- healthcare professionals have the right skills and knowledge to provide early advice about functional ability to work and the ability to provide, or easily access, the right support so that individuals, employers and work coaches have the necessary information at the earliest opportunity to expedite treatment and support;
- we reinforce the beliefs of the primary and secondary care workforce that work is important for health and encourage them to take a leading role in changing behaviours – so that work becomes an integral part of an individual's life, where appropriate;
- healthcare professionals feel confident to use their skills and knowledge to issue fit notes only when appropriate and make full use of the "may be fit" option that is available to them;
- healthcare professionals recognise the value of a referral to Fit for Work for occupational health advice and return to work support and make referrals routine for eligible patients when appropriate; and
- we continuously learn about people's health and employment needs so that we can gather evidence and target future investment and support in the most effective way.

238. **The government intends to review the current operation of the fit note**, **and in line with the General Practice Forward View published in April, review whether fit note certification should be extended from doctors in primary care and other settings to other healthcare professionals.** The review will look at the current system and whether it meets the needs of its users – doctors and other healthcare professionals, employers, patients/claimants and the benefits system.

[125] Hann M and Sibbald B. *General Practitioners' attitudes towards patients' health and work, 2010-12.* DWP Research Report 835; 2013 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207514/rrep835.pdf

[126] Fylan B, Fylan F, Caveney L. An evaluation of the Statement of Fitness for Work: qualitative research with General Practitioners. DWP Research Report 780; 2011.

Your views

239. We want to work across all sectors to fully review the current fit note certification process. We want to know your views on the following:

- How can we bring about better work-focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual *can* do, particularly during the early stages of an illness/developing condition?
- How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?
- Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other healthcare professionals do you think should play a role in this process to ensure that individuals who are sick understand the positive role that work can play in their recovery and that the right level of information is provided?
- Regarding the fit note certificate, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?
- Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?

Mental health and musculoskeletal services

240. Too many people with mental health or musculoskeletal conditions fall out of work each year, many end up on sickness benefits and few return to work. Individuals with such conditions represent 62% of people claiming Employment and Support Allowance, huge cost and unfulfilled potential.[127]

241. A key factor which could help address this problem is timely access to support. Evidence shows that offering early support to individuals, including people with a health condition or a disability, can improve their chances of getting back to work.[128] Yet too often services for people with common conditions are not available when an individual needs them.

[127] Department for Work and Pensions. *Work and Pensions Longitudinal Study*, *DWP Tabulation Tool*; February 2016 http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html

[128] Coleman N, Sykes W, Groom C. *What works for whom in helping disabled people into work?* Working paper 120. Department for Work and Pensions; 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/266512/wp120.pdf

Mental health services

242. Almost 1 in 5 working age people have a common mental health condition in England rising to almost 1 in 2 among people on out-of-work benefits.[129] There are around 1.8 million[130] out-of-work disabled people of working age with a mental health condition in the UK. Mental health conditions are the most commonly reported primary conditions among the total 2.4 million people who claim Employment and Support Allowance; around 1.2 million cite a mental health condition as their primary health condition[131] but many of them may not be accessing the support that might help them.[132] Having a mental health condition is also associated with many physical health conditions.[133] The Work, Health and Disability Green Paper Data Pack which accompanies this paper provides more information about the population with mental health conditions.

243. As the Five Year Forward View for Mental Health sets out, the evidence is clear that improving outcomes for people with mental health problems helps them to improve wellbeing and build resilience as well as reducing premature mortality, but service provision can be patchy and access difficult.

244. The increasing access to psychological therapies programme has been successful in increasing access to NICE-approved treatments for common mental health conditions. But there is variation across England in terms of access to these talking therapies.

245. The government will further **increase access to psychological therapies** and improve how these services join up with other services. By 2020/21, at least 25% of people (or 1.5 million) with common mental health conditions will access services each year. Alongside this we will consider how individuals at risk of job loss or recently unemployed can gain early access to talking therapies to prevent worsening health and drift away from the labour market.

246. We are **more than doubling the number of employment advisers in talking therapies** to help people in that service retain, return to and secure employment. This will be a significant boost to the talking therapies workforce and ensure many more services have a clear employment offering that can improve pathways between employment services and talking therapies services. We are evaluating the impact of this provision and the elements that bring greatest results. We also have a number of trials underway to identify new and innovative ways mental health and employment services could support people to return to work.

247. The talking therapies programme has demonstrated that we can collect and publish extensive data about outcomes. Such data is an important driver to improve outcomes. We would like to see this go further, with data on employment status routinely recorded and published as a matter of course across all mental health services.

[129] McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital; 2016.

[130] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016

[131] Department for Work and Pensions *Work and Pensions Longitudinal Study*, *DWP Tabulation Tool*; February 162016 http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html

[132] For instance, in 2015/16 43,000 people who finished a course of IAPT stated they were claiming ESA or a predecessor benefit: NHS Digital. *Psychological Therapies: Annual Report on the use of IAPT services – England, 2015-16*; 2016: http://content.digital.nhs.uk/catalogue/PUB22110

[133] McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital.

Musculoskeletal services

248. Over 32 million of the 139 million working days lost to sickness absence in 2015 were due to some form of musculoskeletal condition,[134] and around 2 million of the 3.8 million working age disabled people out of work suffer from some form of musculoskeletal condition[135] which may be associated with other health conditions. 309,000 of the total 2.4 million people on Employment and Support Allowance report a musculoskeletal or a connective tissue condition as their main disabling condition.[136]

249. Despite the impact on individuals of musculoskeletal problems, some evidence suggests that waiting times for musculoskeletal services can vary from between 4 to 27 weeks[137] depending on where the person lives, and Arthritis UK highlighted in their 2014 report that only 12% of people with musculoskeletal conditions had a care plan.[138] This is unacceptable, when we know that earlier diagnosis and treatment of musculoskeletal conditions would, in many cases, prevent further deterioration in the condition and enable the individual to stay in work.[139]

250. We are supportive of new ways of providing musculoskeletal care, which are being developed in a number of local areas. These include physiotherapists working from general practice surgeries and self-referral to musculoskeletal services. These have benefits of affording patients wider access, lowering levels of work absence and empowering patients to self-manage their care.

251. A preventive approach and encouraging early self care and exercise is often appropriate to avoid over-medicalising some conditions for which the best treatment may be self-care and a return to normal activities, often including work, with workplace adaptations where needed.

> **Case study: Physiotherapy First**
>
> Physiotherapy First is a joint initiative between two NHS providers, Cheshire and Wirral Partnership NHS Foundation Trust and the Countess of Chester Hospital Foundation Trust.
>
> 36 GP surgeries in the West Cheshire area now provide their patients with the choice of seeing a physiotherapist when they first contact the practice with musculoskeletal symptoms. The service sees around 1000 patients per month – roughly a quarter of the GPs' musculoskeletal caseload. Just under 3% are referred back to the GP for medication review or for non-musculoskeletal conditions, while over 6 in 10 patients are discharged after one appointment with the general practice physiotherapist.
>
> The service has reduced referrals to physiotherapy services by 3% (after a year-on-year increase of 12% over the previous 5 years) and has high patient and GP satisfaction.

252. NHS musculoskeletal services need to link better to work and people's needs for employment support. Initial assessment and access should include an integrated assessment of health and work needs. This may not always be best provided by a GP, who may not have the time to give the work-related support needed, but they should be able to refer to other professionals or services which can help.

[134] ONS Sickness Absence Report 2014 Office for National Statistics. Estimates of the number of working days lost to sickness taken: by reason, UK, 2013-15; 2016. http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/adhocs/005914estimateofthenumberofdaysofsicknessabsencetakenbyreasonuk2013to2015

[135] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016.

[136] Department for Work and Pensions. *Work and Pensions Longitudinal Study*, *DWP Tabulation Tool*; February 2016 http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html

[137] Chartered Society of Physiotherapy. *Stretched to the Limi*t; 2012. http://www.csp.org.uk/documents/stretched-limit

[138] Arthritis Research UK. *Care planning and musculoskeletal health*; 2014. http://www.arthritisresearchuk.org/policy-and-public-affairs/policy-priorities-and-projects/musculosketal-health-services/care-planning.aspx

[139] Bevan S et al*. Fit For Work? Musculoskeletal Disorders in the European Workforce*. The Work Foundation; 2009 http://www.theworkfoundation.com/DownloadPublication/Report/224_Fit%20for%20Work%20pan-European%20report.pdf

253. As well as encouraging the new types of provision already being developed, we wish to **trial new kinds of approach for musculoskeletal services so that people's health and employment needs are met in the best possible way**, including the further development of community based pathways and developing better links between treatment and employment support. This will include exploring different referral routes, including how Jobcentre Plus staff can refer claimants into services.

254. There is also a lack of detailed information about what kinds of musculoskeletal services are currently commissioned, and the extent to which the services meet local need. The government will therefore work with NHS England to **identify opportunities for regular collection of data** about incidence, prevalence, clinical activity and outcomes of musculoskeletal patients and services in England.

Your views

- How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?
- How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?

Tailored and integrated work and health services

Case study – Robert

"Robert, a secondary school teacher had a very severe stroke in September 2012. This led to paralysis of the right side of his body and his speech and reading abilities were affected by aphasia. He was determined to return to work, but even if the school could accommodate his wheelchair, he could not resume teaching until his speech was at the level required in the classroom to be understood.

"Subsequently, Robert received individual speech therapy and also joined the local aphasia group where he presented weekly topics to the group and received feedback on his intelligibility. After 18 months of therapy, Robert began a phased return to work. During the first academic year, this was based around sixth form supervision and the following academic year it included a return to some teaching of younger years pupils. Robert's speech and language therapist completed the "Allied Health Professions Advisory Fitness to Work Report" to guide his employers on the level of support which was required for his return to work. For example, he needs extra time for written work so as not to compromise on accuracy.

"Today, Robert works four short days per week and teaches whole classes of year 7 and 8 pupils. He also attends after school meetings and parents' evenings as required.

"To get to this point, Robert received community speech therapy for some 18 months. This sounds like a long time to invest resources in the rehabilitation of an individual. It is but as a direct result, not only has Robert's life been transformed it has also saved him living on 20 years' worth of sickness benefits."

An account from his treating speech and language therapist – Provided by Royal College of Speech and Language Therapists

255. Occupational health and vocational rehabilitation, consisting of physiotherapy and occupational therapy, and related professions and services, can play a pivotal role in supporting people to get into work, and preventing them from falling out of work due to health reasons or disabilities. Offering

the right support at the right time can make a real difference to people's ability to manage their condition and continue to play their part in society.

256. However, occupational health and related services are currently variable and fragmented. Provision can be inconsistent, not easily accessible for all, and not well tailored to the different needs of individuals.

257. Some employers, particularly larger organisations, do provide some occupational health support, but this is not universal. Survey data suggests only 51% of employees have access to occupational health through their employer which can vary depending on their size.[140] There is also no standardised approach to the support that is offered.

258. For people who cannot access occupational health services through an employer, provision is patchy. Elements of occupational health provision such as physiotherapy are provided by the NHS, but services are rarely commissioned specifically for work-related health. There is a great deal of variation in the types of services available, where they are offered, and how many people can access them.

259. There is also a shortage of health professionals with occupational health expertise. In 2016, The Council for Work and Health highlighted that the UK is short of over 40,000 of the full range of occupational health related specialist practitioners, and the situation will only get worse – "recruitment into specialist training is inadequate and will not replenish the existing workforce".[141] Dame Carol Black's 2008 review[142] raised concerns about a shrinking workforce, a lack of good quality data, and a detachment from mainstream healthcare.

260. The government established the Fit for Work service to support employees who are off sick for 4 weeks or more. We want to explore how we can promote referrals to occupational health services and advice.

Transforming the landscape of work and health support

261. This government is determined to transform the landscape of occupational health and related services. Provision needs to respond more closely across the spectrum of need, including the needs of those who are self-employed or out of work, as well as those who are currently off sick from work.

262. Our vision is of a whole person approach to occupational health and related services, which meets the differing needs of individuals. We want to cover:

- **integrated, expert and impartial advice** that meets the needs of the 'whole person', through an approach that covers work-related health and social issues to support the individual, employers, GPs, work coaches and other professionals, delivered in an equitable and accessible way (perhaps through local commissioning and provision); and
- timely and appropriate access to support (such as occupational health and vocational rehabilitation) **adjusted according to need**, and whether someone is employed or not;

[140] Steadman K, Wood M, Silvester H. *Health and Wellbeing at work: a survey of Employees 2014. DWP Research Report 901*; 2015 https://www.gov.uk/government/publications/health-and-wellbeing-at-work-survey-of-employeeshttp://www.theworkfoundation.com/blog/2526/Working-for-better-mental-health-results-from-a-survey-of-employees

[141] The 41,708 figure is derived by subtracting total figures for 'current registered numbers' from total figures for 'Number required to deliver a quality service to the current UK workforce' in Figure 5.
The Council for Work and Health. Planning the future: Implications for occupational health; delivery and training; 2016. http://www.councilforworkandhealth.org.uk/images/uploads/library/Final%20Report%20-%20Planning%20the%20Future%20-%20Implications%20for%20OH%20-%20Proof%202.pdf

[142] Black C. *Working for a Healthier Tomorrow*: Dame Carol Black's Review of the health of Britain's working age population; 2008. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf

263. We want to support:

- health and social care professionals so that the benefits that can come from work are an ingrained part of their training;
- work coaches and employability professionals to provide positive work and health support; and
- appropriate delivery models, including those that are locally driven.

264. The government is therefore consulting on how we can develop a new approach to work and health support that will fulfil this vision. Whilst a transformation to occupational health will take time, we will explore options which could lead to early changes:

- to **increase the access to occupational health assessments and advice**, we will explore how we can make it the default position that everyone who would benefit from occupational health assessment and advice is referred to such services, except where it is inappropriate or unlawful to do so. We will test whether changes to GP computer systems would be successful in raising awareness and use of publically funded services. We will develop the detailed design and implementation of this by taking account of views in response to this green paper, and in further discussion with stakeholders;
- we will **explore models of integrating occupational health** within NHS primary and secondary care services provision, re-orientating a part of the NHS occupational health workforce to provide patient services directly. This will enable a greater focus on work as part of an individual's care pathway within mainstream healthcare. Potentially it may also be possible to expand availability of occupational health, at least for people with more complex needs who do not have occupational health provided by their employer, are self-employed, or are out of work; and
- we will develop a partnership with one or more NHS occupational health providers in England to **test how we can integrate services** within different clinical pathways.

Illustrative delivery models

An individual has a number of complex health and social issues that are preventing them from returning to or moving into work. A reformed system would be responsive to their needs by providing access to services that are appropriate and timely.

Example 1: National combined with Local Commissioning

Under a reformed system, there would be a mixture of national and local support so the individual with complex needs would access a nationally-commissioned triage system and have access to a more intensive, locally-commissioned service as appropriate, supported by a single case manager and would be referred to an external partner if ongoing support was required after 6 months.

Example 2: NHS led integrated service

The individual would be referred to a NHS service which would have established links between hospital-based occupational health teams, NHS nurses, primary care and wider professionals with occupational health and vocational rehabilitation-related skills who could assess the immediate needs of the individual and signpost to the appropriate level of support. The service would be available to NHS providers and small and medium-sized enterprises.

Example 3: Group Income Protection access to occupational health/vocational rehabilitation support

An organisation, whether private or public, would secure Group Income Protection which would act as a gateway into a spectrum of occupational health related provision.

Your views

265. We want to hear from you about how to change work and health provision, services and support so that they meet individuals' needs, including:

- How can occupational health and related provision be organised so that it is accessible and tailored for all? Is this best delivered at work, through private provision, through the health system, or a combination?
- What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?
- What kind of service design would deliver a position in which everyone who needs occupational health assessment and advice is referred as matter of course?

Creating the right environment to join up work and health

Integrating local health and employment support

266. We want to support joined-up health and employment services that are locally designed and delivered. Reviews of the research evidence by the King's Fund and the Nuffield Trust conclude that "significant benefits can arise from the integration of services where these are targeted at those client groups for whom care is currently poorly co-ordinated".[143]

267. There are different ways of providing this joined-up support. It may involve providing a single service that covers both health and employment support, such as the 'Individual Placement and Support' model for people with severe and enduring mental health problems. Or it may involve linking up existing local services so that individuals get seamless support without creating a new single service, the approach taken by the Troubled Families programme.

268. At a national level, we can still have fragmented thinking which sees systems rather than people, and commissioning arrangements which, in some areas, get in the way of joined-up support. We want to build on existing examples of best practice to create the right environment for local commissioners to develop services that work differently and work together to achieve complementary outcomes.

[143] Goodwin N et al *Integrated care for patients and populations: Improving outcomes by working together. A report to the Department of Health and the NHS Future Forum*; 2012. http://www.kingsfund.org.uk/sites/files/kf/integrated-care-patients-populations-paper-nuffield-trust-kings-fund-january-2012.pdf

Case study: A local approach to joining services: Tameside public service hub

Tameside's public service hub, set up in 2014, is a ground-breaking response to the challenge of supporting people/families with complex needs (unemployment, physical/ mental health, domestic abuse, substance misuse, debt, housing, child protection) and in so doing helps meet the fiscal challenge to shift investment upstream to earlier intervention to reduce demand and costs.

Any service can refer to the hub, which brings together Jobcentre Plus, adult mental health, substance misuse, housing, children's services, police, probation and the Working Well programme. Each service has access to their 'home' organisation's system. Underpinning this information sharing process is a comprehensive Information Sharing Agreement which has the strategic support of a range of agencies as well as Information Governance leads.

The hub allocates a key worker to sequence and coordinate support for people with complex needs, which they are able to do effectively as they have a holistic picture of the individual and their family situation.

This approach is beneficial as it brings services together, where all parties involved understand the full needs of the person (and family) they are supporting. It streamlines the support that people receive, and minimises unnecessary disruption. This has a secondary benefit of reducing the cost of duplicative interventions.

269. This will involve encouraging local leadership through Sustainability and Transformation Plans and other mechanisms (such as Joint Strategic Needs Assessments) which bring partners together around a shared vision, and sharing good practice. It will also involve the effective sharing of data. Not only can better sharing of data mean that individuals don't have to repeat their story to different services, it also means that providers can more accurately oversee the commissioning and governance of services and support and track a range of complementary outcomes.

270. Innovation and local networks encourage the delivery of person-centred care across health, social care, employment and voluntary sector boundaries. The government is **calling for evidence on good examples of co-ordinated services** and of the factors which contribute to successful collaborations so that we can learn from them.

Increasing data transparency to improve outcomes

271. Increased data sharing can help improve both health and work outcomes for individuals. **We will work with NHS Digital to create a new information standard for data on employment status in healthcare data sets**, to enable useful data collection and analysis by employment status at both a national and local level in England. The proposed information standard will be subject to consultation.

272. If work is truly to be seen as a health outcome, we may need to support the recording of occupational status in all clinical settings, for example by:

- developing an agreed terminology, as an aid to communication and analysis; and
- encouraging and incentivising its use through software prompts and through regular clinical audit.

273. There could be real benefits. Encouraging and enabling the reporting of employment as an outcome of clinical intervention should help normalise discussion of whether one treatment or another will help a patient to be well enough to return to work. We would be interested in further suggestions on how we could encourage the better use of data.

274. Where data are available, indicator sets or outcomes frameworks can help to increase transparency and accountability across services. In England work outcomes already feature in two indicators in the NHS Outcomes Framework and the Public Health Outcomes Framework and one indicator in the Adult Social Care Outcomes Framework.

275. We will also **work with Public Health England to develop a basket of work and health indicators to support improved health and work outcomes in place-based systems and make them available through Public Health England's open data access platform or 'fingertips tool'**. This tool will be part of Public Health England's wider determinants of health profile, recognising that health and work are connected with other aspects of life and will be based on the use of aggregate data. The indicators could cover:

- labour market outcomes, for example, employment rate gaps between disabled and non-disabled people, and information on health-related benefits recipients;
- health outcomes related to working age people and health services generally, for example, disability-free life expectancy, and markers of quality, such as emergency admissions for acute conditions that should not usually require hospital admission; and the proportion of people feeling supported to manage their long-term condition; and
- wider issues related to the health of working age people – on which we would welcome suggestions and evidence;

276. A wealth of evidence and knowledge exists from a variety of sources that can support improved outcomes, including evidence reviews on specific interventions, as well as evidence which support our understanding of population needs. **Working with Public Health England, we will explore how to bring existing evidence and knowledge on health and work together in one place for commissioners and local delivery partners**, for example by creating a single website.

Your views

277. We want to understand what more could be done to encourage local areas to bring health and employment systems together to better support people:

- How can we best encourage innovation through local networks, including promoting models of joint working such as co-location, to improve health and work outcomes?
- How can we encourage the recording of occupational status in all clinical settings and good use of these data?
- What should we include in a basket of health and work indicators covering both labour market and health outcomes at local level?
- How can government and local partners best encourage improved sharing of health and employment data?
- What is the best way to bring together and share existing evidence in one place for commissioners and delivery partners?

Reinforcing that work can promote good health

278. Underpinning all of the above actions is the conviction that work promotes health and should be seen as a health outcome. We cannot achieve change without positive attitudes towards work and health from a wide range of people, particularly health and care professionals and disabled people and people with health conditions.

279. Evidence shows that being in appropriate work is good for health and that being out of work can have a detrimental effect on health.[144] For health and care professionals, therefore, supporting an individual to be in work appropriate for them is central to delivering effective, personalised care and addressing a key social determinant of health.

280. For clinicians this could be described as considering work as part of an individual's 'health outcome'. For example, the Faculty of Occupational Medicine highlight the positive relationship between work and physical and mental health, noting "the importance of returning to work as a healthcare outcome".[145] The National Institute for Health and Care Excellence (NICE) clinical guidelines recognise that a range of outcomes from interventions should be considered, including impact on functional ability and return to work.[146]

281. We are already taking action to promote the importance of work in the health system. **By November 2016, Public Health England and the College of Occupational Therapists will have recruited and started evaluation of a pilot group of Health and Work Clinical Champions, with the aim of promoting work as a clinical health outcome within their health trust.**

282. We want to make the benefits of work an ingrained part of the training and professional approach of the health and social care workforce. We will work with Health Education England, Public Health England, professional regulators, Royal Colleges and the Welsh and Scottish Governments, to address capability and capacity issues for the NHS workforce, including:

- **building upon the educational curriculum** for medical and nursing/allied health professional undergraduate training programmes;
- **training current healthcare professionals on the links between work and health** and how to embed as part of care plans; and
- exploring the option to **encourage nurses and allied health professions who may have left clinical practice to return** to utilise their expert skills within a different setting.

283. NICE has already committed that it will, at the point of guidance update or new development, take into consideration any available employment outcomes across conditions which affect primarily the working age population. We are actively considering with **NICE the development of guidelines to support improved employment outcomes among people out of work due to ill health**.

284. To support local decision makers, in 2017 **Public Health England will publish a report on worklessness, estimating the potential cost-savings for health and social care services, wider government savings, and benefits to the individual (and to the local economy) of moving a person into work**.

[144] Waddell G, Burton, K. *Is Work Good for Your Health and Wellbeing?* London: The Stationery Office; 2006. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf

[145] Faculty of Occupational Medicine. Press Release 'Work is a health outcome and improves mental health: we can't afford to ignore this'; 2016.: http://www.fom.ac.uk/press-releases/work-is-a-health-outcome-and-improves-mental-health-we-cant-afford-to-ignore-this

[146] NICE. *Low back pain and sciatica: management of non-specific low back pain and sciatica*, (Draft); 2016. https://www.nice.org.uk/guidance/indevelopment/gid-cgwave0681

Your views

285. Our ambition is that work is consistently recognised as a health outcome in the health and care systems:

- What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

Patients as partners

286. We also need to do more to recognise that patients and those who use services should be partners in their care. The Kings Fund points to the 'growing body of evidence which demonstrates that individuals who are empowered to manage their own condition are more likely to experience better health outcomes'.[147]

287. Individuals can be supported in different ways: through having better information about navigating the employment and healthcare systems, having the ability to self-refer to an increasing range of services, and being able to improve their health literacy with a particular focus on the link between work and health.

288. Innovative digital services will have a role here. We are relaunching NHS Choices as NHS.UK with a fuller range of online services including booking appointments and ordering and tracking of prescriptions. **By autumn 2017 the Department of Health, NHS England and NHS Digital will have developed the tools to enable instant, downloadable access to personal health records**, making it easier for patients to access their health information and share it with people concerned with their care. In addition to this, **NHS England will approve a set of selected of apps by March 2017, offering support to patients, including those with long-term conditions, in managing their health**.

289. We will also use innovation funding to look at new ways, including digital tools, of providing integrated health and employment support for disabled people and people with health conditions to stay in work or enter work.

Conclusion

290. Whenever an individual needs health and care support, that care needs to consider their needs in the round, including the important role work can play. So we are committed to ensuring that we promote health in its broadest sense, ensure access to the right types of support, and join up health and employment services in providing that support. This will require us to create the right conditions for change and see patients as true partners in their care.

[147] Coulter A, Roberts S, Dixon A. Delivering better services for people with long term condition. The King's Fund; 2013. http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/delivering-better-services-for-people-with-long-term-conditions.pdf

Summary of consultation questions

Improving discussions about fitness to work and sickness certification

- How can we bring about better work-focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual *can* do, particularly during the early stages of an illness/developing condition?
- How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?
- Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other healthcare professionals do you think should play a role in this process to ensure that individuals who are sick understand the positive role that work can play in their recovery and that the right level of information is provided?
- Regarding the fit note certificate, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?
- Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?

Mental health and musculoskeletal services

- How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?
- How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?

Transforming the landscape of work and health support

- How can occupational health and related provision be organised so that it is accessible and tailored for all? Is this best delivered at work, through private provision, through the health system, or a combination?
- What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?
- What kind of service design would deliver a position in which everyone who needs occupational health assessment and advice is referred as matter of course?

Creating the right environment to join up work and health

- How can we best encourage innovation through local networks, including promoting models of joint working such as co-location, to improve health and work outcomes?
- How can we encourage the recording of occupational status in all clinical settings and good use of these data?
- What should we include in a basket of health and work indicators covering both labour market and health outcomes at local level?
- How can government and local partners best encourage improved sharing of health and employment data?
- What is the best way to bring together and share existing evidence in one place for commissioners and delivery partners?
- What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

6: Building a movement for change: taking action together

Chapter summary

This chapter summarises our commitment to act. We set out our plans to:

- change perceptions and culture around health, work and disability;
- launch a pro-active and wide-ranging conversation around the issues and proposals in this green paper; and
- set out our plans to take forward a programme of work in the short-term and over the next 10 years.

Introduction

291. We are committed to halving the disability employment gap and enabling disabled people and people with long-term health conditions to access all the benefits that work can bring. But, as set out in chapter 1 and expanded upon within each of the chapters, this challenge is complex and cannot be approached from one angle alone.

292. Where we are confident of the positive results that action will bring, we will be quick to implement change. Yet while government action is important, it will not be sufficient to drive the required changes on its own. Action is required by many different partners on a number of fronts: everyone has a role to play, and we are asking others to engage and work with us, both now and in the future.

293. We want to create a **movement for change** across society, one that meets this challenge and ensures that we achieve our ambitions for disabled people and people with long-term health conditions. This chapter sets out 3 ways in which we intend to do this:

    - real and lasting change will only come about if we can also address negative cultural and social attitudes about disabled people and people with long-term health conditions. We therefore want to **work with others to change perceptions and transform the culture around disability, health and work**, to ensure that real and long-lasting progress is made;
    - we want to **launch a proactive, wide-ranging and challenging conversation** around the issues and proposals set out in this green paper. The consultation questions posed, and the consultation process that we have designed, aim to do just this. Without this dialogue, we will not be able to develop or advance our proposals or the positive work that is already underway; and
    - in recognition that our ambitions will not be achieved overnight, we will **take forward a programme of work for the next 10 years**, to ensure that sustained progress is made and change achieved in the immediate future, over the course of this Parliament, and beyond.

Changing the culture around work and health

294. We know that currently the way individuals and groups of people think, talk and act about the relationship between work, health and disability can get in the way of the best employment and health outcomes for disabled people and people with long-term health conditions. For example:

- employers can be reluctant to employ disabled people or may create workplace environments where people do not feel comfortable discussing long-term health conditions or disabilities. For example, in 2013, 30% of disabled working age benefit claimants saw 'attitudes of employers' as a barrier to seeking work, finding work, or working more hours;[148]
- healthcare professionals and work coaches can lack confidence dealing with health-related return-to-work issues. A study found that 4 in 10 GPs didn't feel confident in dealing with patient issues around a return to work;[149]
- parents, carers and service providers can have misconceptions about working with a disability or long-term health condition, which can result in them advising against a disabled person or someone with a long-term health condition trying work for fear of it damaging their health;[150] and
- disabled people and people with long-term health conditions may not be fully aware of the health benefits of work, or may not realise the range of employment options and support available. For example, in a survey of working age disabled benefit claimants, only 23% thought work would be beneficial to their health compared to almost two thirds who thought work would make them better off financially.[151]

295. We want these perceptions to change, so that the actions taken forward by the government and others are met by the right behaviours and attitudes. This will need a range of actions across the board to develop our culture into one which always supports disabled people and people with long-term health conditions to work.

296. The actions in this paper are designed to foster this shift in some of the key areas that we have identified. In chapter 2 we explored how we can equip work coaches with the right skills and capabilities to better engage with disabled people and people with health conditions from the very start of their journey, to offer them personalised support tailored to their individual needs. In chapter 3, we considered how we can best provide disabled people and people with health conditions with financial support in a straightforward and timely way if they fall out of employment. In chapter 4, we set out how employers are crucial partners in creating the right conditions for disabled people and people with health conditions to enter and flourish in work. In chapter 5 we discussed in detail the importance of healthcare professionals understanding the benefits of work, and of this understanding being fully translated into discussions about fitness to work and sickness certification. We also discussed the importance of empowering individuals to be active partners in their care and to build their belief in their own potential.

297. But changing attitudes is complex and will require sustained action over time, as well as a commitment from all of us to truly embed a new way of thinking. People who shape our thinking at local level, particularly in schools and community groups, play an important role in shifting our attitudes to disabilities and health conditions. The government has an important role in facilitating change, but everyone has their own part to play. We are asking for engagement and action from others:

[148] Cole L. *A survey of disabled working age benefit claimants*. In House Research Report No 16. Department for Work and Pensions; 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224543/ihr_16_v2.pdf

[149] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207514/rrep835.pdf

[150] McCluskey S. et al. The Influence of 'significant others' on persistent back pain and work participation: A qualitative exploration of illness perceptions. *BMC Musculoskeletal Disorders* 2011; 12:236. McCluskey, S. et al. Are the treatment expectations of 'significant others' psychosocial obstacles to work participation for those with persistent low back pain? *Work* 2014); 48:391-398. S. McCluskey et al. 'I think positivity breeds positivity': a qualitative exploration of the role of family members in supporting those with chronic musculoskeletal pain to stay at work. *BMC Family Practice* 2015; 16:85.

[151] Cole L. *A survey of disabled working age benefit claimants*. In House Research Report No 16. Department for Work and Pensions; 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224543/ihr_16_v2.pdf

- we want to see disabled people and people with long-term health conditions working with employers and involved in local service design;
- we want families, friends, teachers and carers to feel confident that disabled people and people with long-term conditions will get the support that they need to fulfil their aspirations;
- we want employers to recruit inclusively and with confidence, promote health and wellbeing in their workplaces, and fully support employees facing ill health or disability to remain productive and in work;
- we want GPs and other healthcare professionals to have high work ambitions for their patients, in recognition that this is good for their health and wellbeing, and for work to be embedded as a health outcome in their discussions with patients who have a disability or long-term health condition;
- we want local leaders and commissioners in health, social care, local authorities and more widely across communities to place work and health at the heart of their commissioning decisions and service design;
- we want work coaches and other employment advisers to have the skills and capability needed to offer appropriate, tailored and timely support to disabled people and people with long-term health conditions who are out of work; and
- we want voluntary and community organisations to share effective practice and continue to be active partners with government in positively changing attitudes, and providing support and mentoring to disabled people and people with long-term health conditions, helping them to realise their full potential.

Case study: the creative benefits of diversity

"We've seen directly the creative benefits of diversity. Through our work, we've discovered some fantastic new on and off screen talent who bring new perspectives and ideas which make the stories we tell richer and more interesting. A great example of this is the Paralympics where more than 15% of the production team and two thirds of our presenters at the Rio 2016 Games were disabled, which added additional heart, depth and expertise to our coverage. Ratings for the coverage were higher than anticipated too, which is great for business. We've found this in our commercial partnerships too, from working with advertisers to independent production companies. We have also had extremely positive feedback from all the creative SMEs who have worked with Channel 4 trainees with disabilities, many of whom have already been offered ongoing employment following the scheme.

"We know there is much more progress to be made, but at Channel 4 we are already seeing the benefits of proactively working to increase representation and employment of disabled people. As a broadcaster it's vital that we both reflect and appeal to our diverse viewers and the best way of doing this is through having a diverse workforce."

Dan Brooke, Chief Marketing and Communications Officer and Channel 4 Board member responsible for diversity

298. Disabled people and people with health conditions will engage with different types of support and services depending on their individual needs, and no two people will have the same journey towards employment. It is vital that whatever the support received by an individual, the right attitude runs throughout our society and services, so that we make every contact count.

Your views

299. We have spoken about the shift in attitudes, behaviours and support towards disabled people and people with health conditions that we are setting out to achieve across various groups, systems and services. We recognise that this requires a change across society: schools, community groups, employers and others all have a role to play. In this chapter we emphasise once more that any action we take must go hand in hand with this change in culture. We want to hear from you:

    - How can we bring about a shift in society's wider attitudes to make progress and achieve long-lasting change?
    - What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?

The consultation process: launching the conversation

300. This consultation is crucial to building a shared plan for future action and achieving culture change. We want this consultation to bring together wide-ranging expertise, opinions and experiences and launch a rich and challenging discussion, one that can inform our programme of working going forward.

301. In developing the proposals in this green paper, we have already started a valuable process of engagement with a number of stakeholders:

    - in May 2016 we established an Expert Advisory Group consisting of representatives from the health, research, disability charity, business and employer communities to consider themes and proposed areas for action in the green paper. This group will continue to meet on an ongoing basis to consider wider work and health issues.
    - we have also facilitated a number of roundtables and workshops, including with the Royal Colleges and other health organisations, which allowed us to test some of our thinking and to shape our consultation questions, as well as to consider how best to engage a broad audience.

302. We recognise that different people will require or prefer different channels through which to respond to the consultation questions. As such, and using the feedback given by stakeholders to date, we have developed a number of avenues through which you can share your views:

    - we have organised a series of face-to-face consultation events, hosted by partners from disability charities and employers, to collectively explore the green paper's themes and questions. These have been designed in close collaboration with organisations including the Disability Benefits Consortium and the Disability Charities Consortium;
    - an online survey hosted on Citizen Space provides a simple and easily accessible way to respond to all consultation questions. It can be found at: https://consultations.dh.gov.uk/workandhealth/consult/
    - a series of moderated online forums, supplemented by consultation materials; or
    - you can email us at: workandhealth@dwp.gsi.gov.uk or write to us at The Work, Health and Disability consultation, Ground Floor, Caxton House, 6–12 Tothill Street, London, SW1H 9NA.

303. Using one of these channels for responding, we now invite you to provide your views on the consultation questions set out within this paper. We welcome your suggestions, evidence, ideas and recommendations, although you should not feel restricted to these areas alone.

304. In order to satisfy our duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between different groups, we want to consider the potential impacts of the proposals in this green paper on protected groups under that Act. We therefore also ask you to consider equality impacts as part of your

response to the consultative parts of this document and answer the following question. Please include any relevant evidence or data that supports your views:

- Could any of the proposals within the green paper potentially have an adverse effect on people with a protected characteristic? If so, which proposal, and which protected group/s are affected? And how might the group/s be affected?

305. The consultation will run until Friday 17th February 2017. This is a public consultation to which anyone with an interest may respond. A summary of all consultation questions can be found in the appendix.

Taking action together: developing a 10-year plan

306. We know that our ambition to halve the disability employment gap is challenging. It will not be easy and will take time to achieve. But it is necessary if we want to create a country that works for everyone. In this paper we have set out our vision and some early actions. We know that we cannot do this alone. Change will require concerted action over time from disabled people and people with long-term health conditions, employers, healthcare professionals, employment support providers, voluntary and community sector organisations and many others.

307. Where we are sure of the improvement and positive transformation that action can bring, we will continue to be quick in bringing about change and building upon existing support. Looking ahead, we will need to have clear goals for both the short and long term in order to deliver the ambition set out within this green paper and build upon activity already underway. We are committed to engaging and working with people in the areas that require change and to testing approaches as they evolve through the consultation period and beyond. We are committed to investing in innovation, learning what works and spreading the lessons and widely. The programme of work outlined below demonstrates our commitment to take action and work with others both in the immediate future, throughout the Parliament and beyond 2020.

Summary of consultation questions

- How can we bring about a shift in society's wider attitudes to make progress and achieve long-lasting change?
- What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?
- Could any of the proposals within the green paper potentially have an adverse effect on people with a protected characteristic? If so, which proposal, and which protected group/s are affected? And how might the group/s be affected?

Action in the next two years

Developing an improved system and transforming services

We will work with others to ensure the right health and employment support offer for individuals

- Launch the Health & Work Conversation for ESA claimants - *late 2016*
- Introduce measures to support people in the WRAG / LCW, including "Journey to Employment" Job Clubs and Community Partners - *from 2017*
- Expand Talking Therapies and more than double the number of employment advisers available
- Launch Work and Health Programme - *autumn 2017*
- Explore improving Fit for Work referrals from primary care
- Develop a set of work and health indicators with Public Health England, for use at a local level
- Extend "Journey to Employment" Job Clubs - *2017*
- Stop reassessments for those with severe lifelong conditions - *from late 2017*
- Begin research and trials to help the Support Group - *from 2017*
- Re-procure and scale Access to Work offer - *from 2017*

Investing in innovation

We will work with others to implement and scale trials, and in partnership with specialist organisations, to promote products and digital health technologies

- Launch Challenge Prize competitions to stimulate and incentivise innovation - *by spring 2017*
- Commission research to better understand how we can engage with those individuals in the Support Group - *by April 2017*
- Launch a series of mental health and employment trials, including Individual Placement Support and computerised Cognitive Behavourial Therapy health treatments - *from spring 2017*
- Launch a series of health-led employment trials - *from spring 2017*
- Public Health England to publish an Economic Framework on worklessness - *March 2017*

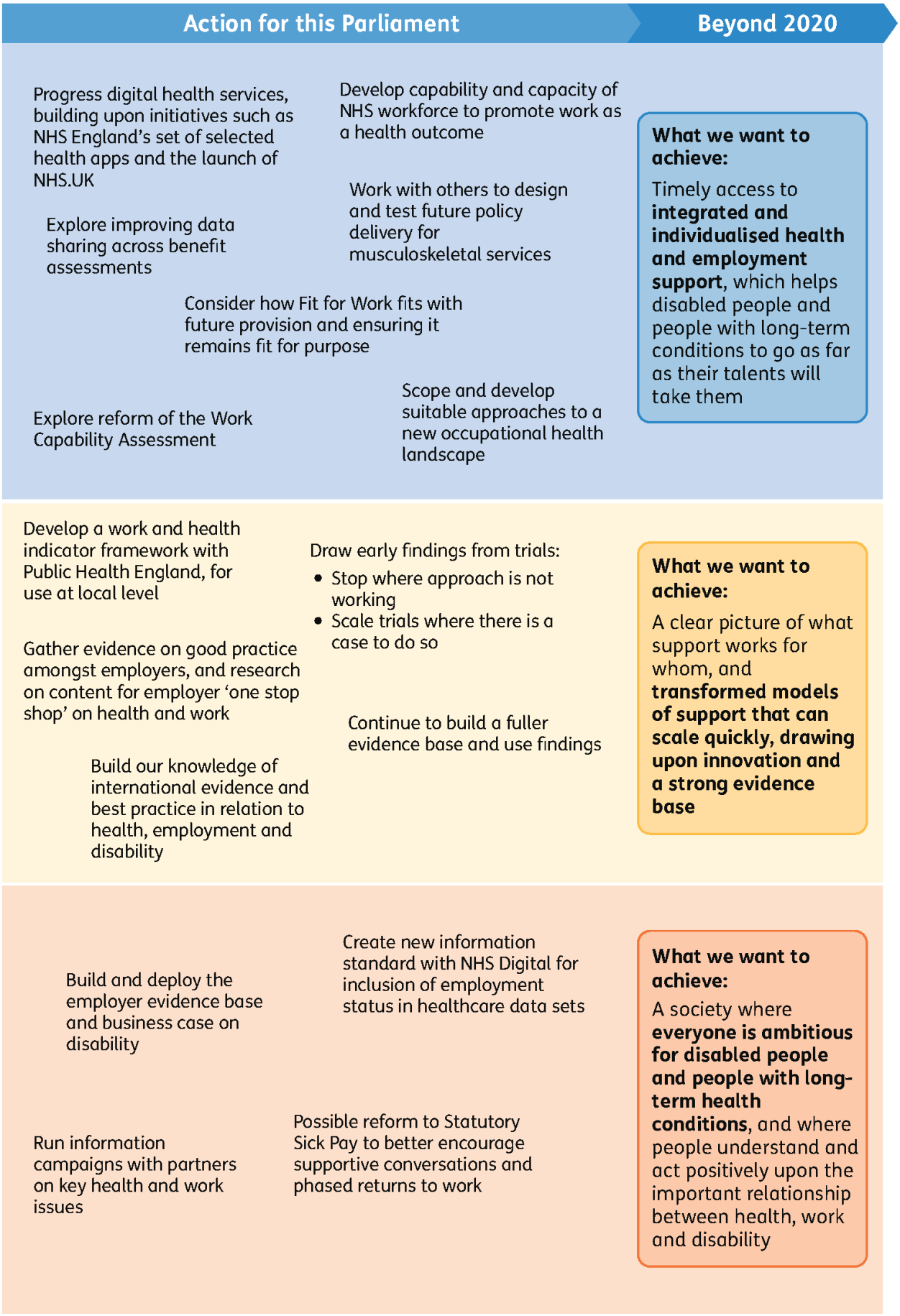
Engaging across society

We will work across society to build consensus, understand how to facilitate engagement and action, and to develop and drive our programme of work

- Use webinars and other forums to engage with musculoskeletal conditions community - *early 2017*
- Explore fit note, medical verification and judgements on fitness for work with work coaches, employers, employee organisations and healthcare professionals
- Establish Disability Confident Business Leaders Group
- Consider with NICE development of guidelines to support improved employment outcomes among people out of work due to ill health
- Establish supportive networks between employers, employees and charities
- Engage with NHS England and wider healthcare professionals on embedding work as a health outcome
- Hold discussions with insurance industry to establish validity of developing Group Income Protection products for smaller employers

Green Paper consultation

Your responses to the consultation will shape the actions that we already have underway, the direction of future discussions with stakeholders and partners, and the development of our policy for this Parliament and beyond.


Action for this Parliament
Beyond 2020
Progress digital health services, building upon initiatives such as NHS England's set of selected health apps and the launch of NHS.UK
Develop capability and capacity of NHS workforce to promote work as a health outcome
Work with others to design and test future policy delivery for musculoskeletal services
Explore improving data sharing across benefit assessments
Consider how Fit for Work fits with future provision and ensuring it remains fit for purpose
Explore reform of the Work Capability Assessment
Scope and develop suitable approaches to a new occupational health landscape
What we want to achieve:
Timely access to integrated and individualised health and employment support, which helps disabled people and people with long-term conditions to go as far as their talents will take them
Develop a work and health indicator framework with Public Health England, for use at local level
Draw early findings from trials:
• Stop where approach is not working
• Scale trials where there is a case to do so
Gather evidence on good practice amongst employers, and research on content for employer 'one stop shop' on health and work
Continue to build a fuller evidence base and use findings
Build our knowledge of international evidence and best practice in relation to health, employment and disability
What we want to achieve:
A clear picture of what support works for whom, and transformed models of support that can scale quickly, drawing upon innovation and a strong evidence base
Build and deploy the employer evidence base and business case on disability
Create new information standard with NHS Digital for inclusion of employment status in healthcare data sets
Run information campaigns with partners on key health and work issues
Possible reform to Statutory Sick Pay to better encourage supportive conversations and phased returns to work
What we want to achieve:
A society where everyone is ambitious for disabled people and people with long-term health conditions, and where people understand and act positively upon the important relationship between health, work and disability

Appendix: Summary of consultation questions

Chapter 1: Tackling a significant inequality

- What innovative and evidence-based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?
- What evidence gaps have you identified in your local area in relation to supporting disabled people or people with long-term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?
- How should we develop, structure and communicate the evidence base to influence commissioning decisions?

Chapter 2: Supporting people into work

Building work coach capability

- How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?
- What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

Supporting people into work

- What support should we offer to help those 'in work' stay in work and progress?
- What does the evidence tell us about the right type of employment support for people with mental health conditions?
- If you are an employer who has considered providing a supported internship placement but have not done so, please let us know what the barriers were. If you are interested in offering a supported internship, please provide your contact details so we can help to match you to a local school or college.

Improving access to employment support

- Should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?
- What type of support might be most effective and who should provide this?
- How might the voluntary sector and local partners be able to help this group?
- How can we best maintain contact with people in the Support Group to ensure no-one is written off?

Chapter 3: Assessments for benefits for people with health conditions

- Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?
- How can we ensure that each claimant is matched to a personalised and tailored employment-related support offer?
- What other alternatives could we explore to improve the system for assessing financial support?
- How might we share evidence between assessments, including between Employment and Support Allowance/Universal Credit and Personal Independence Payments to help the Department for Work and Pensions benefit decision makers and reduce burdens on claimants?
- What benefits and challenges would this bring?
- Building on our plans to exempt people with the most severe health conditions and disabilities from reassessment, how can we further improve the process for assessing financial support for this group?
- Is there scope to improve the way the Department for Work and Pensions uses the evidence from Service Medical Boards and other institutions, who may have assessed service personnel, which would enable awards of benefit to be made without the need for the claimant to send in the same information or attend a face-to-face assessment?

Chapter 4: Supporting employers to recruit with confidence and create healthy workplaces

Embedding good practices and supportive cultures

- What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?
- What expectation should there be on employers to recruit or retain disabled people and people with health conditions?
- Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions? Please consider:
    - the information it would be reasonable for employers to be aware of to address the health needs of their employees;
    - the barriers to employers using the support currently available;
    - the role a ‘one stop shop’ could play to overcome the barriers;
    - how government can support the development of effective networks between employers, employees and charities;
    - the role of information campaigns to highlight good practices and what they should cover;
    - the role for government in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles;
    - the impact previous financial, or other, incentives have had and the type of incentive that would influence employer behaviour, particularly to create new jobs for disabled people; and
    - any other measures you think would increase the recruitment and retention of disabled people and people with health conditions.

- Should there be a different approach for different sized organisations and different sectors?
- How can we best strengthen the business case for employer action?

Moving into work

- How can existing government support be reformed to better support the recruitment and retention of disabled people and people with health conditions?

Staying in or returning to work

- What good practice is already in place to support inclusive recruitment, promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?
- Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?
- What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?
- What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

Chapter 5: Supporting employment through health and high quality care for all

Improving discussions about fitness to work and sickness certification

- How can we bring about better work-focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual *can* do, particularly during the early stages of an illness/developing condition?
- How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?
- Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other healthcare professionals do you think should play a role in this process to ensure that individuals who are sick understand the positive role that work can play in their recovery and that the right level of information is provided?
- Regarding the fit note certificate, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?
- Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?

Mental health and musculoskeletal services

- How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?
- How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?

Transforming the landscape of work and health support

- How can occupational health and related provision be organised so that it is accessible and tailored for all? Is this best delivered at work, through private provision, through the health system, or a combination?
- What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?
- What kind of service design would deliver a position in which everyone who needs occupational health assessment and advice is referred as matter of course?

Creating the right environment to join up work and health

- How can we best encourage innovation through local networks, including promoting models of joint working such as co-location, to improve health and work outcomes?
- How can we encourage the recording of occupational status in all clinical settings and good use of these data?
- What should we include in a basket of health and work indicators covering both labour market and health outcomes at local level?
- How can government and local partners best encourage improved sharing of health and employment data?
- What is the best way to bring together and share existing evidence in one place for commissioners and delivery partners?
- What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

Chapter 6: Building a movement for change: taking action together

- How can we bring about a shift in society's wider attitudes to make progress and achieve long-lasting change?
- What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?
- Could any of the proposals within the green paper potentially have an adverse effect on people with a protected characteristic? If so, which proposal, and which protected group/s are affected? And how might the group/s be affected?

This publication can be accessed online at:
https://consultations.dh.gov.uk/workandhealth/consult/

For more information about this publication, contact:
workandhealth@dwp.gsi.gov.uk or write to us at The Work, Health and Disability consultation, Ground Floor, Caxton House, 6–12 Tothill Street, London, SW1H 9NA

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Improving Lives

The Work, Health and Disability Green Paper

Presented to Parliament
by the Secretary of State for Work and Pensions and the Secretary of State for Health
by Command of Her Majesty
October 2016

Cm 9342

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Contents

Ministerial foreword

This government is determined to build a country that works for everyone. A disability or health condition should not dictate the path a person is able to take in life – or in the workplace. What should count is a person's talents and their determination and aspiration to succeed.

However, at the moment, for many people, a period of ill health, or a condition that gets worse, can cause huge difficulties. For those in work, but who are just managing, it can lead to them losing their job and then struggling to get back into work. Unable to support themselves and their family, and without the positive psychological and social support that comes from being in work, their wellbeing can decline and their health can worsen. The impact of this downward spiral is felt not just by each person affected and their families, but also by employers who lose valuable skills and health services that bear additional costs. There is a lack of practical support to help people stay connected to work and get back to work. This has to change.

We know that the right type of work is good for our physical and mental health and good health and support helps us in the workplace. We know that we must protect those with the most needs in society. We need a health and welfare system that recognises that – one that offers work for all those who can, help for those who could and care for those who can't.

The UK has a strong track record on disability rights and the NHS provides unparalleled support to people with poor health. We have put mental and physical health on the same footing. We have seen hundreds of thousands more disabled people in work in recent years. However, despite that progress, we are not yet a country where all disabled people and people with health conditions are given the opportunity to reach their potential. That's why we are committed to halving the disability employment gap and share this commitment with many others in society.

We are bold in our ambition and we must also be bold in action. We must highlight, confront and challenge the attitudes, prejudices and misunderstandings that, after many years, have become engrained in many of the policies and minds of employers, within the welfare state, across the health service and in wider society. Change will come, not by tinkering at the margins, but through real, innovative action. This Green Paper marks the start of that action and a far-reaching national debate, asking: 'What will it take to transform the employment prospects of disabled people and people with long-term health conditions?'

This Government is committed to acting but we can't do it alone. Please get involved. Let's ensure everyone has the opportunity to go as far as their talents will take them – for a healthier, working nation.

Damian Green

Secretary of State for Work and Pensions

Jeremy Hunt

Secretary of State for Health

Evidence shows that appropriate work is good for our health

Good work → **Good health**

Worklessness → **Poor health**

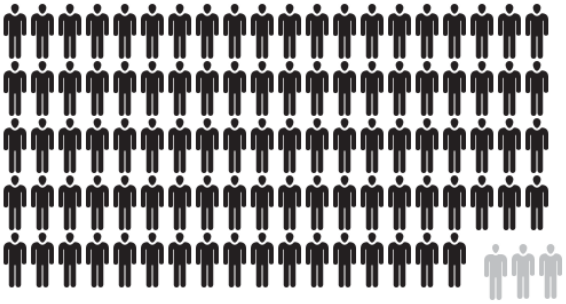
Ill-health among working age people costs the economy

£100 billion and sickness absence costs employers £9bn a year.

Reducing long term sickness absence is a priority

1.8 million employees on average have a long-term sickness absence of four weeks or more in a year

Only around 3 in 100 of all Employment and Support Allowance claimants leave the benefit each month.



8% of employers report they have recruited a person with a disability or long term health condition over a year.

Access to timely treatment varies across areas

Average waiting times for mental health treatment can differ by as much as 12 weeks across England and some evidence suggests treatment for musculoskeletal conditions can differ by as much as 23 weeks

Disability-free life expectancy at birth also varies across England

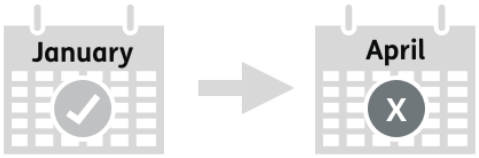
Male	Female
72 years	**72** years
55 years	**53** years

Disability has been rising

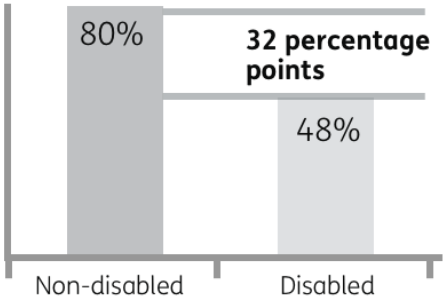
over **400,000** increase in the number of working age disabled people in the UK since 2013 **taking the total to more than 7m**

Compared to non-disabled people, disabled people are less likely to enter employment so preventing them from leaving work is important

Between two quarters as many as 150,000 disabled people leave employment.



The disability employment gap is too wide



Executive summary

1. Employment rates amongst disabled people reveal one of the most significant inequalities in the UK today: less than half (48%) of disabled people are in employment compared to 80% of the non-disabled population.[1] Despite a record-breaking labour market, 4.6 million disabled people and people with long-term health conditions are out of work[2] leaving individuals, and some large parts of communities, disconnected from the benefits that work brings. People who are unemployed have higher rates of mortality[3] and a lower quality of life.[4] This is an injustice that we must address.
2. This green paper sets out the nature of the problem and why change is needed by employers, the welfare system, health and care providers, and all of us. We consider the relationship between health, work and disability. We recognise that health is important for all of us, that it can be a subjective issue and not everyone with a long-term health condition will see themselves as disabled.[5] We set out some proposed solutions and ask for your views on whether we are doing the right things to ensure that we are allowing everyone the opportunity to fulfil their potential.

The nature of the problem

3. Making progress on the government's manifesto ambition to halve the disability employment gap is central to our social reform agenda by building a country and economy that works for everyone, whether or not they have a long-term health condition or disability. It is fundamental to creating a society based on fairness: people living in more disadvantaged areas have poorer health and a higher risk of disability. It will also support our health and economic policy objectives by contributing to the government's full employment ambitions, enabling employers to access a wider pool of talent and skills, and improving health.
4. Almost 1 in 3 working-age people in the UK have a long-term health condition which puts their participation in work at risk.[6] Around 1 in 5 of the working-age population has a mental health condition.[7] As many as 150,000 disabled people who are in work one quarter are out of work the next.[8] Over half (54%) of all disabled people who are out of work experience mental health and/or musculoskeletal conditions as their main health condition.[9] It is evident that our health and welfare systems are struggling to provide meaningful support, and, put simply, the system provides too little too late. Too many people are falling into a downward spiral of declining health and being out of work, denying them the benefits that employment can bring, creating pressures on the NHS and sustaining a major injustice in our society.

1 Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
2 Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
3 Roelfs D J, Shor E, Davidson KW, Schwartz, JE. Losing life and livelihood: A systematic review and meta-analysis of unemployment and all-cause mortality. *Social Science & Medicine* 2011;72(6): 840–854.
4 Cabinet Office. *Analysis of the Annual Population Survey (APS) Wellbeing Data, Apr-Oct 2011*. Available at: https://www.gov.uk/government/publications/wellbeing-and-employment (accessed October 2016).
5 For the definitions used in this paper, see the box on p9.
6 Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
7 McManus S, Bebbington P, Jenkins R, Brugha T. (eds.). *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey;* 2016.
8 Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016.
9 Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016.

5. Almost 3.4 million disabled people are now in work.[10] Yet many disabled people experience expectations that are too low, employers who can be reluctant to give them a chance, limited access to services and a welfare system that does not provide enough personalised and tailored support to help people into work and to stay in work. Too many people experience a fragmented and disjointed system which does little to support their ambitions of employment, and indeed can erode those ambitions.
6. The evidence that appropriate work can bring health and wellbeing benefits is widely recognised.[11] Employment can help our physical and mental health and promote recovery. But the importance of employment for health is not fully reflected in commissioning decisions and clinical practice within health services, and opportunities to support people in their employment aspirations are regularly lost. Once people are on benefits, their chances of returning to work steadily worsen. There are systemic issues with the original design of Employment and Support Allowance with 1.5 million people now in the Support Group[12] who are treated in a one-size-fits-all way and get little by way of practical support from Jobcentres to help them into work. This consultation seeks to address these issues, exploring new ways to help people, but does not seek any further welfare savings beyond those already legislated for.

Areas for action

7. These challenges are complex and pressing. Our vision is to create a society in which everyone has a chance to fulfil their potential, where all that matters is the talent someone has and how hard they are prepared to work. We are determined to remove the long-standing injustices and barriers that stop disabled people and people with health conditions from getting into work and getting on, preventing them from being whatever they want to be. We are also determined to bring a new focus to efforts to prevent health conditions from developing and worsening, helping more people to remain in work for longer. We want to:

    - ensure that disabled people and people with long-term health conditions have equal access to labour market opportunities and are given the support they need to prevent them from falling out of work and to progress in workplaces which embed effective health and wellbeing practices;
    - help employers take action to create a workforce that reflects society as a whole and where employers are equipped to take a long-term view on the skills and capability of their workforce, managing an ageing workforce and increased chronic conditions to keep people in work, rather than reacting only when they lose employees;
    - ensure people are able to access the right employment and health services, at the right time and in a way which is personalised to their circumstances and integrated around their needs;
    - more effectively integrate the health and social care and welfare systems to help disabled people and people with long-term health conditions move into and remain in sustainable employment;
    - put mental and physical health on an equal footing, to ensure people get the right care and prevent mental illness in the first place;
    - invest in innovation to gain a better understanding of what works, for whom, why and at what cost so we can scale promising approaches quickly; and
    - change cultures and mind-sets across all of society: employers, health services, the welfare system and among individuals themselves, so that we focus on the strengths of disabled people and what they can do.

[10] Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
[11] Waddell G, Burton AK. *Is work good for your health and wellbeing;* 2006
[12] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

8. Taken together, this will mean the ambitions of disabled people and people with health conditions, their aspirations and their needs, are supported by more active, integrated and individualised support that wraps around them. This will help improve health and wellbeing, benefit our economy and enable more people to reach their potential.

9. To make early progress we are:

    - **working jointly across the whole of government**: this green paper is jointly prepared by the Department of Health and the Department for Work and Pensions, working closely with the Department for Communities and Local Government, the Department for Business, Energy and Industrial Strategy, NHS England, Public Health England, local government, and other partners;
    - **significantly improving our employment support**: for example, expanding the number of employment advisers in talking therapies and introducing a new Personal Support Package offering tailored employment support which Jobcentre Plus work coaches will help disabled people or people with health conditions to access;
    - **working with health partners** such as NHS England, Public Health England, the National Institute for Health and Care Excellence, Health Education England, the Royal Colleges and regulators to embed evidence into clinical practice and support training and education across the NHS workforce;
    - **investing £115 million of funding** to develop new models of support to help people into work when they are managing a long-term health condition or disability. We will identify and rapidly scale those which can make a difference, while weeding out less promising approaches.

10. We will not be satisfied with this, and further action needs to be sustained across all sectors. In this green paper we ask:

    - **how big a role can we expect employers to play** in ensuring access to opportunities for disabled people, and how can the 'business case' for inclusive practices be strengthened? What is the best way to influence employers to support health and wellbeing in the workplace, both to ensure the effectiveness of their workforce and avoid employment practices which can negatively impact health? How can we prevent sickness absence resulting in detachment from the labour market?
    - **how can work coaches play a more active role** for disabled people and people with health conditions? How can we build their skills and capabilities to support a diverse group with complex needs, build their mental health awareness, and develop a role in personalising support and helping individuals navigate a complex system?
    - **how can we improve a welfare system** that leaves 1.5 million people – over 60% of people claiming Employment and Support Allowance[13] – with the impression they cannot work and without any regular access to employment support, even when many others with the same conditions are flourishing in the labour market? How can we build a system where the financial support received does not negatively impact access to support to find a job? How can we offer a better user experience, improve system efficiency in sharing data, and achieve closer alignment of assessments?
    - how can we **promote mental and physical health** and ensure that people have **timely access to the health and employment support** that they need rather than struggling to access services (particularly musculoskeletal and mental health services)? How do we make sure that health and employment service providers provide a tailored and integrated service, and that the important role of employment is recognised?

[13] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

- how can we develop **better occupational health support** right across the health and work journey?
- what will it take to **reinforce work as a health outcome** in commissioning decisions and clinical practice? How can we ensure good quality conversations about health and work, and improve how fit notes work?
- how can we best **encourage, harness and spread innovation** to ensure that commissioners know what works best in enabling disabled people and people with health conditions to work?
- perhaps most crucially, how can we build **a culture of high hopes and expectations** for what disabled people and people with long-term health conditions can achieve, and mobilise support across society?

11. This challenge is not one that will be solved quickly, but we know that to build a country that works for everyone, we must address issues with a long-term return. This is why we have a 10-year vision for reform, the foundations of which we have set out at the end of this consultation. Where we are certain of our ground we will act quickly, making the changes we know are needed. But we will also look to the long term, investing in innovation to understand what is most effective and reshaping services where they are needed.

Your views

12. The consultation on the proposals in this green paper is an important part of building a shared vision and achieving a real change in culture. We want to launch a discussion around how we can best support disabled people and people with long-term health conditions to get into, and to stay in, work. We want to bring together wide-ranging expertise, opinions and experiences. Over the coming months we will talk to disabled people and people with long-term conditions, their families and carers, health and social care professionals, their representative bodies, local and national organisations, employers, charities and anyone who, like us, wants change.
13. We recognise that the devolution administrations are important partners, particularly because of their responsibilities for health as a devolved matter and other related areas. The government is committed to working with the devolved administrations to improve the support accessible to disabled people and people with health conditions across the country at a national, local and community level.
14. Please let us know what we need to improve so that we can build a plan that will bring real and lasting change. You can respond to this consultation at: https://consultations.dh.gov.uk/workandhealth/consult/, email us at workandhealth@dwp.gsi.gov.uk or write to us at The Work, Health and Disability consultation, Ground Floor, Caxton House, 6–12 Tothill Street, London, SW1H 9NA. The consultation will run until Friday 17th February 2017.

15. We are committed to tackling the injustice of disability employment, so that all can share in the opportunities for health, wealth and wellbeing that the UK has to offer and where everyone has the chance to go as far as their talents will take them.[14]

Definition of disability and long-term health conditions used in this paper

- The Equality Act 2010[15] 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 expecting to last for at least 12 months.
- Health can be a subjective issue – we know that the way people think about their health is diverse and that not everyone that meets the Equality Act definition would consider themselves to be disabled. But we follow the Equality Act definitions in this paper, so:
  - An individual is considered in this paper as having a **long-term health condition** if they have a physical or mental health condition(s) or illness(es) that lasts, or is expected to last, 12 months or more.
  - If a person with these condition(s) or illness(es) also reports it reduces their ability to carry out day-to-day activities as well, then they are also considered to be **disabled**.
- This means some people who may have a long-term health condition will be grouped together with those people who do not have any long-term health condition and be considered as **non-disabled**. We recognise that long-term health conditions can fluctuate and the effects of a condition on an individual's day-to-day activities may change over time.
- Incapacity Benefits refers to Employment and Support Allowance and its predecessors Incapacity Benefit, Income Support on grounds of disability and Severe Disablement Allowance.

[14] References for infographic at start of chapter: "Evidence shows that appropriate work is good for our health" Source: Waddell G, Burton AK. *Is work good for your health and wellbeing;* 2006. "Ill-health among working age people costs the economy £100bn a year in sickness absence and costs employers £9bn a year". Sources: Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016 and Black C, Frost C. *Health at work - an independent review of sickness absence*; 2011. "Reducing long term sickness absence is a priority. 1.8 million employees on average have a long term sickness absence of four weeks or more in a year." Source: Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016. "Only around 3 in 100 of all Employment and Support Allowance claimants leave the benefit each month." Source: Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html. "8% of employers report they have recruited a person with a disability or long term health condition over a year." Source: Department for Work and Pensions. *Employer Engagement and Experience Survey;* 2013. "Access to timely treatment varies across areas. Average waiting times for mental health treatment can differ as much as 12 weeks across England and some evidence suggests treatment for musculoskeletal conditions can differ as much as 23 weeks." Source: Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016 and Chartered Society of Physiotherapy. *Stretched to the limit;* 2012. "Disability free life expectancy at birth also varies across England. Disability free life expectancy at birth in upper tier local authorities in England range from 55 to 72 years for Males and 53 to 72 years for Females in 2012-2014." Source: Office for National Statistics. *Disability-Free Life Expectancy (DFLE) and Life Expectancy (LE) at birth by Upper Tier Local Authority, England, 2012 to 2014*; 2014. "Disability has been rising - over 400,000 increase in the number of working age disabled people in the UK since 2013, taking the total to more than 7 million." Source: Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016. "Compared to non-disabled people, disabled people are less likely to enter employment so preventing them from leaving work is important. Between two quarters as many as 150,000 disabled people leave employment." Source: Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016. "The disability employment gap is too wide. 80% of non-disabled working age people are in employment compared to 48% of disabled people. This leads to a disability employment gap of 32 percentage points." Source: Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.

[15] Equality Act 2010. http://www.legislation.gov.uk/ukpga/2010/15/contents (accessed October 2016)

1: Tackling a significant inequality – the case for action

Chapter summary

In this chapter we set out the injustice of the disability employment gap. We explore:

- how being in work can help an individual's health and wellbeing;
- how systemic issues hold back too many disabled people and people with health conditions;
- how we need to learn from what works and develop innovative approaches; and
- how we need to work beyond artificial boundaries and work with everyone to achieve our shared vision.

Being in work can help an individual's health and their overall wellbeing

16. This government is committed to helping everyone, whoever they are, enjoy the independence, security and good health that being in work can bring, giving them the chance to be all they want to be.

17. The evidence is clear that work and health are linked. Appropriate work is good for an individual's physical and mental health. Being out of work is associated with a range of poor health outcomes.[16] Academics and organisations such as the WHO,[17] the ILO,[18] the OECD,[19] RAND Europe,[20] the Royal College of Psychiatrists[21] and NICE[22] all recognise that work influences health and health influences work. The workplace can either support health and wellbeing and the health system can actively support people into work in a virtuous circle or the workplace can be unsupportive and health and work systems can work against each other.

[16] Waddell G, Burton AK. *Is work good for your health and wellbeing;* 2006; Rueda, S., Chambers, L., WIlson, M., Mustard, et al. Association of returning to work with better health in working-aged adults: a systematic review. *American Journal of Public Health*, 2012; 102, 541–56.; Paul KI, Moser K. Unemployment impairs mental health: Meta-analyses. *Journal of Vocational Behavior*, 2009; 74, 264–282.; Roelfs DJ, Shor E, Davidson KW, Schwartz JE. Losing life and livelihood: A systematic review and meta-analysis of unemployment and all-cause mortality. *Social Science & Medicine*, 2011; 72(6), 840–854.

[17] Benach J, Muntaner C, Santana V. Employment Conditions and Health Inequalities. *Final Report to the WHO Commission on Social Determinants of Health (CSDH) Employment Conditions Knowledge Network. 2007.* http://www.who.int/social_determinants/themes/employmentconditions/en/ (accessed October 2016).

[18] ILO & Finnish Ministry of Social Affairs. *The Economics of Health, Safety and Well-being. Barefoot Economics: Assessing the economic value of developing a healthy work environment*; http://www.ilo.org/safework/info/publications/WCMS_110381/lang--en/index.htm (accessed October 2016).

[19] Ministerial Statement: *Building More Resilient and Inclusive Labour Markets. OECD Labour and Employment Ministerial Meeting. January 2016.* Available at: http://www.oecd.org/employment/ministerial/labour-ministerial-statement-2016.pdf Accessed October 2016).

[20] van Stolk C, Hofman H, Hafner M, Janta, B. *Psychological Wellbeing and Work: Improving Service Provision and Outcomes. January 2014.A report by RAND Europe.* https://www.gov.uk/government/publications/psychological-wellbeing-and-work-improving-service-provision-and-outcomes (accessed October 2016).

[21] Royal College of Psychiatrists. *Mental Health and Work* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212266/hwwb-mental-health-and-work.pdf (accessed October 2016).

[22] NICE. *Workplace health. Local government briefing [LGB2].* https://www.nice.org.uk/advice/lgb2/chapter/introduction (accessed October 2016).

18. We know that the longer a person is out of work the more their health and wellbeing is likely to deteriorate.[23] So, every day matters. For every week, every month, every year someone remains outside the world of work, it is increasingly more difficult for them to return and their health and wellbeing may worsen as a result. We must address this downward spiral.

19. Of course, work can also bring a range of other benefits which support mental and physical health and wellbeing.[24] It is the best route to raising the living standards of disabled people and people with a long-term health condition and moving them out of poverty.[25] But a good standard of living is about more than just income.[26] Work can help someone to be independent in the widest sense: having purpose, self-esteem, and the opportunity to build relationships. Being in the right job can be positively life changing.

20. But, whilst work is good for health in most circumstances, the type of work matters. Many factors such as autonomy, an appropriate workload and supportive management are important for promoting health at work.[27] These factors can be very personal.

21. As many stakeholder organisations like Scope have highlighted, many disabled people and people with long-term health conditions already work and many more want to access all the benefits that work can bring.[28] We want to understand how to improve the current system of support to make this aspiration a reality. We also recognise that some disabled people and people with health conditions might not be able to work due to their condition, whether in the short or long term. This government is committed to ensuring that they are fully supported by the financial safety net that the welfare system provides and so this consultation does not seek any further welfare savings beyond those in current legislation.

> "…and there's quite significant benefits associated with work over and above the financial benefit of working, the social aspects of it, things to do with people's self-esteem, so trying to keep people plugged into that is very important for their overall health."[29] General Practitioner
>
> "I don't have to work financially, but I want to… self-confidence, self-worth…."[30] Individual

[23] Maier R, Egger A, Barth A, Winker R, Osterode W, Kundi M, Wolf C, Ruediger H. Effects of short- and long-term unemployment on physical work capacity and on serum cortisol. *International Archives of Occupational and Environmental Health*. 2006;79(3): 193–8.; Hämäläinen J, Poikolainen K, Isometsä E, Kaprio J, Heikkinen M, Lindeman S and Aro H. Major depressive episode related to long unemployment and frequent alcohol intoxication. *Nordic Journal of Psychiatry.* 2005;59 (6): 486–491.; Voss M, Nylén L, Floderus B, Diderichsen F, Terry P D (2004) *Unemployment and Early Cause-; Royal College of Psychiatrists: Mental Health and Work* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212266/hwwb-mental-health-and-work.pdf (accessed October 2016).

[24] Bivand, P. and Simmonds. *The benefits of tackling worklessness and low pay*. https://www.jrf.org.uk/report/benefits-tackling-worklessness-and-low-pay (October 2016).

[25] Scope. *A million futures: halving the disability employment gap.* http://www.scope.org.uk/Scope/media/Documents/Publication%20Directory/A-million-futures-updated.pdf?ext=.pdf (accessed October 2016).

[26] Scope. *Better Living Higher Standards: Improving the lives of disabled people by 2020.* http://www.scope.org.uk/Scope/media/Documents/Publication%20Directory/living-standards-report.pdf?ext=.pdf (accessed October 2016).

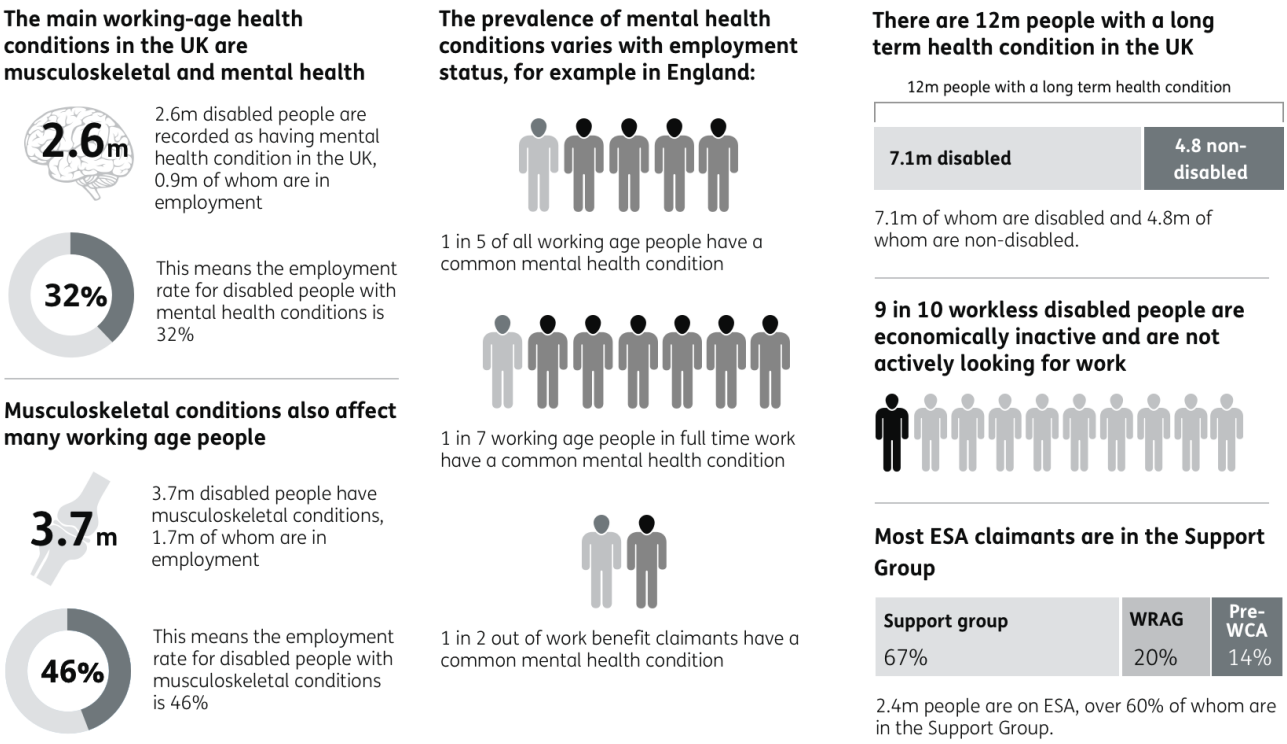
[27] Institute of Health Equity. *Local action on health inequalities: Increasing employment opportunities and improving workplace health. Health Equity Evidence Review*; 2014.

[28] Scope. *A million futures: halving the disability employment gap*. http://www.scope.org.uk/Scope/media/Documents/Publication%20Directory/A-million-futures-updated.pdf?ext=.pdf (accessed October 2016)

[29] Fylan F, Gwyn B, Caveney L. *GP's perception of potential services to help employees on sick leave return to work. Department for Work and Pensions. 820*; 2012.

[30] Work and Health Unit run in-depth interviews in Bedfordshire, December 2015.

Closing the disability employment gap to tackle injustice and build our economy



22. This government is committed to building a country and an economy that work for everyone. The UK employment rate is the highest it has been since records began. Over 31 million people (nearly 75% of the working age population) are in employment.[31] However, while there has been an increase of almost half a million disabled people in employment over the last 3 years, there are still fewer than 5 in 10 disabled people in employment compared with 8 in 10 non-disabled people.[32] This disability employment rate gap, the difference between the employment rates of disabled and non-disabled people, has not changed significantly in recent years and now stands at 32 percentage points.[33,34]

[31] Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
[32] Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
[33] Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
[34] References for preceding infographic: "The main working-age health conditions in the UK are musculoskeletal and mental health. 2.6m disabled people recorded as having mental health condition in the UK, 0.9m of whom are in employment. This means employment rate for disabled people with mental health conditions is 32%." Source: Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*, Supplementary Tables; 2016. "Musculoskeletal conditions also affect many working age people. 3.7m disabled people have musculoskeletal conditions, 1.7m of whom are in employment. This means the employment rate for disabled people with musculoskeletal conditions is 46%." Source: Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*, Supplementary Tables; 2016 "The prevalence of health problems varies with employment status, for example in England: 1 in 5 of all working age people have a common mental health condition, 1 in 7 working age people in full time work have a common mental health condition and 1 in 2 out of work benefit claimants have a common mental health condition." Sources: McManus S, Bebbington P, Jenkins R, Brugha T. (eds.). *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey;* 2016. "There are 12m people with a long term health condition in the UK, 7.1m of whom are disabled and 4.8m of whom are non-disabled". Source: Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016; "9 in 10 workless disabled people are economically inactive and are not actively looking for work." Source: Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016; "Most ESA claimants are in the Support Group. 67% of ESA claimants are in the Support Group, 20% of claimants are in the Work Related Activity Group and 14% are pre-Work

23. So 3.8 million disabled people are out of work despite a record breaking labour market.[35] People with particular health conditions can be disadvantaged, for example only 32% of people with mental health conditions are in employment. This leaves people, and in some places entire communities, disconnected from the benefits that work can bring. This is one of the most significant inequalities in the UK today and the government cannot stand aside when it sees social injustice and unfairness. That is why we have set ourselves the ambition to halve the disability employment gap.
24. This ambition is not only about tackling an unacceptable injustice for individuals. The disability employment gap also represents a waste of talent and potential which we cannot afford as a country: poor health and unemployment results in substantial costs to the economy.
25. The cost of working age ill health among working age people is around £100 billion a year.[36] The majority of this cost arises from lost output among working age people with health conditions not being in paid work. Economic inactivity costs government around £50 billion a year, including £19 billion of welfare benefit payments, and lower tax revenues and national insurance contributions. The NHS also bears £7 billion of additional costs for treating people with conditions that keep them out of work.[37] And there is also a cost to employers: sickness absence is estimated to cost £9 billion per year.[38] And, of course, there is a cost to people and their families.

Action is needed now to prevent this situation getting worse

26. We have seen that the costs, to the individual and the economy, of the disability employment gap are already unacceptably high. Trends in demography and population health mean that we need to take action now to prevent these costs rising further.
27. Older people will make up a greater proportion of the workforce in the future. Between 2014 and 2024 the UK will have 200,000 fewer people aged 16 to 49 but 3.2 million more people aged 50 to State Pension age.[39] Older workers can bring great benefit to businesses and drawing on their knowledge, skills and experience may help businesses to remain competitive and to avoid skills and labour shortages.
28. We also know that while life expectancy at birth has been increasing year on year, changes in healthy life expectancy have not consistently been keeping pace: we are living longer lives but some more years in ill health.[40] There is a known correlation between an ageing population and an increasing prevalence of long-term chronic conditions and multiple health issues.
29. We know that the world of work is changing. For example, new information and communication technologies have changed the nature of work tasks. This change may bring benefits, for example enabling more flexible working to help people with health conditions stay in work, but can also have less positive effects like work intensification that may affect people's ability to cope or adapt in work with a health condition.[41]
30. The impact of poor health on work is not inevitable for people at any age. For example, advances in technology can assist people to remain in work where they might have been previously unable to do so. Lifelong learning can also offer the opportunity for people to gain new skills to change roles if they develop a health condition or disability, or an existing one worsens.[42] And while many

Capability Assessment. 2.4m people are on ESA, over 60% of whom are in the Support Group. Source: Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

35 Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.

36 Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack; 2016.*

37 Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack; 2016.*

38 Black C, Frost D. *Health at work – an independent review of sickness absence*; 2011

39 Department for Work and Pensions. Fuller working lives reference data. Available at: https://www.gov.uk/government/statistics/fuller-working-lives-background-evidence (accessed October 2016).

40 Healthy life expectancy at birth is only 63.4 for males and 64 for females. Source: Office for National Statistics. *Disability-Free Life Expectancy (DFLE) and Life Expectancy (LE) at birth by Upper Tier Local Authority, England, 2012 to 2014*; 2014.

41 Green, F. Why Has Work Effort Become More Intense? *Industrial Relations: A Journal of Economy and Society* 2004; 43: 709-741.

42 Institute of Health Equity. *Local action on health inequalities: Adult Learning Services. Health Equity Evidence Review*; 2014

conditions are not preventable, the evidence is clear that the way we live our lives can influence health outcomes. Currently, 6 out of 10 adults are overweight or obese,[43] nearly 1 in 5 adults still smoke,[44] and more than 10 million adults drink alcohol at levels that pose a risk to their health.[45] Public health interventions form a vital part of the health and work agenda to help reduce the prevalence of conditions that can lead to people leaving the labour market due to ill health.

Case study – Susannah

Susannah was diagnosed with osteoarthritis and rheumatoid arthritis in 2010, she had lived with symptoms for more than 6 months before getting a formal diagnosis. She has lived a very active life and was working on a farm in France at the time of diagnosis. Following diagnosis, Susannah returned to the UK and now works as the personal assistant at a country house and estate.

Upon receiving her diagnosis, her employer was quite understanding of the impact rheumatoid arthritis was having on her. Her manager spoke with the HR team who provided her with reasonable adjustments to her workplace. Fatigue is also major issue for Susannah, as with many others with rheumatoid arthritis, she feels very tired after a day at work and this limits her from socialising in the evenings or at weekends. Nevertheless, she admits she does have some difficulties with her workload but she does not feel comfortable asking her employer for further adjustments to it.

In light of her current difficulties she is planning to retire early, having originally planned to retire at 66. She says she has accumulated enough earnings to have a reasonable retirement. When asked if anything could accommodate her to remain in work and thus not retire, she says working 3 days rather than 4 would probably be sufficient, however, she says this would amount to a job share which would be impractical for her employer and something she is not prepared to ask for.

"Retiring early isn't ideal and I would like to keep on working but I just can't perform all of the roles of the job anymore and my work-life balance has suffered due to my tiredness and pain at the end of each day. I don't see my friends much anymore and it's something I really miss. If I could work a three-day week I could probably carry on, but I don't feel that is something which could be accommodated. Before my diagnosis I never contemplated having to retire early but now I see it as almost inevitable."

Provided by National Rheumatoid Arthritis Society

Underlying factors play an important role

31. To reduce the disability employment gap, we need to understand the reasons why disabled people might be unable to enter or stay in work, and to recognise the wide variety of conditions and circumstances they face. The disability employment gap is affected by a number of factors, for example people frequently move in or out of disability and employment over time. It is therefore important to look at a wider group of work and health indicators to allow us to better understand the wider picture. The Work, Health and Disability Green Paper Data Pack accompanying this publication includes more statistics about the disability employment gap.

[43] Office National Statistics. *Statistics on obesity, physical activity and diet.* http://www.hscic.gov.uk/catalogue/PUB16988/obes-phys-acti-diet-eng-2015.pdf (accessed October 2016).

[44] Office for National Statistics. *Statistics on smoking*. http://www.hscic.gov.uk/catalogue/PUB17526/stat-smok-eng-2015-rep.pdf (accessed October 2016)

[45] Department for Work and Pensions. *Health matters*. https://www.gov.uk/government/news/health-matters-third-edition-published (accessed October 2016).

32. Almost 12 million working age people in the UK have a long-term health condition, and of these 7 million are disabled.[46] A health condition does not, in itself, necessarily prevent someone from working. Indeed people with a long-term health condition who are not reported as being disabled have a very similar employment rate to people without any type of health condition – around 80%.[47] However, employment rates are much lower among disabled people with only 48% in work.[48]

33. This suggests that it is important to try to prevent long-term health conditions developing or worsening to the extent that they are disabling. We know that a person's health is affected by the conditions and environments in which they live. *Fair Society, Healthy Lives*[49] provided evidence that the conditions in which people are born, live, work and age, are the fundamental drivers of health and health inequalities. Where people live can have a big impact on both health and employment outcomes. In England, men born in the most deprived areas can expect 9.2 fewer years of life, and 19.0 fewer years of life lived in good health than people in the least deprived areas. For women the equivalent figures are 7.0 and 20.2 years.[50]

34. We also know that disabled people from more disadvantaged backgrounds are more likely to be out of work. For example, while employment rates can be as low as 16% for people with mental health conditions who live in social housing, for disabled people who live in a mortgaged house and who have 1 or 2 health conditions, the employment rate is as high as 80%.[51] This is similar to the overall employment rate for non-disabled people.[52]

35. In addition to the strong links between socio-economic disadvantage and poorer work and health outcomes, other factors can also be significant. Attitudes in society can have a significant impact: for example, people may have lower expectations of disabled people and people with health conditions, which may impact on whether an individual feels able to work. There may also be physical barriers to employment for some disabled people and people with long-term health conditions, such as difficulties accessing transport and buildings.

36. We also need to recognise that some disabled people or people with long-term health conditions may face other disadvantages associated with worklessness. They may need a wide range of support, through different agencies working in partnership, to address all of the connected and overlapping problems they face. These might include drug or alcohol addiction, a criminal record, homelessness or caring responsibilities for young children. We recognise that these are complex problems, requiring a focused look at the factors that stand in the way of employment for these groups, which is why the government has asked Dame Carol Black to conduct an independent review into the impact on employment outcomes of alcohol or drug addiction, and obesity.

37. Although factors unrelated to an individual's health condition or disability have a significant impact on their ability to work, there do appear to be some patterns in employment rates for people with certain conditions, or for those who have multiple conditions. For example, disabled people with mental health conditions have an employment rate of just 32%, which is significantly below the overall employment rate for disabled people at 48%.[53] People who have more than one condition are also more likely to be out of work – disabled people with one long-term health condition have an employment rate of 61%, but the 1.2 million disabled people who have 5 or more long-term health conditions have an employment rate of just 23%.[54]

[46] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack; 2016.*
[47] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack; 2016.*
[48] Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
[49] Marmot, M. *Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010*; 2010
[50] Public Health England; *Public Health Outcomes Framework*. Figures for 2012-14; 2016.
[51] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack; 2016.*
[52] Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.
[53] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack; 2016.*
[54] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack; 2016.*

38. Of course not all health conditions are static. Many, such as some mental health conditions, fluctuate over time, and affect people differently at different times. What is clear, though, is that once someone is out of work due to a health condition and claims Employment and Support Allowance their chance of finding work is slim. Only around 3 in 100 of all people receiving Employment and Support Allowance stop receiving the benefit each month, and not all of these people return to work.[55] While the government recognises that some people will not be able to work and rightly need to receive financial support, for others this starts a journey away from work which can make their health problems worse and, in turn, negatively impact upon their employment prospects.

39. It is impossible to address this complex picture with a simple, one-size-fits-all solution. We need to change our attitudes and behaviours towards disabled people and people with health conditions, working with everyone from employers to schools, health professionals to community groups. We need to develop a more personalised and integrated system that puts individuals at the centre, and gives all individuals the chance to prosper and play their part in a country and an economy that works for everyone.

Tackling the systemic issues

40. The disability employment gap has persisted over many years and its causes are long-term, systemic and cultural. Efforts to help disabled people and those with long-term health conditions have been hindered by a lack of vision and by systems which fail to join up and take people's needs properly into account.

41. A number of systemic issues hold back too many disabled people and people with health conditions:

    - employees are not being supported to stay healthy when in work, and to manage their health condition to stop them falling out of work: in one report, mental ill health at work was estimated to cost businesses £26 billion annually through lost productivity and sickness absence;[56]
    - too many disabled people and people with long-term health conditions are being parked on financial support alone: over 60% of people on Employment and Support Allowance[57] do not have access to integrated and personalised employment and health support which focuses on what they can and want to do;
    - individuals are not getting access to the right support and treatment: for example, some evidence suggests that waiting times for musculoskeletal services can vary from between 4 to 27 weeks;[58] and
    - the health and welfare systems do not always work well together to join up around an individual's needs and offer personalised and integrated support to help them manage their condition.

42. Our strategy is to provide support centred on the disabled person or person with a health condition. Disabled people and people with health conditions are the best judges of what integrated support they need to secure work or stay and flourish in work. To do this, we want to align systems better so that we can make a real difference to people's health and work prospects. In this green paper we explore how we can encourage employers, the welfare system and health services to take a more joined-up approach to health and work:

[55] Source: Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

[56] Centre for Mental Health. *Mental health at work: developing the business case*. https://www.centreformentalhealth.org.uk/mental-health-at-work (accessed October 2016).

[57] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

[58] Chartered Society of Physiotherapy. *Stretched to the Limit*. http://www.csp.org.uk/documents/stretched-limit (accessed October 2016)

- how we can encourage employers to be confident and willing to recruit disabled people, to put in place approaches to prevent people from falling out of work, and to support effectively those employees on a period of sickness absence to encourage their return to work;
- how we can create a welfare system that provides employment support in a more personalised and tailored way, with a simpler and more streamlined process for those with the most severe health conditions;
- how we can create a health system where work is seen as a health outcome and where all health professionals are sufficiently trained and confident to have work-related conversations with individuals to increase their chances of maintaining or returning to employment; and
- how we can better integrate occupational health type support with other services to ensure more holistic patient care.

43. We also need to look beyond 'systems' to look at the important role played by individuals, carers and the voluntary and community sectors.

The role of individuals

44. Disabled people, people with long-term health conditions and those who may develop them are at the heart of our strategy. We want to deliver services which enable people to have more information about their care and support, be better able to manage any health conditions, and have more say in the health and employment support they may need. The patients' organisation National Voices puts it clearly: personalised care will only happen when services recognise that patients' own life goals are what count; that services need to support families, carers and communities; that promoting wellbeing and independence need to be the key outcomes of care; and that patients, their families and carers are often 'experts by experience'.[59]

45. Individuals can also support employers to make workplaces more inclusive by working in partnership with them to deliver changes in recruitment and retention practices and promoting a healthy work culture.

The role of carers

46. This government recognises that carers can play a fundamental role in enabling disabled people and people with long-term health conditions to be all they want to be. The support of carers can be crucial in supporting disabled people and people with a long-term health condition to return to or remain in work. According to a report from 2009,[60] as many as 3 million people combine paid work with providing informal care to family and friends who might have a range of physical or learning disabilities, or who may have long-term health conditions related to ageing.

47. Carers UK recently found that carers in England are "struggling to get the support they need to care well, maintain their own health, balance work and care, and have a life of their own outside of caring."[61] The challenges of balancing paid work with a caring role can mean that carers have to reduce their working hours, pass up career opportunities, or leave employment altogether: an estimated 2 million people have given up paid work to care.[62] Of these, there are currently 315,000 working age adults who, having left work to care, remain unemployed after their caring role has ended. These impacts are felt disproportionately by older workers, with around 1 in every 6

[59] National Health Service. *NHS Five Year Forward View*. https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf (accessed October 2016).
[60] The European Commission. *The 2009 Ageing Report: Dealing with the impact of an ageing population in the EU;* 2009.
[61] Carers UK. *State of caring 2016.* https://www.carersuk.org/news-and-campaigns/state-of-caring-survey-2016 (accessed October 2016).
[62] Carers UK and YouGov. *Caring & Family Finances Inquiry UK report Carers UK*; 2014.

economically inactive people aged between 50 and State Pension age citing caring responsibilities as the reason for inactivity.[63]

48. Many of the challenges faced by carers in balancing their work and caring roles stem from the same issues faced by workers who are themselves disabled or have a long-term health condition, for example a risk-averse attitude among employers to recruiting disabled people and caring responsibilities, and a lack of flexible working arrangements in many organisations. Changing attitudes and behaviours towards disabled people and people with long-term health conditions should also have a positive impact on carers, but there is more to be done.

49. The government is committed to supporting carers. A key objective of our future work will be to support carers of all ages to enter, remain in and re-enter work. The government's Fuller Working Lives programme focuses on the challenges for older workers to remaining in or returning to work due to caring responsibilities, ill health or disability. As part of the programme a series of Carers in Employment pilots was launched in April 2015, to help support carers to stay in work or return to paid work alongside their caring responsibilities. Early next year the government will publish a new, cross-government and employer-led national strategy, which will set out the future direction of this Fuller Working Lives agenda.

The role of the voluntary and community sectors, local authorities and other local partners

50. We recognise that the voluntary and community sectors play a crucial role in helping more people to lead healthy and fulfilling lives, and that there are many organisations from these sectors, with broad reach and diversity, working to support and involve disabled people and people with long-term health conditions. These voluntary and community organisations embody a spirit of citizenship upon which our country is built, and we want to better harness their expertise and capacity in order to achieve the best outcomes for disabled people and people with long-term health conditions.

51. As a government, we are already working to invest in, and partner with, the voluntary and community sectors, including:

    - the Department of Health, NHS England and Public Health England, working closely with the sectors, have published a co-produced review of investment and partnerships in the sector. The review contains a range of recommendations for the department, the wider health and care system and the sectors. From this review, work is underway to progress recommendations and to promote more integrated working between the statutory and voluntary sectors to improve health and wellbeing outcomes;
    - the Office for Civil Society is providing £20 million of funding through its Local Sustainability Fund, to help voluntary, community and social enterprise organisations review and transform their operating models to develop more sustainable ways of working; and
    - the National Citizen's Service is a programme open to all 16 and 17-year-olds in England, giving them the opportunity to develop the skills and attitudes needed to engage with their local communities and become active and responsible citizens.

52. When it comes to unlocking the potential of disabled people and people with long-term health conditions, we want to build on these strong foundations, as well as on the many successful programmes and initiatives led by the voluntary and community sectors themselves, to deliver real change.

[63] Department for Work and Pensions. Fuller working lives reference data. Available at: https://www.gov.uk/government/statistics/fuller-working-lives-background-evidence

53. By being close to their users, charities have 'a unique perspective on their needs and how to improve services'.[64] As advocates and providers of services, the voluntary and community sectors form an essential part of achieving lasting change and bringing about a new approach to work and health support. The voluntary and community sectors can help drive change by speaking out for people and their needs, both to the public sector and wider society. The sectors also have an important role in service delivery and have already demonstrated successful programmes such as peer support programmes and mentoring networks, which help people understand and manage their disabilities and health conditions, and explore ways to get into and remain in work. We want to build on these strong foundations to deliver real change.

54. Part of the reason the voluntary and community sectors are so important is because of their links with and reach within their local communities. Evidence shows that employment outcomes for disabled people and people with long-term health conditions vary across different regions in the country.[65] There are significant opportunities to advance this agenda through a 'place-based' approach, unlocking the political capital and resources needed to drive innovation and deliver the system-wide response needed to improve outcomes and local growth. It is also important that employment support for those furthest from the labour market plays an active role in helping people get back to work and unlocking productivity in places. Approaches to integrating work and health provision should draw on the strategic intelligence of Local Enterprise Partnerships and building on the existing strengths of local employers. Better outcomes for disabled people and people with long-term health conditions will require a concerted partnership between communities, central government departments, local authorities, Local Enterprise Partnerships, local providers, and devolution partners.

55. Ultimately, stronger engagement, partnership and co-production with the voluntary and community sectors forms a central part of our work if we are to reach disabled people and people with long-term health conditions within their local communities, better understand their experiences with services, listen fully to what they as individuals want to achieve, and offer them support that is rounded, tailored and easily accessible.

The role of the devolved administrations

56. We recognise that services and support for disabled people and people with long-term health conditions needs to join up more effectively and holistically around the needs of the individual. Devolution, with the ability it brings to make decisions and formulate policy at a localised level, plays a key part in this ambition. The devolved administrations are important partners in developing appropriate local solutions, particularly because of their responsibilities for health as a devolved matter. The government is committed to working with the devolved administrations and devolution deal areas to improve the support accessible to disabled people and people with health conditions across the country at a regional, local and community level.

[64] National Council for Voluntary Organisations. *The charity sector and public services,* https://www.ncvo.org.uk/about-us/media-centre/briefings/220-the-charity-sector-and-public-services. (accessed October 2016).

[65] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack; 2016.*.;' Resolution Foundation. *Retention Deficit: A new approach to boosting employment for people with health problems and disabilities*. http://www.resolutionfoundation.org/wp-content/uploads/2016/06/Retention-deficit.pdf (accessed October 2016).

Case study: Working with children with a hearing impairment

"I lost my hearing progressively from early childhood and as it deteriorated it became harder to participate and I felt increasingly isolated and dependent. I became acutely aware that people had different expectations of me because I was deaf. However, I didn't see myself, or my capabilities, as any different from my hearing friends.

"I struggled in the workplace as I was increasingly unable to use the phone and found meetings challenging. I was fortunate to have excellent support from colleagues that I worked with in the civil service and from speech to text reporters, made possible by the government's Access to Work scheme. In 2006, I had cochlear implant surgery and thanks to the technology and the habilitation support that I received afterwards, I was able to 're-enter' the hearing world, grow my confidence at work and in social situations. This enabled me to have a successful career in the senior civil service.

"The speech and language therapists at St Thomas' Hospital in London provided me with the support to make sense of the new sounds that I was able to access through my hearing technology. Without such support, I would not benefit from the investment that the NHS makes in these wonderful devices. Habilitation is key.

"I am now Chief Executive of a charity that works with deaf children and their families to provide critical support in the early years of their lives. This includes enabling them to develop the listening and spoken language skills that gives them an equal start at school and enables them to access the same opportunities in life as their hearing peers. Auditory verbal therapy is a parent coaching programme delivered by highly specialist speech and language therapists who have undergone an additional three years of training in auditory verbal practice. Our oldest graduates of the programme are now entering the world of university and work – equipped with the skills to succeed.

Anita Grover, Chief Executive, Auditory Verbal UK

Provided by the Royal College of Speech and Language Therapists

Achieving lasting change: investing in innovation

57. Change on this scale will take time to achieve and not everything we try will work. Success demands we take an innovative, experimental approach to test a wide range of approaches in different environments and learn quickly, shifting focus early from any failures and moving rapidly to scale up successful approaches. It means working with a wide range of people to identify where we should focus our efforts. And we should look to capture the impacts across the whole of government, where possible, to build the case for future investment and help us influence a wider range of actors. Having a clear idea of what works in what context will enable us to:

- focus our resources on services and commissioning models which have the most impact;
- influence commissioners of services to make the right decisions to invest in different support to meet local population needs; and
- provide employers with information about successful approaches and spread best practice.

58. We want to take early action to build our evidence base on what works in the areas that we already know are important. We start with a solid understanding of some of key principles based on evidence from past delivery. For instance, evidence suggests that when a person faces both health and employment barriers, both should be addressed simultaneously, since there is no evidence that treating either problem in isolation is effective.[66] As an example, Individual Placement and Support, an integrated health and employment model, has demonstrated improved employment outcomes for those with severe and enduring mental health condition. A UK evaluation found that chances of finding employment doubles for those who received this service.[67]

59. We also know that evidence gaps exist, in particular:

    - how best to support those in work and at risk of falling out of work, including the part employers can play;
    - understanding how best to help those people in the Employment and Support Allowance Support Group who could and want to work (discussed further in chapter 2);
    - the settings that are most effective to engage people in employment and health support; and
    - how musculoskeletal treatment and occupational health interventions improve employment outcomes.

60. We have a range of activity underway that is focused on the evidence gaps we have identified, including access to services and levels of support we should offer. This will help us to develop new models of support to help people into work when they are managing a long-term health condition or disability.

61. As part of this our £70 million Work and Health Innovation Fund, jointly managed by the Work and Health Unit and NHS England, will support promising local initiatives to drive integration across the health, care and employment systems. The first areas we will work with are West Midlands Combined Authority and Sheffield City Region. Seed funding will be provided to support the design trials to test new approaches at scale and understand if they can improve employment and health outcomes. Following this design phase, we plan to review these proposals and decide if they are viable for implementation, with access to further funding and national support available to enable full implementation from spring 2017.

62. By bringing local Clinical Commissioning Groups, Jobcentre Plus and local authorities into new partnerships these trials will create new support pathways for people with common physical and mental health conditions to help them stay in or return to work.

63. Alongside this, we are testing a range of approaches to improve outcomes for people with common mental health conditions, who make up 49% of those on Employment and Support Allowance.[68] We want to rapidly scale up those which show they can make a real impact. Trials include testing interventions that offer faster access to treatment and support services, co-locating employment support in a health setting and building on the evidence for Individual Placement and Support to understand if this is a model which can work successfully for people with common mental health conditions.

64. Examples of this approach include the Mental Health Trailblazers. These combine a specific type of employment support, Individual Placement and Support, with psychological support provided

[66] van Stolk C, Hofman H, Hafner M. Janta B. *Psychological Wellbeing and Work: Improving Service Provision and Outcomes*. https://www.gov.uk/government/publications/psychological-wellbeing-and-work-improving-service-provision-and-outcomes (accessed October 2016).

[67] Heslin L, Howard M, Leese P, McCrone P. Rice C. Randomized controlled trial of supported employment in England: 2 year follow-up of the Supported Work and Needs (SWAN) study, *World Psychiatry,* 2011; 10, 132–137.

[68] Department for Work and Pensions. Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016, Primary health condition. https://www.gov.uk/government/collections/dwp-statistics-tabulation-tool

through the NHS talking therapy services in three areas: Blackpool, West London and the North East.

65. As set out in the 2015 Spending Review, there are opportunities to make use of Social Impact Bonds to help people with mental health problems. Social investment offers an exciting new opportunity to draw on both private capital and voluntary and community sector innovation to test and scale new forms of support. We are reviewing how Social Impact Bonds can be best used across our range of innovation activity and will invest up to £20 million on work and health outcomes. The Government Inclusive Economy Unit will explore the possible role of existing or new public service mutuals, which already operate to good effect in the health and care sectors.

66. We recently launched our Small Business Challenge Fund to encourage small businesses in developing small-scale innovative models for supporting small and medium-sized enterprises with sickness absence. This approach will allow us to use a small amount of funding to identify promising interventions and prototypes to take forward to more robust testing.

67. We aim to build on this Challenge Fund approach to develop small-scale innovative approaches to quickly understand which may work and fail fast on those which do not. Such an approach is likely to be most useful where there is limited evidence, such as supporting small and medium-sized employers with sickness absence, or where there is already a market of innovators, such on digital health technologies. We are particularly interested to use the consultation process to identify key areas where such an approach may be appropriate.

68. Finally, it is important we share information on what works widely to support local delivery. To do this, **we will work with Public Health England to develop a set of work and health indicators and identify how we can best bring together and share the existing evidence for local commissioners and delivery partners**. We will continue to draw on a range of internal and external evidence, including trials and research, the academic literature and relevant third sector organisations to improve policy making and delivery nationally and locally.

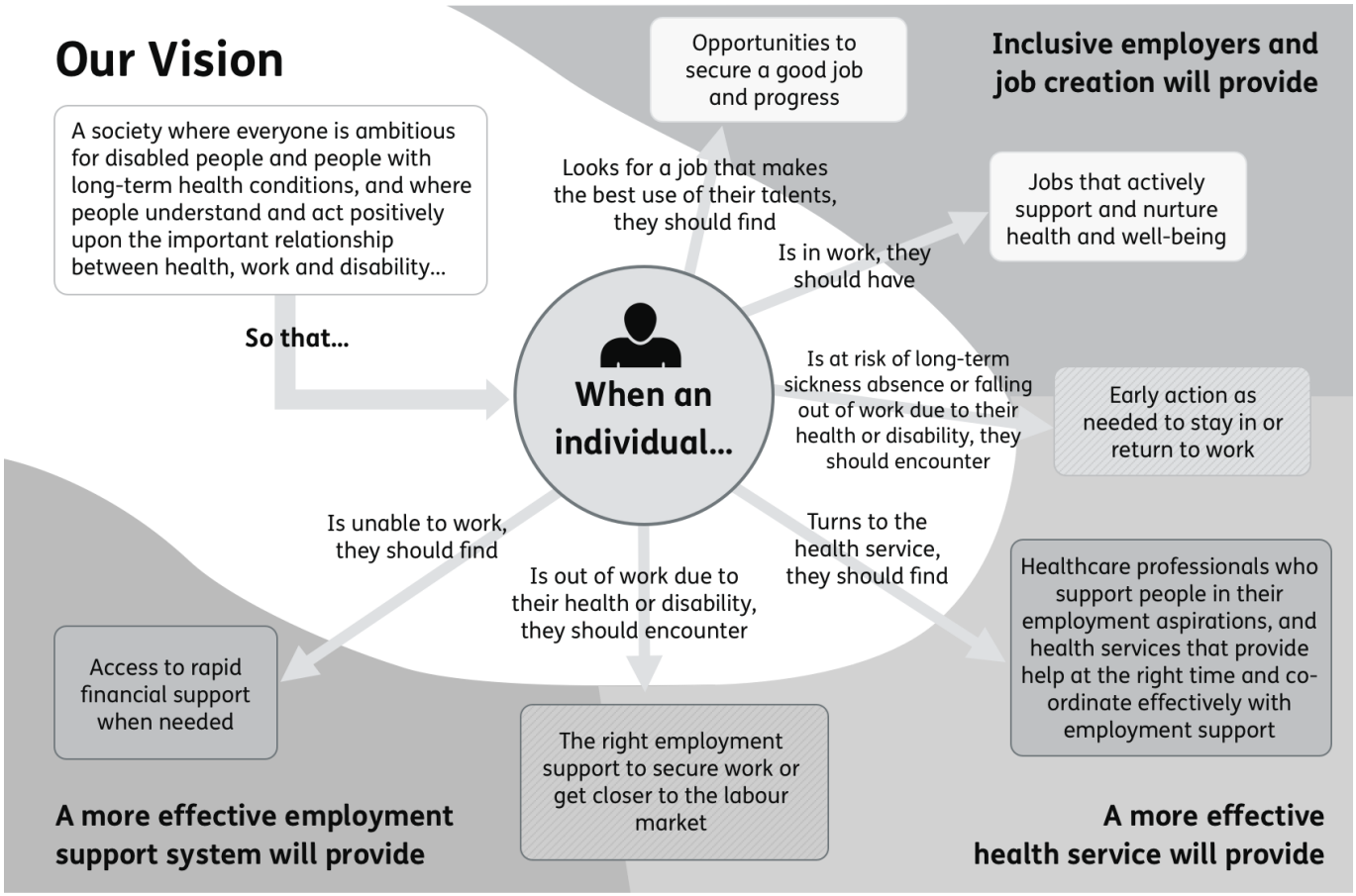
Your views

69. We are committed to building a pipeline of innovation to rapidly improve support for individuals. As part of this we will be developing a structured evidence base so that we know what works, and we recognise that there will be rich sources that have already been developed or are being drawn together by others. We want to hear from you about areas you are already exploring or have learnt from:

    - What innovative and evidence-based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?
    - What evidence gaps have you identified in your local area in relation to supporting disabled people or people with long-term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?
    - How should we develop, structure and communicate the evidence base to influence commissioning decisions?

Building a shared vision

70. This green paper sets out the pressing case for action, and the systemic challenges we face. Achieving our vision will require us to work beyond artificial system boundaries and work with those in our local communities. We will also need to be innovative and test new ways of doing things.



71. This green paper discusses a number of areas where we want to see change to make systems work better for people. It considers:

- Supporting more people into work (chapter 2);
- Assessments for benefits for people with health conditions (chapter 3);
- Supporting employers to recruit with confidence and embed a healthy working culture in the workplace (chapter 4);
- Supporting employment through health and high quality care for all (chapter 5).

72. Chapter 6 discusses the vital role all of us can play in delivering the changes we want to see, and sets out how you can respond to this consultation. The involvement of employers, local government, practitioners, providers, advocacy groups, carers, disabled people, and people with long-term health conditions is vital. Please let us know what we need to improve so that we can build a plan that will bring real and lasting change.

Summary of consultation questions

We are committed to building a structured evidence base so that we know what works and recognise that there will be rich sources that have already been developed or are being drawn together by others. We want to hear from you about areas you are already exploring or have learnt from:

- What innovative and evidence-based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?
- What evidence gaps have you identified in your local area in relation to supporting disabled people or people with long-term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?
- How should we develop, structure and communicate the evidence base to influence commissioning decisions?

2: Supporting people into work

Chapter summary

In this chapter we focus on how we can best provide employment support to disabled people and people with health conditions. It explores:

- our vision for how people can access an integrated network of health and employment support delivered from a range of sectors, supported by a dedicated Jobcentre Plus work coach who can work closely with someone to build a relationship and offer personalised support that is tailored to their needs;
- how we are investing in the skills and capabilities of Jobcentre Plus work coaches to enable them to better support people with a wide range of health conditions, including mental health conditions, bringing in external expertise;
- our new Personal Support Package, including an enhanced menu of employment support for work coaches to draw on; and
- how we can better engage with people placed in the Employment and Support Allowance Support Group or the Universal Credit Limited Capability for Work and Work-Related Activity Group (LCWRA). We will undertake research and a trial to better understand how we can support individuals to move closer to the labour market and into employment, where appropriate.

Introduction

73. We want everyone to have the opportunity to benefit from the positive impacts that work can have, including on their health and wellbeing. Where people want to work, and have the potential to do so immediately or in the future, we should do everything we can to support them towards their goal. We want people to be able to access appropriate, personalised and integrated support at the earliest opportunity, which focuses on what they can do, builds on their talents and addresses their individual needs.

74. Where someone is out of work as a result of a health condition or a disability, the employment and health support they receive should be tailored to their personal needs and circumstances. This support might be delivered by a range of partners in their local area, such as by Jobcentre Plus, contracted provision, local authorities or third sector providers. Increasingly, our work coaches across Jobcentre Plus will assess an individual's needs and ensure that they access the right help. Work coaches will be supported by new Community Partners and Disability Employment Advisers, who will be able to use their networks and expertise to work with local organisations, to support disabled people and people with health conditions to achieve their potential.

75. Universal Credit is already making improvements which put people at the heart of the welfare system, giving more personalised and integrated support from a dedicated work coach in Jobcentre Plus to help claimants with a health condition move closer to the labour market and get into work. It will also, for the first time, help those claimants with health conditions who are already in work to progress in the labour market supporting them to earn more. Evaluation has found people receiving Universal Credit are more likely to move into employment and move into work quicker than similar

individuals receiving Jobseeker's Allowance.[69] To ensure that disabled people and people with health conditions receive the best possible support, **we will introduce a new Personal Support Package for people with health conditions in Jobcentre Plus**, with a range of new interventions and initiatives designed to provide more tailored support.

76. However, further action is needed to build on the principles Universal Credit has introduced. We cannot make significant progress towards halving the disability employment gap with a system that treats 1.5 million people[70] – the current size of the Support Group in Employment and Support Allowance – in a one-size-fits-all way. The current approach does not do enough to treat people as individuals: more must be done to ensure that people do not miss out on accessing the wealth of local, integrated support available through Jobcentre Plus. We will achieve this by identifying evidence gaps, building on insights from trials and drawing on the knowledge of both service users and providers.

77. In this chapter we will discuss 2 key themes:

- Universal Credit is moving in the right direction, but there is still more to do to **improve how work coaches systematically engage with disabled people and people with health conditions**. We want to identify the most effective support based on a person's circumstances and the capabilities required in Jobcentre Plus to deliver these interventions. Work coaches will also be able to offer an array of targeted support as part of the Personal Support Package summarised below; and
- The current one-size-fits-all approach to employment support is not appropriate. This is because people in the Employment and Support Allowance Support Group, and those with 'Limited Capability for Work and Work Related Activity' (LCWRA) in Universal Credit, do not routinely have any contact with a Jobcentre Plus work coach. We are committed to protecting those with the most needs, but want to test how we might offer **a more personalised approach to employment support, which reflects the wide variety of conditions and needs** within this group and is in keeping with Universal Credit principles.

We are introducing the new **Personal Support Package** for people with health conditions. This is a range of new measures and interventions designed to offer a package of support which can be tailored to people's individual needs.

The offer, set out in more detail in this chapter, includes the following new forms of support for all Employment and Support Allowance claimants (and Universal Credit equivalents):

- personal support from disability trained, accredited work coaches. A particular focus of training will be mental health. Work coaches will also be better supported by an extra 300 Disability Employment Advisers and around 200 new Community Partners, with disability expertise and local knowledge. This will lead to better signposting to other local voluntary and public sector services; and
- a Health and Work Conversation for everyone claiming Employment and Support Allowance, as appropriate.

[69] Department for Work and Pensions. *Estimating the Early Labour Market Impacts of Universal Credit. DWP Report number: 28*; 2015.
[70] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html (accessed 10 February 2016).

For new claimants in the Employment and Support Allowance Work-Related Activity Group (ESA WRAG), and the equivalent Universal Credit Limited Capability for Work Group (UC LCW), an enhanced offer of support will also include:

- a place on either the new Work and Health Programme or Work Choice, for all eligible and suitable claimants who wish to volunteer;
- additional places on the Specialist Employability Support programme;
- Job Clubs delivered via peer support networks;
- work experience places, with wrap-around support, for young people;
- increased funding for the Access to Work Mental Health Support Service;
- Jobcentres reaching out to employers, particularly small employers, to identify opportunities and help match people to jobs in a new Small Employer Offer;

We will continue to develop the offer by:

- trialling the use of specialist medical advice to further support work coaches;
- working with local authorities to pilot an approach to invest in Local Supported Employment for disabled people known to social care, notably those with learning disabilities and autism, and secondary mental health service users;
- testing a Jobcentre-led alternative to Specialist Employability Support; and
- trialling additional work coach interventions.

Action already taken

78. There is a significant amount of work already underway to strengthen and improve the employment support offer available to disabled people and people with health conditions. These activities are explored in more detail within the chapter, and include:

    - **Universal Credit** – replacing 6 benefits with 1, the introduction of Universal Credit will make a significant difference in improving the level and quality of support offered to individuals with health conditions;
    - **expansion of the Disability Employment Adviser role** – we are recruiting an additional 300 Disability Employment Advisers, taking the total to 500;
    - **permitted work** – from April 2017, we will remove the 52-week limit on how long Employment and Support Allowance claimants placed in the Work-Related Activity Group (WRAG) are able to work for. This will improve work incentives for this group;
    - **the Work and Health Programme –** following the end of the Work Programme, this provision will be available to disabled people receiving Employment and Support Allowance or Universal Credit on a voluntary basis from October 2017.

Universal Credit and the financial benefits of work

79. It is essential to ensure that people are better off in work. Under Universal Credit, people can more clearly see the financial benefits of moving into work, allowing them to take small steps into the labour market and to work flexibly in line with their needs.

80. In Universal Credit, for people who have 'limited capability for work' (LCW) or 'limited capability for work and work related activity' (LCWRA), there is a work allowance for earned income. This means that someone assessed as having LCW or LCWRA, with housing costs, can earn up to £192 a month, and a similar person, without housing costs, can earn up to £397 a month, in both cases without affecting their Universal Credit payment. For any earnings above these allowances, the Universal Credit 65% taper applies, which means that only 65% of the extra earnings above those allowances are deducted from the claimant's Universal Credit entitlement – a steady and predictable rate as people gradually increase their hours and earn more, rather than the cliff-edge approach of Employment and Support Allowance. This is particularly well suited for people whose disability or health condition means they can only work some of the time.

81. Individuals on Employment and Support Allowance are allowed to work up to 16 hours and earn up to £115.50 a week and keep all of their benefit. If earnings exceed this amount, Employment and Support Allowance stops altogether. The permitted work rules allow people claiming Employment and Support Allowance to undertake some part-time work without it impacting on their benefit, to encourage them to gradually build their employment skills and return to work. However for those in the Work-Related Activity Group this is limited to 52 weeks. We will remove this limit from April 2017 to bring the Employment and Support Allowance rules more into line with Universal Credit and improve the incentive to work.

Early engagement

82. Being better off in work is not enough on its own if disabled people and people with health conditions are not being enabled to find work in the first place. Universal Credit ensures that people with health conditions still have an opportunity to engage with a work coach prior to their Work Capability Assessment, where appropriate. This approach builds on evidence that early intervention can play an important role in improving the chances of disabled people and people with a health condition returning to work.[71]

83. This is a significant improvement on the current process in Employment and Support Allowance, where people are not routinely having a face-to-face conversation with a work coach about practical support to help them back to work until after their Work Capability Assessment is complete – and this can be many months after their initial claim. Over 60% of the 2.4 million people receiving Employment and Support Allowance – those currently in the Support Group[72] – do not get this opportunity and often have no contact at all with a work coach and therefore do not access tailored support when they need it. We are missing a significant opportunity to provide help to people when they could benefit most.

84. This earlier engagement between an individual and a work coach in Universal Credit will also serve as a gateway to a wider, integrated system of support offered by the Department for Work and Pensions and other agencies, such as the NHS and local authorities. If a work coach identifies that someone has particularly complex barriers to work or complex health conditions, they will be able to advise individuals about other types of support in their local area – whether health services, skills courses or support with budgeting.

[71] Coleman, N., Sykes, W. and Groom, C. *What works for whom in helping disabled people into work?* Department for Work and Pensions. Working paper: 120, 2013.

[72] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

85. This builds on the approach of Universal Support, which helps people make and maintain their Universal Credit claim, and will assist people with their financial and digital capability throughout the life of their claim. This is delivered in partnership between the Department for Work and Pensions and local authorities, and with other local partners such as Citizens Advice and Credit Unions. Through Universal Support we are transforming the way Jobcentres work as part of their local communities to ensure they more effectively tackle the complex needs some people have and support them into sustainable employment. The Troubled Families programme offers another example of an integrated approach, with local authorities coordinating wider support services for complex families, including those with health conditions, and in doing so, driving public service reform around the needs of families. The Department for Work and Pensions provides work coaches acting as Troubled Family Employment Advisers, based within local authorities, where they play an important role in integrating employment support with the wider services.

Building work coach capability

86. The relationship between a person and their work coach should be at the heart of each person's journey in the welfare system. To ensure that people with complex and fluctuating health conditions receive the most appropriate support, we will continue to build and develop the capability of our work coaches. We have introduced an accredited learning journey for work coaches, which includes additional mandatory training in supporting those with physical and mental health conditions. From 2017, we will **introduce an enhanced training offer which better enables work coaches to support people with mental health conditions and more confidently engage with employers on the issue of mental health**.

87. Work coaches will be supported by specialist **Disability Employment Advisers**. We are currently recruiting up to 300 more Disability Employment Advisers, taking the total to over 500. These advisers will work alongside work coaches to provide additional professional expertise and local knowledge on health issues, particularly around mental health conditions. The role will have a much stronger focus on coaching work coaches to help build their confidence and expertise in supporting individuals with a health condition or disability.

88. We also recognise the value of bringing external expertise into Jobcentres and of working more effectively with the voluntary sector in our design and delivery of support. We know that voluntary organisations have unique insight and expertise about the people they work with and their conditions, and we want to harness this. So, **we will recruit around 200 Community Partners across Jobcentre Plus**. These will be people with personal and professional experience of disability and many will be seconded from a Disabled People's User-Led Organisation or disability charity. From next year, Community Partners will be working with Jobcentre Plus staff, to build their capability and provide valuable first-hand insight into the issues individuals with a health condition or disability face in securing and sustaining employment. Drawing on their local knowledge, they will identify more tailored local provision to ensure individuals with health conditions can benefit from the full range of support and expertise available. Community Partners will also engage with local employers to help improve the recruitment and retention of disabled people and people with health conditions.

89. Our Community Partners will map local services available in each of our Jobcentre Plus districts. This will include understanding where there are peer support and patient groups which engage with disabled people and people with long-term health conditions who might otherwise find it hard to re-engage with employment, helping develop confidence and motivation. Where there are gaps in provision our districts may be able to make local decisions to fund any priority areas, using the Flexible Support Fund. We will be providing an extra £15 million a year in 2017/18 and 2018/19 for our Flexible Support Fund so that local managers can buy services including mentoring and better engage the third sector in their community. We will introduce a new Dynamic Purchasing System across the country by December 2016 which will allow third sector and other organisations to develop employment-related service proposals that Jobcentres can quickly contract for. Our goal is

to extend the reach of Jobcentre Plus into third sector support groups which are already well established.

90. Often, the best advocates of the positive impact of being in work are people who themselves have had the experience of managing a serious health condition, or overcoming an employer's prejudice about disability. We have already tested Journey to Employment peer support job clubs on a small scale, offering personalised support in a group environment delivered by people who have personal experience of disability, drawing on research by Disability Rights UK and the Work Foundation. These clubs often take place outside a Jobcentre as this provides an alternative setting which may be more effective for some individuals with health conditions. **We are extending our Journey to Employment job clubs to 71 Jobcentre Plus areas with the highest number of people receiving Employment and Support Allowance**, to further test the effectiveness of peer support job clubs at supporting those with health conditions.

Case study: Journey to Employment (J2E) Job Club

Jayne was employed, but life events affected her health and changed everything. Jayne joined the J2E Project in 2015 and she started her journey to recovery.

Describing her time before the Job Club, she said, "I shut down to protect myself and drew inward trying to block things in work. I didn't feel I was functioning on 'all cylinders', my confidence was shot, I was checking up on what I was doing constantly and this spiralled out of control.

"I felt I was in limbo I didn't really know what I wanted to do, I could not afford not to work so felt confused about where go and who to seek help from. I was suffering with anxiety and terrible panic attacks, I was also depressed and can recognise now through help I have received and my own research that it was all due to the environment I was in.

"I suffer mainly with anxiety and this escalated due to having to make the decision to leave my job to protect my mental health. Life was still awful, leaving work meant my fear increased and I was really down and family noticed the change in me. I wasn't getting up in the mornings and I was confining myself to my room.

"I had a good supportive GP and work coach called Janis. I needed support to attend the appointment with Janis and felt that Janis really listened, had empathy and was so supportive. I felt she was on my side, she indicated different choices and J2E sounded ideal to give me structure and at last it felt good to know where I was going.

"I felt nervous going to see Louise my Community Employment Specialist, but once I met her and had a chat I knew that attending the J2E training course would be beneficial for me.

"Attending the course gave me insight into my options, it helped me to manage myself better. Being amongst others that understood what I was going through, having balance and hearing about other people's lives gave me a perspective on my situation. By that I mean that, it made me see that some people were struggling with a great deal more than I was.

"All my concerns, talking about my situation with other people were eased, because I felt the others in the group understood. I also completed a mindfulness course via my GP which lasted for 6 to 8 weeks, this also helped me self-manage."

Provided by Merthyr and the Valleys Mind

91. We want to make sure work coaches can access the right specialist advice and support, so they can understand how a complex health condition might affect an individual's ability to work, and access advice on how someone can better manage a health condition to be able to work. We therefore intend to **trial access to specialist advice** through a 3-way conversation between a work coach, healthcare professional and a person who has been placed in the Work-Related Activity Group, following a Work Capability Assessment. The trial will begin in 2017, with a view to rolling out provision on a wider scale in future years, depending upon results.

Early intervention in Employment and Support Allowance

92. These improvements will place the relationship with the work coach and access to a network of integrated support at the heart of each individual's journey. We also want those receiving Employment and Support Allowance to benefit from the support that disabled people and people with health conditions who receive Universal Credit can already access as part of their Claimant Commitment discussion. To that end, **we have developed a new Health and Work Conversation between an individual and their work coach**. In the Health and Work Conversation, work coaches will use specially designed techniques to help individuals with health conditions to identify their health and work goals, draw out their strengths, make realistic plans, and build resilience and motivation. People will be required to attend the Health and Work Conversation, where appropriate, but the actions they subsequently agree to within the conversation will be entirely voluntary in the period before the Work Capability Assessment, and will be captured in a new Employment and Support Allowance Claimant Commitment.

93. The Health and Work Conversation will focus on what individuals can do to move closer to work while managing or treating their health condition, rather than on what they are unable to do. This new conversation was co-designed with disabled people's organisations and occupational health professionals and practitioners and the Behavioural Insights Team. As a person and their work coach works together, the Claimant Commitment can be updated over time as the individual moves closer to being able to work. This approach will mean that a person will have an established relationship with their work coach and be able to explore the implications of their Work Capability Assessment with them after it takes place. They will also be able to review the Claimant Commitment actions they have jointly developed up until that point. We are exploring how we could integrate this approach into Universal Credit as well.

Your views

94. Work coaches play a crucial role in ensuring that disabled people and people with a long-term health condition can access the right support, at the right time, and in an integrated manner at a local level. We also recognise that there is more that can be done to improve how work coaches engage with these individuals.

    - How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?
    - What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

Employment support for disabled people and people with health conditions

95. Work coaches will increasingly be able to offer a wide menu of interventions tailored to people's needs. Building on what we have learnt from the Work Programme and Work Choice, the **Work and Health Programme** will offer a more personalised, local approach to supporting disabled people to overcome barriers to employment. The Work and Health Programme will be targeted at people who are likely to be able to find work within 12 months, with more specialist support. Disabled people can volunteer for the programme at any time. Providers will be expected to support people based on the needs, strengths and aspirations of the individual; deliver effective services which are integrated with local services; and connect individuals with local employers and place and support them in sustainable employment. From 2017 we plan to be able to offer a place on either Work Choice or the Work and Health Programme to all eligible and suitable new Employment and Support Allowance (Work-Related Activity Group) and Universal Credit (Limited Capability for Work) claimants who are assessed as being within 12 months of being able to start work, and who wish to volunteer. This commitment will not include a small number of claimants who will be placed into the control group of the Randomised Control Trial used to evaluate the performance of the Work & Health Programme.

Localism and devolution

We are already funding work with Greater Manchester, London and in Glasgow and the Clyde Valley to deliver locally designed employment support to help those residents who claim Employment and Support Allowance who have left the Work Programme without finding work.

In parallel, through the Devolution Deal process, we have agreed to co-design the new Work and Health Programme with the Tees Valley, East Anglia, Sheffield City Region, the West of England, West Midlands, Liverpool City Region and Cardiff Capital Region. This will ensure there is a more personalised approach in those areas and one which fully supports local plans to integrate services to provide a more co-ordinated service for residents to avoid duplication and people getting lost in the system. We are also working with London and Greater Manchester to not only co-design the programme with them but also ensure that they can jointly shape every element of the commissioning process, from strategy to service design, managing provider relationships and reviewing service provision. We are keen to understand what works locally to inform future strategy for supporting local delivery and supporting areas ambitions for integrating health and work provision.

96. The Work and Health Programme will not be suitable for everyone, as some people have additional and more complex needs. We currently offer additional help through the **Specialist Employability Support** programme. This provision focuses on helping those furthest away from the employment market and for whom other provision is unsuitable due to the complexities of their barriers to employment. Specialist Employability Support offers an individually tailored combination of advice, guidance, training, work placements and work experience. We are currently considering how we should continue this support in the future, including how to provide more places to individuals in the Employment and Support Allowance Work-Related Activity Group or assessed as having limited capability for work in Universal Credit from April 2017.

97. We will continue to support disabled people and people with health conditions who wish to start their own business. The New Enterprise Allowance scheme provides access to business mentoring and offers financial support to those in receipt of an eligible benefit, including those on Employment and Support Allowance and Universal Credit. The New Enterprise Allowance has so far supported around 90,000 people into self-employment, where 21% of these businesses have been established by individuals who have declared a disability.[73]

98. We will also ensure we make better use of local support mechanisms. For those with a learning disability or autism who are known to adult social care, or those in contact with secondary mental health services, we will pilot an approach working with local authorities to deliver **Supported Employment** on an outcome-payment basis. Supported Employment uses a 'place then train' approach, aimed at moving people into paid employment. This will help us to test the effectiveness of locally-driven solutions to best support people with the most challenging conditions, and build on our learning of what works for them.

99. We also want to support local areas to design new, integrated approaches to improving health and work outcomes at scale. We are using the **Innovation Fund** to develop large-scale **health-led trials** creating partnerships between local health service commissioners and providers, Jobcentres, and councils. These partnerships will test if health-led support services are effective at supporting disabled people and people with health conditions into work, how effectively they support people to stay in work and how to get a region to work collaboratively on the health and employment agenda, through the introduction and integration of services.

Supporting people with mental health conditions

100. Improving our offer of support for people with mental health conditions will be integral to our approach. The Five Year Forward View for Mental Health and NHS England's Implementation Plan sets out a series of actions to prevent mental ill health, improve services and reduce stigma. Around half of Employment and Support Allowance claimants in the Support Group report a mental or behavioural disorder as their primary health condition – the most prevalent of these being depression, stress and anxiety.[74] The government will invest in trials, proofs of concept and feasibility studies over the next 3 years to test ways to provide specialist support for people with common mental health conditions and ensure that we are providing access to the most effective health support when it is needed. As discussed in chapter 5, we are also increasing the number of employment support advisers co-located in talking therapy services. We are supportive of co-locating services where it can improve support and will consider whether there is wider learning on co-location we can draw from this work.

101. The new support we will test to establish what works best for people with mental health conditions who are out of work includes:

- Group Work – to test whether the JOBS II model, a form of group work, improves employment prospects and wellbeing; and
- Supported computerised Cognitive Behavioural Therapy (cCBT) testing whether early access to supported cCBT can support employment outcomes alongside recovery.

[73] Department for Work and Pensions. *New Enterprise Allowance Statistics: April 2011 – June 2016*. https://www.gov.uk/government/statistics/new-enterprise-allowance-april-2011-to-june-2016 (accessed October 2016).

[74] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016*. http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html

Case study – a community employment specialist

"I am a Community Employment Specialist and really enjoy making a difference and changing attitudes, I have worked in a variety of roles and in various sectors, including small community development projects supporting people with multiple barriers to the workplace and managing a large branch of Waterstones booksellers. For most of my early life I struggled with a mental health condition and ended up claiming Employment and Support Allowance as I was not prepared to acknowledge or seek proper treatment for my condition. My mental health reached a crisis point and I ended up homeless and living in my car, at that point I did seek help.

"After 9 months of this situation, I managed to secure a council flat and slowly began a recovery journey. I joined the Fed Centre for Independent Living because I wanted to work in a role where my experience and situation could actually help others instead of feeling like something I was always trying to hide.

"I was thrilled at the opportunity of delivering a Journey to Employment (J2E) job club and support others. Working directly in Jobcentre Plus has enabled me to support work coaches, build relationships and provide advice to people with health conditions.

"I also deliver J2E training which I deliver in a very flexible, person-centred way building the course content around each group of participants. I have support in the job club from a colleague who also has lived experience of managing a health condition, and exploring development of different coping mechanisms. This allows us to provide insight into the recovery journey, provide support wellbeing, resilience and respond to the changing needs of the people we work with so that we can support them on their journey back into employment."

Provided by Journey to Employment in Brighton

Supporting young people

102. Gaining employment after leaving education should be a core part of the journey into adulthood for disabled young people and young people with health conditions yet successful outcomes are far too low. Young people who are out of work and begin to claim Employment and Support Allowance or Universal Credit early in their lives can face scarring effects of long-term unemployment if they do not move into work. To explore how to better support this group **we will test a voluntary, supported Work Experience programme for young people with limited capability for work**. This will enable young people to benefit from time in the workplace with a mainstream employer to build their confidence and skills, enhance their CV and demonstrate their ability to perform a job role.

103. There are over 250,000 children and young people in education in England with a Statement of Special Educational Needs or an Education Health and Care (EHC) plan.[75] Most have a learning disability or autism and many do not get the support they need to move into work. These young people who have an EHC plan at age 15 are more than twice as likely not to be in education, employment or training at 18. Just 5.8% of adults with a learning disability known to local authorities are in a job.[76] This must be addressed. We will work with organisations to listen to the views of people with a learning disability and their families to look at what we can do to improve employment opportunities for this group.

[75] Department for Education. *Special Educational Needs in England: January 2016*; 2016.
[76] NHS Digital. *Adult Social Care Statistics*; 2016.

104. **We will open up apprenticeships to young people with a learning disability**. For this group, we will make adjustments to English and maths requirements and draw on the £2.5 billion the government will make available for apprenticeships each year by the end of this Parliament. We will also work with social enterprises and disabled entrepreneurs to set up apprenticeships specifically for young disabled people. Jobcentre Plus will increase support in schools for young disabled people, by bringing in Supported Employment providers, business mentors and young disabled people who are in work to inspire young people to see employment as an achievable goal. This could include 2 weeks supported work experience.

105. A further way that young people with a health condition or disability can be helped while still in full-time education is through supported internships. These give 16 to 25 year-olds with an EHC plan (or equivalent) an unpaid work placement of at least 6 months, personal support from a job coach and a personalised study programme. The results can be impressive: evaluation found 36% of participants in the trial secured paid work.[77]

106. It is our ambition that all young people with an EHC plan should be able to do a supported internship[78] but to achieve this we need many more employers to offer these opportunities. We suspect too few employers know where to go for information about how to offer a supported internship and do not understand the benefits, which can include: the flexibility to create opportunities that meet their needs; free support; and the chance to grow their employees of the future. **We therefore want to help employers to link up with schools and colleges to increase the number of supported internships.**

Supporting people in work

107. Universal Credit will also support disabled people and people with health conditions to not only get into work, but to progress in work as well. It is payable to those on a low income and aims to support those individuals to increase their earnings, progress *in work* and reach their full potential. This is the first time any country has attempted this approach. Therefore, it is crucial that we build the evidence base to understand what works. We have developed a substantial programme of trials as part of the wider test and learn strategy in Universal Credit. Evidence from these trials will be central to the development of our future in-work support service, and will provide a foundation for further development of support for disabled people and people with health conditions.

108. Whatever a person's needs, this new package of support offered through Jobcentre Plus will ensure more personalised, integrated and targeted approaches for disabled people or people with a long-term health condition. The work coach is the key gateway to this support within the Jobcentre Plus network and across local provision – transforming the way we engage with individuals with health conditions from the very start of their claim and testing direct referral into health services. We need to provide work coaches with additional tools to ensure that they are referring people to the right forms of support. We are therefore keen to hear from stakeholders about how best to support individuals, to inform our evidence base.

[77] Department for Education. *Supported internship trial for 16 to 24 year old learners with learning difficulties and/or disabilities: An evaluation*; 2013.

[78] Department for Education and Department for Business Innovation and Skills. *Post-16 Skills Plan*. 2016.

Your views

- What support should we offer to help those 'in work' stay in work and progress?
- What does the evidence tell us about the right type of employment support for people with mental health conditions?
- If you are an employer who has considered providing a supported internship placement but have not done so, please let us know what the barriers were. If you are interested in offering a supported internship, please provide your contact details so we can help to match you to a local school or college.

Improving access to employment support

109. The new Personal Support Package, along with the earlier intervention and changes that Universal Credit introduces, marks a step change in the approach to helping people move towards and into sustainable employment. In practice however, over the last 12 months we have seen on average 50% of Employment and Support Allowance claimants being placed in the Support Group following their Work Capability Assessment,[79] meaning they will not access this support and risk facing long periods of time on benefits.

110. We recognise the challenges of helping those with the most complex health conditions move closer to work, particularly when there is limited evidence of what works best. Our aim is not to reduce the amount of benefit those in the Support Group (or the Limited Capability for Work and Work-Related Activity Group in Universal Credit) receive or to change the conditions of entitlement, but we do want to ensure people are treated as individuals. We want people to be able to access a personalised, tailored, practical employment support service that recognises that someone might not currently be able to engage with employment support but that they may be able to access and make good use of that support in the future.

111. While we do offer employment support to individuals in the Support Group, this has historically received a very low take up, with very few people volunteering for this help. We need to do more to understand how we can best help this group and offer appropriate support.

112. **We will undertake comprehensive research to better understand how best to engage with people in the Support Group and those found to have limited capability for work and work-related activity in Universal Credit**, and what interventions are needed to support them effectively. We will also develop a large-scale trial to test and learn from different approaches of offering employment and health support, and ways to increase the numbers of people taking up offers of voluntary support. We will explore how we can improve the nature of engagement with someone placed in the Support Group, and consider alternative ways of working with people which could include engagement outside a Jobcentre environment or through other local partners.

113. This will help us to better equip work coaches to support individuals to fulfil their potential and allow us to target future support in better ways. We want to explore how to work more closely with the voluntary sector and local partners, to see if such organisations are better placed to offer individuals the right help. We will ensure that any additional support is effective for individuals, as well as offering affordability and value for money for the taxpayer. These findings will build on the range of interventions being trialled through the Work and Health Unit's Innovation Portfolio, which will help establish a stronger evidence base for what works and help inform how we might help disabled people and people with health conditions.

[79] Department for Work and Pensions. DWP *Employment and Support Allowance: Work Capability Assessments, Mandatory Reconsiderations and Appeals. ESA-WCA outcomes to March 2016 (MRs to July 2016);* 2016.

114. As there is currently no requirement for people in the Support Group to stay in touch with the Jobcentre, besides engaging with reassessments, we could consider implementing a 'keep-in-touch' discussion with work coaches. This could provide an opportunity for work coaches to offer appropriate support tailored to the individual's current circumstances, reflecting any changes since their Work Capability Assessment. This light-touch intervention could be explored as a voluntary or mandatory requirement and we would consider our approach carefully, utilising digital and telephone channels in addition to face-to-face contact, depending on which was more appropriate for the individual and their circumstances.

Your views

- Should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?
- What type of support might be most effective and who should provide this?
- How might the voluntary sector and local partners be able to help this group?
- How can we best maintain contact with people in the Support Group to ensure no-one is written off?

Conclusion

115. Where people want to work, and have the potential to do so immediately or in the future, receiving the health and employment support that is tailored to their personal needs and circumstances can help them to achieve their goals. This chapter has set out our new Personal Support Package, the ways we are supporting work coaches to better help people with health conditions, and the work we are undertaking to better understand the needs of the Support Group.

116. We want to work with disabled people, their families and their representatives to ensure we are delivering the services which best support disabled people and people with health conditions to reach their full potential. The next chapter outlines how we could go further, to reform the Work Capability Assessment itself and further break down the barriers to being able to offer personalised support to disabled people and people with health conditions.

Summary of consultation questions

Building work coach capability

- How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?
- What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

Supporting people into work

- What support should we offer to help those 'in work' stay in work and progress?
- What does the evidence tell us about the right type of employment support for people with mental health conditions?
- If you are an employer who has considered providing a supported internship placement but have not done so, please let us know what the barriers were. If you are interested in offering a supported internship, please provide your contact details so we can help to match you to a local school or college.

Improving access to employment support

- Should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?
- What type of support might be most effective and who should provide this?
- How might the voluntary sector and local partners be able to help this group?
- How can we best maintain contact with people in the Support Group to ensure no-one is written off?

3: Assessments for benefits for people with health conditions

Chapter summary

In this chapter we consider how we can best provide disabled people and people with health conditions with financial support in a straightforward and timely way if they fall out of employment. It explores:

- whether breaking the link between cash entitlement and Jobcentre support would lead to a more personalised offer of support, rather than this being decided by the category an individual is placed in following their Work Capability Assessment, as is the case with the current system;
- how this could work in practice, with eligibility for financial support still being decided by an assessment but allowing work coaches to determine the offer of employment support, making decisions on a case by case basis based on an individual's needs and circumstances;
- how we can share information more effectively across health and welfare systems, to create a more streamlined process for individuals with severe and lifelong conditions to secure financial support, building on our announcement to stop reassessments for this group; and
- how improved data-sharing between health assessments (Employment and Support Allowance and Personal Independence Payment) could ensure we are able to make timely, accurate decisions about an individual's entitlement to financial support.

Introduction

117. People who have recently developed a health condition or become disabled are likely to be facing a stressful and challenging period in their lives. Falling out of work because of their health is an added stress. We want people not only to be able to access tailored employment support available through Jobcentre Plus, but also to get the financial help they are entitled to in a simple, straightforward way – especially for people with the most severe lifelong health conditions or disabilities. Crucially, the financial support they receive should not affect their eligibility to accessing employment support.

118. Universal Credit is already transforming lives, ensuring that individuals are supported when they have the most needs: both by accessing the financial support they need, and getting practical help to take the necessary steps to move back to work through an integrated support offer. Universal Credit goes a long way to simplifying the system, replacing 6 benefits with one, so it is easier for individuals to get the financial help they need without making multiple applications to different benefits or switching between benefits when their circumstances change, and offering personalised and tailored support from a dedicated work coach. But there is more we could do to build on these foundations to ensure that we are maximising employment opportunities for people, whilst also ensuring access to the appropriate financial support.

119. The **Work Capability Assessment process for Employment and Support Allowance and Universal Credit** does not lead to the individualised employment and health support service that we would like. We currently have an assessment system that places people into fixed categories for the purposes of engagement with local Jobcentres and specialist support programmes, with over half of individuals not receiving any systematic support towards employment as a result.

120. As Jobcentre Plus moves towards offering a Personal Support Package focused on early intervention, we believe it is wrong for these individuals to miss out on the personalised support Jobcentre Plus and other agencies, including health and voluntary sector providers, can offer. This support could help them manage, or overcome, health or other issues preventing them working.

121. This consultation does not seek further welfare savings beyond those in current legislation. But there are ways that we can improve how the current functional assessment process for people with health conditions works, in particular in relation to employment and health support.

122. In this chapter we want to explore 2 areas:

- the first area is whether we can **improve how we assess entitlement to benefits**; and
- the second area is the need to be able to **share information more effectively across welfare and health systems**. There are challenges to achieving this, but also significant opportunities for government departments to work together to share the information already available, to take the stress out of assessment processes for securing financial support and ensure we make timely, accurate decisions about financial entitlement.

123. These 2 areas of reform are important to delivering the type of personalised and effective services we know disabled people and people with health conditions, their families and stakeholders want to see. We want to hear your views about how we can best do this.

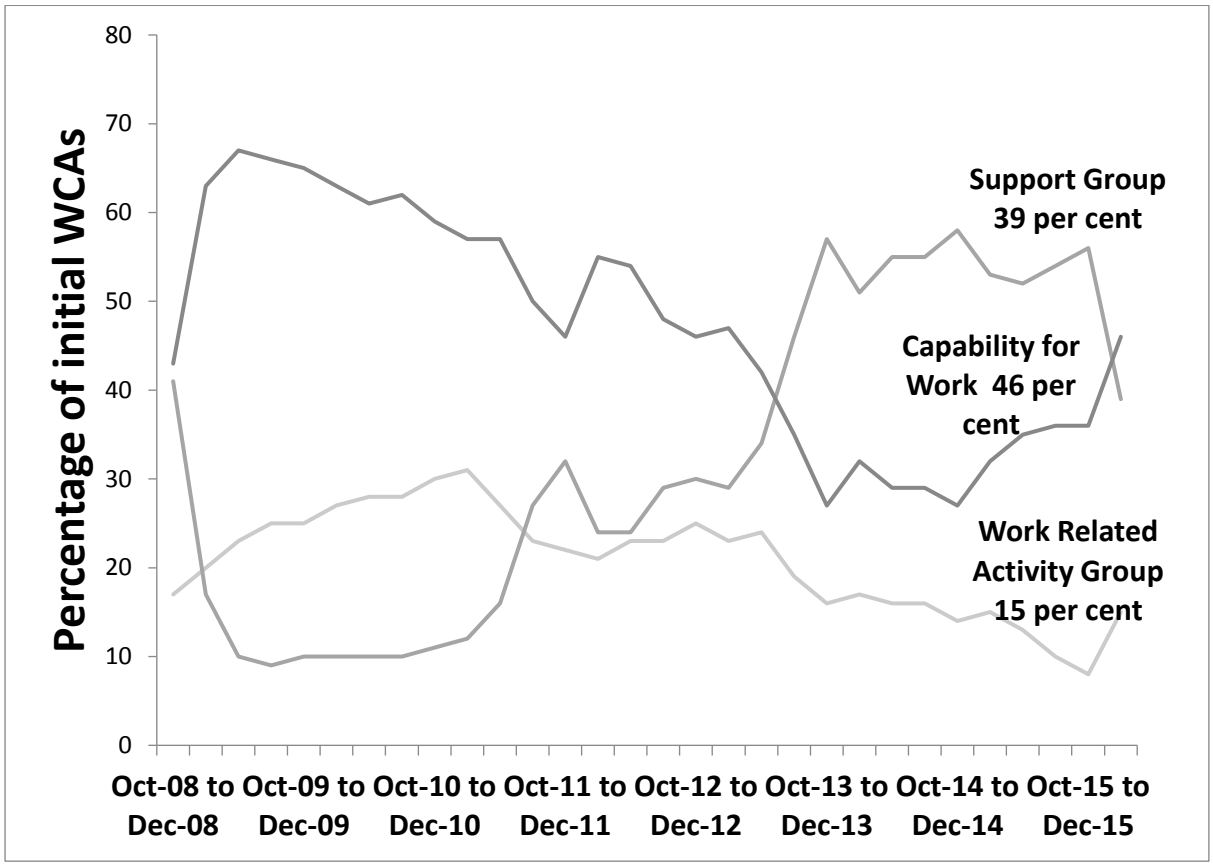
The role of assessments in determining employment and health-related support

124. Employment and Support Allowance was introduced in 2008 to deliver a more proactive approach to supporting individuals with health conditions into work, with an expectation that a significant proportion of those going through the Work Capability Assessment would be placed in the Work-Related Activity Group, where they would be offered practical support to prepare to return to work if and when they were ready. Those who were unable to engage with any type of employment-related support would be placed in the Support Group and those who were found to be ‘capable of work’ would claim Jobseeker’s Allowance instead.

125. We are already taking steps to improve the assessment process and have responded to a range of recommendations from five independent reviews of the Work Capability Assessment. Last year, the Centre for Health and Disability Assessments (CHDA) introduced a telephone support service to help individuals to complete their health questionnaire, known as the ESA50 or UC50. We are also sharing information from the Work Capability Assessment with Jobcentre Plus work coaches, to allow them to consider health conditions and barriers to work-related activity in order to better tailor support. Employment and Support Allowance and Universal Credit forms and letters are being reviewed with groups representing service users and CHDA to improve their clarity. We are revising the letter sent to GPs by decision makers when an individual is found to be capable of doing some work to encourage their collaboration and highlight the benefits of work. We are also launching an online Employment and Support Allowance claims process to give individuals and their representatives more flexibility in how and when they apply, while also improving the quality of evidence received.

126. However, it is clear that more needs to be done to improve assessments and ensure people are not being written off without support. At the time Employment and Support Allowance was implemented in 2008 it was assumed that less than 10% of those having a Work Capability Assessment would go into the Support Group and that, as a result of this additional support, there was an aspiration that 1 million fewer people would be on incapacity benefits (Employment and Support Allowance, Incapacity Benefit and Severe Disablement Allowance) by 2015. In practice, over the last 12 months we have seen on average 50% of people going into the Support Group,[80] as shown in Figure 1. While it is right that these people receive additional financial support, it was never intended that we apply a one-size-fits-all approach on accessing employment support to such a large group of individuals with a wide variety of conditions and differing prognoses.

Figure 1 – Outcomes of initial Work Capability Assessment



127. As a result of these trends, over 1.5 million people have been given the perception they do not have any capability for work and are unlikely to think about when and how they might start to prepare for an eventual return to work as a result of the Work Capability Assessment. This label may then apply for years and results in them not receiving any systematic contact with a Jobcentre Plus work coach. 69% of those in the Support Group have been on the benefit for 2 years or more:[81] a high proportion not being engaged for a long period of time. And only 1 person in every 100 of those in each of the Work-Related Activity Group and Support Group leave Employment and Support Allowance each month.[82]

[80] Department for Work and Pensions. *Employment and Support Allowance: Work Capability Assessments, Mandatory Reconsiderations and Appeals. ESA-WCA outcomes to March 2016 (MRs to July 2016);* 2016.

[81] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

[82] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

128. The one-size-fits-all approach is inappropriate considering the wide range of primary conditions and needs within Employment and Support Allowance and the Support Group. Conditions in the Support Group can range from having a mental health condition (50%) to diseases of the musculoskeletal system (12%) or nervous system (7%).[83] People might have fluctuating health conditions so they are able to engage with help one week but not the next. And survey data shows that 52% of people in the Support Group do want to work,[84] although their health condition may be a barrier to this.

129. Alongside their entitlement to additional financial support, these people deserve a personalised, tailored, practical support service as outlined in chapter 2. For instance, someone might be unable to engage with employment support at the point they undertake their Work Capability Assessment, but at a later point they could benefit from light-touch contact with a work coach who could provide advice on the health or employment services that might benefit them.

Reforming the assessment process

130. In order to realise our ambition to ensure individuals can access personalised support while still receiving the additional financial help they need, we need to consider whether the Work Capability Assessment is the right vehicle for deciding access to personalised employment support. This process initially included a Work-Focused Health-Related Assessment to explore with individuals their perceptions about work and to identify potential barriers to employment, but this was suspended in 2010 after we identified it was not as effective as had been hoped. This means we have a single functional assessment that tries to do two things: deciding both financial entitlement and also levels of systematic contact with Jobcentre Plus. We need to consider whether this is the right approach for the future.

131. Instead, it ought to be possible to build a more effective approach to assessing entitlement to financial and employment support. For instance, establishing entitlement to financial support could still be decided by an assessment, but that assessment could be used *solely* to determine whether an individual should get additional financial support. Decisions on whether someone should engage with Jobcentre Plus or specialist programmes could then be made through a separate process. This would avoid the current situation where someone's entitlement to additional financial support can also result in them being given no employment support.

132. For instance, trained work coaches could have discretion to make case-by-case decisions about the type of employment support a person is able to engage with. To do this effectively, they would work closely with the person, building on information gathered at early discussions such as the Health and Work Conversation to ensure they are signposted to help that is appropriate to their needs. Work coaches will be able to draw on additional advice where needed, from Disability Employment Advisers and Community Partners, and could access specialist advice such as occupational health and Jobcentre Plus work psychologists where individuals have more complex health conditions.

133. That important relationship with a work coach would then continue beyond the assessment, ensuring those assessed as needing the most financial support can still access the holistic health and employment support and signposting offered by and through Jobcentre Plus. Work coaches could have full discretion to tailor any employment support to each individual claimant. This approach would be truly responsive, allowing the work coach to adjust requirements and goals dependent on changes in a person's condition or circumstances. This is particularly important for people with fluctuating health conditions, as the support available would always be reflective of their needs.

[83] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

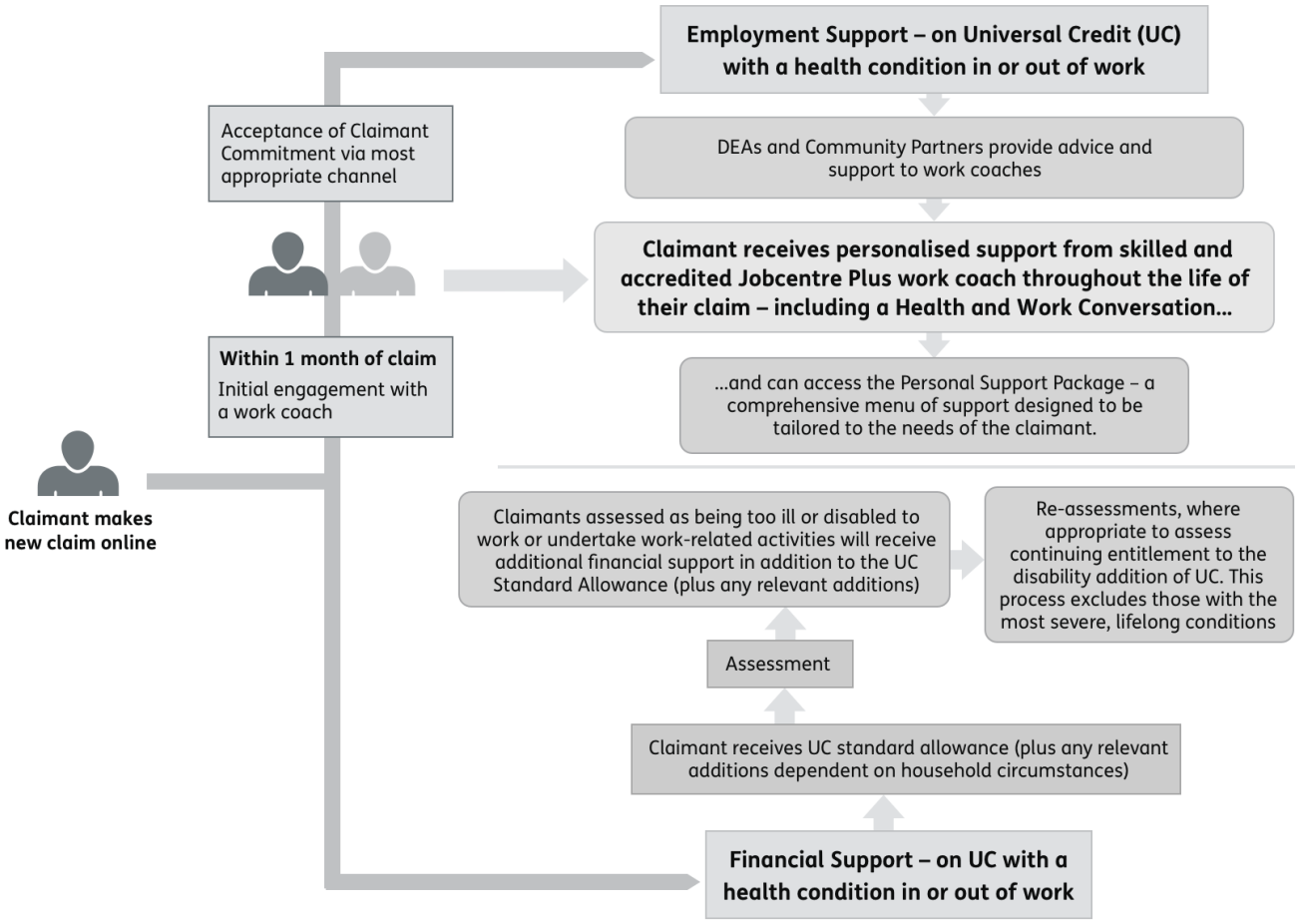
[84] Department for Work and Pensions. DWP *A Survey of Disabled Working Age Benefit Claimants*; 2013.

134. This would mean that people are really offered a personalised service that takes appropriate account of their needs while still receiving the same financial support as under the current system – rather than having the offer of employment support determined by a fixed category. We would of course put safeguards in place to ensure that work coaches do not require someone to attend an appointment where this would not be reasonable.

135. There are a number of principles to how a new assessment approach could work which we would want to test. For instance, any assessment for financial support should draw as far as possible on existing information that has been gathered from the NHS, the adult social care system or through other benefit applications, such as from a Personal Independence Payment application, where this is appropriate and relevant. And it should still focus on the impact that an individual's health condition has on them – recognising that those with the greatest level of disability have the biggest labour market disadvantage.[85]

136. An assessment which only considered financial support would also align to the principles of Universal Credit, meaning that an individual would continue to receive the 'limited capability for work and work related activity' rate of Universal Credit even if they moved into work, which would taper away as earnings increased.

137. This diagram illustrates a possible model for how this proposed approach could work in future – it does not describe the current system. We would like to hear views on whether this model would work, or whether there are alternative options we should explore.



[85] Rigg J. *Labour Market Disadvantage amongst Disabled People: A longitudinal perspective.* CASE paper No. 103. Centre for Analysis of Social Exclusion, London School of Economics; 2005.

Your views

138. We recognise that stakeholders have repeatedly highlighted concerns about the effectiveness of the Work Capability Assessment. We want to hear your views on alternative ways that we could improve the process by which people are assessed for entitlement to financial support.
    - Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?
    - How can we ensure that each claimant is matched to a personalised and tailored employment-related support offer?
    - What other alternatives could we explore to improve the system for assessing financial support?

Improving the data we use to assess financial support

139. People rightly expect public services to work together with each other, and to use the information they have provided to ensure the best possible service. This is even more important for services that provide essential financial support when someone is in need, such as when they have developed a health condition, or lost their job and their source of income.

140. For example, the Armed Forces Covenant helps ensure that service personnel, veterans and their families are supported and treated fairly, and recognises that special consideration is appropriate in some cases, especially for those who have given the most, such as those who have been injured. The Department for Work and Pensions uses Service Medical Board evidence where it can so a severely disabled person doesn't have to undergo additional examinations for Employment and Support Allowance purposes.

141. However, there may be opportunities to use this evidence more widely in Employment and Support Allowance and Universal Credit assessments for all members of the armed forces which would result in speedier benefit awards and a less burdensome claiming process for the individuals.

142. If a person falls out of work as a result of a health condition or disability, they might already be accessing NHS services and potentially support from their local authority such as adult social care. They might also apply for financial assistance from a range of NHS schemes, such as the Healthcare Travel Costs Scheme. In addition, they might also claim a number of benefits, including Employment and Support Allowance or Universal Credit, and Disability Living Allowance or Personal Independence Payment.

143. In order to receive both Employment and Support Allowance or Universal Credit, and Personal Independence Payment, people will take part in 2 separate assessment processes. Around half of those who claim Employment and Support Allowance also receive Personal Independence Payment (or Disability Living Allowance), and 64% of those in the Employment and Support Allowance Support Group claim Personal Independence Payment or Disability Living Allowance.[86] This means that these individuals have to make 2 separate benefit applications where they often have to provide much of the same information, which might be in addition to applying to the NHS, local services or other bodies to receive specific support. For those who claim both Employment and Support Allowance and Personal Independence Payment, as at April 2016, around 70% applied for Employment and Support Allowance first.[87]

[86] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016.
[87] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016.

144. Different schemes provide financial support to meet different needs. For instance, Employment and Support Allowance and Universal Credit are paid to replace and supplement someone's income while they are out of work or in low-paid work with a health condition. However Personal Independence Payment is designed to contribute to additional costs arising from a disability. It is sometimes appropriate that individuals might receive one and not the other, so to some extent it may be unavoidable that more than one application and assessment is required to determine eligibility for these different schemes.

145. However, where there are opportunities to share common information across processes and where information is up to date and relevant, we should reduce the burden on the individual of providing the same details over and over again should they claim both. This could also improve the accuracy of assessments to ensure individuals get the financial support they are entitled to, by making more effective use of data already held within the welfare system.

146. For example, subject to establishing that any data to be shared is up to date and relevant, we can consider sharing of data between the two assessments for Employment Support Allowance/Universal Credit and Personal Independence Payment. This could mean sending relevant sections of the Work Capability Assessment report to Personal Independence Payment assessors should an individual in receipt of Employment Support Allowance/Universal Credit, subsequently claim Personal Independence Payment. This could simplify the process so that once someone has provided information about their health condition to one part of the system, that information is used if they make a claim to a different benefit. This would ensure a person receives what they are entitled to without having to submit the same information again.

147. We will also explore how the assessment process could use data already gathered by the NHS or local authorities where appropriate, to ensure people do not have to repeatedly provide the same information. There are inevitably important sensitivities around how an individual's data is used, and Dame Fiona Caldicott's Review of data security and consent / opt-outs has explored how we achieve the right balance between protecting an individual's data, and using it to improve services.[88] However, if we can strike the right balance, there is a valuable opportunity to create a more seamless journey for people with the most needs, using data in a way that improves their access to services, and promotes more integrated services.

Those with the most severe lifelong conditions

148. Some people have been diagnosed with the most severe health conditions and disabilities from which they will never recover, and which require high levels of day-to-day care. People in these circumstances are likely to already have significant engagement with the NHS or social care services and in many cases they will already have had detailed and up-to-date NHS or local authority health or care assessments.

149. As these people's conditions are extremely unlikely to improve, we have recently announced that they will no longer be required to take part in reassessments and are engaging with experts to design the criteria for deciding to whom this should apply. They are still currently expected to take part in an initial Work Capability Assessment to determine if they should have access to increased financial support and to decide their access to employment support.

150. We are therefore consulting on whether we should introduce **a more appropriate process for people who have severe health conditions and disabilities**, who represent a small proportion of those in the Employment and Support Allowance caseload. For instance, we could consider whether a simpler assessment process could be developed, that means that people do not need to provide as much information as required under the current system. It may be possible to achieve this, with an individual's consent, by using data already held in the NHS to determine severity of condition and functional impact where this is appropriate.

[88] National Data Guardian. *Review of Data Security, Consent and Opt-Outs;* 2016.

151. In order to test the feasibility of this approach we will be conducting a case review exercise in our Assessment Centres to determine whether a healthcare professional could have completed a shortened assessment process using, for example, pre-existing NHS or local authority evidence such as care plans to make their recommendation. This would avoid placing any further burdens on the individual to fill in additional questionnaires or attend a face-to-face assessment to determine their eligibility. As part of this and the data-sharing work, we are also looking at wider opportunities to reduce bureaucracy and improve individuals' experiences of assessment processes.

Your views

152. We want to hear from you about how we can make these processes work more effectively and seamlessly for individuals accessing financial support.

- How might we share evidence between assessments, including between Employment Support Allowance/Universal Credit and Personal Independence Payments to help the Department for Work and Pensions benefit decision makers and reduce burdens on claimants?
- What benefits and challenges would this bring?
- Building on our plans to exempt people with the most severe health conditions and disabilities from reassessment, how can we further improve the process for assessing financial support for this group?
- Is there scope to improve the way the Department for Work and Pensions uses the evidence from Service Medical Boards and other institutions, who may have assessed service personnel, which would enable awards of benefit to be made without the need for the claimant to send in the same information or attend a face-to-face assessment?

Conclusion

153. Disabled people and people with health conditions need a simple, effective route to the most appropriate financial support so that they can focus on managing their disability or health condition and accessing employment support where appropriate. This paper is seeking views on whether individuals could receive a better experience in accessing financial support – with improved used of data, and an assessment process that enables them to access financial support without this affecting their engagement employment support.

Summary of consultation questions

- Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?
- How can we ensure that each claimant is matched to a personalised and tailored employment-related support offer?
- What other alternatives could we explore to improve the system for assessing financial support?
- How might we share evidence between assessments, including between Employment and Support Allowance/Universal Credit and Personal Independence Payments to help the Department for Work and Pensions benefit decision makers and reduce burdens on claimants?
- What benefits and challenges would this bring?
- Building on our plans to exempt people with the most severe health conditions and disabilities from reassessment, how can we further improve the process for assessing financial support for this group?
- Is there scope to improve the way the Department for Work and Pensions uses the evidence from Service Medical Boards and other institutions, who may have assessed service personnel, which would enable awards of benefit to be made without the need for the claimant to send in the same information or attend a face-to-face assessment?

4: Supporting employers to recruit with confidence and create healthy workplaces

Chapter summary

In this chapter we consider the role of employers in supporting more disabled people and people with health conditions into work. We explore:

- why employers should take action, highlighting the benefits of investment and the risks of inaction;
- how employers can be supported to establish good practices and supportive workplace cultures. We discuss the role of the public sector as a major employer in its own right and then look at how employers can be helped to address stigma and monitor workplace health, how they can access information, support and peer networks, how we can strengthen the evidence base for action and the possible role of incentives in driving the right behaviour and innovation;
- how we can encourage employers to recruit disabled people and people with health conditions; and
- how employers can support more disabled people and people with health conditions to stay in or return to work. We explore the critical role of promoting health, practical preventative and rehabilitative support, how sickness absence management can be improved to support phased returns to work and the role of insurance schemes in supporting prevention activities and protecting incomes.

Introduction

154. We want to create a country and an economy that works for everyone, in which disabled people and people with health conditions are given the chance to be all they want to be and employers can benefit from a large, valuable and under-used section of the labour market.

155. Employers are important partners in this enterprise. Many are already creating healthy, inclusive workplaces and our vision is for this to become normal practice for all employers. This chapter sets out an ambitious view of what employers can do. We first consider why it is in the interests of employers to act and then consider the foundation step of embedding good practices and healthy, inclusive cultures – which will underpin our efforts to help disabled people and people with health conditions to move into, stay in, progress in, or return to work.

156. We then focus on the tangible things we could do now to move towards an employment culture that recognises the contribution that disabled people and people with health conditions make to the workplace and where investment in health and wellbeing is the norm. We particularly want to know how to support, encourage and incentivise employers to adopt good practice, particularly among small and medium-sized businesses.

The case for employer action

157. Businesses drive our economy and are rightly focused on growth, productivity and delivering a return on their investments. Investing in workplace inclusivity, health and wellbeing is critical to these goals:

- employers will have access to a wider pool of talent and skills if they have inclusive and disability-friendly recruitment, retention and progression policies,[89] and may also be able to serve their customer base more effectively;
- organisations that promote and value health and wellbeing benefit from improved engagement and retention of employees, with consequent gains for performance and productivity. Highly engaged employees are less likely to report workplace stress, take fewer days sick absence[90] and make the most productive and happiest employees;[91]
- employers lose out when people go sick: 139 million sick days were taken in 2015[92] and the direct cost to businesses of sickness absence has been estimated at £9 billion per year.[93] One survey put the median cost at £622 for each absent employee;[94]
- the challenge will become greater as the working age population gets older – the workforce is projected to increase by roughly a million in the coming decade, with the majority of this increase in the 50 to 64 year old age group.[95] With health conditions and disabilities more prevalent in this group, employers will increasingly need to support their employees to remain healthy and manage their conditions if they are to make the most of their skills and experience;
- by helping someone who is having difficulty in work due to illness or disability or intervening early in a period of sickness absence, employers can retain skilled employees and avoid additional recruitment costs. One study found that the average costs of replacing a worker earning more than £25,000 ranged between £20,000 and £40,000;[96]
- in addition to being bad for employers and the economy in general, a prolonged period of sickness absence is bad for individuals – early intervention is important,[97] the longer someone is away from work, the harder it is for them to get back to work, and the greater the risk of them missing out on all the benefits that work can bring;[98] and
- beyond the workplace, there are benefits to employers from investing in health and disability: households including disabled people have a combined spending power of around £212 billion[99] and we know that there is scope for businesses to better serve disabled consumers and communities and therefore capitalise on this spending power.

[89] Gulliford J. *Enabling work: disabled people, employment and the UK economy*; 2015
[90] Clark N. *Enhancing performance through employee engagement – the MacLeod* Review; 2010
[91] Clark N. *Enhancing performance through employee engagement – the MacLeod* Review; 2010
[92] Office for National Statistics.ONS *Sickness Absence in the Labour Market: February 2014*. 2014
[93] Black C, Frost D. *Health at work – an independent review of sickness absence*. 2011.
[94] Confederation of British Industry. CBI*Fit for purpose: Absence and workplace health survey 2013;* 2013
[95] Office for National Statistics.ONS. *Principal Population Projections*; 2015.
[96] Oxford Economics. *The cost of the brain drain: understanding the financial impact of staff turnover*; 2014.
[97] Gabbay M, Taylor L, Sheppard L, Hillage J, Bambra C, Ford F, et al. NICE guidance on long-term sickness and incapacity. *British Journal of General Practice*.Brit J Gen Pract. 2011; 61(584):206-7.
[98] Black C, Frost D. *Health at work – an independent review of sickness absence*: 2011.
[99] Department for Work and Pensions. *Annual net income of households containing a disabled person 2012 to 2013*; 2014.

The benefits of work experience placements

"What's not to like about hiring exceptional candidates? We've quickly learned that there can be a fabulous overlap between candidates with learning difficulties and exceptional employees – and any employer that isn't interested in that overlap is missing out in a big way"

Partner at a global law firm which works with Mencap to offer work placements and has recruited disabled people

Action already taken

158. Employers already have to take certain actions to comply with health and safety and equality laws and the government has recently appointed Matthew Taylor to lead an independent review to look at how current regulations may need to change in order to keep pace with the growing number of people who are registered as self-employed, on zero hours contracts or in temporary work. The review will look at job security, pay and rights and it will also examine whether there are ways to increase opportunities for carers, disabled people and older people.

159. Employers can also access government support to recruit and retain disabled people and people with health conditions in several ways:

- **Disability Confident** is a campaign that challenges negative attitudes to disability and disability employment and aims to help disabled people achieve their potential. We want the Disability Confident badge to become a recognised symbol of a good employer and for the list to be published so disabled jobseekers can find supportive employers;
- **Access to Work** supports the disability-related needs of individuals in the workplace where they go beyond reasonable adjustments required under the Equality Act 2010. Last year Access to Work invested around £100 million to support over 36,000 disabled people. Additional funding announced in 2015 will mean that we will be helping over 60,000 people per year by the end of the Parliament. It has also seen a new focus to respond to those with hidden impairments like mental health conditions and learning disabilities;
- **Fit for Work** provides a free, expert, impartial work and health advice service for employers and a targeted occupational health assessment for employees who are off sick for 4 weeks or more;
- a **Small Employer Offer** is being rolled out to support smaller employers to create more job opportunities for disabled people and people with health conditions. Advisers based in Jobcentre Plus will work with employers to create tailored in-work support for employees, and provide advice and support for employers on workplace adaptations. Small employers can apply for a payment of £500 where employment continues for 3 months;
- the **Small Business Research Initiative** aims to solve challenges by harnessing creative ideas from business. A competition launched in October 2016 looks at innovative ways small and medium-sized businesses can manage sickness absences and support early returns to work. A decision on successful bids will be made in January 2017.

Embedding good practices and supportive cultures

160. We know that the right organisational culture and practices can enable more disabled people and people with health conditions to get into and stay in work. Many employers already have a strong track record in this area and we want to learn from their success and support others who need to do more. In this section, we set out the steps we will take to encourage inclusive cultures which have supportive employment practices by focusing on:

- the public sector leading by example;

- addressing stigma and encouraging disclosure;
- providing guidance and helping employers to learn from each other; and
- incentivising action and encouraging innovation.

The public sector as an employer

161. The public sector is a large employer, and we are committed to ensuring that it leads the way in developing employment practices that allow disabled people and people with health conditions to flourish. There are a number of activities already underway to support this ambition. For example:

    - all central government departments provide support to help all employees to stay well and manage their health conditions at work. This support includes a variety of programmes like occupational health support, online cognitive behavioural therapy, counselling support and the Civil Service reasonable adjustments service;
    - departments also have a variety of employee networks focused on health and disability. These are supported by senior managers and allow employees to support and learn from each other; and
    - work is also underway in other parts of the public sector. The NHS employs 1.4 million people and NHS England, through its Healthy Workforce Programme is providing healthy food options, NHS health checks and voluntary initiatives such as weight watching to NHS employees. It is also working to improve recruitment of people with learning disabilities.

162. This investment has proved effective in bringing down civil service sickness rates: for example, sickness rates in the Department for Work and Pensions have fallen from 11.1 days per staff year in 2007 to 6.2 in 2016.[100] However, it is clear that more needs to be done. Sickness absence in the wider public sector stands at 8.7 average working days lost per person compared to 6.1 in the Civil Service and 5.8 in the private sector.[101] Just under 12% of those who work in the public sector report having a disability, compared to an overall disability prevalence rate of 17% within society overall.[102]

163. We are committed to the public sector leading by example and will take action to:

    - ensure public sector employers monitor and review their recruitment, sickness absence and wellbeing activities and take action where issues are identified. The ambition is that inclusive recruitment, tailored wellbeing and ill-health prevention activity to support and sustain people in work is the norm.
    - ensure all government departments are signed up as being Disability Confident by the end of the year. In addition, we will extend this expectation across other public sector employers over the next 12 months.
    - explore whether the use of procurement, which has been simplified and streamlined since 2015, can deliver wider objectives as well as value for money. For example, whether the Department for Work and Pensions' initiative that encourages suppliers to provide employment and other opportunities to disadvantaged groups, including disabled people, could be expanded to other government departments or employers who receive public funding.

[100] The Civil Service measures average working days lost (AWDL) per staff year, based on hours actually worked by employees. This produces a more accurate but generally higher absence figure than the AWDL per person figure used for external comparisons. Source: Department for Work and Pensions. *Sick Leave: Written question – 29117*. http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2016-03-01/29117/ (accessed October 2016). http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2016-03-01/29117/

[101] Chartered Institute of Personnel and Development. *Absence measurement and management fact sheet.* https://www.cipd.co.uk/hr-resources/factsheets/absence-measurement-management.aspx (accessed October 2016). CIPD October 2015

[102] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016.

Addressing stigma and encouraging disclosure

164. Of course any employer, whether public, private or voluntary and community sector, can only help someone start or stay in work if they are aware of a health condition or disability. Many conditions can be hidden and a person's decision to disclose a disability or health condition to an employer can hinge on a number of factors. These include the extent to which they feel able to have a conversation with their manager, whether they fear disclosure might result in stigma or discrimination and the level of support they feel their manager, employer or colleagues might give them. Broaching the subject of disability and health may feel too sensitive or off-limits for many managers and employers who fear saying or doing the wrong thing.

165. Yet in many instances open and supportive conversations about disabilities and health conditions will help employees and employers work together to enable someone to fulfil their potential at work, and remain in work if a condition fluctuates or develops. It is also important for employers to understand the profile of their workforce both through individual conversations and by analysing data they hold (for example on sickness absence and from worker health surveys) to plan for, and address, issues it may present.

166. Currently UK employers are not required to know the details about disability or sickness in their workforce.[103] If we are to realise our ambition of a healthy UK workforce with fewer people dropping out of work because of ill health, then **we need to see all employers creating environments where employees feel able to disclose health issues and where employers act on that information to improve employee health.** We would like to hear how best employers can be supported to create environments that support disclosure and what it is reasonable to expect employers to do as regards monitoring and acting on the health needs of their workforce.

Creating a culture that encourages disclosure: Barclays Bank

Since 2013, Barclays has run a "This is Me" campaign to tackle the awareness and understanding of mental health in the workplace. The campaign is designed to address the hesitancy to speak out about the topic itself, is driven and designed by employees with personal experience of managing their own mental health and wellness, and fully supported by Barclays disability network, Reach.

The campaign was built on individual experiences and has a three-fold approach – authentic stories of colleagues talking about their lives including their own mental health and wellness, identifying and addressing areas for improvement, for example through manager training and policy reviews, and an external commitment to breaking the stigma related to mental health issues by signing the Time to Change pledge. From just 9 stories, the campaign grew and to date over 160 stories have been shared by colleagues and they have seen more than 60,000 visits to the website.

As a result of the response from other businesses, Barclays has partnered with the Lord Mayor of London to expand its campaign to "This is Me in the City". This city-wide campaign has encourage over 70 London based organisations to launch a similar 'This is Me' style campaign within their own organisations.

Mark McLane, Global Head of Diversity and Inclusion at Barclays, said "It is clear that authentic story-telling truly engages people and, when led by colleagues, it leads to real inclusion and builds a sense of trust. However daunting it may seem at the start, this approach encourages more people to speak out about their own experiences. Strong leadership and support from well-informed charity partners has proved to be invaluable."

[103] Although public sector bodies are required to publish employment data concerning protected characteristics under the Public Sector Equality Duty under the Equality Act 2010, https://www.gov.uk/guidance/equality-act-2010-guidance#public-sector-equality-duty.

Providing and publicising guidance and supporting employers to work together

167. Employers may be prevented from creating a supportive culture by a lack of expertise, support or capacity. This can be a particular issue for smaller businesses, where they might be facing the issues for the first time. There is already a wealth of information about how employers can support disabled people and people with health conditions, but the extent to which it is known about, used or found useful is unknown. So we want to consider how we can bring this information together, make it accessible and support employers to work together.

    As well as guidance, we want to provide more information on the business case for employers to be more inclusive for their employees and their customers. Although the evidential case for employer action on health and work is already compelling, we believe there is scope for it to be stronger still, and particularly so for smaller employers. We believe there is a case for research to build and illustrate the business case for employer action in a number of areas. These could include:

    - the benefits of wellbeing, prevention and rehabilitation activities, including occupational health support for employers and others;
    - the return on investment for employers who purchase income protection insurance; and
    - effective recruitment methods across different disabilities and health conditions.

168. Many organisations have recommended consolidating some of the evidence on the business case for change, as well as practical information, into a one-stop shop for employers. This could include case studies, examples of reasonable adjustments as well as running awareness sessions. We agree that there could be benefits to this and so **we will undertake research to find out what employers would find most useful in a one-stop shop on health and work**. We also seek your views on this as part of the consultation.

169. Partners have also suggested that government should be more proactive in making businesses aware of the information and support that is available to them, rather than expecting them to find it themselves. We agree, and so we **will work with partners to develop and run information campaigns on key topics around health and work to help employers access existing information and adopt good practices.** We want to hear from employers about how best to do this, for example, who employers are influenced by and how to reach different sectors.

Realising potential

170. Seeing more disabled people and people with health conditions get into work is important but on its own it is not ambitious enough – we want to see these employees reaching their full potential, making their fullest contribution and going as far as their talent and drive can take them. Senior, executive and board positions should be within their reach.

171. Evidence suggests that seeing employers have success in hiring disabled people and people with health conditions can be a powerful way of motivating other employers to act.[104] Employer-employee networks and business-led initiatives therefore have a big role to play in influencing employers to recognise the talents of disabled employees and employees with health conditions and creating the momentum to support these employees excel.

172. Some organisations already support networks that stimulate the exchange of new ideas and good practices. The Business Disability Forum brings together business people, disabled opinion leaders and government while Purple Space focuses more specifically on employee networks, providing learning, networking and professional development opportunities.

[104] Organisation for Economic Co-operation and Development. OECD's *Sickness, Disability and Work, Breaking the Barriers*; 2010.

173. Business-led initiatives can also have great influence. For example, from 2010 to 2015, the number of women on the boards of FTSE 350 companies more than doubled, following the business-led Lord Davies Review set up by Government into women on boards. The Davies Review worked with key stakeholders including businesses, investors and executive search firms, and we saw the target for 25% women on boards of the FTSE 100 by 2015 exceeded, and all-male boards in the FTSE 100 eliminated. Work continues under the new Hampton-Alexander Review, with the increased target for 33% women on FTSE 350 boards by 2020.

174. The Review created a culture change in business, with companies recognising that achieving a better gender balance at these levels will not only help to close the gender pay gap, but companies will also benefit from better decision making, accessing the widest talent pool and being more responsive to the market. Increasing the number of women at senior levels is about improving performance and productivity.

175. We believe there is much more we can do to achieve the same results for disabled people. Although representation of disabled people and people with health conditions in senior positions is unknown (noting employers are not required to collect data on this), it is reasonable to surmise that with a disability employment gap of 32 percentage points, representation at senior levels is also likely to be lacking. So we want to know what the role of employers and government should be in helping disabled people and people with long-term health conditions progress in work and secure senior roles.

176. We want to see businesses leading the way and creating the same sort of momentum as they have to increase the number of women on boards. To achieve this, **we will establish a Disability Confident Business Leaders Group who will work alongside ministers and officials to increase employer engagement around disabled employment, starting with FTSE 250 companies**.

177. In addition, we think there is scope to do more, especially among small and medium-sized employers, **to establish supportive networks between employers, employees and charities around health and work**, and would like your views on the best way of doing this.

Incentivising action and stimulating innovation

178. We want to know whether financial or other incentives would encourage employers to try new and creative things to support more disabled people and people with health conditions in work. The reality is that in order to halve the disability employment gap, all things being equal, we need to see around a million additional disabled people in work and we want to explore how we can incentivise employers in creating new roles for disabled people and people with long-term health conditions. Several financial incentive schemes around health and work and stimulating employment more generally already exist:

- to encourage employers taking action to prevent employee ill health, employers can claim tax relief on up to £500 of the cost of treatment for an employee recommended by an occupational health practitioner and can claim corporation tax relief on their premiums when they purchase income protection insurance products for their employees.
- to encourage job creation, particularly among young people, the Employment Allowance scheme allows businesses to employ 4 adults, or 10 18–20 year-olds, full-time on the National Minimum Wage without paying employer National Insurance contributions.
- a small grant promoting the employment of disabled people and people with health conditions is being trialled through the “Small Employer Offer” mentioned at paragraph 159 above. Small and medium-sized enterprises who sustain such employees at work for 3 months will receive £500 to provide on-going mentoring and support for employees.

179. We recognise that the evidence about the effectiveness of such initiatives in sustaining people in or supporting them into employment is mixed. However we believe that, given the scale of the challenge ahead of us, it is right to consider if they have a role to play.

180. Partners have suggested, for example, using financial incentives to encourage large employers to share their HR, occupational health or employee assistance services with smaller employers; or encouraging employers to provide occupational health support to their employees. Schemes like this may help build capacity among small and medium-sized employers.

181. More broadly, we know that employer indexes such as Stonewall's Equality Index can support changes in employer behaviours.[105] The mental health charity Mind launched its Workplace Wellbeing Index earlier this year.[106] It may be helpful for the Disability Confident scheme to include an index of employers on how inclusive of disability they are. We would like your views on whether there is a role for these and other incentives in helping more disabled people and people with health conditions to move into or stay in work.

Your views

- What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?
- What expectation should there be on employers to recruit or retain disabled people and people with health conditions?
- Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions? Please consider:
    - the information it would be reasonable for employers to be aware of to address the health needs of their employees;
    - the barriers to employers using the support currently available;
    - the role a 'one stop shop' could play to overcome the barriers;
    - how government can support the development of effective networks between employers, employees and charities;
    - the role of information campaigns to highlight good practices and what they should cover;
    - the role for government in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles;
    - the impact previous financial, or other, incentives have had and the type of incentive that would influence employer behaviour, particularly to create new jobs for disabled people; and
    - any other measures you think would increase the recruitment and retention of disabled people and people with health conditions.
- Should there be a different approach for different sized organisations and different sectors?
- How can we best strengthen the business case for employer action?

[105] Stonewall. *Workplace Equality Index*. http://www.stonewall.org.uk/get-involved/workplace/workplace-equality-index (accessed October 2016).

[106] Mind. *Workplace Wellbeing Index.* http://www.mind.org.uk/workplace/workplace-wellbeing-index/ (accessed October 2016). http://www.mind.org.uk/workplace/workplace-wellbeing-index/

Moving into work

182. A supportive inclusive culture is demonstrated in practice at 2 critical points – the recruitment of disabled people and people with health conditions, and how they are supported to stay and progress in work. In this section, we set out some existing good practice for inclusive recruitment and consider how we might improve existing government schemes to support employers to recruit disabled people and people with health conditions.

183. The Disability Charities Consortium has identified that employers who are good at recruiting disabled people consider the challenges such candidates may face and take innovative steps including offering "working interviews" and providing supported internships and apprenticeships to help disabled people gain skills and experience.[107] Disability Confident suggests other ways of making recruitment practices more inclusive include making online recruitment more accessible and providing additional training for recruiting managers. We would like to establish what good practice employers are already taking and how government schemes can support this.

184. There are already a number of government schemes that support employers or employees to manage health conditions and disabilities at work, such as Disability Confident and Access to Work. Various organisations have suggested ways in which the remit and operation of some of these schemes could be changed to support employers to recruit more disabled people and people with health conditions. We would like to hear about the ways these schemes could be enhanced to help even more disabled people move into work.

Your views

- How can existing government support be reformed to better support the recruitment and retention of disabled people and people with health conditions?

[107] The Disability Charities Consortium is made up of eight of the largest disability charities in the UK: Action on Hearing Loss, Disability Rights UK, Leonard Cheshire Disability, Mencap, Mind, National Autistic Society, RNIB, and Scope.

Case study – Jamie

Jamie joined North One Television on a one year-internship leading up to the Rio Paralympics, where he then joined the Channel 4 production team in Brazil. The objective of the internship at North One was to give Jamie direct exposure to sports production, and to this end we placed Jamie within our MotoGP team, producing coverage for BT Sport of the world motorcycle racing championship.

Channel 4 has been leading the way in creating opportunities for people with disabilities in the media. But the main challenge (and one that we have whole-heartedly supported) is to accept that people with disabilities simply want to achieve what the rest of us have – a career with prospects that can provide an income to allow them to plan for and support their long-term future.

This requires a management and workforce to accept and share the challenges that a person with disabilities has, to feel able to speak openly about them to make the workplace as practical as possible, but then – crucially – to put the disability second and the ability first.

Jamie is a wheelchair user so a number of workplace adjustments took place (accessibility issues and so on). But that was dealt with. Jamie then got stuck in to his role on MotoGP and has proven himself to be an extremely capable Researcher/Assistant Producer, to the extent that he will be returning after the Paralympics to join our team beyond this internship.

There are no favours here, no preferential treatment or tokenism. Jamie has earnt this position because he is a good Researcher/ Assistant Producer. I think this is a fundamental issue, but it requires open and frank discussion about what a disability means in practical terms and then to focus on the job, as you would with any other employee.

But the process of making adjustments to the workplace and engaging employees in that process makes for a far more accepting and understanding wider workforce, shifting the general focus from disability to ability.

Account from Robert Gough, North One Television.

Staying in or returning to work

185. A person who falls ill in work or who has an existing condition or disability that worsens may face a critical point where the right support from their employer can make all the difference between them remaining and flourishing in work or struggling to cope and falling out of work. An inclusive culture, where health is promoted and action taken to prevent or manage ill health supports the interests of both employer and employee. Yet some employers focus on compliance with health and safety legislation without necessarily considering wider health and wellbeing.

186. A true preventative approach requires a focus on both physical and mental health and support for those having difficulty in work due to illness or those who have gone off sick. In this section, we consider:

- how employers can proactively promote health and wellbeing and preventing ill health;
- managing sickness absence and the role of Statutory Sick Pay in supporting phased returns to work; and
- how insurance products could better support employers to manage the potential costs of ill health.

Promoting health and wellbeing and preventing ill health

187. Given the time most working people spend in the workplace it should be a key place to support health and wellbeing. Investing in the health and wellbeing of employees can bring business benefits by reducing sickness absence rates and improving productivity. To be effective, initiatives will need to be tailored to the organisation, although various organisations and studies have identified several core components which positively embed health and wellbeing in the workplace. These include:

    - **the right culture and leadership** such as supportive company values and standards, the right working policies and practices, a commitment to health and wellbeing at all levels but particularly among senior leaders and effective communication and consultation with employees;
    - **the right physical environment** through safe and appropriate working conditions;
    - **effective people management** where managers have the confidence and capacity to deal with workplace health and wellbeing issues. Where in place this has been linked with improved performance and wellbeing; where it isn't it creates pressure among those who continue to work despite illness[108] and has been linked with stress, burnout and depression.[109]

188. These are not new concepts and build on the key elements of effective health and safety management. Advice and support for employers on how to embed these elements is readily available (although we are considering how we can ensure it is more effectively organised and made available) and there are many practical ways employers can support workforce wellbeing.

189. Interventions should be based on the specific health needs of each organisation's workforce and employers may find it helpful to work with their local NHS and local government to identify needs and deliver interventions. These could include initiatives like healthy food, support with weight management, stop smoking schemes or mental health or physical opportunities like cycle-to-work schemes. Employee assistance providers can also help employees with wider life issues that can impact health such as bereavement, domestic violence, debt and relationships.

190. As part of creating healthy workplaces employers can do a great deal to help and encourage their staff to be physically active. The physical and mental health benefits of physical activity are well established, with Public Health England's *Everybody Active Every Day* report from 2014 setting out the evidence and making a powerful case for creating an active society with active environments. The benefits of physical activity are most pronounced for those who are currently inactive. Disabled people and those with serious health conditions are much less likely to be physically active than others.

191. The government's sport strategy, *Sporting Future: a New Strategy for an Active Nation*, which the Department for Culture Media and Sport published last December, set out the benefits for employers and staff of a physically active workforce, including greater levels of staff engagement and commitment to the organisation. Government will be working with others to establish an employers' network to promote physical activity. In addition, as part of the public sector setting an example, we have established a Civil Service Physical Activity Workplace Challenge which is currently being piloted across a number of departments.

192. There are various assessment and accreditation schemes available to help employers identify suitable actions to take on workforce wellbeing and standards endorsed by Public Health England. Schemes include Liverpool City Council's Workplace Wellbeing Charter,[110] London's Healthy Workplace Charter[111] and the North East's Better Health at Work Award.[112] The Health and Safety

[108] Robertson IT, Leach D, Doerner N et al. *Poor health but not absent: Prevalence, predictors and outcomes of presenteeism. Journal of Occupational and Environmental Medicine* 2012 54: *1344–9.*
[109] Tait et al. Impact of Organizational Leadership on Physician Burnout and Satisfaction. *Mayo Clinic Proceedings* 2015: 90, (4); 432–440.
[110] *The Workplace Wellbeing Charter.* http://www.wellbeingcharter.org.uk/Whats-Involved.php
[111] Greater London Authority. *Healthy Workplace Charter.* https://www.london.gov.uk/what-we-do/health/healthy-workplace-charter
[112] *North East Better Health at Work Award.* http://www.betterhealthatworkne.org/

Executive's Stress Management Standards also provide well-evidenced support with mental health issues.[113]

193. We want employers to do more to promote health and wellbeing and believe there is a place for a proactive good practice information campaign. To support this, we would like to know what good practices are already taking place and seek your views on what the campaign might cover below.

> **Case study: Hatstand Nelly**
>
> Hatstand Nelly is a hair and beauty salon in Aberdeen with 18 employees. In 2007, the business introduced an incentive scheme to encourage higher levels of attendance. The quarterly bonus of £75 for full attendance paid for itself. They also looked at the reasons for absence and helped staff to avoid back problems with a programme of talks and activities at work. A qualified physiotherapist, gave a talk about the long-term effects of poor posture which was followed up with a pilates lesson in the salon helping the team to learn practical skills to improve their fitness levels.
>
> As a result of all this work, sickness absence at Hatstand Nelly reduced by around 60% and the Manager Lorraine Watson commented that the new culture of wellbeing showed in the atmosphere at the salon and that customers had picked up on it too.[114]

194. Occupational health services can help employers promote health and wellbeing and also support employees to manage a disability or health condition at work. Although our understanding of the effectiveness of different types of occupational health support in different settings is incomplete, there is some evidence that providing such support can lead to reduced sickness absence, boosted productivity and increased employee satisfaction.[115]

195. There is scope for employers to be doing significantly more to provide this support in the workplace. A 2014 survey found 72% of public sector employees had access to occupational health support compared to 52% in the voluntary sector and 39% in the private sectors.[116]

196. Of private sector employers, 80% of large employers provide occupational health provision, demonstrating their recognition of the role it can play. Yet even then awareness and usage appears inconsistent – only 65% of employees of large employers claimed to have occupational health access. In addition, only around a third who had been in work prior to claiming Employment Support Allowance reported having access to occupational health support at work.[117]

197. Chapter 5 discusses our vision for occupational health in more detail, but we would like your views on how we can encourage more employers to provide occupational health support.

Managing sickness absence and the role of Statutory Sick Pay in supporting phased returns to work

198. Supportive absence management processes are key to helping people stay in work or return to work after a period of sickness absence. Offering periods of flexible working in particular may help people to manage or recover from a health condition. This is in the interests of employers who benefit from keeping employees in work and avoiding the costs associated with lower productivity, disruption and replacing employees. However we know that too few people return from a period of

[113] Health and Safety Executive. *What are the Management Standards* http://www.hse.gov.uk/stress/standards/.
[114] NHS Scotland. Healthy Working Lives Case Study.
[115] PricewaterhouseCoopers LLP. *Building the case for wellness;* 2008. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209547/hwwb-dwp-wellness-report-public.pdf
[116] Steadman K., Wood M., and, Silvester, H. (2015). *Health and Wellbeing at work: a survey of Employees 2014. DWP Research Report 901*; 2015 https://www.gov.uk/government/publications/health-and-wellbeing-at-work-survey-of-employees http://www.theworkfoundation.com/blog/2526/Working-for-better-mental-health-results-from-a-survey-of-employees
[117] Sissons P, Barnes H, Stevens H. *Routes onto Employment and Support Allowance* DWP Research Report 774; 2011. https://www.gov.uk/government/publications/routes-onto-employment-and-support-allowance-rr774

sickness absence. 45% of Employment and Support Allowance claimants who had worked at some point in the 12 months before their claim had a period of sickness absence before they left work.[118]

199. We know that the longer someone remains out of work the less likely they are to return. So keeping up contact between employers and employees is critical in retaining a person in employment. Furthermore, evidence shows that phased returns to work from sickness absence can see employees return quicker and stay in employment longer.[119]

200. Some countries take the approach of mandating contact between employers and employees when the latter is off with ill health, requiring employer action to support employees back into work or ultimately to pay for sickness or benefit costs if this is not achieved. Such approaches would represent a shift to the current UK landscape with new requirements placed on employers where retention is unsuccessful, although success in sustaining these employees in work could bring gains from retained skills and experience and avoided replacement costs.

International approaches to preventing and addressing sickness absence[120]

Several countries take a different approach by mandating employer action to manage sickness absence. In Norway and the Netherlands within or by the first 8 weeks of absence an employer must draw up a return-to-work plan with the employee. In Norway, this must be submitted to the national insurance office on request. In the Netherlands, where employers may have to pay sickness benefits for up to 2 years, the plan must include evaluation criteria which is reviewed every 6 weeks and at the 12 month stage, including a forward look

Denmark similarly requires employers to monitor and address issues in the work environment and its Working Environment Authority visits employers unannounced. If violations are not addressed within 6 months, fines can be imposed and the performance of employers is published as a further incentive to employers to address issues.

Several countries also either require or encourage employers to provide preventative or rehabilitative support, often in the form of occupational health support. Finland, the Netherlands and Sweden have all had varying approaches to this, some supported with government subsidies.

201. Although it is likely that many employers are already having supportive contact with their employees who are off with illness, we also know that managers can shy away from such conversations because of a lack of confidence, lack of knowledge or a feeling that it is not their role. We also hear anecdotally that some employers feel unable to have such conversations during periods they are paying Statutory Sick Pay, or during the period specified on a fit note, because they perceive these as allowances of leave that people are allowed to exhaust.

202. We are clear that the systems around fit notes and Statutory Sick Pay should not discourage conversations between employers and employees, or the exercise of flexibilities, that support employees to remain in or return to work. We discuss the issues around fit notes in chapter 5 but believe that **we should reform the Statutory Sick Pay system so that it better encourages supportive conversations and phased returns to work**.

[118] Adam L, Oldfield K, Riley C, Duncan B, Downing C. *Understanding the journeys from work to Employment and Support Allowance (ESA*). DWPs Research Report No. 902; 2015.

[119] See: Waddell, G.Waddell G, Burton K. *Is Work Good for Your Health and Wellbeing?* London: The Stationery Office; 2006. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf

[120] http://ec.europa.eu/health/mental_health/eu_compass/reports_studies/disability_synthesis_2010_en.pdf. OECD. *Sickness, Disability and Work: Breaking the Barriers. A synthesis of findings across OECD countries*; 2010. http://ec.europa.eu/health/mental_health/eu_compass/reports_studies/disability_synthesis_2010_en.pdf .

203. Currently, Statutory Sick Pay is paid by employers when a person does no work at all.[121] This means that people who are low paid may be deterred from returning to work on reduced hours because they would not qualify for Statutory Sick Pay and their earnings may prove to be less than the amount provided by Statutory Sick Pay. Or alternatively it may encourage them to return to their usual hours before they are ready, potentially leading to further absence or falling out of work altogether.

204. One approach to reforming Statutory Sick Pay to allow phased returns would be that where an employee would earn less than the Statutory Sick Pay rate of £88.45 per week in returning on reduced hours, the employer would be able to 'top up' their wages to the Statutory Sick Pay level (see example below).

205. This would mean that the maximum amount of Statutory Sick Pay and/or pay spent by employers and received by employees during a period of transition back from sickness remains constant. It would also allow for an earlier, albeit phased, return to work which could be good for the employee and employer. Of course this approach would not prevent an employer from paying Statutory Sick Pay on a pro-rata basis alongside wages. In this case a person's income would reflect a proportion of Statutory Sick Pay for hours not worked, and paid wages for the period worked, potentially offering an income above the basic allowance, and a greater incentive for the individual to return to work as part of a phased return.

206. As regards contact during sickness absence, **we would like to see regular conversations between employers and their employees who are off ill to agree steps that can be taken to support a return to work**. We seek views on what it would be reasonable to expect of employers and employees in this regard.

> **Example**
>
> An employee works 25 hours a week for £7.20 per hour or £180 per week.
>
> If they went on a period of sickness absence they will need to return to work for at least 13 hours in order to compensate for the loss of £88.45 in Statutory Sick Pay(13 hours x £7.20 = £93.60).
>
> If the employer and employee came to an agreement for a partial return to work of 10 hours per week, the employer would 'top up' the salary to the Statutory Sick Pay level. For example, the employer would pay £72 in wages (£7.20 x 10 hours) plus £16.45 to 'top up' to the Statutory Sick Pay rate of £88.45.

Encourage better provision by the insurance industry, and take-up by employers, of income protection insurance

207. There are various insurance policies that employers and employees can take out to support them in addressing the risks and impacts of ill health: life insurance, private medical insurance, critical illness cover or personal accident or sickness insurance. This final element can be taken out by individuals, in the form of Individual Income Protection, or by employers on behalf of their employees as Group Income Protection.

208. Group Income Protection insurance generally provides 3 elements: a financial element which pays an income to employees who cannot work because they are ill or injured after an agreed period (usually 6 months); ill health prevention programmes; and specific support for employees and the employers for example physiotherapy, mental health support and HR support.

[121] Statutory Sick Pay is paid from the 4th consecutive day of absence at £88.45 per week for up to 28 weeks. Employers may also decide to pay employees their own occupational sick pay too.

209. The benefits of Group Income Protection to employers and their staff may vary, but analysis by the Centre for Economics and Business Research indicates that employees who have access to early intervention and rehabilitation services and use them tend to have shorter duration long-term absences compared to those that do not. On average, the duration is shorter by 16.6%.[122]

210. Although Group Income Protection policies have the potential to support employers to retain disabled employees and employees with health conditions, uptake is low: only 7–8% of the working population is covered by such a policy. Coverage is particularly low among small and medium-sized employers. In part this might be because some insurance providers do not offer products to very small businesses, but cost and awareness of the products are also thought to be a factor (between £250–£450 per employee per year).

211. As this paper sets out, we want to see employers doing more to invest in their employees' health and wellbeing and to thereby reap the benefits that such investment brings. We think group income protection insurance policies have a much greater role to play in supporting employers in taking this action and **therefore want to explore why larger employers are not making better use of these products and what would encourage them to do so**.

212. Smaller employers are also important: they represent the vast majority of UK businesses and employ around 36% of the UK workforce. We are working with the insurance industry to explore the viability of group income protection insurance products for smaller employers and, if there is sufficient interest, could look at how such employers could be supported to pool resources to purchase existing products as a collective.

213. **We therefore want the insurance industry to develop group income protection products that are affordable for, and tailored to meet the needs of, smaller employers, including micro businesses, and for them to raise awareness and make access to such products easier.**

Your views

- What good practice is already in place to support inclusive recruitment, promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?
- Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?
- What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?
- What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

Conclusion

214. This chapter has considered what can be done by or with employers to support our ambition of more disabled people and people with health conditions getting into and staying in work. We want to see more employers providing the right support at the right time, and taking a more proactive approach to the health and wellbeing of their workforce for the benefit of their employees and their business.

215. If someone does fall out of work because of their health or disability, they are likely to be facing a stressful and challenging period in their lives. It is essential that, at the appropriate time, they can access the integrated health and employment support they need to manage their health condition and move back towards work, as we discussed in chapter 2. This, and the role of health and high quality care, is discussed in the next chapter.

[122] Centre for Economics and Business Research. *The benefits of early intervention and rehabilitation; Supporting employees when they need it the most.* London; 2015. Section 3.2

Summary of consultation questions

Embedding good practices and supportive cultures

- What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?
- What expectation should there be on employers to recruit or retain disabled people and people with health conditions?
- Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions? Please consider:
    - the information it would be reasonable for employers to be aware of to address the health needs of their employees;
    - the barriers to employers using the support currently available;
    - the role a 'one stop shop' could play to overcome the barriers;
    - how government can support the development of effective networks between employers, employees and charities;
    - the role of information campaigns to highlight good practices and what they should cover;
    - the role for government in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles;
    - the impact previous financial, or other, incentives have had and the type of incentive that would influence employer behaviour, particularly to create new jobs for disabled people; and
    - any other measures you think would increase the recruitment and retention of disabled people and people with health conditions.
- Should there be a different approach for different sized organisations and different sectors?
- How can we best strengthen the business case for employer action?

Moving into work

- How can existing government support be reformed to better support the recruitment and retention of disabled people and people with health conditions?

Staying in or returning to work

- What good practice is already in place to support inclusive recruitment, promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?
- Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?
- What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?
- What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

5: Supporting employment through health and high quality care for all

Chapter summary

In this chapter we look at how work can make a significant contribution to someone's health. We explore:

- how we can promote health and prevent ill health;
- how we can ensure an individual can access health services, which consider their employment needs, particularly for common conditions which affect an individual's ability to work – especially musculoskeletal and mental health;
- how we can strengthen the role of occupational health and related professions and services, so that people's health and employment needs are considered together;
- how we need to create the right conditions for joined-up support; and
- how we can reinforce the recognition across the health and care system that work can promote good health – that work is in itself a 'health outcome'.

Introduction

216. By now, we hope that the case is clear that appropriate of work can have a positive effect on an individual's health and that having the right health support can have a positive effect on an individual's ability to work and progress in their career. While many factors affect a person's health and employment, in this chapter we concentrate on how people, whether in or out of work, can access the right health and social care support in the right place and at the right time to enable them to enjoy the benefits of work.

217. We know we still have a long way to go to ensure that people get the right health and employment support when they need it. Services do not always work well together. Decisions can be taken in isolation rather than recognising that we may have different needs at different times, and that work and health are importantly linked.[123] This is frustrating for people who are forced to navigate complex and fragmented systems and who may miss out on support.

218. We also know that the health service is facing significant challenges of preventable ill health and health inequalities and variable quality of services, as set out in the NHS Five Year Forward View which set out a vision for the future of the NHS. The Five Year Forward View highlighted how important it is that we get serious about prevention, deliver the right care in the right place, and build a more engaged relationship with patients, carers and citizens.

[123] Litchfield P. *An Independent Review of the Work Capability Assessment – year four*; 2013 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/265351/work-capability-assessment-year-4-paul-litchfield.pdf

219. We want to look at health in the broadest sense and do more to encourage employers, Jobcentre Plus staff, and those working in the voluntary and community sectors to support health through promoting health, preventing ill health, early intervention and ensuring access to joined-up services. Individuals, as partners in their care, can also do more to look after their own health and manage their care. It is when these groups work together that we will see real benefits for individuals, for the health of the population, and for the economy.

220. In this chapter, we set out our plans to improve care and support so that it starts with the individual, and meets their health and employment needs. This isn't something government can achieve on its own – those working in health services and employment support, especially commissioners, will play a critical role – so we also want to hear how we can support and encourage the changes we wish to see.

221. This chapter focuses on key opportunities when the right health and care support can make a difference to, and be considered alongside, an individual's employment needs. These include:

- the importance of promoting health, and recognising that work can make a significant contribution to someone's health;
- ensuring an individual can access health services, which consider their employment needs, particularly for common conditions which affect an individual's ability to work – especially musculoskeletal and mental health conditions; and
- strengthening the role of occupational health and related professions and services, so that people's health and employment needs are considered together to help them get into, and stay in, work.

222. For the right joined-up support to be available at each of these times, this chapter then explores how we need to create the right conditions, and reinforce the recognition across the health and care system that appropriate work can promote good health – that work is in itself a 'health outcome'.

223. Throughout this chapter is the fundamental principle that individuals are partners in their care, and that innovative approaches, including digital ones, can help people look after their health and manage their own care.

Action already taken

224. The government has already taken steps to support work through measures to improve health. We have:

- put in place ill-health prevention measures including the diabetes prevention programme, national immunisation and screening programmes, and public health campaigns such as the 'One You' campaign;
- funded local authorities to commission a range of public health services to improve the health of their populations, including health checks, stop smoking services and drug and alcohol treatment services;
- invested in early intervention for psychosis, and improved access to talking therapies;
- set out plans to increase recurrent funding in primary care, including to support mental health in primary care, by an estimated £2.4 billion a year by 2020/21 and a 5-year 'turnaround' package of £500 million; and
- encouraged health and care services to plan their Sustainability and Transformation Plans[124] on 'footprints' which bring together health and care leaders to support the delivery of improved health and care based on the needs of local populations.

[124] NHS England and NHS Improvement. *NHS Operational Planning and Contracting Guidance 2017-2019.* https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf

Promoting health

225. Health issues can prevent people from getting into work, and fulfilling their role at work, and can be a factor in people falling out of employment or taking early retirement. But this does not always have to be the case and there are several areas where we could do more to prevent ill health or disability becoming a barrier to people achieving their potential in work and in life in general.

226. There are primarily two types of health conditions that impact on an individual's potential to participate in work and wider society:

- a long-term condition which may be fluctuating but once developed may last throughout an individual's life such as diabetes, arthritis or some mental health conditions. Some conditions, may of course, be present from birth; and
- a sudden health event like a heart attack or a broken leg where the event happens and then there is a recovery phase to either full health or a new normal for the individual.

227. Some conditions are preventable, or manageable, and promoting healthy lifestyles can prevent or delay conditions developing. The workplace can play an important role in promoting health, and minimising risks to health, for example through encouraging staff to take action on obesity and smoking, as set out in chapter 4. Where an individual experiences health issues, such as a sudden health event or a long-term condition, there is the potential for earlier action to support individuals better to remain active in society and participate in work to retain their financial independence and the health benefits of employment.

228. Preventing health-related worklessness means taking a proactive approach to engaging and supporting people to talk about their concerns about work and signposting and supporting them to access help or reasonable adjustments.

229. Clinicians, patient support groups and charities all have a role to play in supporting people with health conditions to achieve their potential. For example, simply asking about work in routine clinical consultations may open an opportunity to identify individuals who might be at risk of falling out of work due to ill health where this could be prevented. Indeed a fear of falling out of work may make a health condition worse.

230. Helping people achieve their potential is important for everyone. For young people with long-term conditions, mental health issues and physical and sensory impairments, there are opportunities to integrate careers advice, education support and clinical management to give this group of young people the best start in life and the best chance at gaining employment.

Improving discussions about fitness to work and sickness certification

231. When an individual first becomes ill, or an existing condition worsens, their first port of call is usually their general practitioner (GP). Discussions about work and health and an assessment of a patient's fitness for work provide an opportunity for doctors to discuss ways in which a patient may be helped to stay in work by, for example, advising on workplace adjustments or a phased return to work. It may also lead to a referral to Fit for Work for patients who are off sick for 4 weeks or more.

232. The Statement of Fitness for Work, or 'fit note', was introduced in 2010 to encourage fuller discussions about work and health. Fit notes are used to support payment of Statutory Sick Pay by employers or as medical validation to make a claim to health-related benefits. The information they provide can be used by employers or work coaches within Jobcentre Plus to support a return to work.

233. The fit note has the potential to be a key tool to identify a person's needs and help them to manage their condition and stay in or return to work whilst working with an employer or work coach. This could shorten periods of sickness absence and ultimately reduce the need for repeat fit notes, reducing pressures on GPs and potentially reducing costs over the longer term. It can also act as a prompt for the GP to consider a referral to Fit for Work if appropriate.

234. However, although over 60% of GPs agree or somewhat agree that the fit note has improved the quality of their return to work discussions with patients, and over 90% agreed that helping patients to stay in or return to work was an important part of their role,[125] the fit note is not fully achieving what it set out to do. Although the fit note includes the option for the doctor to use a 'may be fit for work subject to the following advice', this option is rarely used.

235. Decisions on whether a person is able, or not able, to work may be made without the recognition that many people can work with the appropriate support. This means that opportunities to influence someone's understanding around what work is possible for them to do can be lost, from the first GP consultation onwards. This increases the risk that the individual falls out of work altogether or moves further away from securing employment.

236. Evidence from GPs suggests that they may, on occasion, find it difficult to refuse to issue a fit note.[126] The value of the initial discussion between a healthcare professional, individual and employers about the work an individual can do would then largely be lost, with the fit note process seen as an administrative burden rather than an opportunity to provide work and health-focused support.

237. We want to ensure that people are better supported to understand their health condition, treatment needs and how this might impact on their ability to work, and employers have access to information which will enable them to support their staff. That means developing a system where:

- healthcare professionals have the right skills and knowledge to provide early advice about functional ability to work and the ability to provide, or easily access, the right support so that individuals, employers and work coaches have the necessary information at the earliest opportunity to expedite treatment and support;
- we reinforce the beliefs of the primary and secondary care workforce that work is important for health and encourage them to take a leading role in changing behaviours – so that work becomes an integral part of an individual's life, where appropriate;
- healthcare professionals feel confident to use their skills and knowledge to issue fit notes only when appropriate and make full use of the "may be fit" option that is available to them;
- healthcare professionals recognise the value of a referral to Fit for Work for occupational health advice and return to work support and make referrals routine for eligible patients when appropriate; and
- we continuously learn about people's health and employment needs so that we can gather evidence and target future investment and support in the most effective way.

238. **The government intends to review the current operation of the fit note**, **and in line with the General Practice Forward View published in April, review whether fit note certification should be extended from doctors in primary care and other settings to other healthcare professionals.** The review will look at the current system and whether it meets the needs of its users – doctors and other healthcare professionals, employers, patients/claimants and the benefits system.

[125] Hann M and Sibbald B. *General Practitioners' attitudes towards patients' health and work, 2010-12.* DWP Research Report 835; 2013 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207514/rrep835.pdf

[126] Fylan B, Fylan F, Caveney L. An evaluation of the Statement of Fitness for Work: qualitative research with General Practitioners. DWP Research Report 780; 2011.

Your views

239. We want to work across all sectors to fully review the current fit note certification process. We want to know your views on the following:

- How can we bring about better work-focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual *can* do, particularly during the early stages of an illness/developing condition?
- How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?
- Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other healthcare professionals do you think should play a role in this process to ensure that individuals who are sick understand the positive role that work can play in their recovery and that the right level of information is provided?
- Regarding the fit note certificate, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?
- Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?

Mental health and musculoskeletal services

240. Too many people with mental health or musculoskeletal conditions fall out of work each year, many end up on sickness benefits and few return to work. Individuals with such conditions represent 62% of people claiming Employment and Support Allowance, huge cost and unfulfilled potential.[127]

241. A key factor which could help address this problem is timely access to support. Evidence shows that offering early support to individuals, including people with a health condition or a disability, can improve their chances of getting back to work.[128] Yet too often services for people with common conditions are not available when an individual needs them.

[127] Department for Work and Pensions. *Work and Pensions Longitudinal Study*, *DWP Tabulation Tool*; February 2016 http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html

[128] Coleman N, Sykes W, Groom C. *What works for whom in helping disabled people into work?* Working paper 120. Department for Work and Pensions; 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/266512/wp120.pdf

Mental health services

242. Almost 1 in 5 working age people have a common mental health condition in England rising to almost 1 in 2 among people on out-of-work benefits.[129] There are around 1.8 million[130] out-of-work disabled people of working age with a mental health condition in the UK. Mental health conditions are the most commonly reported primary conditions among the total 2.4 million people who claim Employment and Support Allowance; around 1.2 million cite a mental health condition as their primary health condition[131] but many of them may not be accessing the support that might help them.[132] Having a mental health condition is also associated with many physical health conditions.[133] The Work, Health and Disability Green Paper Data Pack which accompanies this paper provides more information about the population with mental health conditions.

243. As the Five Year Forward View for Mental Health sets out, the evidence is clear that improving outcomes for people with mental health problems helps them to improve wellbeing and build resilience as well as reducing premature mortality, but service provision can be patchy and access difficult.

244. The increasing access to psychological therapies programme has been successful in increasing access to NICE-approved treatments for common mental health conditions. But there is variation across England in terms of access to these talking therapies.

245. The government will further **increase access to psychological therapies** and improve how these services join up with other services. By 2020/21, at least 25% of people (or 1.5 million) with common mental health conditions will access services each year. Alongside this we will consider how individuals at risk of job loss or recently unemployed can gain early access to talking therapies to prevent worsening health and drift away from the labour market.

246. We are **more than doubling the number of employment advisers in talking therapies** to help people in that service retain, return to and secure employment. This will be a significant boost to the talking therapies workforce and ensure many more services have a clear employment offering that can improve pathways between employment services and talking therapies services. We are evaluating the impact of this provision and the elements that bring greatest results. We also have a number of trials underway to identify new and innovative ways mental health and employment services could support people to return to work.

247. The talking therapies programme has demonstrated that we can collect and publish extensive data about outcomes. Such data is an important driver to improve outcomes. We would like to see this go further, with data on employment status routinely recorded and published as a matter of course across all mental health services.

[129] McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital; 2016.

[130] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016

[131] Department for Work and Pensions *Work and Pensions Longitudinal Study*, *DWP Tabulation Tool*; February 162016 http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html

[132] For instance, in 2015/16 43,000 people who finished a course of IAPT stated they were claiming ESA or a predecessor benefit: NHS Digital. *Psychological Therapies: Annual Report on the use of IAPT services – England, 2015-16*; 2016: http://content.digital.nhs.uk/catalogue/PUB22110

[133] McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital.

Musculoskeletal services

248. Over 32 million of the 139 million working days lost to sickness absence in 2015 were due to some form of musculoskeletal condition,[134] and around 2 million of the 3.8 million working age disabled people out of work suffer from some form of musculoskeletal condition[135] which may be associated with other health conditions. 309,000 of the total 2.4 million people on Employment and Support Allowance report a musculoskeletal or a connective tissue condition as their main disabling condition.[136]

249. Despite the impact on individuals of musculoskeletal problems, some evidence suggests that waiting times for musculoskeletal services can vary from between 4 to 27 weeks[137] depending on where the person lives, and Arthritis UK highlighted in their 2014 report that only 12% of people with musculoskeletal conditions had a care plan.[138] This is unacceptable, when we know that earlier diagnosis and treatment of musculoskeletal conditions would, in many cases, prevent further deterioration in the condition and enable the individual to stay in work.[139]

250. We are supportive of new ways of providing musculoskeletal care, which are being developed in a number of local areas. These include physiotherapists working from general practice surgeries and self-referral to musculoskeletal services. These have benefits of affording patients wider access, lowering levels of work absence and empowering patients to self-manage their care.

251. A preventive approach and encouraging early self care and exercise is often appropriate to avoid over-medicalising some conditions for which the best treatment may be self-care and a return to normal activities, often including work, with workplace adaptations where needed.

> **Case study: Physiotherapy First**
>
> Physiotherapy First is a joint initiative between two NHS providers, Cheshire and Wirral Partnership NHS Foundation Trust and the Countess of Chester Hospital Foundation Trust.
>
> 36 GP surgeries in the West Cheshire area now provide their patients with the choice of seeing a physiotherapist when they first contact the practice with musculoskeletal symptoms. The service sees around 1000 patients per month – roughly a quarter of the GPs' musculoskeletal caseload. Just under 3% are referred back to the GP for medication review or for non-musculoskeletal conditions, while over 6 in 10 patients are discharged after one appointment with the general practice physiotherapist.
>
> The service has reduced referrals to physiotherapy services by 3% (after a year-on-year increase of 12% over the previous 5 years) and has high patient and GP satisfaction.

252. NHS musculoskeletal services need to link better to work and people's needs for employment support. Initial assessment and access should include an integrated assessment of health and work needs. This may not always be best provided by a GP, who may not have the time to give the work-related support needed, but they should be able to refer to other professionals or services which can help.

[134] ONS Sickness Absence Report 2014 Office for National Statistics. Estimates of the number of working days lost to sickness taken: by reason, UK, 2013-15; 2016. http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/adhocs/005914estimateofthenumberofdaysofsicknessabsencetakenbyreasonuk2013to2015

[135] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016.

[136] Department for Work and Pensions. *Work and Pensions Longitudinal Study*, *DWP Tabulation Tool*; February 2016 http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html

[137] Chartered Society of Physiotherapy. *Stretched to the Limi*t; 2012. http://www.csp.org.uk/documents/stretched-limit

[138] Arthritis Research UK. *Care planning and musculoskeletal health*; 2014. http://www.arthritisresearchuk.org/policy-and-public-affairs/policy-priorities-and-projects/musculosketal-health-services/care-planning.aspx

[139] Bevan S et al*. Fit For Work? Musculoskeletal Disorders in the European Workforce*. The Work Foundation; 2009 http://www.theworkfoundation.com/DownloadPublication/Report/224_Fit%20for%20Work%20pan-European%20report.pdf

253. As well as encouraging the new types of provision already being developed, we wish to **trial new kinds of approach for musculoskeletal services so that people's health and employment needs are met in the best possible way**, including the further development of community based pathways and developing better links between treatment and employment support. This will include exploring different referral routes, including how Jobcentre Plus staff can refer claimants into services.

254. There is also a lack of detailed information about what kinds of musculoskeletal services are currently commissioned, and the extent to which the services meet local need. The government will therefore work with NHS England to **identify opportunities for regular collection of data** about incidence, prevalence, clinical activity and outcomes of musculoskeletal patients and services in England.

Your views

- How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?
- How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?

Tailored and integrated work and health services

Case study – Robert

"Robert, a secondary school teacher had a very severe stroke in September 2012. This led to paralysis of the right side of his body and his speech and reading abilities were affected by aphasia. He was determined to return to work, but even if the school could accommodate his wheelchair, he could not resume teaching until his speech was at the level required in the classroom to be understood.

"Subsequently, Robert received individual speech therapy and also joined the local aphasia group where he presented weekly topics to the group and received feedback on his intelligibility. After 18 months of therapy, Robert began a phased return to work. During the first academic year, this was based around sixth form supervision and the following academic year it included a return to some teaching of younger years pupils. Robert's speech and language therapist completed the "Allied Health Professions Advisory Fitness to Work Report" to guide his employers on the level of support which was required for his return to work. For example, he needs extra time for written work so as not to compromise on accuracy.

"Today, Robert works four short days per week and teaches whole classes of year 7 and 8 pupils. He also attends after school meetings and parents' evenings as required.

"To get to this point, Robert received community speech therapy for some 18 months. This sounds like a long time to invest resources in the rehabilitation of an individual. It is but as a direct result, not only has Robert's life been transformed it has also saved him living on 20 years' worth of sickness benefits."

An account from his treating speech and language therapist – Provided by Royal College of Speech and Language Therapists

255. Occupational health and vocational rehabilitation, consisting of physiotherapy and occupational therapy, and related professions and services, can play a pivotal role in supporting people to get into work, and preventing them from falling out of work due to health reasons or disabilities. Offering

the right support at the right time can make a real difference to people's ability to manage their condition and continue to play their part in society.

256. However, occupational health and related services are currently variable and fragmented. Provision can be inconsistent, not easily accessible for all, and not well tailored to the different needs of individuals.

257. Some employers, particularly larger organisations, do provide some occupational health support, but this is not universal. Survey data suggests only 51% of employees have access to occupational health through their employer which can vary depending on their size.[140] There is also no standardised approach to the support that is offered.

258. For people who cannot access occupational health services through an employer, provision is patchy. Elements of occupational health provision such as physiotherapy are provided by the NHS, but services are rarely commissioned specifically for work-related health. There is a great deal of variation in the types of services available, where they are offered, and how many people can access them.

259. There is also a shortage of health professionals with occupational health expertise. In 2016, The Council for Work and Health highlighted that the UK is short of over 40,000 of the full range of occupational health related specialist practitioners, and the situation will only get worse – "recruitment into specialist training is inadequate and will not replenish the existing workforce".[141] Dame Carol Black's 2008 review[142] raised concerns about a shrinking workforce, a lack of good quality data, and a detachment from mainstream healthcare.

260. The government established the Fit for Work service to support employees who are off sick for 4 weeks or more. We want to explore how we can promote referrals to occupational health services and advice.

Transforming the landscape of work and health support

261. This government is determined to transform the landscape of occupational health and related services. Provision needs to respond more closely across the spectrum of need, including the needs of those who are self-employed or out of work, as well as those who are currently off sick from work.

262. Our vision is of a whole person approach to occupational health and related services, which meets the differing needs of individuals. We want to cover:

- **integrated, expert and impartial advice** that meets the needs of the 'whole person', through an approach that covers work-related health and social issues to support the individual, employers, GPs, work coaches and other professionals, delivered in an equitable and accessible way (perhaps through local commissioning and provision); and
- timely and appropriate access to support (such as occupational health and vocational rehabilitation) **adjusted according to need**, and whether someone is employed or not;

[140] Steadman K, Wood M, Silvester H. *Health and Wellbeing at work: a survey of Employees 2014. DWP Research Report 901*; 2015 https://www.gov.uk/government/publications/health-and-wellbeing-at-work-survey-of-employeeshttp://www.theworkfoundation.com/blog/2526/Working-for-better-mental-health-results-from-a-survey-of-employees

[141] The 41,708 figure is derived by subtracting total figures for 'current registered numbers' from total figures for 'Number required to deliver a quality service to the current UK workforce' in Figure 5.
The Council for Work and Health. Planning the future: Implications for occupational health; delivery and training; 2016. http://www.councilforworkandhealth.org.uk/images/uploads/library/Final%20Report%20-%20Planning%20the%20Future%20-%20Implications%20for%20OH%20-%20Proof%202.pdf

[142] Black C. *Working for a Healthier Tomorrow*: Dame Carol Black's Review of the health of Britain's working age population; 2008. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf

263. We want to support:

- health and social care professionals so that the benefits that can come from work are an ingrained part of their training;
- work coaches and employability professionals to provide positive work and health support; and
- appropriate delivery models, including those that are locally driven.

264. The government is therefore consulting on how we can develop a new approach to work and health support that will fulfil this vision. Whilst a transformation to occupational health will take time, we will explore options which could lead to early changes:

- to **increase the access to occupational health assessments and advice**, we will explore how we can make it the default position that everyone who would benefit from occupational health assessment and advice is referred to such services, except where it is inappropriate or unlawful to do so. We will test whether changes to GP computer systems would be successful in raising awareness and use of publically funded services. We will develop the detailed design and implementation of this by taking account of views in response to this green paper, and in further discussion with stakeholders;
- we will **explore models of integrating occupational health** within NHS primary and secondary care services provision, re-orientating a part of the NHS occupational health workforce to provide patient services directly. This will enable a greater focus on work as part of an individual's care pathway within mainstream healthcare. Potentially it may also be possible to expand availability of occupational health, at least for people with more complex needs who do not have occupational health provided by their employer, are self-employed, or are out of work; and
- we will develop a partnership with one or more NHS occupational health providers in England to **test how we can integrate services** within different clinical pathways.

Illustrative delivery models

An individual has a number of complex health and social issues that are preventing them from returning to or moving into work. A reformed system would be responsive to their needs by providing access to services that are appropriate and timely.

Example 1: National combined with Local Commissioning

Under a reformed system, there would be a mixture of national and local support so the individual with complex needs would access a nationally-commissioned triage system and have access to a more intensive, locally-commissioned service as appropriate, supported by a single case manager and would be referred to an external partner if ongoing support was required after 6 months.

Example 2: NHS led integrated service

The individual would be referred to a NHS service which would have established links between hospital-based occupational health teams, NHS nurses, primary care and wider professionals with occupational health and vocational rehabilitation-related skills who could assess the immediate needs of the individual and signpost to the appropriate level of support. The service would be available to NHS providers and small and medium-sized enterprises.

Example 3: Group Income Protection access to occupational health/vocational rehabilitation support

An organisation, whether private or public, would secure Group Income Protection which would act as a gateway into a spectrum of occupational health related provision.

Your views

265. We want to hear from you about how to change work and health provision, services and support so that they meet individuals' needs, including:

- How can occupational health and related provision be organised so that it is accessible and tailored for all? Is this best delivered at work, through private provision, through the health system, or a combination?
- What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?
- What kind of service design would deliver a position in which everyone who needs occupational health assessment and advice is referred as matter of course?

Creating the right environment to join up work and health

Integrating local health and employment support

266. We want to support joined-up health and employment services that are locally designed and delivered. Reviews of the research evidence by the King's Fund and the Nuffield Trust conclude that "significant benefits can arise from the integration of services where these are targeted at those client groups for whom care is currently poorly co-ordinated".[143]

267. There are different ways of providing this joined-up support. It may involve providing a single service that covers both health and employment support, such as the 'Individual Placement and Support' model for people with severe and enduring mental health problems. Or it may involve linking up existing local services so that individuals get seamless support without creating a new single service, the approach taken by the Troubled Families programme.

268. At a national level, we can still have fragmented thinking which sees systems rather than people, and commissioning arrangements which, in some areas, get in the way of joined-up support. We want to build on existing examples of best practice to create the right environment for local commissioners to develop services that work differently and work together to achieve complementary outcomes.

[143] Goodwin N et al *Integrated care for patients and populations: Improving outcomes by working together. A report to the Department of Health and the NHS Future Forum*; 2012. http://www.kingsfund.org.uk/sites/files/kf/integrated-care-patients-populations-paper-nuffield-trust-kings-fund-january-2012.pdf

Case study: A local approach to joining services: Tameside public service hub

Tameside's public service hub, set up in 2014, is a ground-breaking response to the challenge of supporting people/families with complex needs (unemployment, physical/ mental health, domestic abuse, substance misuse, debt, housing, child protection) and in so doing helps meet the fiscal challenge to shift investment upstream to earlier intervention to reduce demand and costs.

Any service can refer to the hub, which brings together Jobcentre Plus, adult mental health, substance misuse, housing, children's services, police, probation and the Working Well programme. Each service has access to their 'home' organisation's system. Underpinning this information sharing process is a comprehensive Information Sharing Agreement which has the strategic support of a range of agencies as well as Information Governance leads.

The hub allocates a key worker to sequence and coordinate support for people with complex needs, which they are able to do effectively as they have a holistic picture of the individual and their family situation.

This approach is beneficial as it brings services together, where all parties involved understand the full needs of the person (and family) they are supporting. It streamlines the support that people receive, and minimises unnecessary disruption. This has a secondary benefit of reducing the cost of duplicative interventions.

269. This will involve encouraging local leadership through Sustainability and Transformation Plans and other mechanisms (such as Joint Strategic Needs Assessments) which bring partners together around a shared vision, and sharing good practice. It will also involve the effective sharing of data. Not only can better sharing of data mean that individuals don't have to repeat their story to different services, it also means that providers can more accurately oversee the commissioning and governance of services and support and track a range of complementary outcomes.

270. Innovation and local networks encourage the delivery of person-centred care across health, social care, employment and voluntary sector boundaries. The government is **calling for evidence on good examples of co-ordinated services** and of the factors which contribute to successful collaborations so that we can learn from them.

Increasing data transparency to improve outcomes

271. Increased data sharing can help improve both health and work outcomes for individuals. **We will work with NHS Digital to create a new information standard for data on employment status in healthcare data sets**, to enable useful data collection and analysis by employment status at both a national and local level in England. The proposed information standard will be subject to consultation.

272. If work is truly to be seen as a health outcome, we may need to support the recording of occupational status in all clinical settings, for example by:

- developing an agreed terminology, as an aid to communication and analysis; and
- encouraging and incentivising its use through software prompts and through regular clinical audit.

273. There could be real benefits. Encouraging and enabling the reporting of employment as an outcome of clinical intervention should help normalise discussion of whether one treatment or another will help a patient to be well enough to return to work. We would be interested in further suggestions on how we could encourage the better use of data.

274. Where data are available, indicator sets or outcomes frameworks can help to increase transparency and accountability across services. In England work outcomes already feature in two indicators in the NHS Outcomes Framework and the Public Health Outcomes Framework and one indicator in the Adult Social Care Outcomes Framework.

275. We will also **work with Public Health England to develop a basket of work and health indicators to support improved health and work outcomes in place-based systems and make them available through Public Health England's open data access platform or 'fingertips tool'**. This tool will be part of Public Health England's wider determinants of health profile, recognising that health and work are connected with other aspects of life and will be based on the use of aggregate data. The indicators could cover:

- labour market outcomes, for example, employment rate gaps between disabled and non-disabled people, and information on health-related benefits recipients;
- health outcomes related to working age people and health services generally, for example, disability-free life expectancy, and markers of quality, such as emergency admissions for acute conditions that should not usually require hospital admission; and the proportion of people feeling supported to manage their long-term condition; and
- wider issues related to the health of working age people – on which we would welcome suggestions and evidence;

276. A wealth of evidence and knowledge exists from a variety of sources that can support improved outcomes, including evidence reviews on specific interventions, as well as evidence which support our understanding of population needs. **Working with Public Health England, we will explore how to bring existing evidence and knowledge on health and work together in one place for commissioners and local delivery partners**, for example by creating a single website.

Your views

277. We want to understand what more could be done to encourage local areas to bring health and employment systems together to better support people:

- How can we best encourage innovation through local networks, including promoting models of joint working such as co-location, to improve health and work outcomes?
- How can we encourage the recording of occupational status in all clinical settings and good use of these data?
- What should we include in a basket of health and work indicators covering both labour market and health outcomes at local level?
- How can government and local partners best encourage improved sharing of health and employment data?
- What is the best way to bring together and share existing evidence in one place for commissioners and delivery partners?

Reinforcing that work can promote good health

278. Underpinning all of the above actions is the conviction that work promotes health and should be seen as a health outcome. We cannot achieve change without positive attitudes towards work and health from a wide range of people, particularly health and care professionals and disabled people and people with health conditions.

279. Evidence shows that being in appropriate work is good for health and that being out of work can have a detrimental effect on health.[144] For health and care professionals, therefore, supporting an individual to be in work appropriate for them is central to delivering effective, personalised care and addressing a key social determinant of health.

280. For clinicians this could be described as considering work as part of an individual's 'health outcome'. For example, the Faculty of Occupational Medicine highlight the positive relationship between work and physical and mental health, noting "the importance of returning to work as a healthcare outcome".[145] The National Institute for Health and Care Excellence (NICE) clinical guidelines recognise that a range of outcomes from interventions should be considered, including impact on functional ability and return to work.[146]

281. We are already taking action to promote the importance of work in the health system. **By November 2016, Public Health England and the College of Occupational Therapists will have recruited and started evaluation of a pilot group of Health and Work Clinical Champions, with the aim of promoting work as a clinical health outcome within their health trust.**

282. We want to make the benefits of work an ingrained part of the training and professional approach of the health and social care workforce. We will work with Health Education England, Public Health England, professional regulators, Royal Colleges and the Welsh and Scottish Governments, to address capability and capacity issues for the NHS workforce, including:

- **building upon the educational curriculum** for medical and nursing/allied health professional undergraduate training programmes;
- **training current healthcare professionals on the links between work and health** and how to embed as part of care plans; and
- exploring the option to **encourage nurses and allied health professions who may have left clinical practice to return** to utilise their expert skills within a different setting.

283. NICE has already committed that it will, at the point of guidance update or new development, take into consideration any available employment outcomes across conditions which affect primarily the working age population. We are actively considering with **NICE the development of guidelines to support improved employment outcomes among people out of work due to ill health**.

284. To support local decision makers, in 2017 **Public Health England will publish a report on worklessness, estimating the potential cost-savings for health and social care services, wider government savings, and benefits to the individual (and to the local economy) of moving a person into work**.

[144] Waddell G, Burton, K. *Is Work Good for Your Health and Wellbeing?* London: The Stationery Office; 2006. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf

[145] Faculty of Occupational Medicine. Press Release 'Work is a health outcome and improves mental health: we can't afford to ignore this'; 2016.: http://www.fom.ac.uk/press-releases/work-is-a-health-outcome-and-improves-mental-health-we-cant-afford-to-ignore-this

[146] NICE. *Low back pain and sciatica: management of non-specific low back pain and sciatica*, (Draft); 2016. https://www.nice.org.uk/guidance/indevelopment/gid-cgwave0681

Your views

285. Our ambition is that work is consistently recognised as a health outcome in the health and care systems:

- What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

Patients as partners

286. We also need to do more to recognise that patients and those who use services should be partners in their care. The Kings Fund points to the 'growing body of evidence which demonstrates that individuals who are empowered to manage their own condition are more likely to experience better health outcomes'.[147]

287. Individuals can be supported in different ways: through having better information about navigating the employment and healthcare systems, having the ability to self-refer to an increasing range of services, and being able to improve their health literacy with a particular focus on the link between work and health.

288. Innovative digital services will have a role here. We are relaunching NHS Choices as NHS.UK with a fuller range of online services including booking appointments and ordering and tracking of prescriptions. **By autumn 2017 the Department of Health, NHS England and NHS Digital will have developed the tools to enable instant, downloadable access to personal health records**, making it easier for patients to access their health information and share it with people concerned with their care. In addition to this, **NHS England will approve a set of selected of apps by March 2017, offering support to patients, including those with long-term conditions, in managing their health**.

289. We will also use innovation funding to look at new ways, including digital tools, of providing integrated health and employment support for disabled people and people with health conditions to stay in work or enter work.

Conclusion

290. Whenever an individual needs health and care support, that care needs to consider their needs in the round, including the important role work can play. So we are committed to ensuring that we promote health in its broadest sense, ensure access to the right types of support, and join up health and employment services in providing that support. This will require us to create the right conditions for change and see patients as true partners in their care.

[147] Coulter A, Roberts S, Dixon A. Delivering better services for people with long term condition. The King's Fund; 2013. http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/delivering-better-services-for-people-with-long-term-conditions.pdf

Summary of consultation questions

Improving discussions about fitness to work and sickness certification

- How can we bring about better work-focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual *can* do, particularly during the early stages of an illness/developing condition?
- How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?
- Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other healthcare professionals do you think should play a role in this process to ensure that individuals who are sick understand the positive role that work can play in their recovery and that the right level of information is provided?
- Regarding the fit note certificate, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?
- Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?

Mental health and musculoskeletal services

- How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?
- How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?

Transforming the landscape of work and health support

- How can occupational health and related provision be organised so that it is accessible and tailored for all? Is this best delivered at work, through private provision, through the health system, or a combination?
- What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?
- What kind of service design would deliver a position in which everyone who needs occupational health assessment and advice is referred as matter of course?

Creating the right environment to join up work and health

- How can we best encourage innovation through local networks, including promoting models of joint working such as co-location, to improve health and work outcomes?
- How can we encourage the recording of occupational status in all clinical settings and good use of these data?
- What should we include in a basket of health and work indicators covering both labour market and health outcomes at local level?
- How can government and local partners best encourage improved sharing of health and employment data?
- What is the best way to bring together and share existing evidence in one place for commissioners and delivery partners?
- What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

6: Building a movement for change: taking action together

Chapter summary

This chapter summarises our commitment to act. We set out our plans to:

- change perceptions and culture around health, work and disability;
- launch a pro-active and wide-ranging conversation around the issues and proposals in this green paper; and
- set out our plans to take forward a programme of work in the short-term and over the next 10 years.

Introduction

291. We are committed to halving the disability employment gap and enabling disabled people and people with long-term health conditions to access all the benefits that work can bring. But, as set out in chapter 1 and expanded upon within each of the chapters, this challenge is complex and cannot be approached from one angle alone.

292. Where we are confident of the positive results that action will bring, we will be quick to implement change. Yet while government action is important, it will not be sufficient to drive the required changes on its own. Action is required by many different partners on a number of fronts: everyone has a role to play, and we are asking others to engage and work with us, both now and in the future.

293. We want to create a **movement for change** across society, one that meets this challenge and ensures that we achieve our ambitions for disabled people and people with long-term health conditions. This chapter sets out 3 ways in which we intend to do this:

    - real and lasting change will only come about if we can also address negative cultural and social attitudes about disabled people and people with long-term health conditions. We therefore want to **work with others to change perceptions and transform the culture around disability, health and work**, to ensure that real and long-lasting progress is made;
    - we want to **launch a proactive, wide-ranging and challenging conversation** around the issues and proposals set out in this green paper. The consultation questions posed, and the consultation process that we have designed, aim to do just this. Without this dialogue, we will not be able to develop or advance our proposals or the positive work that is already underway; and
    - in recognition that our ambitions will not be achieved overnight, we will **take forward a programme of work for the next 10 years**, to ensure that sustained progress is made and change achieved in the immediate future, over the course of this Parliament, and beyond.

Changing the culture around work and health

294. We know that currently the way individuals and groups of people think, talk and act about the relationship between work, health and disability can get in the way of the best employment and health outcomes for disabled people and people with long-term health conditions. For example:

- employers can be reluctant to employ disabled people or may create workplace environments where people do not feel comfortable discussing long-term health conditions or disabilities. For example, in 2013, 30% of disabled working age benefit claimants saw 'attitudes of employers' as a barrier to seeking work, finding work, or working more hours;[148]
- healthcare professionals and work coaches can lack confidence dealing with health-related return-to-work issues. A study found that 4 in 10 GPs didn't feel confident in dealing with patient issues around a return to work;[149]
- parents, carers and service providers can have misconceptions about working with a disability or long-term health condition, which can result in them advising against a disabled person or someone with a long-term health condition trying work for fear of it damaging their health;[150] and
- disabled people and people with long-term health conditions may not be fully aware of the health benefits of work, or may not realise the range of employment options and support available. For example, in a survey of working age disabled benefit claimants, only 23% thought work would be beneficial to their health compared to almost two thirds who thought work would make them better off financially.[151]

295. We want these perceptions to change, so that the actions taken forward by the government and others are met by the right behaviours and attitudes. This will need a range of actions across the board to develop our culture into one which always supports disabled people and people with long-term health conditions to work.

296. The actions in this paper are designed to foster this shift in some of the key areas that we have identified. In chapter 2 we explored how we can equip work coaches with the right skills and capabilities to better engage with disabled people and people with health conditions from the very start of their journey, to offer them personalised support tailored to their individual needs. In chapter 3, we considered how we can best provide disabled people and people with health conditions with financial support in a straightforward and timely way if they fall out of employment. In chapter 4, we set out how employers are crucial partners in creating the right conditions for disabled people and people with health conditions to enter and flourish in work. In chapter 5 we discussed in detail the importance of healthcare professionals understanding the benefits of work, and of this understanding being fully translated into discussions about fitness to work and sickness certification. We also discussed the importance of empowering individuals to be active partners in their care and to build their belief in their own potential.

297. But changing attitudes is complex and will require sustained action over time, as well as a commitment from all of us to truly embed a new way of thinking. People who shape our thinking at local level, particularly in schools and community groups, play an important role in shifting our attitudes to disabilities and health conditions. The government has an important role in facilitating change, but everyone has their own part to play. We are asking for engagement and action from others:

[148] Cole L. *A survey of disabled working age benefit claimants*. In House Research Report No 16. Department for Work and Pensions; 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224543/ihr_16_v2.pdf

[149] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207514/rrep835.pdf

[150] McCluskey S. et al. The Influence of 'significant others' on persistent back pain and work participation: A qualitative exploration of illness perceptions. *BMC Musculoskeletal Disorders* 2011; 12:236. McCluskey, S. et al. Are the treatment expectations of 'significant others' psychosocial obstacles to work participation for those with persistent low back pain? *Work* 2014); 48:391-398. S. McCluskey et al. 'I think positivity breeds positivity': a qualitative exploration of the role of family members in supporting those with chronic musculoskeletal pain to stay at work. *BMC Family Practice* 2015; 16:85.

[151] Cole L. *A survey of disabled working age benefit claimants*. In House Research Report No 16. Department for Work and Pensions; 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224543/ihr_16_v2.pdf

- we want to see disabled people and people with long-term health conditions working with employers and involved in local service design;
- we want families, friends, teachers and carers to feel confident that disabled people and people with long-term conditions will get the support that they need to fulfil their aspirations;
- we want employers to recruit inclusively and with confidence, promote health and wellbeing in their workplaces, and fully support employees facing ill health or disability to remain productive and in work;
- we want GPs and other healthcare professionals to have high work ambitions for their patients, in recognition that this is good for their health and wellbeing, and for work to be embedded as a health outcome in their discussions with patients who have a disability or long-term health condition;
- we want local leaders and commissioners in health, social care, local authorities and more widely across communities to place work and health at the heart of their commissioning decisions and service design;
- we want work coaches and other employment advisers to have the skills and capability needed to offer appropriate, tailored and timely support to disabled people and people with long-term health conditions who are out of work; and
- we want voluntary and community organisations to share effective practice and continue to be active partners with government in positively changing attitudes, and providing support and mentoring to disabled people and people with long-term health conditions, helping them to realise their full potential.

Case study: the creative benefits of diversity

"We've seen directly the creative benefits of diversity. Through our work, we've discovered some fantastic new on and off screen talent who bring new perspectives and ideas which make the stories we tell richer and more interesting. A great example of this is the Paralympics where more than 15% of the production team and two thirds of our presenters at the Rio 2016 Games were disabled, which added additional heart, depth and expertise to our coverage. Ratings for the coverage were higher than anticipated too, which is great for business. We've found this in our commercial partnerships too, from working with advertisers to independent production companies. We have also had extremely positive feedback from all the creative SMEs who have worked with Channel 4 trainees with disabilities, many of whom have already been offered ongoing employment following the scheme.

"We know there is much more progress to be made, but at Channel 4 we are already seeing the benefits of proactively working to increase representation and employment of disabled people. As a broadcaster it's vital that we both reflect and appeal to our diverse viewers and the best way of doing this is through having a diverse workforce."

Dan Brooke, Chief Marketing and Communications Officer and Channel 4 Board member responsible for diversity

298. Disabled people and people with health conditions will engage with different types of support and services depending on their individual needs, and no two people will have the same journey towards employment. It is vital that whatever the support received by an individual, the right attitude runs throughout our society and services, so that we make every contact count.

Your views

299. We have spoken about the shift in attitudes, behaviours and support towards disabled people and people with health conditions that we are setting out to achieve across various groups, systems and services. We recognise that this requires a change across society: schools, community groups, employers and others all have a role to play. In this chapter we emphasise once more that any action we take must go hand in hand with this change in culture. We want to hear from you:

    - How can we bring about a shift in society's wider attitudes to make progress and achieve long-lasting change?
    - What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?

The consultation process: launching the conversation

300. This consultation is crucial to building a shared plan for future action and achieving culture change. We want this consultation to bring together wide-ranging expertise, opinions and experiences and launch a rich and challenging discussion, one that can inform our programme of working going forward.

301. In developing the proposals in this green paper, we have already started a valuable process of engagement with a number of stakeholders:

    - in May 2016 we established an Expert Advisory Group consisting of representatives from the health, research, disability charity, business and employer communities to consider themes and proposed areas for action in the green paper. This group will continue to meet on an ongoing basis to consider wider work and health issues.
    - we have also facilitated a number of roundtables and workshops, including with the Royal Colleges and other health organisations, which allowed us to test some of our thinking and to shape our consultation questions, as well as to consider how best to engage a broad audience.

302. We recognise that different people will require or prefer different channels through which to respond to the consultation questions. As such, and using the feedback given by stakeholders to date, we have developed a number of avenues through which you can share your views:

    - we have organised a series of face-to-face consultation events, hosted by partners from disability charities and employers, to collectively explore the green paper's themes and questions. These have been designed in close collaboration with organisations including the Disability Benefits Consortium and the Disability Charities Consortium;
    - an online survey hosted on Citizen Space provides a simple and easily accessible way to respond to all consultation questions. It can be found at: https://consultations.dh.gov.uk/workandhealth/consult/
    - a series of moderated online forums, supplemented by consultation materials; or
    - you can email us at: workandhealth@dwp.gsi.gov.uk or write to us at The Work, Health and Disability consultation, Ground Floor, Caxton House, 6–12 Tothill Street, London, SW1H 9NA.

303. Using one of these channels for responding, we now invite you to provide your views on the consultation questions set out within this paper. We welcome your suggestions, evidence, ideas and recommendations, although you should not feel restricted to these areas alone.

304. In order to satisfy our duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between different groups, we want to consider the potential impacts of the proposals in this green paper on protected groups under that Act. We therefore also ask you to consider equality impacts as part of your

response to the consultative parts of this document and answer the following question. Please include any relevant evidence or data that supports your views:

- Could any of the proposals within the green paper potentially have an adverse effect on people with a protected characteristic? If so, which proposal, and which protected group/s are affected? And how might the group/s be affected?

305. The consultation will run until Friday 17th February 2017. This is a public consultation to which anyone with an interest may respond. A summary of all consultation questions can be found in the appendix.

Taking action together: developing a 10-year plan

306. We know that our ambition to halve the disability employment gap is challenging. It will not be easy and will take time to achieve. But it is necessary if we want to create a country that works for everyone. In this paper we have set out our vision and some early actions. We know that we cannot do this alone. Change will require concerted action over time from disabled people and people with long-term health conditions, employers, healthcare professionals, employment support providers, voluntary and community sector organisations and many others.

307. Where we are sure of the improvement and positive transformation that action can bring, we will continue to be quick in bringing about change and building upon existing support. Looking ahead, we will need to have clear goals for both the short and long term in order to deliver the ambition set out within this green paper and build upon activity already underway. We are committed to engaging and working with people in the areas that require change and to testing approaches as they evolve through the consultation period and beyond. We are committed to investing in innovation, learning what works and spreading the lessons and widely. The programme of work outlined below demonstrates our commitment to take action and work with others both in the immediate future, throughout the Parliament and beyond 2020.

Summary of consultation questions

- How can we bring about a shift in society's wider attitudes to make progress and achieve long-lasting change?
- What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?
- Could any of the proposals within the green paper potentially have an adverse effect on people with a protected characteristic? If so, which proposal, and which protected group/s are affected? And how might the group/s be affected?

Action in the next two years

Developing an improved system and transforming services

We will work with others to ensure the right health and employment support offer for individuals

- Launch the Health & Work Conversation for ESA claimants - *late 2016*
- Introduce measures to support people in the WRAG / LCW, including "Journey to Employment" Job Clubs and Community Partners - *from 2017*
- Expand Talking Therapies and more than double the number of employment advisers available
- Launch Work and Health Programme - *autumn 2017*
- Explore improving Fit for Work referrals from primary care
- Develop a set of work and health indicators with Public Health England, for use at a local level
- Extend "Journey to Employment" Job Clubs - *2017*
- Stop reassessments for those with severe lifelong conditions - *from late 2017*
- Begin research and trials to help the Support Group - *from 2017*
- Re-procure and scale Access to Work offer - *from 2017*

Investing in innovation

We will work with others to implement and scale trials, and in partnership with specialist organisations, to promote products and digital health technologies

- Launch Challenge Prize competitions to stimulate and incentivise innovation - *by spring 2017*
- Commission research to better understand how we can engage with those individuals in the Support Group - *by April 2017*
- Launch a series of mental health and employment trials, including Individual Placement Support and computerised Cognitive Behavourial Therapy health treatments - *from spring 2017*
- Launch a series of health-led employment trials - *from spring 2017*
- Public Health England to publish an Economic Framework on worklessness - *March 2017*

Engaging across society

We will work across society to build consensus, understand how to facilitate engagement and action, and to develop and drive our programme of work

- Use webinars and other forums to engage with musculoskeletal conditions community - *early 2017*
- Explore fit note, medical verification and judgements on fitness for work with work coaches, employers, employee organisations and healthcare professionals
- Establish Disability Confident Business Leaders Group
- Consider with NICE development of guidelines to support improved employment outcomes among people out of work due to ill health
- Establish supportive networks between employers, employees and charities
- Engage with NHS England and wider healthcare professionals on embedding work as a health outcome
- Hold discussions with insurance industry to establish validity of developing Group Income Protection products for smaller employers

Green Paper consultation

Your responses to the consultation will shape the actions that we already have underway, the direction of future discussions with stakeholders and partners, and the development of our policy for this Parliament and beyond.


Action for this Parliament
Beyond 2020
Progress digital health services, building upon initiatives such as NHS England's set of selected health apps and the launch of NHS.UK
Develop capability and capacity of NHS workforce to promote work as a health outcome
Work with others to design and test future policy delivery for musculoskeletal services
Explore improving data sharing across benefit assessments
Consider how Fit for Work fits with future provision and ensuring it remains fit for purpose
Explore reform of the Work Capability Assessment
Scope and develop suitable approaches to a new occupational health landscape
What we want to achieve:
Timely access to integrated and individualised health and employment support, which helps disabled people and people with long-term conditions to go as far as their talents will take them
Develop a work and health indicator framework with Public Health England, for use at local level
Draw early findings from trials:
• Stop where approach is not working
• Scale trials where there is a case to do so
Gather evidence on good practice amongst employers, and research on content for employer 'one stop shop' on health and work
Continue to build a fuller evidence base and use findings
Build our knowledge of international evidence and best practice in relation to health, employment and disability
What we want to achieve:
A clear picture of what support works for whom, and transformed models of support that can scale quickly, drawing upon innovation and a strong evidence base
Create new information standard with NHS Digital for inclusion of employment status in healthcare data sets
Build and deploy the employer evidence base and business case on disability
Possible reform to Statutory Sick Pay to better encourage supportive conversations and phased returns to work
Run information campaigns with partners on key health and work issues
What we want to achieve:
A society where everyone is ambitious for disabled people and people with long-term health conditions, and where people understand and act positively upon the important relationship between health, work and disability

Appendix: Summary of consultation questions

Chapter 1: Tackling a significant inequality

- What innovative and evidence-based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?
- What evidence gaps have you identified in your local area in relation to supporting disabled people or people with long-term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?
- How should we develop, structure and communicate the evidence base to influence commissioning decisions?

Chapter 2: Supporting people into work

Building work coach capability

- How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?
- What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

Supporting people into work

- What support should we offer to help those 'in work' stay in work and progress?
- What does the evidence tell us about the right type of employment support for people with mental health conditions?
- If you are an employer who has considered providing a supported internship placement but have not done so, please let us know what the barriers were. If you are interested in offering a supported internship, please provide your contact details so we can help to match you to a local school or college.

Improving access to employment support

- Should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?
- What type of support might be most effective and who should provide this?
- How might the voluntary sector and local partners be able to help this group?
- How can we best maintain contact with people in the Support Group to ensure no-one is written off?

Chapter 3: Assessments for benefits for people with health conditions

- Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?
- How can we ensure that each claimant is matched to a personalised and tailored employment-related support offer?
- What other alternatives could we explore to improve the system for assessing financial support?
- How might we share evidence between assessments, including between Employment and Support Allowance/Universal Credit and Personal Independence Payments to help the Department for Work and Pensions benefit decision makers and reduce burdens on claimants?
- What benefits and challenges would this bring?
- Building on our plans to exempt people with the most severe health conditions and disabilities from reassessment, how can we further improve the process for assessing financial support for this group?
- Is there scope to improve the way the Department for Work and Pensions uses the evidence from Service Medical Boards and other institutions, who may have assessed service personnel, which would enable awards of benefit to be made without the need for the claimant to send in the same information or attend a face-to-face assessment?

Chapter 4: Supporting employers to recruit with confidence and create healthy workplaces

Embedding good practices and supportive cultures

- What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?
- What expectation should there be on employers to recruit or retain disabled people and people with health conditions?
- Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions? Please consider:
    - the information it would be reasonable for employers to be aware of to address the health needs of their employees;
    - the barriers to employers using the support currently available;
    - the role a ‘one stop shop’ could play to overcome the barriers;
    - how government can support the development of effective networks between employers, employees and charities;
    - the role of information campaigns to highlight good practices and what they should cover;
    - the role for government in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles;
    - the impact previous financial, or other, incentives have had and the type of incentive that would influence employer behaviour, particularly to create new jobs for disabled people; and
    - any other measures you think would increase the recruitment and retention of disabled people and people with health conditions.

- Should there be a different approach for different sized organisations and different sectors?
- How can we best strengthen the business case for employer action?

Moving into work

- How can existing government support be reformed to better support the recruitment and retention of disabled people and people with health conditions?

Staying in or returning to work

- What good practice is already in place to support inclusive recruitment, promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?
- Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?
- What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?
- What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

Chapter 5: Supporting employment through health and high quality care for all

Improving discussions about fitness to work and sickness certification

- How can we bring about better work-focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual *can* do, particularly during the early stages of an illness/developing condition?
- How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?
- Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other healthcare professionals do you think should play a role in this process to ensure that individuals who are sick understand the positive role that work can play in their recovery and that the right level of information is provided?
- Regarding the fit note certificate, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?
- Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?

Mental health and musculoskeletal services

- How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?
- How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?

Transforming the landscape of work and health support

- How can occupational health and related provision be organised so that it is accessible and tailored for all? Is this best delivered at work, through private provision, through the health system, or a combination?
- What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?
- What kind of service design would deliver a position in which everyone who needs occupational health assessment and advice is referred as matter of course?

Creating the right environment to join up work and health

- How can we best encourage innovation through local networks, including promoting models of joint working such as co-location, to improve health and work outcomes?
- How can we encourage the recording of occupational status in all clinical settings and good use of these data?
- What should we include in a basket of health and work indicators covering both labour market and health outcomes at local level?
- How can government and local partners best encourage improved sharing of health and employment data?
- What is the best way to bring together and share existing evidence in one place for commissioners and delivery partners?
- What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

Chapter 6: Building a movement for change: taking action together

- How can we bring about a shift in society's wider attitudes to make progress and achieve long-lasting change?
- What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?
- Could any of the proposals within the green paper potentially have an adverse effect on people with a protected characteristic? If so, which proposal, and which protected group/s are affected? And how might the group/s be affected?

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https://consultations.dh.gov.uk/workandhealth/consult/

For more information about this publication, contact:
workandhealth@dwp.gsi.gov.uk or write to us at The Work, Health and Disability consultation, Ground Floor, Caxton House, 6–12 Tothill Street, London, SW1H 9NA

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

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Adran Gwaith a Phensiynau

Department of Health

Gwella Bywydau

Papur Gwyrdd Gwaith, Iechyd ac Anabledd

Cyflwynwyd gerbron y Senedd
gan yr Ysgrifennydd Gwladol dros Waith a Phensiynau a'r Ysgrifennydd Gwladol dros Iechyd
drwy Orchymyn Ei Mawrhydi
Hydref 2016

Cm 9342

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Mae'r cyhoeddiad hwn ar gael yn www.gov.uk/workandhealth

Dylid anfon unrhyw ymholiadau ynglŷn â'r cyhoeddiad hwn atom yn workandhealth@dwp.gsi.gov.uk neu The Work, Health and Disability consultation, Ground Floor, Caxton House, 6-12 Tothill Street, London, SW1H 9NA.

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Argraffwyd ar bapur sy'n cynnwys o leiaf 75% o gynnwys ffeibr wedi'i ailgylchu.

Argraffwyd yn y DU gan Williams Lea Group ar ran
Rheolwr Llyfrfa Ei Mawrhydi

Cynnwys

Rhagair y Gweinidogion

Mae'r llywodraeth hon yn benderfynol o adeiladu gwlad sy'n gweithio i bawb. Ni ddylai anabledd neu gyflwr iechyd penderfynu ar y llwybr mae person yn gallu cymryd mewn bywyd – neu'n y gweithle. Beth ddylai gyfrif yw talentau person a'u penderfyniad a'u dyhead i lwyddo.

Fodd bynnag, ar hyn o bryd, i lawer o bobl, mae cyfnod o salwch neu gyflwr sy'n gwaethygu, yn gallu achosi anawsterau mawr. Ar gyfer y rhai mewn gwaith, ond maent ond yn ymdopi, gall arwain at iddynt golli eu swydd ac yna'n cael trafferth i fynd yn ôl i'r gwaith. Yn methu cynnal eu hunain a'u teulu, a heb y cymorth seicolegol a chymdeithasol cadarnhaol a ddaw o fod mewn gwaith, gall eu lles dirywio a gall eu hiechyd gwaethygu. Mae'r effaith llithrig hyn i lawr yn cael ei teimlo nid yn unig gan bob person yr effeithir arnynt a'u teuluoedd, ond hefyd gan gyflogwyr sy'n colli sgiliau gwerthfawr a gwasanaethau iechyd sydd yn dwyn costau ychwanegol. Mae diffyg cefnogaeth ymarferol ar gael i helpu pobl gadw mewn cysylltiad â gwaith a mynd yn ôl i'r gwaith. Mae'n rhaid i hyn newid.

Rydym yn gwybod bod y math cywir o waith yn dda i'n hiechyd corfforol a meddyliol ac mae iechyd a chymorth da yn ein helpu yn y gweithle. Rydym yn gwybod bod rhaid i ni amddiffyn y rhai sydd â'r anghenion mwyaf yn y gymdeithas. Mae arnom angen system iechyd a lles sy'n cydnabod – un sy'n cynnig gwaith i bawb a all weithio, helpu ar gyfer y rhai a allai weithio ac yn gofalu am y rhai na allant weithio.

Mae gan y DU hanes cryf ar hawliau anabledd ac mae'r GIG yn darparu cymorth heb ei ail i bobl sydd ag iechyd gwael. Rydym wedi rhoi iechyd meddwl a chorfforol ar yr un telerau. Rydym wedi gweld cannoedd o filoedd mwy o bobl anabl mewn gwaith yn y blynyddoedd diwethaf. Fodd bynnag, er gwaethaf y cynnydd hwnnw, nid ydym yn wlad lle mae pob person anabl a phobl â chyflyrau iechyd yn cael y cyfle i gyrraedd eu potensial eto. Dyna pam rydym wedi ymrwymo i haneru'r bwlch cyflogaeth i bobl anabl ac yn rhannu'r ymrwymiad hwn gyda llawer o rai eraill yn y gymdeithas.

Rydym yn feiddgar yn ein huchelgais ac mae'n rhaid i ni hefyd fod yn feiddgar wrth weithredu. Mae'n rhaid i ni dynnu sylw at, wynebu a herio'r agweddau, rhagfarnau a chamddealltwriaeth sydd, ar ôl nifer o flynyddoedd, wedi eu hymdreiddio mewn llawer o'r polisïau a meddyliau'r cyflogwyr, o fewn y wladwriaeth les, ar draws y gwasanaeth iechyd ac yn y gymdeithas ehangach. Bydd newid yn dod, nid drwy chwarae o gwmpas ar yr ymylon, ond drwy weithredu arloesol go iawn. Mae'r Papur Gwyrdd hwn yn nodi dechrau'r gweithrediadau hyn thrafodaeth genedlaethol pellgyrhaeddol, sy'n gofyn: 'Beth fydd yn ei gymryd i drawsnewid rhagolygon cyflogaeth pobl anabl a phobl â chyflyrau iechyd tymor hir?'

Mae'r Llywodraeth hon wedi ymrwymo i weithredu ond ni allwn wneud hyn ein hunain. Cymerwch ran. Gadewch i ni sicrhau bod gan bawb y cyfle i fynd cyn belled ag y bydd eu talentau yn mynd â hwy – ar gyfer cenedl iachach, sy'n gweithio.

Damian Green

Ysgrifennydd Gwladol dros Waith a Phensiynau

Jeremy Hunt

Ysgrifennydd Gwladol dros Iechyd

Mae tystiolaeth yn dangos bod gwaith priodol yn dda i'n hiechyd.

Gwaith da

Iechyd da

Bod heb waith

Iechyd gwael

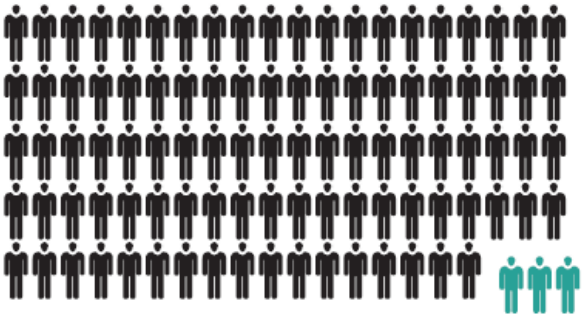
Mae afiechyd ymhlith pobl oedran gweithio yn gost i'r economi

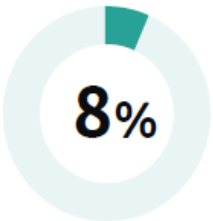
£100 biliwn ac mae absenoldeb oherwydd salwch yn costio £9bn y flwyddyn i gyflogwyr.

Mae lleihau absenoldeb hirdymor yn flaenoriaeth

1.8 miliwn Mae 1.8 miliwn o weithwyr ar gyfartaledd yn cael absenoldeb salwch hirdymor o bedair wythnos neu fwy mewn blwyddyn.

Dim ond tua 3 o bob 100 o'r holl hawlwyr Lwfans Cyflogaeth a Chymorth sy'n gadael y budd-dal bob mis.





Mae 8% o gyflogwyr yn adrodd eu bod wedi recriwtio rhywun sydd ag anabledd neu gyflwr iechyd hirdymor dros flwyddyn.

Mae mynediad i driniaeth amserol yn amrywio o ardal i ardal

Gall amseroedd aros ar gyfartaledd ar gyfer triniaeth iechyd meddwl wahaniaethu cymaint â 12 wythnos ar draws Lloegr ac mae rhywfaint o dystiolaeth yn awgrymu y gall triniaeth ar gyfer cyflyrau cyhyrysgerbydol wahaniaethu cymaint â 23 wythnos.

Mae disgwyliad oes heb anabledd adeg geni hefyd yn amrywio ledled Lloegr

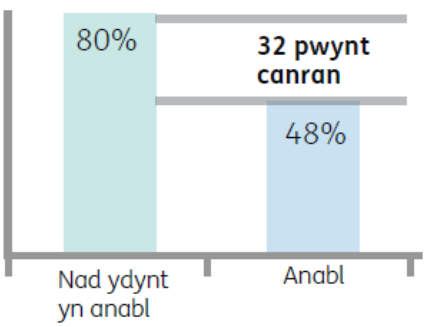
Merched	Dynion
72 mlynedd	72 mlynedd
72 mlynedd	53 mlynedd

Mae achosion o anabledd wedi codi

dros **400,000** yn fwy o bobl anabl oedran gweithio yn y DU ers 2013 **gan roi cyfanswm o fwy na 7m**

O'i gymharu â phobl nad ydynt yn anabl, mae pobl anabl yn llai tebygol o fynd i gyflogaeth, felly mae eu hatal rhag gadael gwaith yn bwysig.
Rhwng dau chwarter mae cymaint â 150,000 o bobl anabl yn gadael cyflogaeth.

Mae'r bwlch cyflogaeth i bobl anabl yn rhy llydan



Crynodeb gweithredol

1. Mae cyfraddau cyflogaeth ymhlith pobl anabl yn datgelu un o'r anghydraddoldebau mwyaf arwyddocaol yn y DU heddiw: mae llai na hanner (48%) y bobl anabl mewn cyflogaeth o gymharu ag 80% o bobl nad ydynt yn anabl.[1] Er gwaethaf marchnad lafur ragorol, mae 4.6 miliwn o bobl anabl a phobl â chyflyrau iechyd hirdymor yn ddi-waith[2] gan adael unigolion, a rhai rhannau mawr o gymunedau, wedi'u datgysylltu oddi wrth y buddiannau a ddaw yn sgil gweithio. Mae gan bobl sy'n ddi-waith gyfraddau marwoldeb uwch[3] ac ansawdd bywyd is.[4] Mae hwn yn anghyfiawnder y mae'n rhaid inni fynd i'r afael ag ef.

2. Mae'r papur gwyrdd hwn yn nodi natur y broblem a pham mae angen newid gan gyflogwyr, y system les, darparwyr iechyd a gofal, a phob un ohonom. Rydym yn ystyried y berthynas rhwng iechyd, gwaith ac anabledd. Rydym yn cydnabod bod iechyd yn bwysig i bob un ohonom, y gall fod yn fater goddrychol ac ni fydd pawb sydd â chyflwr iechyd tymor hir yn gweld eu hunain yn anabl.[5] Gwnaethom osod rhai atebion arfaethedig ac yn gofyn am eich barn ar p'un a ydym yn gwneud y pethau iawn er mwyn sicrhau ein bod yn rhoi cyfle i bawb cyflawni eu potensial.

Natur y broblem

3. Mae gwneud cynnydd o ran uchelgais maniffesto'r llywodraeth i haneru'r bwlch cyflogaeth yn ganolog i'n hagenda diwygio cymdeithasol drwy greu gwlad ac economi sy'n gweithio i bawb, p'un a oes ganddynt gyflwr iechyd hirdymor neu anabledd. Mae'n hanfodol creu cymdeithas sy'n seiliedig ar degwch: mae gan bobl sy'n byw mewn ardaloedd mwy difreintiedig iechyd gwaeth a risg uwch o anabledd. Bydd hefyd yn cefnogi ein hamcanion polisi economaidd drwy gyfrannu at uchelgeisiau'r llywodraeth o ran cyflogaeth lawn, gan alluogi cyflogwyr i gael mynediad i gronfa ehangach o dalent a sgiliau a gwella iechyd.

4. Mae gan bron 1 o bob 3 pherson o oedran gweithio yn y DU gyflwr iechyd hirdymor sy'n amharu ar eu gallu i weithio.[6] Mae gan tua 1 o bob 5 o'r boblogaeth oedran gweithio cyflwr iechyd meddwl.[7] Mae cymaint â 150,000 o bobl anabl sydd mewn gwaith mewn un chwarter allan o waith y chwarter nesaf.[8] Mae dros hanner (54%) yr holl bobl anabl sy'n ddi-waith yn wynebu problemau iechyd meddwl a/neu gyflyrau cyhyrysgerbydol fel eu prif gyflwr iechyd.[9] Mae'n amlwg bod ein systemau iechyd a lles yn cael trafferth i ddarparu cymorth ystyrlon, ac, yn syml, mae'r system yn ymateb yn rhy hwyr ac nid yw'n gwneud digon. Mae gormod o bobl yn syrthio i fagl lle ceir dirywiad cynyddol yn eu hiechyd ac allan o waith, gan olygu na chânt y buddiannau a ddaw yn sgil cyflogaeth, sy'n creu pwysau ar GIG a chynnal anghyfiawnder mawr yn ein cymdeithas. a chynnal anghyfiawnder mawr yn ein cymdeithas.

1 Swyddfa Ystadegau Gwladol. *Labour Force Survey, Q2 2016*; 2016.
2 Swyddfa Ystadegau Gwladol. *Labour Force Survey, Q2 2016*; 2016.
3 Roelfs D J, Shor E, Davidson KW, Schwartz, JE. Losing life and livelihood: A systematic review and meta-analysis of unemployment and all-cause mortality. *Social Science & Medicine* 2011;72(6): 840–854.
4 Swyddfa'r Cabinet. *Analysis of the Annual Population Survey (APS) Wellbeing Data, Apr-Oct 2011*. Ar gael yn: https://www.gov.uk/government/publications/wellbeing-and-employment (accessed October 2016).
5 Ar gyfer y diffiniadau a ddefnyddir yn y papur hwn, gweler y blwch ar dudalen 9.
6 Swyddfa Ystadegau Gwladol. *Labour Force Survey, Q2 2016*; 2016.
7 McManus S, Bebbington P, Jenkins R, Brugha T. (eds.). *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey;* 2016.
8 Yr Adran Gwaith a Phensiynau a'r Adran Iechyd. *Work, Health and Disability Green Paper Data Pack*; 2016.
9 Yr Adran Gwaith a Phensiynau a'r Adran Iechyd. *Work, Health and Disability Green Paper Data Pack*; 2016.

5. Mae dros 3.3 miliwn o bobl anabl mewn gwaith.[10] Ac eto, mae gan lawer o bobl anabl ddisgwyliadau sy'n rhy isel, cyflogwyr a all fod yn amharod i roi cyfle iddynt, mynediad cyfyngedig i wasanaethau a system lles nad yw'n rhoi digon o gymorth personol wedi'i deilwra er mwyn helpu pobl i weithio ac aros mewn gwaith. Mae gormod o bobl yn cael profiad o system dameidiog a digyswllt nad yw'n gwneud fawr ddim i gefnogi eu huchelgeisiau o gael cyflogaeth, ac yn wir, gall chwalu'r uchelgeisiau hynny.

6. Cydnabyddir yn eang y dystiolaeth y gall y gwaith cywir arwain at fuddiannau iechyd a lles.[11] Gall cyflogaeth helpu ein hiechyd corfforol a meddyliol a hybu adferiad. Ond nid adlewyrchir hyn yn llawn mewn penderfyniadau comisiynu ac ymarfer clinigol o fewn gwasanaethau iechyd, a chollir cyfleoedd yn rheolaidd i helpu pobl i wireddu eu dyheadau o ran cyflogaeth. Unwaith mae pobl yn dechrau cael budd-daliadau, mae'r posibilrwydd o ddychwelyd i'r gwaith yn gwaethygu'n raddol. Mae problemau systemig yng nghynllun gwreiddiol y Lwfans Cyflogaeth a Chymorth (ESA) a bellach mae 1.5 miliwn o bobl yn y Grŵp Cymorth[12] yn cael eu trin mewn ffordd sy'n defnyddio dull un ateb sy'n addas i bawb ac ni chânt fawr ddim cymorth ymarferol gan Ganolfannau Gwaith i'w helpu i ddod o hyd i waith. Nod yr ymgynghoriad hwn yw mynd i'r afael â'r materion hyn, edrych ar ffyrdd newydd i helpu pobl, ond nid yw'n ceisio unrhyw arbedion lles pellach y tu hwnt i'r rhai y deddfwyd ar eu cyfer eisoes.

Meysydd ar gyfer gweithredu

7. Mae'r heriau hyn yn gymhleth a dybryd. Ein gweledigaeth yw creu cymdeithas ble mae pawb yn cael y cyfle i gyflawni eu potensial llawn, lle mae'r talent sydd gan gan rywun a pha mor galed y maent yn barod i weithio sy'n bwysig. Rydym yn benderfynol o gael gwared ar yr anghyfiawnderau hirsefydlog a rhwystrau sy'n atal pobl anabl a phobl â chyflyrau iechyd rhag mynd i mewn i waith a chyflawni, yn eu hatal rhag bod yn beth bynnag y maent yn dymuno bod. Rydym hefyd yn benderfynol i ddod â ffocws newydd ar gyfer ymdrechion i atal cyflyrau iechyd rhag datblygu a gwaethygu, gan helpu mwy o bobl i aros mewn gwaith am gyfnod hirach. Rydym am:

    - sicrhau bod gan bobl anabl a phobl â chyflyrau iechyd hirdymor gyfleoedd cyfartal yn y farchnad lafur a'u bod yn cael y cymorth sydd eu hangen arnynt er mwyn eu hatal rhag dod yn ddi-waith a datblygu mewn gweithleoedd sy'n ymgorffori arferion iechyd a lles effeithiol;
    - helpu cyflogwyr i gymryd camau i greu gweithlu sy'n adlewyrchu cymdeithas gyfan a lle y caiff cyflogwyr eu paratoi i edrych yn yr hirdymor ar sgiliau a gallu eu gweithlu, rheoli gweithlu sy'n heneiddio a chyflyrau cronig cynyddol er mwyn cadw pobl yn y gwaith, yn hytrach na dim ond ymateb pan fyddant yn colli cyflogeion;
    - sicrhau y gall pobl gael gafael ar y gwasanaethau cyflogaeth ac iechyd cywir, ar yr adeg gywir ac mewn ffordd sydd wedi'i theilwra'n bersonol i'w hamgylchiadau nhw ac sydd wedi'i hintegreiddio â'u hanghenion;
    - yn fwy effeithiol, integreiddio'r systemau iechyd a gofal cymdeithasol a lles er mwyn helpu pobl anabl a phobl â chyflyrau iechyd hirdymor i gael ac aros mewn cyflogaeth gynaliadwy;
    - rhoi iechyd meddyliol a chorfforol ar lefel gyfartal, er mwyn sicrhau bod pobl yn cael y gofal cywir ac atal salwch meddwl yn y lle cyntaf;
    - buddsoddi mewn dulliau arloesol er mwyn cael gwell dealltwriaeth o'r hyn sy'n gweithio, i bwy, pam ac am ba gost fel y gallwn gyflawni dulliau addawol yn gyflym;

[10] Swyddfa Ystadegau Gwladol. *Labour Force Survey, Q2 2016*; 2016.
[11] Waddell G, Burton AK. *Is work good for your health and wellbeing;* 2006
[12] Yr Adran Gwaith a Phensiynau. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

- newid diwylliant a meddylfryd ym mhob rhan o gymdeithas: cyflogwyr, gwasanaethau iechyd, y system budd-daliadau ac ymhlith unigolion eu hunain, fel ein bod yn canolbwyntio ar gryfderau pobl anabl a'r hyn y gallant ei wneud.

8. Gyda'i gilydd, bydd hyn yn golygu y caiff uchelgeisiau pobl anabl a phobl â chyflyrau iechyd, eu dyheadau a'u hanghenion, eu cefnogi gan gymorth mwy gweithredol, integredig ac unigol sy'n eu cynnal. Bydd hyn yn helpu i wella iechyd a lles o fudd i'n heconomi a galluogi mwy o bobl i gyrraedd eu potensial.

9. Er mwyn gwneud cynnydd cynnar rydym yn:

   - **cydweithio ar draws llywodraeth:** caiff y papur gwyrdd hwn ei baratoi ar y cyd gan yr Adran Iechyd a'r Adran Gwaith a Phensiynau, gan weithio'n agos gyda'r Adran Gymunedau a Llywodraeth Leol, yr Adran Strategaeth Busnes, Ynni a Diwydiannol, NHS England, Public Health England, llywodraeth leol a phartneriaid allweddol eraill;
   - **gwella ein cynnig o ran cymorth yn sylweddol:** er enghraifft drwy gynyddu nifer yr ymgynghorwyr cyflogaeth ym maes therapïau siarad a chyflwyno Pecyn Cymorth Personol yn cynnig cymorth cyflogaeth wedi'i deilwra y bydd anogwyr gwaith y Ganolfan Byd Gwaith yn helpu pobl anabl neu bobl â chyflyrau iechyd i gael mynediad iddo;
   - **gweithio gyda phartneriaid iechyd** fel Sefydliad Cenedlaethol dros Ragoriaeth Iechyd a Gofal, Health Education England, y Colegau Brenhinol a rheoleiddwyr i ymgorffori tystiolaeth mewn arfer clinigol a chefnogi hyfforddiant ac addysg ym mhob rhan o weithlu'r GIG;
   - **buddsoddi £115 miliwn o gyllid** i ddatblygu modelau cymorth newydd er mwyn helpu pobl i ddod o hyd i waith pan fyddant yn rheoli cyflwr iechyd hirdymor neu anabledd. Byddwn yn nodi ac yn datblygu'r rhai a all wneud gwahaniaeth yn gyflym, gan gael gwared ar y dulliau llai addawol.

10. Ni fyddwn yn fodlon ar hyn, ac mae angen parhau i gymryd camau pellach ym mhob sector. Yn y papur gwyrdd hwn gofynnwn:

    - **pa mor fawr yw'r rôl y gallwn ddisgwyl i gyflogwyr ei chwarae** wrth sicrhau cyfleoedd cyfartal i bobl anabl, a sut y gall yr 'achos busnes' dros arferion cynhwysol gael ei atgyfnerthu? Beth yw'r ffordd orau o ddylanwadu ar gyflogwyr i gefnogi iechyd a lles yn y gweithle, er mwyn sicrhau effeithiolrwydd eu gweithlu ac osgoi arferion cyflogaeth a all effeithio'n negyddol ar iechyd? Sut y gallwn atal absenoldeb oherwydd salwch sy'n arwain at ddatgysylltu oddi wrth y farchnad lafur? Sut y gall cymorth iechyd galwedigaethol i bawb - ac nid y cyflogwyr mwyaf yn unig - gael ei gyflwyno'n effeithiol?
    - **sut y gall anogwyr gwaith chwarae rôl amlycach** ar gyfer pobl anabl a phobl â chyflyrau iechyd hirdymor? Sut y gallwn feithrin eu sgiliau a'u galluoedd i gefnogi grŵp amrywiol ag anghenion cymhleth, datblygu eu hymwybyddiaeth o iechyd meddwl, a datblygu rôl o bersonoli cymorth a helpu unigolion i ymdopi â system gymhleth?
    - **sut y gallwn wella system les** sy'n gadael i 1.5 miliwn o bobl – dros 60% o bobl sy'n hawlio Lwfans Cyflogaeth a Chymorth[13] – nad ydynt yn iach i weithio ac na allant gael cymorth cyflogaeth yn rheolaidd, hyd yn oed pan mae llawer o bobl eraill â'r un cyflyrau yn ffynnu yn y farchnad lafur? Sut y gallwn greu system lle nad yw'r cymorth ariannol a gewch yn effeithio'n negyddol ar eich gallu i gael cymorth cyflogaeth? Sut y gallwn gynnig profiad defnyddiwr gwell, gwella effeithlonrwydd y system o ran rhannu data, a chysoni asesiadau'n agosach?

[13] Yr Adran Gwaith a Phensiynau. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

- sut y gallwn **hybu iechyd meddwl a chorfforol** a sicrhau y gall pobl cael **mynediad amserol i'r cymorth iechyd a chyflogaeth** sydd ei angen arnynt yn hytrach na brwydro i gael gafael ar wasanaethau (fel gwasanaethau cyhyrysgerbydol ac iechyd meddwl)? Sut y gallwn sicrhau bod y llu o ddarpar ddarparwyr gwasanaethau iechyd a chyflogaeth yn rhoi gwasanaeth integredig wedi'i deilwra ac y cydnabyddir rôl bwysig cyflogaeth?
- sut y gallwn ddatblygu **cymorth iechyd galwedigaethol gwell** ar draws y taith iechyd a gwaith?
- beth fydd ei angen i **atgyfnerthu gwaith fel canlyniad iechyd** mewn penderfyniadau comisiynu ac ymarfer clinigol? Sut y gallwn sicrhau trafodaethau o ansawdd da ynghylch iechyd a gwaith, a gwella sut y mae nodiadau ffitrwydd yn gweithio?
- beth yw'r ffordd orau o **annog, harneisio a lledaenu dulliau arloesol** er mwyn sicrhau bod comisiynwyr yn gwybod beth sy'n gweithio orau wrth alluogi pobl anabl a phobl â chyflyrau iechyd i weithio?
- yn bwysicaf oll efallai, sut y gallwn feithrin **diwylliant o obeithion a disgwyliadau uchel** ar gyfer yr hyn y gall pobl anabl a phobl â chyflyrau iechyd hirdymor ei gyflawni, a threfnu cymorth gan bob rhan o gymdeithas?

11. Nid yw'r her hon yn un a gaiff ei datrys yn gyflym, ond rydym yn gwybod er mwyn adeiladu gwlad sy'n gweithio i bawb, mae'n rhaid i ni roi sylw i faterion gyda dychweliad yn y tymor hir. Dyma pam mae gennym weledigaeth 10 mlynedd ar gyfer diwygio, y sylfeini rydym wedi eu gosod allan ar ddiwedd yr ymgynghoriad hwn. Ble rydym yn sicr o'n gwybodaeth, byddwn yn gweithredu'n gyflym, gan wneud y newidiadau yr ydym yn gwybod eu hangen.a dyna pam mae gennym weledigaeth deng mlynedd ar gyfer diwygio. Lle rydym yn sicr o'n ffeithiau byddwn yn gweithredu'n gyflym, gan wneud y newidiadau y gwyddom sydd eu hangen. Ond byddwn hefyd yn edrych ar y darlun hirdymor, gan fuddsoddi mewn dulliau arloesol er mwyn deall yr hyn sydd fwyaf effeithiol ac ail-lunio gwasanaethau lle bo'u hangen.

Eich barn

12. Mae'r ymgynghoriad ar y cynigion yn y Papur Gwyrdd hwn yn rhan bwysig o adeiladu gweledigaeth a rennir a chyflawni newid go iawn mewn diwylliant. Rydym am lansio trafodaeth o amgylch sut y gallwn orau cefnogi pobl anabl a phobl â chyflyrau iechyd hirdymor i mewn i, ac i aros mewn gwaith. Rydym yn awyddus i ddwyn ynghyd arbenigedd, safbwyntiau a phrofiadau eang. Dros y misoedd i ddod, byddwn yn siarad â phobl anabl a phobl â chyflyrau hirdymor, eu teuluoedd a'u gofalwyr, gweithwyr proffesiynol ym meysydd iechyd a gofal cymdeithasol, eu cyrff cynrychioliadol, sefydliadau lleol a chenedlaethol, cyflogwyr, elusennau ac unrhyw un arall, fel ni, sydd angen newid.
13. Rydym yn cydnabod bod y gweinyddiaethau datganoledig yn bartneriaid pwysig, yn enwedig oherwydd eu cyfrifoldebau ar gyfer iechyd fel mater datganoledig a meysydd cysylltiedig eraill. Mae'r llywodraeth wedi ymrwymo i weithio gyda'r gweinyddiaethau datganoledig i wella'r cymorth sy'n hygyrch i bobl anabl a phobl â chyflyrau iechyd ar draws y wlad ar lefel genedlaethol, leol a chymunedol.
14. Rhowch wybod i ni beth sydd angen i ni wella fel y gallwn adeiladu cynllun a fydd yn dod â newid gwirioneddol a pharhaol. Gallwch ymateb i'r ymgynghoriad yn: https://consultations.dh.gov.uk/workandhealth/consult/ , anfonwch e-bost at workandhealth@dwp.gsi.gov.uk neu ysgrifennwch atom yn The Work, Health and Disability consultation, Ground Floor, Caxton House, 6–12 Tothill Street, London, SW1H 9NA. Bydd yr ymgynghoriad yn parhau hyd at dydd Gwener, 17eg Chwefror 2017.

15. Rydym yn ymroddedig i fynd i'r afael ag anghyfiawnder o ran cyflogaeth i bobl anabl, fel y gallant gymryd rhan ym mhob un o'r cyfleoedd ar gyfer iechyd, cyfoeth a lles y mae'r DU yn eu cynnig a lle mae gan bawb y cyfle i fynd cyn belled ag y bydd eu talentau yn mynd â nhw.[14]

Y diffiniad o anabledd a chyflyrau iechyd hirdymor a ddefnyddir yn y papur hwn

- Mae Deddf Cydraddoldeb 2010[15] yn diffinio person anabl fel rhywun sydd â nam corfforol neu feddyliol, sy'n cael effaith andwyol sylweddol a hirdymor ar ei allu i gyflawni gweithgareddau arferol o ddydd i ddydd. Diffinnir 'hirdymor' fel effaith sy'n para neu y mae disgwyl iddi bara am o leiaf 12 mis.
- Gall iechyd fod yn fater goddrychol - rydym yn gwybod bod y ffordd y mae pobl yn meddwl am eu hiechyd yn amrywiol ac na fyddai pawb sy'n bodloni'r diffiniad Ddeddf Cydraddoldeb yn ystyried eu hunain yn anabl. Ond rydym yn dilyn y diffiniadau Ddeddf Cydraddoldeb yn y papur hwn, felly:
  - Diffinnir bod gan unigolyn **gyflwr iechyd hirdymor** os oes ganddo gyflwr/cyflyrau corfforol neu iechyd meddwl neu salwch sy'n para, neu y mae disgwyl iddo/iddynt bara, am 12 mis neu fwy.
  - Os bydd person sydd â'r cyflwr/cyflyrau neu'r salwch hwn yn nodi ei fod/eu bod yn cyfyngu ar ei allu i gyflawni gweithgareddau o ddydd i ddydd hefyd, yna fe'i hystyrir hefyd yn berson **anabl**.
- Mae hyn yn golygu y gall rhai pobl sydd â chyflwr iechyd hirdymor gael eu rhoi mewn grŵp gyda'r bobl hynny nad oes ganddynt unrhyw gyflwr iechyd hirdymor ac y cânt eu hystyried yn bobl **nad ydynt yn anabl.** Rydym yn cydnabod y gall cyflyrau iechyd hirdymor amrywio a gall effeithiau'r cyflwr ar weithgareddau o ddydd i ddydd unigolyn newid dros amser
- Mae Budd-daliadau Analluogrwydd yn cyfeirio at Lwfans Cyflogaeth a Chymorth a'i ragflaenwyr Budd-dal Analluogrwydd/Cymhorthdal Incwm ar sail anabledd a Lwfans Anabledd Difrifol

[14] Cyfeiriadau ar gyfer yr inffograffeg blaenorol: "Evidence shows that appropriate work is good for our health" Ffynhonnell:: Waddell G, Burton AK. Is work good for your health and wellbeing; 2006. "Ill-health among working age people costs the economy £100bn a year in sickness absence and costs employers £9bn a year". Ffynonellau: Yr Adran Gwaith a Phensiynau a'r Adran Iechyd. *Work, Health and Disability Green Paper Data Pack*; 2016 and Black C , Frost C. *Health at work - an independent review of sickness absence*; 2011. "Reducing long term sickness absence is a priority. 1.8 million employees on average have a long term sickness absence of four weeks or more in a year." Ffynhonnell: Yr Adran Gwaith a Phensiynau a'r Adran Iechyd. *Work, Health and Disability Green Paper Data Pack*; 2016. "Only around 3 in 100 of all Employment and Support Allowance claimants leave the benefit each month." Yr Adran Gwaith a Phensiynau *Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html. "8% of employers report they have recruited a person with a disability or long term health condition over a year." Ffynhonnell: Yr Adran Gwaith a Phensiynau. *Employer Engagement and Experience Survey;* 2013. "Access to timely treatment varies across areas. Average waiting times for mental health treatment can differ as much as 12 weeks across England and some evidence suggests treatment for musculoskeletal conditions can differ as much as 23 weeks." Ffynhonnell: Yr Adran Gwaith a Phensiynau a'r Adran Iechyd. *Work, Health and Disability Green Paper Data Pack*; 2016 and Chartered Society of Physiotherapy. *Stretched to the limit;* 2012. "Disability free life expectancy at birth also varies across England. Disability free life expectancy at birth in upper tier local authorities in England range from 55 to 72 years for Males and 53 to 72 years for Females in 2012-2014." Ffynhonnell: Swyddfa Ystadegau Gwladol.. *Disability-Free Life Expectancy (DFLE) and Life Expectancy (LE) at birth by Upper Tier Local Authority, England, 2012 to 2014*; 2014. "Disability has been rising - over 400,000 increase in the number of working age disabled people in the UK since 2013, taking the total to more than 7 million." Ffynhonnell: Swyddfa Ystadegau Gwladol.. *Labour Force Survey, Q2 2016*; 2016. "Compared to non-disabled people, disabled people are less likely to enter employment so preventing them from leaving work is important. Between two quarters as many as 150,000 disabled people leave employment." Ffynhonnell: Yr Adran Gwaith a Phensiynau a'r Adran Iechyd. *Work, Health and Disability Green Paper Data Pack*; 2016. "The disability employment gap is too wide. 80% of non-disabled working age people are in employment compared to 48% of disabled people. This leads to a disability employment gap of 32 percentage points." Ffynhonnell: Swyddfa Ystadegau Gwladol. *Labour Force Survey, Q2 2016*; 2016.

[15] Equality Act 2010. http://www.legislation.gov.uk/ukpga/2010/15/contents (accessed October 2016)

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Work, health and disability green paper: improving lives

Updated 2 November 2016

Contents

Ministerial foreword

From Damian Green, Secretary of State for Work and Pensions and Jeremy Hunt, Secretary of State for Health

This government is determined to build a country that works for everyone. A disability or health condition should not dictate the path a person is able to take in life – or in the workplace. What should count is a person's talents and their determination and aspiration to succeed.

However, at the moment, for many people, a period of ill health, or a condition that gets worse, can cause huge difficulties. For those in work, but who are just managing, it can lead to them losing their job and then struggling to get back into work. Unable to support themselves and their family, and without the positive psychological and social support that comes from being in work, their wellbeing can decline and their health can worsen. The impact of this downward spiral is felt not just by each person affected and their families, but also by employers who lose valuable skills and health services that bear additional costs. There is a lack of practical support to help people stay connected to work and get back to work. This has to change.

We know that the right type of work is good for our physical and mental health and good health and support helps us in the workplace. We know that we must protect those with the most needs in society. We need a health and welfare system that recognises that – one that offers work for all those who can, help for those who could and care for those who can't.

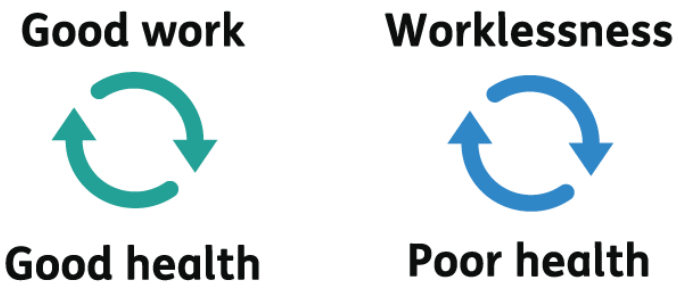
The UK has a strong track record on disability rights and the NHS provides unparalleled support to people with poor health. We have put mental and physical health on the same footing. We have seen hundreds of thousands more disabled people in work in recent years. However, despite that progress, we are not yet a country where all disabled people and people with health conditions are given the opportunity to reach their potential. That's why we are committed to halving the disability employment gap and share this commitment with many others in society.

We are bold in our ambition and we must also be bold in action. We must highlight, confront and challenge the attitudes, prejudices and misunderstandings that, after many years, have become engrained in many of the policies and minds of employers, within the welfare state, across the health service and in wider society. Change will come, not by tinkering at the margins, but through real, innovative action. This Green Paper marks the start of that action and a far-reaching national debate, asking: 'What will it take to transform the employment prospects of disabled people and people with long-term health conditions?'

This government is committed to acting but we can't do it alone. Please get involved. Let's ensure everyone has the opportunity to go as far as their talents will take them – for a healthier, working nation.

Work, health and disability: facts and figures

Evidence shows that appropriate work is good for our health



Reducing long term sickness absence is a priority

1.8 million

employees on average have a long-term sickness absence of 4 weeks or more in a year.

Access to timely treatment varies across areas

Average waiting times for mental health treatment can differ by as much as 12 weeks across England and some evidence suggests treatment for musculoskeletal conditions can differ by as much as 23 weeks

Ill-health among working age people costs the economy

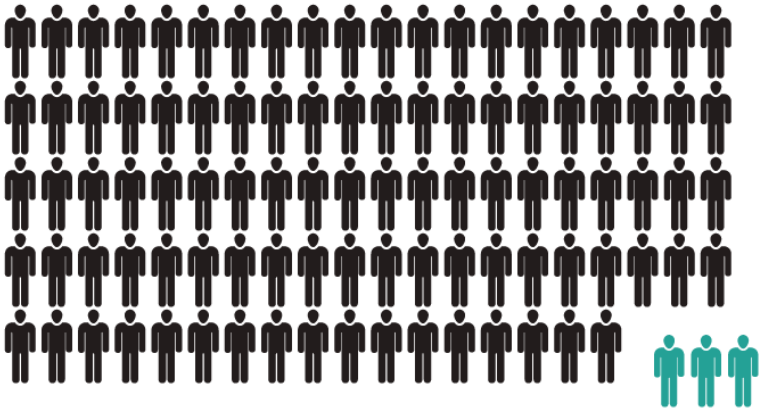
£100 billion

and sickness absence costs employers £9 billion a year

Disability-free life expectancy at birth also varies across England

Male	Female
72 years	72 years
55 years	53 years

Only around 3 in 100 of all Employment and Support Allowance claimants leave the benefit each month.



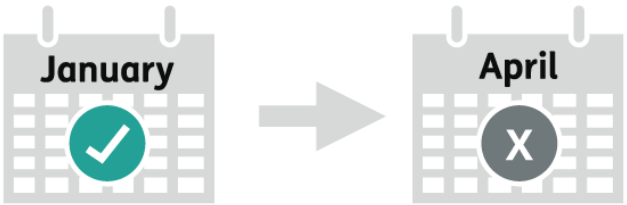
Disability has been rising over

400,000

increase in the number of working age disabled people in the UK since 2013 taking the total to more than 7 million.

Compared to non-disabled people, disabled people are less likely to enter employment so preventing them from leaving work is important

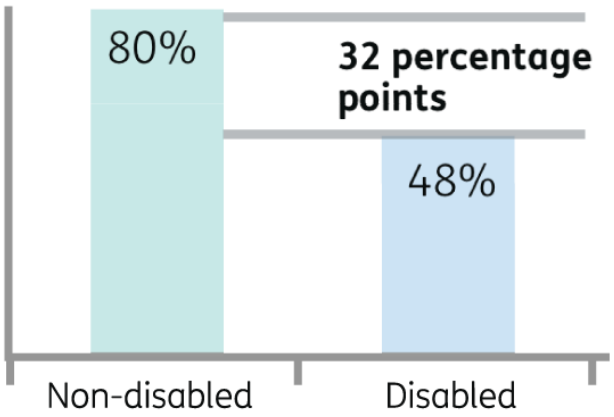
Between two quarters as many as 150,000 disabled people leave employment.



8%

of employers report they have recruited a person with a disability or long term health condition over a year.

The disability employment gap is too wide



Executive summary

1) Employment rates amongst disabled people reveal one of the most significant inequalities in the UK today: less than half (48%) of disabled people are in employment compared to 80% of the non disabled population. [1] [2] Despite a record-breaking labour market, 4.6 million disabled people and people with long-term health conditions are out of work [3] leaving individuals, and some large parts of communities, disconnected from the benefits that work brings. People who are unemployed have higher rates of mortality [4] and a lower quality of life. [5] This is an injustice that we must address.

2) This green paper sets out the nature of the problem and why change is needed by employers, the welfare system, health and care providers, and all of us. We consider the relationship between health, work and disability. We recognise that health is important for all of us, that it can be a subjective issue and not everyone with a long-term health condition will see themselves as disabled. [6] We set out some proposed solutions and ask for your views on whether we are doing the right things to ensure that we are allowing everyone the opportunity to fulfil their potential.

The nature of the problem

3) Making progress on the government's manifesto ambition to halve the disability employment gap is central to our social reform agenda by building a country and economy that works for everyone, whether or not they have a long-term health condition or disability. It is fundamental to creating a society based on fairness: people living in more disadvantaged areas have poorer health and a higher risk of disability. It will also support our health and economic policy objectives by contributing to the government's full employment ambitions, enabling employers to access a wider pool of talent and skills, and improving health.

4) Almost 1 in 3 working-age people in the UK have a long-term health condition which puts their participation in work at risk. [7] Around 1 in 5 of the working-age population has a mental health condition. [8] As many as 150,000 disabled people who are in work one quarter are out of work the next. [9] Over half (54%) of all disabled people who are out of work experience mental health and/or musculoskeletal conditions as their main health condition. [10] It is evident that our health and welfare systems are struggling to provide meaningful support, and, put simply, the system provides too little too late. Too many people are falling into a downward spiral of declining health and being out of work, denying them the benefits that employment can bring, creating pressures on the NHS and sustaining a major injustice in our society.

5) Over 3.3 million disabled people are now in work. [11] Yet many disabled people experience expectations that are too low, employers who can be reluctant to give them a chance, limited access to services and a welfare system that does not provide enough personalised and tailored support to help people into work and to stay in work. Too many people experience a fragmented and disjointed system which does little to support their ambitions of employment, and indeed can erode those ambitions.

6) The evidence that appropriate work can bring health and wellbeing benefits is widely recognised. [12] Employment can help our physical and mental health and promote recovery. But the importance of employment for health is not fully reflected in commissioning decisions and clinical practice within health services, and opportunities to support people in their employment aspirations are regularly lost. Once people are on benefits, their chances of returning to work steadily worsen. There are systemic issues with the original design of Employment and Support Allowance with 1.5 million people now in the Support Group [13] who are treated in a one-size-fits-all way and get little by way of practical support from Jobcentres to help them into work. This consultation seeks to address these issues, exploring new ways to help people, but does not seek any further welfare savings beyond those already legislated for.

Areas for action

7) These challenges are complex and pressing. Our vision is to create a society in which everyone has a chance to fulfil their potential, where all that matters is the talent someone has and how hard they are prepared to work. We are determined to remove the long-standing injustices and barriers that stop disabled people and people with health conditions from getting into work and getting on, preventing them from being whatever they want to be. We are also determined to bring a new focus to efforts to prevent health conditions from developing and worsening, helping more people to remain in work for longer.

We want to:

- ensure that disabled people and people with long-term health conditions have equal access to labour market opportunities and are given the support they need to prevent them from falling out of work and to progress in workplaces which embed effective health and wellbeing practices
- help employers take action to create a workforce that reflects society as a whole and where employers are equipped to take a long-term view on the skills and capability of their workforce, managing an ageing workforce and increased chronic conditions to keep people in work, rather than reacting only when they lose employees
- ensure people are able to access the right employment and health services, at the right time and in a way which is personalised to their circumstances and integrated around their needs
- more effectively integrate the health and social care and welfare systems to help disabled people and people with long-term health conditions move into and remain in sustainable employment
- put mental and physical health on an equal footing, to ensure people get the right care and prevent mental illness in the first place
- invest in innovation to gain a better understanding of what works, for whom, why and at what cost so we can scale promising approaches quickly
- change cultures and mind-sets across all of society: employers, health services, the welfare system and among individuals themselves, so that we focus on the strengths of disabled people and what they can do

8) Taken together, this will mean the ambitions of disabled people and people with health conditions, their aspirations and their needs, are supported by more active, integrated and individualised support that wraps around them. This will help improve health and wellbeing, benefit our economy and enable more people to reach their potential.

9) To make early progress we are:

- working jointly across the whole of government: this green paper is jointly prepared by the Department of Health and the Department for Work and Pensions, working closely with the Department for Communities and Local Government, the Department for Business, Energy and Industrial Strategy, NHS England, Public Health England, local government, and other partners
- significantly improving our employment support: for example, expanding the number of employment advisers in talking therapies and introducing a new Personal Support Package offering tailored employment support which Jobcentre Plus work coaches will help disabled people or people with health conditions to access
- working with health partners such as NHS England, Public Health England, the National Institute for Health and Care Excellence, Health Education England, the Royal Colleges and regulators to embed evidence into clinical practice and support training and education across the NHS workforce
- investing £115 million of funding to develop new models of support to help people into work when they are managing a long-term health condition or disability. We will identify and rapidly scale those which can make a difference, while weeding out less promising approaches

10) We will not be satisfied with this, and further action needs to be sustained across all sectors. In this green paper we ask:

- how big a role can we expect employers to play in ensuring access to opportunities for disabled people, and how can the ‘business case’ for inclusive practices be strengthened? What is the best way to influence employers to support health and wellbeing in the workplace, both to ensure the effectiveness of their workforce and avoid employment practices which can negatively impact health? How can we prevent sickness absence resulting in detachment from the labour market?
- how can work coaches play a more active role for disabled people and people with health conditions? How can we build their skills and capabilities to support a diverse group with complex needs, build their

mental health awareness, and develop a role in personalising support and helping individuals navigate a complex system?

- how can we improve a welfare system that leaves 1.5 million people – over 60% of people claiming Employment and Support Allowance [14] – with the impression they cannot work and without any regular access to employment support, even when many others with the same conditions are flourishing in the labour market? How can we build a system where the financial support received does not negatively impact access to support to find a job? How can we offer a better user experience, improve system efficiency in sharing data, and achieve closer alignment of assessments?
- how can we promote mental and physical health and ensure that people have timely access to the health and employment support that they need rather than struggling to access services (particularly musculoskeletal and mental health services)? How do we make sure that health and employment service providers provide a tailored and integrated service, and that the important role of employment is recognised?
- how can we develop better occupational health support right across the health and work journey?
- what will it take to reinforce work as a health outcome in commissioning decisions and clinical practice? How can we ensure good quality conversations about health and work, and improve how fit notes work?
- how can we best encourage, harness and spread innovation to ensure that commissioners know what works best in enabling disabled people and people with health conditions to work?
- perhaps most crucially, how can we build a culture of high hopes and expectations for what disabled people and people with long-term health conditions can achieve, and mobilise support across society?

11) This challenge is not one that will be solved quickly, but we know that to build a country that works for everyone, we must address issues with a long-term return. This is why we have a 10-year vision for reform, the foundations of which we have set out at the end of this consultation. Where we are certain of our ground we will act quickly, making the changes we know are needed. But we will also look to the long term, investing in innovation to

understand what is most effective and reshaping services where they are needed.

Your views

12) The consultation on the proposals in this green paper is an important part of building a shared vision and achieving a real change in culture. We want to launch a discussion around how we can best support disabled people and people with long-term health conditions to get into, and to stay in, work. We want to bring together wide-ranging expertise, opinions and experiences. Over the coming months we will talk to disabled people and people with long-term conditions, their families and carers, health and social care professionals, their representative bodies, local and national organisations, employers, charities and anyone who, like us, wants change.

13) We recognise that the devolution administrations are important partners, particularly because of their responsibilities for health as a devolved matter and other related areas. The government is committed to working with the devolved administrations to improve the support accessible to disabled people and people with health conditions across the country at a national, local and community level.

14) Please let us know what we need to improve so that we can build a plan that will bring real and lasting change. You can:

Respond to this consultation online

Email us at workandhealth@dwp.gsi.gov.uk

Write to us at:

> The Work, Health and Disability consultation,
> Ground Floor,
> Caxton House,

> 6-12 Tothill Street,
> London,
> SW1H 9NA

The consultation will run until Friday 17 February 2017.

15) We are committed to tackling the injustice of disability employment, so that all can share in the opportunities for health, wealth and wellbeing that the UK has to offer and where everyone has the chance to go as far as their talents will take them.

Definition of disability and long-term health conditions used in this paper:

- The Equality Act 2010 [^15] 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 expecting to last for at least 12 months
- health can be a subjective issue – we know that the way people think about their health is diverse and that not everyone that meets the Equality Act definition would consider themselves to be disabled. But we follow the Equality Act definitions in this paper, so:
  - an individual is considered in this paper as having a long-term health condition if they have a physical or mental health condition(s) or illness(es) that lasts, or is expected to last, 12 months or more.
  - if a person with these condition(s) or illness(es) also reports it reduces their ability to carry out day-to-day activities as well, then they are also considered to be disabled
- this means some people who may have a long-term health condition will be grouped together with those people who do not

have any long-term health condition and be considered as non disabled. We recognise that long-term health conditions can fluctuate and the effects of a condition on an individual's day-to-day activities may change over time

- incapacity Benefits refers to Employment and Support Allowance and its predecessors Incapacity Benefit, Income Support on grounds of disability and Severe Disablement Allowance

1: Tackling a significant inequality – the case for action

Chapter summary

In this chapter we set out the injustice of the disability employment gap. We explore how:

- being in work can help an individual's health and wellbeing
- systemic issues hold back too many disabled people and people with health conditions
- we need to learn from what works and develop innovative approaches
- we need to work beyond artificial boundaries and work with everyone to achieve our shared vision

Being in work can help an individual's health and their overall wellbeing

16) This government is committed to helping everyone, whoever they are, enjoy the independence, security and good health that being in work can bring, giving them the chance to be all they want to be.

17) The evidence is clear that work and health are linked. Appropriate work is good for an individual's physical and mental health. Being out of work is associated with a range of poor health outcomes. [15] Academics and organisations such as the WHO, [16] the ILO, [17] the OECD, [18] RAND Europe, [19] the Royal College of Psychiatrists [20] and NICE [21] all recognise that work influences health and health influences work. The workplace can either support health and wellbeing and the health system can actively support people into work in a virtuous circle or the workplace can be unsupportive and health and work systems can work against each other.

18) We know that the longer a person is out of work the more their health and wellbeing is likely to deteriorate. [22] So, every day matters. For every week, every month, every year someone remains outside the world of work, it is increasingly more difficult for them to return and their health and wellbeing may worsen as a result. We must address this downward spiral.

19) Of course, work can also bring a range of other benefits which support mental and physical health and wellbeing. [23] It is the best route to raising the living standards of disabled people and people with a long-term health condition and moving them out of poverty. [24] But a good standard of living is about more than just income. [25] Work can help someone to be independent in the widest sense: having purpose, self-esteem, and the opportunity to build relationships. Being in the right job can be positively life changing.

20) But, whilst work is good for health in most circumstances, the type of work matters. Many factors such as autonomy, an appropriate workload and supportive management are important for promoting health at work. [26] These factors can be very personal.

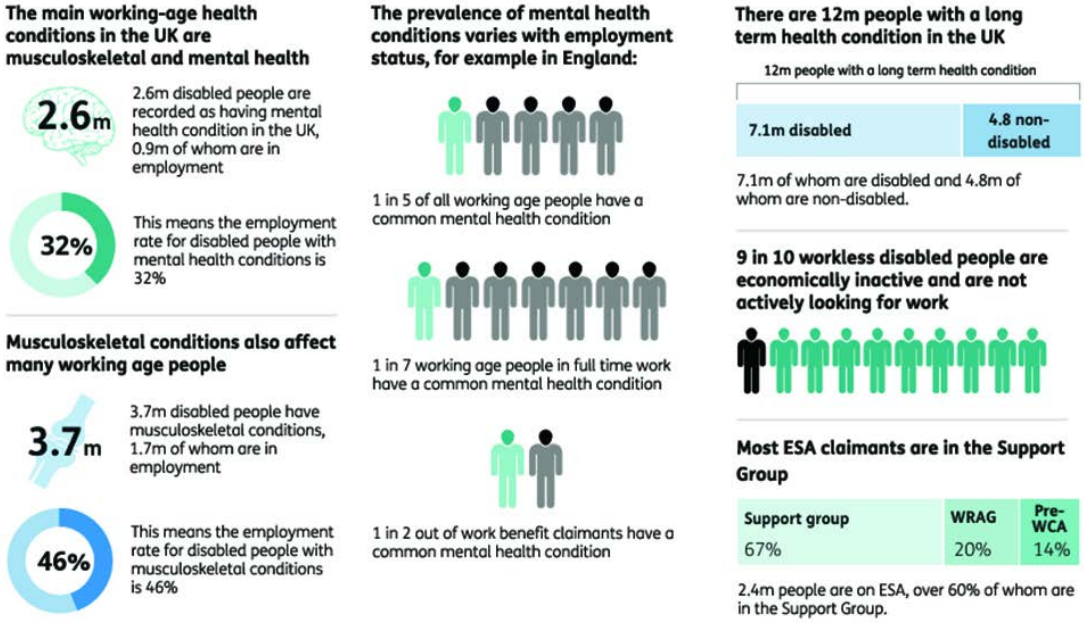
21) As many stakeholder organisations like Scope have highlighted, many

disabled people and people with long-term health conditions already work and many more want to access all the benefits that work can bring. [27] We want to understand how to improve the current system of support to make this aspiration a reality. We also recognise that some disabled people and people with health conditions might not be able to work due to their condition, whether in the short or long term. This government is committed to ensuring that they are fully supported by the financial safety net that the welfare system provides and so this consultation does not seek any further welfare savings beyond those in current legislation.

> “ …and there’s quite significant benefits associated with work over and above the financial benefit of working, the social aspects of it, things to do with people’s self-esteem, so trying to keep people plugged into that is very important for their overall health.” [28] - General Practitioner”

> “ I don’t have to work financially, but I want to… self-confidence, self-worth….” [29] - Individual”

Closing the disability employment gap to tackle injustice and build our economy



22) This government is committed to building a country and an economy that work for everyone. The UK employment rate is the highest it has been since records began. Over 31 million people (nearly 75% of the working age population) are in employment. [30] However, while there has been an increase of almost half a million disabled people in employment over the last 3 years, there are still fewer than 5 in 10 disabled people in employment compared with 8 in 10 non-disabled people. [31] This disability employment rate gap, the difference between the employment rates of disabled and non-disabled people, has not changed significantly in recent years and now stands at 32 percentage points. [32] [33]

23) So 3.8 million disabled people are out of work despite a record breaking labour market. [34] People with particular health conditions can be disadvantaged, for example only 32% of people with mental health conditions are in employment. This leaves people, and in some places entire communities, disconnected from the benefits that work can bring. This is one of the most significant inequalities in the UK today and the government cannot stand aside when it sees social injustice and unfairness. That is why we have set ourselves the ambition to halve the disability employment gap.

24) This ambition is not only about tackling an unacceptable injustice for individuals. The disability employment gap also represents a waste of talent and potential which we cannot afford as a country: poor health and unemployment results in substantial costs to the economy.

25) The cost of working age ill health among working age people is around £100 billion a year. [35] The majority of this cost arises from lost output among working age people with health conditions not being in paid work. Economic inactivity costs government around £50 billion a year, including £19 billion of welfare benefit payments and lower tax revenues and national insurance contributions. The NHS also bears £7 billion of additional costs for treating people with conditions that keep them out of work. [36] And there is also a cost to employers: sickness absence is estimated to cost £9 billion per year. [37] And, of course, there is a cost to people and their families.

Action is needed now to prevent this situation getting worse

26) We have seen that the costs, to the individual and the economy, of the disability employment gap are already unacceptably high. Trends in demography and population health mean that we need to take action now to prevent these costs rising further.

27) Older people will make up a greater proportion of the workforce in the future. Between 2014 and 2024 the UK will have 200,000 fewer people aged 16 to 49 but 3.2 million more people aged 50 to State Pension age. [38] Older workers can bring great benefit to businesses and drawing on their knowledge, skills and experience may help businesses to remain competitive and to avoid skills and labour shortages.

28) We also know that while life expectancy at birth has been increasing year on year, changes in healthy life expectancy have not consistently been keeping pace: we are living longer lives but some more years in ill health. [39] There is a known correlation between an ageing population and an increasing prevalence of long-term chronic conditions and multiple health issues.

29) We know that the world of work is changing. For example, new information and communication technologies have changed the nature of work tasks. This change may bring benefits, for example enabling more flexible working to help people with health conditions stay in work, but can also have less positive effects like work intensification that may affect people's ability to cope or adapt in work with a health condition. [40]

30) The impact of poor health on work is not inevitable for people at any age. For example, advances in technology can assist people to remain in work where they might have been previously unable to do so. Lifelong learning can also offer the opportunity for people to gain new skills to change roles if they develop a health condition or disability, or an existing one worsens. [41] And while many conditions are not preventable, the evidence is clear that the way we live our lives can influence health outcomes. Currently, 6 out of 10 adults are overweight or obese, [42] nearly 1 in 5 adults still smoke, [43] and more than 10 million adults drink alcohol at levels that pose a risk to their health. [44] Public health interventions form a vital part of the health and work agenda to help reduce the prevalence of conditions that can lead to people leaving the labour market due to ill health.

Case study – Susannah

Susannah was diagnosed with osteoarthritis and rheumatoid arthritis in 2010, she had lived with symptoms for more than 6 months before getting a formal diagnosis. She has lived a very active life and was working on a farm in France at the time of diagnosis. Following diagnosis, Susannah returned to the UK and now works as the personal assistant at a country house and estate.

Upon receiving her diagnosis, her employer was quite understanding of the impact rheumatoid arthritis was having on her. Her manager spoke with the HR team who provided her with reasonable adjustments to her workplace. Fatigue is also major issue for Susannah, as with many others with

rheumatoid arthritis, she feels very tired after a day at work and this limits her from socialising in the evenings or at weekends. Nevertheless, she admits she does have some difficulties with her workload but she does not feel comfortable asking her employer for further adjustments to it.

In light of her current difficulties she is planning to retire early, having originally planned to retire at 66. She says she has accumulated enough earnings to have a reasonable retirement. When asked if anything could accommodate her to remain in work and thus not retire, she says working 3 days rather than 4 would probably be sufficient, however, she says this would amount to a job share which would be impractical for her employer and something she is not prepared to ask for.

> “ Retiring early isn’t ideal and I would like to keep on working but I just can’t perform all of the roles of the job anymore and my work-life balance has suffered due to my tiredness and pain at the end of each day. I don’t see my friends much anymore and it’s something I really miss. If I could work a 3-day week I could probably carry on, but I don’t feel that is something which could be accommodated. Before my diagnosis I never contemplated having to retire early but now I see it as almost inevitable.”

– Provided by National Rheumatoid Arthritis Society

Underlying factors play an important role

31) To reduce the disability employment gap, we need to understand the reasons why disabled people might be unable to enter or stay in work, and to recognise the wide variety of conditions and circumstances they face. The disability employment gap is affected by a number of factors, for example people frequently move in or out of disability and employment over time. It is therefore important to look at a wider group of work and health indicators to allow us to better understand the wider picture. The Work, Health and Disability Green Paper Data Pack accompanying this publication includes more statistics about the disability employment gap.

32) Almost 12 million working age people in the UK have a long-term health condition, and of these 7 million are disabled. [45] A health condition does not, in itself, necessarily prevent someone from working. Indeed people with a long-term health condition who are not reported as being disabled have a very similar employment rate to people without any type of health condition – around 80%. [46] However, employment rates are much lower among disabled people with only 48% in work. [47]

33) This suggests that it is important to try to prevent long-term health conditions developing or worsening to the extent that they are disabling. We know that a person's health is affected by the conditions and environments in which they live. Fair Society, Healthy Lives [48] provided evidence that the conditions in which people are born, live, work and age, are the fundamental drivers of health and health inequalities. Where people live can have a big impact on both health and employment outcomes. In England, men born in the most deprived areas can expect 9.2 fewer years of life, and 19.0 fewer years of life lived in good health than people in the least deprived areas. For women the equivalent figures are 7.0 and 20.2 years. [49]

34) We also know that disabled people from more disadvantaged backgrounds are more likely to be out of work. For example, while employment rates can be as low as 16% for people with mental health conditions who live in social housing, for disabled people who live in a mortgaged house and who have 1 or 2 health conditions, the employment rate is as high as 80%. [50] This is similar to the overall employment rate for non-disabled people. [51]

35) In addition to the strong links between socio-economic disadvantage and poorer work and health outcomes, other factors can also be significant. Attitudes in society can have a significant impact: for example, people may have lower expectations of disabled people and people with health conditions, which may impact on whether an individual feels able to work. There may also be physical barriers to employment for some disabled people and people with long-term health conditions, such as difficulties

accessing transport and buildings.

36) We also need to recognise that some disabled people or people with long-term health conditions may face other disadvantages associated with worklessness. They may need a wide range of support, through different agencies working in partnership, to address all of the connected and overlapping problems they face. These might include drug or alcohol addiction, a criminal record, homelessness or caring responsibilities for young children. We recognise that these are complex problems, requiring a focused look at the factors that stand in the way of employment for these groups, which is why the government has asked Dame Carol Black to conduct an independent review into the impact on employment outcomes of alcohol or drug addiction, and obesity.

37) Although factors unrelated to an individual's health condition or disability have a significant impact on their ability to work, there do appear to be some patterns in employment rates for people with certain conditions, or for those who have multiple conditions. For example, disabled people with mental health conditions have an employment rate of just 32%, which is significantly below the overall employment rate for disabled people at 48%. [52] People who have more than one condition are also more likely to be out of work – disabled people with one long-term health condition have an employment rate of 61%, but the 1.2 million disabled people who have 5 or more long-term health conditions have an employment rate of just 23%. [53]

38) Of course not all health conditions are static. Many, such as some mental health conditions, fluctuate over time, and affect people differently at different times. What is clear, though, is that once someone is out of work due to a health condition and claims Employment and Support Allowance their chance of finding work is slim. Only around 3 in 100 of all people receiving Employment and Support Allowance stop receiving the benefit each month, and not all of these people return to work. [54] While the government recognises that some people will not be able to work and rightly need to receive financial support, for others this starts a journey away from

work which can make their health problems worse and, in turn, negatively impact upon their employment prospects.

39) It is impossible to address this complex picture with a simple, one-size-fits-all solution. We need to change our attitudes and behaviours towards disabled people and people with health conditions, working with everyone from employers to schools, health professionals to community groups. We need to develop a more personalised and integrated system that puts individuals at the centre, and gives all individuals the chance to prosper and play their part in a country and an economy that works for everyone.

Tackling the systemic issues

40) The disability employment gap has persisted over many years and its causes are long-term, systemic and cultural. Efforts to help disabled people and those with long-term health conditions have been hindered by a lack of vision and by systems which fail to join up and take people's needs properly into account.

41) A number of systemic issues hold back too many disabled people and people with health conditions:

- employees are not being supported to stay healthy when in work, and to manage their health condition to stop them falling out of work: in one report, mental ill health at work was estimated to cost businesses £26 billion annually through lost productivity and sickness absence [55]
- too many disabled people and people with long-term health conditions are being parked on financial support alone: over 60% of people on Employment and Support Allowance do not have access to integrated and personalised employment and health support which focuses on what they can and want to do
- individuals are not getting access to the right support and treatment: for

example, some evidence suggests that waiting times for musculoskeletal services can vary from between 4 to 27 weeks [56]

- the health and welfare systems do not always work well together to join up around an individual's needs and offer personalised and integrated support to help them manage their condition.

42) Our strategy is to provide support centred on the disabled person or person with a health condition. Disabled people and people with health conditions are the best judges of what integrated support they need to secure work or stay and flourish in work. To do this, we want to align systems better so that we can make a real difference to people's health and work prospects. In this green paper we explore how we can encourage employers, the welfare system and health services to take a more joined-up approach to health and work:

- how we can encourage employers to be confident and willing to recruit disabled people, to put in place approaches to prevent people from falling out of work, and to support effectively those employees on a period of sickness absence to encourage their return to work
- how we can create a welfare system that provides employment support in a more personalised and tailored way, with a simpler and more streamlined process for those with the most severe health conditions
- how we can create a health system where work is seen as a health outcome and where all health professionals are sufficiently trained and confident to have work-related conversations with individuals to increase their chances of maintaining or returning to employment
- how we can better integrate occupational health type support with other services to ensure more holistic patient care

43) We also need to look beyond 'systems' to look at the important role played by individuals, carers and the voluntary and community sectors.

The role of individuals

44) Disabled people, people with long-term health conditions and those who

may develop them are at the heart of our strategy. We want to deliver services which enable people to have more information about their care and support, be better able to manage any health conditions, and have more say in the health and employment support they may need. The patients' organisation National Voices puts it clearly: personalised care will only happen when services recognise that patients' own life goals are what count; that services need to support families, carers and communities; that promoting wellbeing and independence need to be the key outcomes of care; and that patients, their families and carers are often 'experts by experience'. [57]

45) Individuals can also support employers to make workplaces more inclusive by working in partnership with them to deliver changes in recruitment and retention practices and promoting a healthy work culture.

The role of carers

46) This government recognises that carers can play a fundamental role in enabling disabled people and people with long-term health conditions to be all they want to be. The support of carers can be crucial in supporting disabled people and people with a long-term health condition to return to or remain in work. According to a report from 2009, [58] as many as 3 million people combine paid work with providing informal care to family and friends who might have a range of physical or learning disabilities, or who may have long-term health conditions related to ageing.

47) Carers UK recently found that carers in England are 'struggling to get the support they need to care well, maintain their own health, balance work and care, and have a life of their own outside of caring.' The challenges of balancing paid work with a caring role can mean that carers have to reduce their working hours, pass up career opportunities, or leave employment altogether: an estimated 2 million people have given up paid work to care. [59] Of these, there are currently 315,000 working age adults who, having left work to care, remain unemployed after their caring role has ended. These impacts are felt disproportionately by older workers, with around 1 in every 6

economically inactive people aged between 50 and State Pension age citing caring responsibilities as the reason for inactivity. [60]

48) Many of the challenges faced by carers in balancing their work and caring roles stem from the same issues faced by workers who are themselves disabled or have a long-term health condition, for example a risk-averse attitude among employers to recruiting disabled people and caring responsibilities, and a lack of flexible working arrangements in many organisations. Changing attitudes and behaviours towards disabled people and people with long-term health conditions should also have a positive impact on carers, but there is more to be done.

49) The government is committed to supporting carers. A key objective of our future work will be to support carers of all ages to enter, remain in and re-enter work. The government's Fuller Working Lives programme focuses on the challenges for older workers to remaining in or returning to work due to caring responsibilities, ill health or disability. As part of the programme a series of Carers in Employment pilots was launched in April 2015, to help support carers to stay in work or return to paid work alongside their caring responsibilities. Early next year the government will publish a new, cross-government and employer-led national strategy, which will set out the future direction of this Fuller Working Lives agenda.

The role of the voluntary and community sectors, local authorities and other local partners

50) We recognise that the voluntary and community sectors play a crucial role in helping more people to lead healthy and fulfilling lives, and that there are many organisations from these sectors, with broad reach and diversity, working to support and involve disabled people and people with long term health conditions. These voluntary and community organisations embody a spirit of citizenship upon which our country is built, and we want to better harness their expertise and capacity in order to achieve the best outcomes for disabled people and people with long-term health conditions.

51) As a government, we are already working to invest in, and partner with, the voluntary and community sectors, including:

- the Department of Health, NHS England and Public Health England, working closely with the sectors, have published a co-produced review of investment and partnerships in the sector. The review contains a range of recommendations for the department, the wider health and care system and the sectors. From this review, work is underway to progress recommendations and to promote more integrated working between the statutory and voluntary sectors to improve health and wellbeing outcomes
- the Office for Civil Society is providing £20 million of funding through its Local Sustainability Fund, to help voluntary, community and social enterprise organisations review and transform their operating models to develop more sustainable ways of working
- the National Citizen's Service is a programme open to all 16 and 17-year-olds in England, giving them the opportunity to develop the skills and attitudes needed to engage with their local communities and become active and responsible citizens

52) When it comes to unlocking the potential of disabled people and people with long-term health conditions, we want to build on these strong foundations, as well as on the many successful programmes and initiatives led by the voluntary and community sectors themselves, to deliver real change.

53) By being close to their users, charities have 'a unique perspective on their needs and how to improve services'. [61] As advocates and providers of services, the voluntary and community sectors form an essential part of achieving lasting change and bringing about a new approach to work and health support. The voluntary and community sectors can help drive change by speaking out for people and their needs, both to the public sector and wider society. The sectors also have an important role in service delivery and have already demonstrated successful programmes such as peer support programmes and mentoring networks, which help people understand and

manage their disabilities and health conditions, and explore ways to get into and remain in work. We want to build on these strong foundations to deliver real change.

54) Part of the reason the voluntary and community sectors are so important is because of their links with and reach within their local communities. Evidence shows that employment outcomes for disabled people and people with long-term health conditions vary across different regions in the country. 62 There are significant opportunities to advance this agenda through a 'place-based' approach, unlocking the political capital and resources needed to drive innovation and deliver the system-wide response needed to improve outcomes and local growth. It is also important that employment support for those furthest from the labour market plays an active role in helping people get back to work and unlocking productivity in places. Approaches to integrating work and health provision should draw on the strategic intelligence of Local Enterprise Partnerships and building on the existing strengths of local employers. Better outcomes for disabled people and people with long-term health conditions will require a concerted partnership between communities, central government departments, local authorities, Local Enterprise Partnerships, local providers, and devolution partners.

55) Ultimately, stronger engagement, partnership and co-production with the voluntary and community sectors forms a central part of our work if we are to reach disabled people and people with long term health conditions within their local communities, better understand their experiences with services, listen fully to what they as individuals want to achieve, and offer them support that is rounded, tailored and easily accessible.

The role of the devolved administrations

56) We recognise that services and support for disabled people and people with long-term health conditions needs to join up more effectively and holistically around the needs of the individual. Devolution, with the ability it brings to make decisions and formulate policy at a localised level, plays a key part in this ambition. The devolved administrations are important

partners in developing appropriate local solutions, particularly because of their responsibilities for health as a devolved matter. The government is committed to working with the devolved administrations and devolution deal areas to improve the support accessible to disabled people and people with health conditions across the country at a regional, local and community level.

Case study: Working with deaf children

" I lost my hearing progressively from early childhood and as it deteriorated it became harder to participate and I felt increasingly isolated and dependent. I became acutely aware that people had different expectations of me because I was deaf. However, I didn't see myself, or my capabilities, as any different from my hearing friends. "I struggled in the workplace as I was increasingly unable to use the phone and found meetings challenging. I was fortunate to have excellent support from colleagues that I worked with in the civil service and from speech to text reporters, made possible by the government's Access to Work scheme. In 2006, I had cochlear implant surgery and thanks to the technology and the habilitation support that I received afterwards, I was able to 're-enter' the hearing world, grow my confidence at work and in social situations. This enabled me to have a successful career in the senior civil service.

" The speech and language therapists at St Thomas' Hospital in London provided me with the support to make sense of the new sounds that I was able to access through my hearing technology. Without such support, I would not benefit from the investment that the NHS makes in these wonderful devices. Habilitation is key.

" I am now Chief Executive of a charity that works with deaf children and their families to provide critical support in the early years of their lives. This includes enabling them to develop the listening and spoken language skills that gives them an equal start at school and enables them to access the same opportunities in life as their hearing peers. Auditory verbal therapy is a parent coaching programme delivered by highly specialist

speech and language therapists who have undergone an additional 3 years of training in auditory verbal practice. Our oldest graduates of the programme are now entering the world of university and work – equipped with the skills to succeed."

– Anita Grover, Chief Executive, Auditory Verbal UK. Provided by the Royal College of Speech and Language Therapists

Achieving lasting change: investing in innovation

57) Change on this scale will take time to achieve and not everything we try will work. Success demands we take an innovative, experimental approach to test a wide range of approaches in different environments and learn quickly, shifting focus early from any failures and moving rapidly to scale up successful approaches. It means working with a wide range of people to identify where we should focus our efforts. And we should look to capture the impacts across the whole of government, where possible, to build the case for future investment and help us influence a wider range of actors. Having a clear idea of what works in what context will enable us to:

- focus our resources on services and commissioning models which have the most impact
- influence commissioners of services to make the right decisions to invest in different support to meet local population needs
- provide employers with information about successful approaches and spread best practice

58) We want to take early action to build our evidence base on what works in the areas that we already know are important. We start with a solid understanding of some of key principles based on evidence from past delivery. For instance, evidence suggests that when a person faces both health and employment barriers, both should be addressed simultaneously,

since there is no evidence that treating either problem in isolation is effective. [63] As an example, Individual Placement and Support, an integrated health and employment model, has demonstrated improved employment outcomes for those with severe and enduring mental health condition. A UK evaluation found that chances of finding employment doubles for those who received this service. [64]

59) We also know that evidence gaps exist, in particular:

- how best to support those in work and at risk of falling out of work, including the part employers can play
- understanding how best to help those people in the Employment and Support Allowance Support Group who could and want to work (discussed further in chapter 2)
- the settings that are most effective to engage people in employment and health support
- how musculoskeletal treatment and occupational health interventions improve employment outcomes

60) We have a range of activity underway that is focused on the evidence gaps we have identified, including access to services and levels of support we should offer. This will help us to develop new models of support to help people into work when they are managing a long-term health condition or disability.

61) As part of this our £70 million Work and Health Innovation Fund, jointly managed by the Work and Health Unit and NHS England, will support promising local initiatives to drive integration across the health, care and employment systems. The first areas we will work with are West Midlands Combined Authority and Sheffield City Region. Seed funding will be provided to support the design trials to test new approaches at scale and understand if they can improve employment and health outcomes. Following this design phase, we plan to review these proposals and decide if they are viable for implementation, with access to further funding and national support available

to enable full implementation from spring 2017.

62) By bringing local Clinical Commissioning Groups, Jobcentre Plus and local authorities into new partnerships these trials will create new support pathways for people with common physical and mental health conditions to help them stay in or return to work.

63) Alongside this, we are testing a range of approaches to improve outcomes for people with common mental health conditions, who make up 49% of those on Employment and Support Allowance. [65] We want to rapidly scale up those which show they can make a real impact. Trials include testing interventions that offer faster access to treatment and support services, co-locating employment support in a health setting and building on the evidence for Individual Placement and Support to understand if this is a model which can work successfully for people with common mental health conditions.

64) Examples of this approach include the Mental Health Trailblazers. These combine a specific type of employment support, Individual Placement and Support, with psychological support provided through the NHS talking therapy services in 3 areas: Blackpool, West London and the North East.

65) As set out in the 2015 Spending Review, there are opportunities to make use of Social Impact Bonds to help people with mental health problems. Social investment offers an exciting new opportunity to draw on both private capital and voluntary and community sector innovation to test and scale new forms of support. We are reviewing how Social Impact Bonds can be best used across our range of innovation activity and will invest up to £20 million on work and health outcomes. The Government Inclusive Economy Unit will explore the possible role of existing or new public service mutuals, which already operate to good effect in the health and care sectors

66) We recently launched our Small Business Challenge Fund to encourage small businesses in developing small-scale innovative models for supporting

small and medium-sized enterprises with sickness absence. This approach will allow us to use a small amount of funding to identify promising interventions and prototypes to take forward to more robust testing.

67) We aim to build on this Challenge Fund approach to develop small-scale innovative approaches to quickly understand which may work and fail fast on those which do not. Such an approach is likely to be most useful where there is limited evidence, such as supporting small and medium-sized employers with sickness absence, or where there is already a market of innovators, such on digital health technologies. We are particularly interested to use the consultation process to identify key areas where such an approach may be appropriate.

68) Finally, it is important we share information on what works widely to support local delivery. To do this, we will work with Public Health England to develop a set of work and health indicators and identify how we can best bring together and share the existing evidence for local commissioners and delivery partners. We will continue to draw on a range of internal and external evidence, including trials and research, the academic literature and relevant third sector organisations to improve policy making and delivery nationally and locally.

Your views

69) We are committed to building a pipeline of innovation to rapidly improve support for individuals. As part of this we will be developing a structured evidence base so that we know what works, and we recognise that there will be rich sources that have already been developed or are being drawn together by others. We want to hear from you about areas you are already exploring or have learnt from:

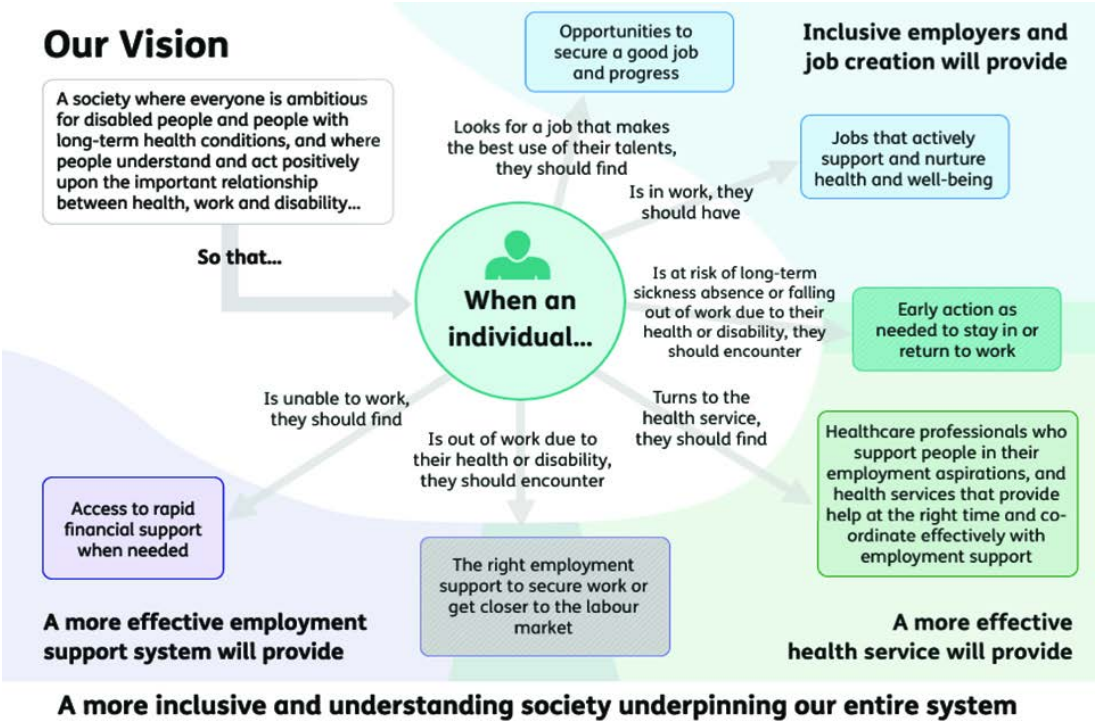
- what innovative and evidence-based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?

- what evidence gaps have you identified in your local area in relation to supporting disabled people or people with long-term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?
- how should we develop, structure and communicate the evidence base to influence commissioning decisions?

Respond to this consultation online

Building a shared vision

70) This green paper sets out the pressing case for action, and the systemic challenges we face. Achieving our vision will require us to work beyond artificial system boundaries and work with those in our local communities. We will also need to be innovative and test new ways of doing things.



71) This green paper discusses a number of areas where we want to see

change to make systems work better for people. It considers:

- supporting more people into work (chapter 2)
- assessments for benefits for people with health conditions (chapter 3)
- supporting employers to recruit with confidence and embed a healthy working culture in the workplace (chapter 4)
- supporting employment through health and high quality care for all (chapter 5)

72) Chapter 6 discusses the vital role all of us can play in delivering the changes we want to see, and sets out how you can respond to this consultation. The involvement of employers, local government, practitioners, providers, advocacy groups, carers, disabled people, and people with long-term health conditions is vital. Please let us know what we need to improve so that we can build a plan that will bring real and lasting change.

Summary of consultation questions

We are committed to building a structured evidence base so that we know what works and recognise that there will be rich sources that have already been developed or are being drawn together by others. We want to hear from you about areas you are already exploring or have learnt from:

- what innovative and evidence-based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?
- what evidence gaps have you identified in your local area in relation to supporting disabled people or people with long-term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?
- how should we develop, structure and communicate the evidence base to

influence commissioning decisions?

Respond to this consultation online

2: Supporting people into work

Chapter summary

In this chapter we focus on how we can best provide employment support to disabled people and people with health conditions. It explores:

- our vision for how people can access an integrated network of health and employment support delivered from a range of sectors, supported by a dedicated Jobcentre Plus work coach who can work closely with someone to build a relationship and offer personalised support that is tailored to their needs
- how we are investing in the skills and capabilities of Jobcentre Plus work coaches to enable them to better support people with a wide range of health conditions, including mental health conditions, bringing in external expertise
- our new Personal Support Package, including an enhanced menu of employment support for work coaches to draw on
- how we can better engage with people placed in the Employment and Support Allowance Support Group or the Universal Credit Limited Capability for Work and Work-Related Activity Group (LCWRA). We will undertake research and a trial to better understand how we can support individuals to move closer to the labour market and into employment, where appropriate

Introduction

73) We want everyone to have the opportunity to benefit from the positive impacts that work can have, including on their health and wellbeing. Where people want to work, and have the potential to do so immediately or in the future, we should do everything we can to support them towards their goal. We want people to be able to access appropriate, personalised and integrated support at the earliest opportunity, which focuses on what they can do, builds on their talents and addresses their individual needs.

74) Where someone is out of work as a result of a health condition or a disability, the employment and health support they receive should be tailored to their personal needs and circumstances. This support might be delivered by a range of partners in their local area, such as by Jobcentre Plus, contracted provision, local authorities or third sector providers. Increasingly, our work coaches across Jobcentre Plus will assess an individual's needs and ensure that they access the right help. Work coaches will be supported by new Community Partners and Disability Employment Advisers, who will be able to use their networks and expertise to work with local organisations, to support disabled people and people with health conditions to achieve their potential.

75) Universal Credit is already making improvements which put people at the heart of the welfare system, giving more personalised and integrated support from a dedicated work coach in Jobcentre Plus to help claimants with a health condition move closer to the labour market and get into work. It will also, for the first time, help those claimants with health conditions who are already in work to progress in the labour market supporting them to earn more. Evaluation has found people receiving Universal Credit are more likely to move into employment and move into work quicker than similar individuals receiving Jobseeker's Allowance. [66] To ensure that disabled people and people with health conditions receive the best possible support, we will

introduce a new Personal Support Package for people with health conditions in Jobcentre Plus, with a range of new interventions and initiatives designed to provide more tailored support.

76) However, further action is needed to build on the principles Universal Credit has introduced. We cannot make significant progress towards halving the disability employment gap with a system that treats 1.5 million people [67] – the current size of the Support Group in Employment and Support Allowance – in a one-size-fits-all way. The current approach does not do enough to treat people as individuals: more must be done to ensure that people do not miss out on accessing the wealth of local, integrated support available through Jobcentre Plus. We will achieve this by identifying evidence gaps, building on insights from trials and drawing on the knowledge of both service users and providers.

77) In this chapter we will discuss 2 key themes:

- Universal Credit is moving in the right direction, but there is still more to do to improve how work coaches systematically engage with disabled people and people with health conditions. We want to identify the most effective support based on a person's circumstances and the capabilities required in Jobcentre Plus to deliver these interventions. Work coaches will also be able to offer an array of targeted support as part of the Personal Support Package summarised below
- the current one-size-fits-all approach to employment support is not appropriate. This is because people in the Employment and Support Allowance Support Group, and those with 'Limited Capability for Work and Work Related Activity' (LCWRA) in Universal Credit, do not routinely have any contact with a Jobcentre Plus work coach. We are committed to protecting those with the most needs, but want to test how we might offer a more personalised approach to employment support, which reflects the wide variety of conditions and needs within this group and is in keeping with Universal Credit principles.

We are introducing the new Personal Support Package for people with health conditions. This is a range of new measures and interventions designed to offer a package of support which can be tailored to people's individual needs.

The offer, set out in more detail in this chapter, includes the following new forms of support for all Employment and Support Allowance claimants (and Universal Credit equivalents):

- personal support from disability trained, accredited work coaches. A particular focus of training will be mental health. Work coaches will also be better supported by an extra 300 Disability Employment Advisers and around 200 new Community Partners, with disability expertise and local knowledge. This will lead to better signposting to other local voluntary and public sector services
- a Health and Work Conversation for everyone claiming Employment and Support Allowance, as appropriate

For new claimants in the Employment and Support Allowance Work-Related Activity Group (ESA WRAG), and the equivalent Universal Credit Limited Capability for Work Group (UC LCW), an enhanced offer of support will also include:

- a place on either the new Work and Health Programme or Work Choice, for all eligible and suitable claimants who wish to volunteer
- additional places on the Specialist Employability Support programme
- Job Clubs delivered via peer support networks
- work experience places, with wrap-around support, for young people
- increased funding for the Access to Work Mental Health Support Service
- Jobcentres reaching out to employers, particularly small employers, to identify opportunities and help match people to jobs in a new Small Employer Offer

We will continue to develop the offer by:

- trialling the use of specialist medical advice to further support work coaches
- working with local authorities to pilot an approach to invest in Local Supported Employment for disabled people known to social care, notably those with learning disabilities and autism, and secondary mental health service users
- testing a Jobcentre-led alternative to Specialist Employability Support
- trialling additional work coach interventions

Action already taken

78) There is a significant amount of work already underway to strengthen and improve the employment support offer available to disabled people and people with health conditions. These activities are explored in more detail within the chapter, and include:

- Universal Credit – replacing 6 benefits with 1, the introduction of Universal Credit will make a significant difference in improving the level and quality of support offered to individuals with health conditions
- expansion of the Disability Employment Adviser role – we are recruiting an additional 300 Disability Employment Advisers, taking the total to 500
- permitted work – from April 2017, we will remove the 52-week limit on how long Employment and Support Allowance claimants placed in the Work-Related Activity Group (WRAG) are able to work for. This will improve work incentives for this group
- the Work and Health Programme – following the end of the Work Programme, this provision will be available to disabled people receiving Employment and Support Allowance or Universal Credit on a voluntary basis from October 2017

Universal Credit and the financial benefits of work

79) It is essential to ensure that people are better off in work. Under Universal Credit, people can more clearly see the financial benefits of moving into work, allowing them to take small steps into the labour market

and to work flexibly in line with their needs.

80) In Universal Credit, for people who have ‘limited capability for work’ (LCW) or ‘limited capability for work and work related activity’ (LCWRA), there is a work allowance for earned income. This means that someone assessed as having LCW or LCWRA, with housing costs, can earn up to £192 a month, and a similar person, without housing costs, can earn up to £397 a month, in both cases without affecting their Universal Credit payment. For any earnings above these allowances, the Universal Credit 65% taper applies, which means that only 65% of the extra earnings above those allowances are deducted from the claimant’s Universal Credit entitlement - a steady and predictable rate as people gradually increase their hours and earn more, rather than the cliff-edge approach of Employment and Support Allowance. This is particularly well suited for people whose disability or health condition means they can only work some of the time.

81) Individuals on Employment and Support Allowance are allowed to work up to 16 hours and earn up to £115.50 a week and keep all of their benefit. If earnings exceed this amount, Employment and Support Allowance stops altogether. The permitted work rules allow people claiming Employment and Support Allowance to undertake some part-time work without it impacting on their benefit, to encourage them to gradually build their employment skills and return to work. However for those in the Work-Related Activity Group this is limited to 52 weeks. We will remove this limit from April 2017 to bring the Employment and Support Allowance rules more into line with Universal Credit and improve the incentive to work.

Early engagement

82) Being better off in work is not enough on its own if disabled people and people with health conditions are not being enabled to find work in the first place. Universal Credit ensures that people with health conditions still have an opportunity to engage with a work coach prior to their Work Capability Assessment, where appropriate. This approach builds on evidence that early

intervention can play an important role in improving the chances of disabled people and people with a health condition returning to work. [68]

83) This is a significant improvement on the current process in Employment and Support Allowance, where people are not routinely having a face-to-face conversation with a work coach about practical support to help them back to work until after their Work Capability Assessment is complete – and this can be many months after their initial claim. Over 60% of the 2.4 million people receiving Employment and Support Allowance – those currently in the Support Group [69] – do not get this opportunity and often have no contact at all with a work coach and therefore do not access tailored support when they need it. We are missing a significant opportunity to provide help to people when they could benefit most.

84) This earlier engagement between an individual and a work coach in Universal Credit will also serve as a gateway to a wider, integrated system of support offered by the Department for Work and Pensions and other agencies, such as the NHS and local authorities. If a work coach identifies that someone has particularly complex barriers to work or complex health conditions, they will be able to advise individuals about other types of support in their local area – whether health services, skills courses or support with budgeting.

85) This builds on the approach of Universal Support, which helps people make and maintain their Universal Credit claim, and will assist people with their financial and digital capability throughout the life of their claim. This is delivered in partnership between the Department for Work and Pensions and local authorities, and with other local partners such as Citizens Advice and Credit Unions. Through Universal Support we are transforming the way Jobcentres work as part of their local communities to ensure they more effectively tackle the complex needs some people have and support them into sustainable employment. The Troubled Families programme offers another example of an integrated approach, with local authorities coordinating wider support services for complex families, including those with

health conditions, and in doing so, driving public service reform around the needs of families. The Department for Work and Pensions provides work coaches acting as Troubled Family Employment Advisers, based within local authorities, where they play an important role in integrating employment support with the wider services.

Building work coach capability

86) The relationship between a person and their work coach should be at the heart of each individual's journey in the welfare system. To ensure that people with complex and fluctuating health conditions receive the most appropriate support, we will continue to build and develop the capability of our work coaches. We have introduced an accredited learning journey for work coaches, which includes additional mandatory training in supporting those with physical and mental health conditions. From 2017, we will introduce an enhanced training offer which better enables work coaches to support people with mental health conditions and more confidently engage with employers on the issue of mental health.

87) Work coaches will be supported by specialist Disability Employment Advisers. We are currently recruiting up to 300 more Disability Employment Advisers, taking the total to over 500. These advisers will work alongside work coaches to provide additional professional expertise and local knowledge on health issues, particularly around mental health conditions. The role will have a much stronger focus on coaching work coaches to help build their confidence and expertise in supporting individuals with a health condition or disability.

88) We also recognise the value of bringing external expertise into Jobcentres and of working more effectively with the voluntary sector in our design and delivery of support. We know that voluntary organisations have unique insight and expertise about the people they work with and their

conditions, and we want to harness this. So, we will recruit around 200 Community Partners across Jobcentre Plus. These will be people with personal and professional experience of disability and many will be seconded from a Disabled People's User-Led Organisation or disability charity. From next year, Community Partners will be working with Jobcentre Plus staff, to build their capability and provide valuable first-hand insight into the issues individuals with a health condition or disability face in securing and sustaining employment. Drawing on their local knowledge, they will identify more tailored local provision to ensure individuals with health conditions can benefit from the full range of support and expertise available. Community Partners will also engage with local employers to help improve the recruitment and retention of disabled people and people with health conditions.

89) Our Community Partners will map local services available in each of our Jobcentre Plus districts. This will include understanding where there are peer support and patient groups which engage with disabled people and people with long-term health conditions who might otherwise find it hard to re engage with employment, helping develop confidence and motivation. Where there are gaps in provision our districts may be able to make local decisions to fund any priority areas, using the Flexible Support Fund. We will be providing an extra £15 million a year in 2017/18 and 2018/19 for our Flexible Support Fund so that local managers can buy services including mentoring and better engage the third sector in their community. We will introduce a new Dynamic Purchasing System across the country by December 2016 which will allow third sector and other organisations to develop employment-related service proposals that Jobcentres can quickly contract for. Our goal is to extend the reach of Jobcentre Plus into third sector support groups which are already well established.

90) Often, the best advocates of the positive impact of being in work are people who themselves have had the experience of managing a serious health condition, or overcoming an employer's prejudice about disability. We have already tested Journey to Employment peer support job clubs on a

small scale, offering personalised support in a group environment delivered by people who have personal experience of disability, drawing on research by Disability Rights UK and the Work Foundation. These clubs often take place outside a Jobcentre as this provides an alternative setting which may be more effective for some individuals with health conditions. We are extending our Journey to Employment job clubs to 71 Jobcentre Plus areas with the highest number of people receiving Employment and Support Allowance, to further test the effectiveness of peer support job clubs at supporting those with health conditions.

Case study – Journey to Employment (J2E) Job Club

Jayne was employed, but life events affected her health and changed everything. Jayne joined the J2E Project in 2015 and she started her journey to recovery.

Describing her time before the Job Club, she said:

> “ I shut down to protect myself and drew inward trying to block things in work. I didn’t feel I was functioning on ‘all cylinders’, my confidence was shot, I was checking up on what I was doing constantly and this spiralled out of control.

> “ I felt I was in limbo I didn’t really know what I wanted to do, I could not afford not to work so felt confused about where go and who to seek help from. I was suffering with anxiety and terrible panic attacks, I was also depressed and can recognise now through help I have received and my own research that it was all due to the environment I was in.

> “ I suffer mainly with anxiety and this escalated due to having to make the decision to leave my job to protect my mental health. Life was still awful, leaving work meant my fear increased and I was really down and family noticed the change in me. I wasn’t getting up in the mornings and I was confining myself to my room.

> “ I had a good supportive GP and work coach called Janis. I needed support to attend the appointment with Janis and felt that Janis really listened, had empathy and was so supportive. I felt she was on my side, she indicated different choices and J2E sounded ideal to give me structure and at last it felt good to know where I was going.
>
> “ I felt nervous going to see Louise my Community Employment Specialist, but once I met her and had a chat I knew that attending the J2E training course would be beneficial for me.
>
> “ Attending the course gave me insight into my options, it helped me to manage myself better. Being amongst others that understood what I was going through, having balance and hearing about other people’s lives gave me a perspective on my situation. By that I mean that, it made me see that some people were struggling with a great deal more than I was.
>
> “ All my concerns, talking about my situation with other people were eased, because I felt the others in the group understood. I also completed a mindfulness course via my GP which lasted for 6 to 8 weeks, this also helped me self-manage.”

91) We want to make sure work coaches can access the right specialist advice and support, so they can understand how a complex health condition might affect an individual’s ability to work, and access advice on how someone can better manage a health condition to be able to work. We therefore intend to trial access to specialist advice through a 3-way conversation between a work coach, healthcare professional and a person who has been placed in the Work-Related Activity Group, following a Work Capability Assessment. The trial will begin in 2017, with a view to rolling out provision on a wider scale in future years, depending upon results.

Early intervention in Employment and Support Allowance

92) These improvements will place the relationship with the work coach and

access to a network of integrated support at the heart of each individual's journey. We also want those receiving Employment and Support Allowance to benefit from the support that disabled people and people with health conditions who receive Universal Credit can already access as part of their Claimant Commitment discussion. To that end, we have developed a new Health and Work Conversation between an individual and their work coach. In the Health and Work Conversation, work coaches will use specially designed techniques to help individuals with health conditions to identify their health and work goals, draw out their strengths, make realistic plans, and build resilience and motivation. People will be required to attend the Health and Work Conversation, where appropriate, but the actions they subsequently agree to within the conversation will be entirely voluntary in the period before the Work Capability Assessment, and will be captured in a new Employment and Support Allowance Claimant Commitment.

93) The Health and Work Conversation will focus on what individuals can do to move closer to work while managing or treating their health condition, rather than on what they are unable to do. This new conversation was co-designed with disabled people's organisations and occupational health professionals and practitioners and the Behavioural Insights Team. As a person and their work coach works together, the Claimant Commitment can be updated over time as the individual moves closer to being able to work. This approach will mean that a person will have an established relationship with their work coach and be able to explore the implications of their Work Capability Assessment with them after it takes place. They will also be able to review the Claimant Commitment actions they have jointly developed up until that point. We are exploring how we could integrate this approach into Universal Credit as well.

Your views

94) Work coaches play a crucial role in ensuring that disabled people and people with a long-term health condition can access the right support, at the right time, and in an integrated manner at a local level. We also recognise that there is more that can be done to improve how work coaches engage

with these individuals.

- how do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?
- what specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

Respond to this consultation online

Employment support for disabled people and people with health conditions

95) Work coaches will increasingly be able to offer a wide menu of interventions tailored to people's needs. Building on what we have learnt from the Work Programme and Work Choice, the Work and Health Programme will offer a more personalised, local approach to supporting disabled people to overcome barriers to employment. The Work and Health Programme will be targeted at people who are likely to be able to find work within 12 months, with more specialist support. Disabled people can volunteer for the programme at any time. Providers will be expected to support people based on the needs, strengths and aspirations of the individual; deliver effective services which are integrated with local services; and connect individuals with local employers and place and support them in sustainable employment. From 2017 we plan to be able to offer a place on either Work Choice or the Work and Health Programme to all eligible and suitable new Employment and Support Allowance (Work-Related Activity Group) and Universal Credit (Limited Capability for Work) claimants who are assessed as being within 12 months of being able to start work, and who wish to volunteer. This commitment will not include a small number of claimants who will be placed into the control group of the Randomised Control Trial used to evaluate the performance of the Work & Health Programme.

Localism and devolution

We are already funding work with Greater Manchester, London and in Glasgow and the Clyde Valley to deliver locally designed employment support to help those residents who claim Employment and Support Allowance who have left the Work Programme without finding work.

In parallel, through the Devolution Deal process, we have agreed to co-design the new Work and Health Programme with the Tees Valley, East Anglia, Sheffield City Region, the West of England, West Midlands, Liverpool City Region and Cardiff Capital Region. This will ensure there is a more personalised approach in those areas and one which fully supports local plans to integrate services to provide a more co-ordinated service for residents to avoid duplication and people getting lost in the system. We are also working with London and Greater Manchester to not only co-design the programme with them but also ensure that they can jointly shape every element of the commissioning process, from strategy to service design, managing provider relationships and reviewing service provision. We are keen to understand what works locally to inform future strategy for supporting local delivery and supporting areas ambitions for integrating health and work provision.

96) The Work and Health Programme will not be suitable for everyone, as some people have additional and more complex needs. We currently offer additional help through the Specialist Employability Support programme. This provision focuses on helping those furthest away from the employment market and for whom other provision is unsuitable due to the complexities of their barriers to employment. Specialist Employability Support offers an individually tailored combination of advice, guidance, training, work placements and work experience. We are currently considering how we should continue this support in the future, including how to provide more places to individuals in the Employment and Support Allowance Work-Related Activity Group or assessed as having limited capability for work in Universal Credit from April 2017.

97) We will continue to support disabled people and people with health conditions who wish to start their own business. The New Enterprise Allowance scheme provides access to business mentoring and offers financial support to those in receipt of an eligible benefit, including those on Employment and Support Allowance and Universal Credit. The New Enterprise Allowance has so far supported around 90,000 people into self employment, where 21% of these businesses have been established by individuals who have declared a disability. [70]

98) We will also ensure we make better use of local support mechanisms. For those with a learning disability or autism who are known to adult social care, or those in contact with secondary mental health services, we will pilot an approach working with local authorities to deliver Supported Employment on an outcome-payment basis. Supported Employment uses a ‘place then train’ approach, aimed at moving people into paid employment. This will help us to test the effectiveness of locally-driven solutions to best support people with the most challenging conditions, and build on our learning of what works for them.

99) We also want to support local areas to design new, integrated approaches to improving health and work outcomes at scale. We are using the Innovation Fund to develop large-scale health-led trials creating partnerships between local health service commissioners and providers, Jobcentres, and councils. These partnerships will test if health-led support services are effective at supporting disabled people and people with health conditions into work, how effectively they support people to stay in work and how to get a region to work collaboratively on the health and employment agenda, through the introduction and integration of services.

Supporting people with mental health conditions

100) Improving our offer of support for people with mental health conditions will be integral to our approach. The Five Year Forward View for Mental Health and NHS England’s Implementation Plan sets out a series of actions

to prevent mental ill health, improve services and reduce stigma. Around half of Employment and Support Allowance claimants in the Support Group report a mental or behavioural disorder as their primary health condition – the most prevalent of these being depression, stress and anxiety. [71] The government will invest in trials, proofs of concept and feasibility studies over the next 3 years to test ways to provide specialist support for people with common mental health conditions and ensure that we are providing access to the most effective health support when it is needed. As discussed in chapter 5, we are also increasing the number of employment support advisers co-located in talking therapy services. We are supportive of co locating services where it can improve support and will consider whether there is wider learning on co-location we can draw from this work.

101) The new support we will test to establish what works best for people with mental health conditions who are out of work includes:

- Group Work – to test whether the JOBS II model, a form of group work, improves employment prospects and wellbeing
- supported computerised Cognitive Behavioural Therapy (cCBT) testing whether early access to supported cCBT can support employment outcomes alongside recovery

Case study – a community employment specialist

" I am a Community Employment Specialist and really enjoy making a difference and changing attitudes, I have worked in a variety of roles and in various sectors, including small community development projects supporting people with multiple barriers to the workplace and managing a large branch of Waterstones booksellers. For most of my early life I struggled with a mental health condition and ended up claiming Employment and Support Allowance as I was not prepared to acknowledge or seek proper treatment for my condition. My mental health reached a crisis point and I ended up homeless and living in my car, at that point I did seek help.

> “ After 9 months of this situation, I managed to secure a council flat and slowly began a recovery journey. I joined the Fed Centre for Independent Living because I wanted to work in a role where my experience and situation could actually help others instead of feeling like something I was always trying to hide.

> “ I was thrilled at the opportunity of delivering a Journey to Employment (J2E) job club and support others. Working directly in Jobcentre Plus has enabled me to support work coaches, build relationships and provide advice to people with health conditions.

> “ I also deliver J2E training which I deliver in a very flexible, person-centred way building the course content around each group of participants. I have support in the job club from a colleague who also has lived experience of managing a health condition, and exploring development of different coping mechanisms. This allows us to provide insight into the recovery journey, provide support wellbeing, resilience and respond to the changing needs of the people we work with so that we can support them on their journey back into employment.”

Supporting young people

102) Gaining employment after leaving education should be a core part of the journey into adulthood for disabled young people and young people with health conditions yet successful outcomes are far too low. Young people who are out of work and begin to claim Employment and Support Allowance or Universal Credit early in their lives can face scarring effects of long-term unemployment if they do not move into work. To explore how to better support this group we will test a voluntary, supported Work Experience programme for young people with limited capability for work. This will enable young people to benefit from time in the workplace with a mainstream employer to build their confidence and skills, enhance their CV and demonstrate their ability to perform a job role.

103) There are over 250,000 children and young people in education in England with a Statement of Special Educational Needs or an Education Health and Care (EHC) plan.[72] Most have a learning disability or autism and many do not get the support they need to move into work. These young people who have an EHC plan at age 15 are more than twice as likely not to be in education, employment or training at 18. Just 5.8% of adults with a learning disability known to local authorities are in a job. [73] This must be addressed. We will work with organisations to listen to the views of people with a learning disability and their families to look at what we can do to improve employment opportunities for this group.

104) We will open up apprenticeships to young people with a learning disability. For this group, we will make adjustments to English and maths requirements and draw on the £2.5 billion the government will make available for apprenticeships each year by the end of this Parliament. We will also work with social enterprises and disabled entrepreneurs to set up apprenticeships specifically for young disabled people. Jobcentre Plus will increase support in schools for young disabled people, by bringing in Supported Employment providers, business mentors and young disabled people who are in work to inspire young people to see employment as an achievable goal. This could include 2 weeks supported work experience.

105) A further way that young people with a health condition or disability can be helped while still in full time education is through supported internships. These give 16 to 25 year-olds with an EHC plan (or equivalent) an unpaid work placement of at least 6 months, personal support from a job coach and a personalised study programme. The results can be impressive: evaluation found 36% of participants in the trial secured paid work. [74]

106) It is our ambition that all young people with an EHC plan should be able to do a supported internship [75] but to achieve this we need many more employers to offer these opportunities. We suspect too few employers know where to go for information about how to offer a supported internship and do not understand the benefits, which can include: the flexibility to create

opportunities that meet their needs; free support; and the chance to grow their employees of the future. We therefore want to help employers to link up with schools and colleges to increase the number of supported internships.

Supporting people in work

107) Universal Credit will also support disabled people and people with health conditions to not only get into work, but to progress in work as well. It is payable to those on a low income and aims to support those individuals to increase their earnings, progress in work and reach their full potential. This is the first time any country has attempted this approach. Therefore, it is crucial that we build the evidence base to understand what works. We have developed a substantial programme of trials as part of the wider test and learn strategy in Universal Credit. Evidence from these trials will be central to the development of our future in-work support service, and will provide a foundation for further development of support for disabled people and people with health conditions.

108) Whatever a person's needs, this new package of support offered through Jobcentre Plus will ensure more personalised, integrated and targeted approaches for disabled people or people with a long term health condition. The work coach is the key gateway to this support within the Jobcentre Plus network and across local provision – transforming the way we engage with individuals with health conditions from the very start of their claim and testing direct referral into health services. We need to provide work coaches with additional tools to ensure that they are referring people to the right forms of support. We are therefore keen to hear from stakeholders about how best to support individuals, to inform our evidence base.

Your views

- what support should we offer to help those 'in work' stay in work and progress?
- what does the evidence tell us about the right type of employment support for people with mental health conditions?

- if you are an employer who has considered providing a supported internship placement but have not done so, please let us know what the barriers were. If you are interested in offering a supported internship, please provide your contact details so we can help to match you to a local school or college.

Respond to this consultation online

Improving access to employment support

109) The new Personal Support Package, along with the earlier intervention and changes that Universal Credit introduces, marks a step change in the approach to helping people move towards and into sustainable employment. In practice however, over the last 12 months we have seen on average 50% of Employment and Support Allowance claimants being placed in the Support Group following their Work Capability Assessment, [76] meaning they will not access this support and risk facing long periods of time on benefits.

110) We recognise the challenges of helping those with the most complex health conditions move closer to work, particularly when there is limited evidence of what works best. Our aim is not to reduce the amount of benefit those in the Support Group (or the Limited Capability for Work and Work-Related Activity Group in Universal Credit) receive or to change the conditions of entitlement, but we do want to ensure people are treated as individuals. We want people to be able to access a personalised, tailored, practical employment support service that recognises that someone might not currently be able to engage with employment support but that they may be able to access and make good use of that support in the future.

111) While we do offer employment support to individuals in the Support Group, this has historically received a very low take up, with very few people volunteering for this help. We need to do more to understand how we can

best help this group and offer appropriate support.

112) We will undertake comprehensive research to better understand how best to engage with people in the Support Group and those found to have limited capability for work and work related activity in Universal Credit, and what interventions are needed to support them effectively. We will also develop a large-scale trial to test and learn from different approaches of offering employment and health support, and ways to increase the numbers of people taking up offers of voluntary support. We will explore how we can improve the nature of engagement with someone placed in the Support Group, and consider alternative ways of working with people which could include engagement outside a Jobcentre environment or through other local partners.

113) This will help us to better equip work coaches to support individuals to fulfil their potential and allow us to target future support in better ways. We want to explore how to work more closely with the voluntary sector and local partners, to see if such organisations are better placed to offer individuals the right help. We will ensure that any additional support is effective for individuals, as well as offering affordability and value for money for the taxpayer. These findings will build on the range of interventions being trialled through the Work and Health Unit's Innovation Portfolio, which will help establish a stronger evidence base for what works and help inform how we might help disabled people and people with health conditions.

114) As there is currently no requirement for people in the Support Group to stay in touch with the Jobcentre, besides engaging with reassessments, we could consider implementing a 'keep-in-touch' discussion with work coaches. This could provide an opportunity for work coaches to offer appropriate support tailored to the individual's current circumstances, reflecting any changes since their Work Capability Assessment. This light-touch intervention could be explored as a voluntary or mandatory requirement and we would consider our approach carefully, utilising digital and telephone channels in addition to face-to-face contact, depending on which was more

appropriate for the individual and their circumstances.

Your views

- should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?
- what type of support might be most effective and who should provide this?
- how might the voluntary sector and local partners be able to help this group?
- how can we best maintain contact with people in the Support Group to ensure no-one is written off?

Respond to this consultation online

Conclusion

115) Where people want to work, and have the potential to do so immediately or in the future, receiving the health and employment support that is tailored to their personal needs and circumstances can help them to achieve their goals. This chapter has set out our new Personal Support Package, the ways we are supporting work coaches to better help people with health conditions, and the work we are undertaking to better understand the needs of the Support Group.

116) We want to work with disabled people, their families and their representatives to ensure we are delivering the services which best support disabled people and people with health conditions to reach their full potential. The next chapter outlines how we could go further, to reform the Work Capability Assessment itself and further break down the barriers to being able to offer personalised support to disabled people and people with health conditions.

Summary of consultation questions

Building work coach capability

- how do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?
- what specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

Supporting people into work

- what support should we offer to help those ‘in work’ stay in work and progress?
- what does the evidence tell us about the right type of employment support for people with mental health conditions?
- if you are an employer who has considered providing a supported internship placement but have not done so, please let us know what the barriers were. If you are interested in offering a supported internship, please provide your contact details so we can help to match you to a local school or college.

Improving access to employment support

- should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?
- what type of support might be most effective and who should provide this?
- how might the voluntary sector and local partners be able to help this group?
- how can we best maintain contact with people in the Support Group to ensure no-one is written off?

3: Assessments for benefits for people with health conditions

Chapter summary

In this chapter we consider how we can best provide disabled people and people with health conditions with financial support in a straightforward and timely way if they fall out of employment. It explores:

- whether breaking the link between cash entitlement and Jobcentre support would lead to a more personalised offer of support, rather than this being decided by the category an individual is placed in following their Work Capability Assessment, as is the case with the current system
- how this could work in practice, with eligibility for financial support still being decided by an assessment but allowing work coaches to determine the offer of employment support, making decisions on a case by case basis based on an individual's needs and circumstances
- how we can share information more effectively across health and welfare systems, to create a more streamlined process for individuals with severe and lifelong conditions to secure financial support, building on our announcement to stop reassessments for this group
- how improved data-sharing between health assessments (Employment and Support Allowance and Personal Independence Payment) could ensure we are able to make timely, accurate decisions about an individual's entitlement to financial support

Introduction

117) People who have recently developed a health condition or become disabled are likely to be facing a stressful and challenging period in their lives. Falling out of work because of their health is an added stress. We want people not only to be able to access tailored employment support available through Jobcentre Plus, but also to get the financial help they are entitled to in a simple, straightforward way – especially for people with the most severe lifelong health conditions or disabilities. Crucially, the financial support they receive should not affect their eligibility to accessing employment support.

118) Universal Credit is already transforming lives, ensuring that individuals are supported when they have the most needs: both by accessing the financial support they need, and getting practical help to take the necessary steps to move back to work through an integrated support offer. Universal Credit goes a long way to simplifying the system, replacing 6 benefits with one, so it is easier for individuals to get the financial help they need without making multiple applications to different benefits or switching between benefits when their circumstances change, and offering personalised and tailored support from a dedicated work coach. But there is more we could do to build on these foundations to ensure that we are maximising employment opportunities for people, whilst also ensuring access to the appropriate financial support.

119) The Work Capability Assessment process for Employment and Support Allowance and Universal Credit does not lead to the individualised employment and health support service that we would like. We currently have an assessment system that places people into fixed categories for the purposes of engagement with local Jobcentres and specialist support programmes, with over half of individuals not receiving any systematic support towards employment as a result.

120) As Jobcentre Plus moves towards offering a Personal Support Package

focused on early intervention, we believe it is wrong for these individuals to miss out on the personalised support Jobcentre Plus and other agencies, including health and voluntary sector providers, can offer. This support could help them manage, or overcome, health or other issues preventing them working.

121) This consultation does not seek further welfare savings beyond those in current legislation. But there are ways that we can improve how the current functional assessment process for people with health conditions works, in particular in relation to employment and health support.

122) In this chapter we want to explore 2 areas:

- the first area is whether we can improve how we assess entitlement to benefits
- the second area is the need to be able to share information more effectively across welfare and health systems. There are challenges to achieving this, but also significant opportunities for government departments to work together to share the information already available, to take the stress out of assessment processes for securing financial support and ensure we make timely, accurate decisions about financial entitlement

123) These 2 areas of reform are important to delivering the type of personalised and effective services we know disabled people and people with health conditions, their families and stakeholders want to see. We want to hear your views about how we can best do this.

The role of assessments in determining employment and health-related support

124) Employment and Support Allowance was introduced in 2008 to deliver

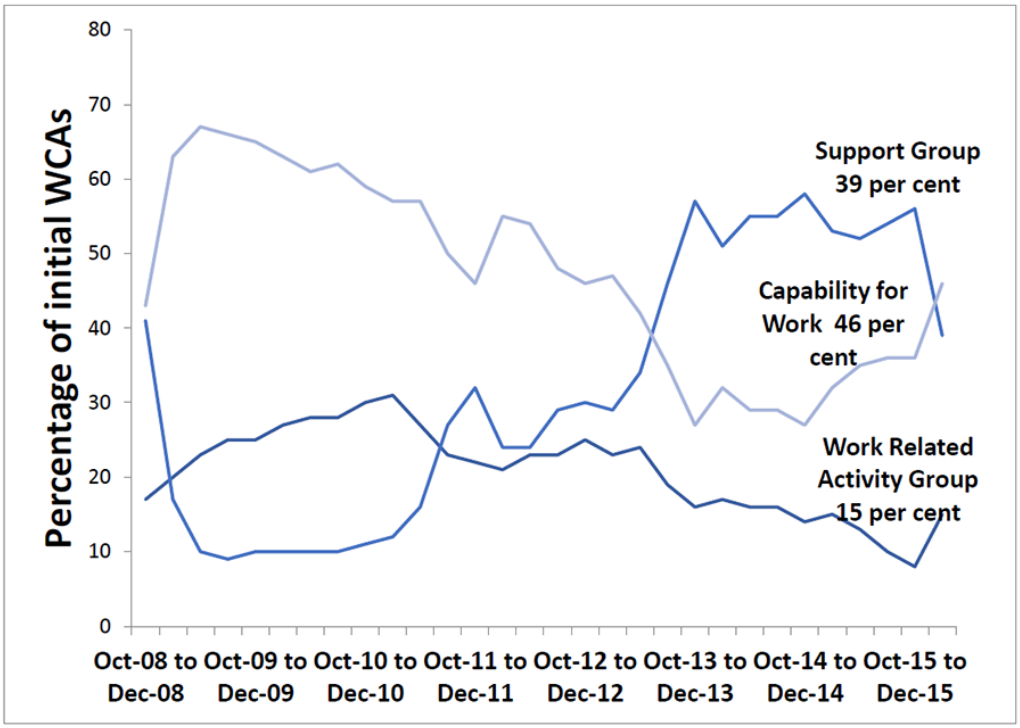
a more proactive approach to supporting individuals with health conditions into work, with an expectation that a significant proportion of those going through the Work Capability Assessment would be placed in the Work-Related Activity Group, where they would be offered practical support to prepare to return to work if and when they were ready. Those who were unable to engage with any type of employment-related support would be placed in the Support Group and those who were found to be 'capable of work' would claim Jobseeker's Allowance instead.

125) We are already taking steps to improve the assessment process and have responded to a range of recommendations from 5 independent reviews of the Work Capability Assessment. Last year, the Centre for Health and Disability Assessments (CHDA) introduced a telephone support service to help individuals to complete their health questionnaire, known as the ESA50 or UC50. We are also sharing information from the Work Capability Assessment with Jobcentre Plus work coaches, to allow them to consider health conditions and barriers to work-related activity in order to better tailor support. Employment and Support Allowance and Universal Credit forms and letters are being reviewed with groups representing service users and CHDA to improve their clarity. We are revising the letter sent to GPs by decision makers when an individual is found to be capable of doing some work to encourage their collaboration and highlight the benefits of work. We are also launching an online Employment and Support Allowance claims process to give individuals and their representatives more flexibility in how and when they apply, while also improving the quality of evidence received.

126) However, it is clear that more needs to be done to improve assessments and ensure people are not being written off without support. At the time Employment and Support Allowance was implemented in 2008 it was assumed that less than 10% of those having a Work Capability Assessment would go into the Support Group and that, as a result of this additional support, there was an aspiration that 1 million fewer people would be on incapacity benefits (Employment and Support Allowance, Incapacity Benefit and Severe Disablement Allowance) by 2015. In practice, over the

last 12 months we have seen on average 50% of people going into the Support Group, [77] as shown in Figure 1. While it is right that these people receive additional financial support, it was never intended that we apply a one size-fits-all approach on accessing employment support to such a large group of individuals with a wide variety of conditions and differing prognoses.

Figure 1 – Outcomes of initial Work Capability Assessment



127) As a result of these trends, over 1.5 million people have been given the perception they do not have any capability for work and are unlikely to think about when and how they might start to prepare for an eventual return to work as a result of the Work Capability Assessment. This label may then apply for years and results in them not receiving any systematic contact with a Jobcentre Plus work coach. 69% of those in the Support Group have been on the benefit for 2 years or more: [78] a high proportion not being engaged for a long period of time. And only 1 person in every 100 of those in each of the Work-Related Activity Group and Support Group leave Employment and Support Allowance each month. [79]

128) The one-size-fits-all approach is inappropriate considering the wide

range of primary conditions and needs within Employment and Support Allowance and the Support Group. Conditions in the Support Group can range from having a mental health condition (50%) to diseases of the musculoskeletal system (12%) or nervous system (7%). [80] People might have fluctuating health conditions so they are able to engage with help one week but not the next. And survey data shows that 52% of people in the Support Group do want to work, [81] although their health condition may be a barrier to this.

129) Alongside their entitlement to additional financial support, these people deserve a personalised, tailored, practical support service as outlined in chapter 2. For instance, someone might be unable to engage with employment support at the point they undertake their Work Capability Assessment, but at a later point they could benefit from light-touch contact with a work coach who could provide advice on the health or employment services that might benefit them.

Reforming the assessment process

130) In order to realise our ambition to ensure individuals can access personalised support while still receiving the additional financial help they need, we need to consider whether the Work Capability Assessment is the right vehicle for deciding access to personalised employment support. This process initially included a Work-Focused Health-Related Assessment to explore with individuals their perceptions about work and to identify potential barriers to employment, but this was suspended in 2010 after we identified it was not as effective as had been hoped. This means we have a single functional assessment that tries to do 2 things: deciding both financial entitlement and also levels of systematic contact with Jobcentre Plus. We need to consider whether this is the right approach for the future.

131) Instead, it ought to be possible to build a more effective approach to

assessing entitlement to financial and employment support. For instance, establishing entitlement to financial support could still be decided by an assessment, but that assessment could be used solely to determine whether an individual should get additional financial support. Decisions on whether someone should engage with Jobcentre Plus or specialist programmes could then be made through a separate process. This would avoid the current situation where someone's entitlement to additional financial support can also result in them being given no employment support.

132) For instance, trained work coaches could have discretion to make case-by-case decisions about the type of employment support a person is able to engage with. To do this effectively, they would work closely with the person, building on information gathered at early discussions such as the Health and Work Conversation to ensure they are signposted to help that is appropriate to their needs. Work coaches will be able to draw on additional advice where needed, from Disability Employment Advisers and Community Partners, and could access specialist advice such as occupational health and Jobcentre Plus work psychologists where individuals have more complex health conditions.

133) That important relationship with a work coach would then continue beyond the assessment, ensuring those assessed as needing the most financial support can still access the holistic health and employment support and signposting offered by and through Jobcentre Plus. Work coaches could have full discretion to tailor any employment support to each individual claimant. This approach would be truly responsive, allowing the work coach to adjust requirements and goals dependent on changes in a person's condition or circumstances. This is particularly important for people with fluctuating health conditions, as the support available would always be reflective of their needs.

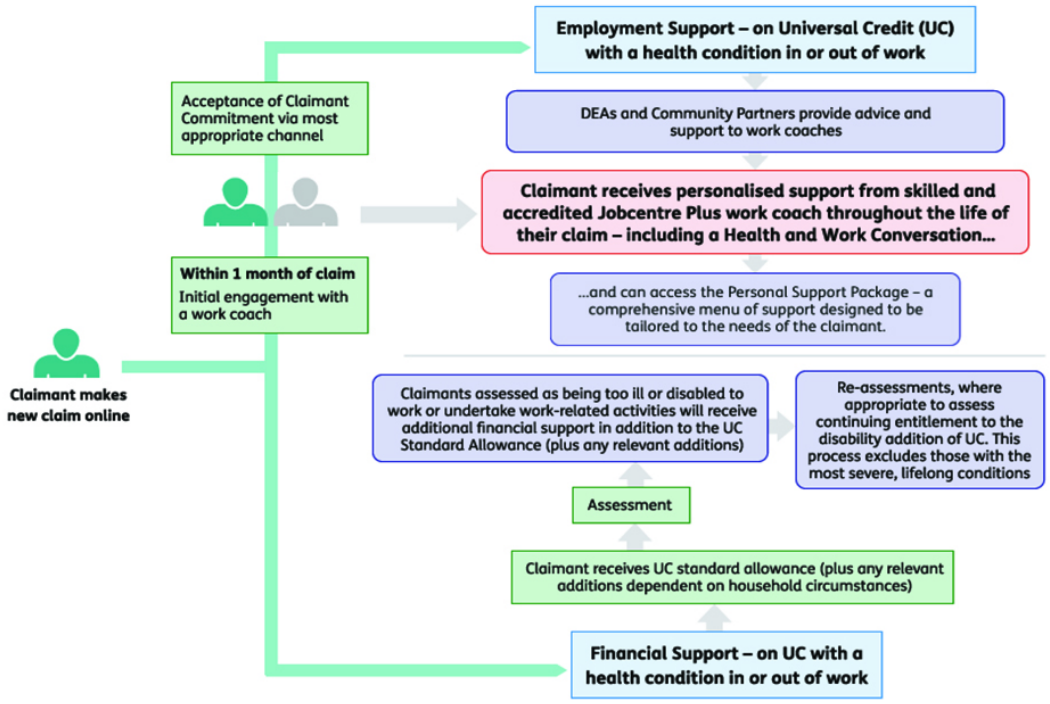
134) This would mean that people are really offered a personalised service that takes appropriate account of their needs while still receiving the same financial support as under the current system – rather than having the offer

of employment support determined by a fixed category. We would of course put safeguards in place to ensure that work coaches do not require someone to attend an appointment where this would not be reasonable.

135) There are a number of principles to how a new assessment approach could work which we would want to test. For instance, any assessment for financial support should draw as far as possible on existing information that has been gathered from the NHS, the adult social care system or through other benefit applications, such as from a Personal Independence Payment application, where this is appropriate and relevant. And it should still focus on the impact that an individual's health condition has on them – recognising that those with the greatest level of disability have the biggest labour market disadvantage. [82]

136) An assessment which only considered financial support would also align to the principles of Universal Credit, meaning that an individual would continue to receive the 'limited capability for work and work related activity' rate of Universal Credit even if they moved into work, which would taper away as earnings increased.

137) This diagram illustrates a possible model for how this proposed approach could work in future – it does not describe the current system. We would like to hear views on whether this model would work, or whether there are alternative options we should explore.



Your views

138) We recognise that stakeholders have repeatedly highlighted concerns about the effectiveness of the Work Capability Assessment. We want to hear your views on alternative ways that we could improve the process by which people are assessed for entitlement to financial support.

- Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?
- How can we ensure that each claimant is matched to a personalised and tailored employment-related support offer?
- What other alternatives could we explore to improve the system for assessing financial support?

Respond to this consultation online

Improving the data we use to assess financial support

139) People rightly expect public services to work together with each other, and to use the information they have provided to ensure the best possible service. This is even more important for services that provide essential financial support when someone is in need, such as when they have developed a health condition, or lost their job and their source of income.

140) For example, the Armed Forces Covenant helps ensure that service personnel, veterans and their families are supported and treated fairly, and recognises that special consideration is appropriate in some cases, especially for those who have given the most, such as those who have been injured. The Department for Work and Pensions uses Service Medical Board evidence where it can so a severely disabled person doesn't have to undergo additional examinations for Employment and Support Allowance purposes.

141) However, there may be opportunities to use this evidence more widely in Employment and Support Allowance and Universal Credit assessments for all members of the armed forces which would result in speedier benefit awards and a less burdensome claiming process for the individuals.

142) If a person falls out of work as a result of a health condition or disability, they might already be accessing NHS services and potentially support from their local authority such as adult social care. They might also apply for financial assistance from a range of NHS schemes, such as the Healthcare Travel Costs Scheme. In addition, they might also claim a number of benefits, including Employment and Support Allowance or Universal Credit, and Disability Living Allowance or Personal Independence Payment.

143) In order to receive both Employment and Support Allowance or Universal Credit, and Personal Independence Payment, people will take part in 2 separate assessment processes. Around half of those who claim Employment and Support Allowance also receive Personal Independence Payment (or Disability Living Allowance), and 64% of those in the

Employment and Support Allowance Support Group claim Personal Independence Payment or Disability Living Allowance. [83] This means that these individuals have to make 2 separate benefit applications where they often have to provide much of the same information, which might be in addition to applying to the NHS, local services or other bodies to receive specific support. For those who claim both Employment and Support Allowance and Personal Independence Payment, as at April 2016, around 70% applied for Employment and Support Allowance first. [84]

144) Different schemes provide financial support to meet different needs. For instance, Employment and Support Allowance and Universal Credit are paid to replace and supplement someone's income while they are out of work or in low-paid work with a health condition. However Personal Independence Payment is designed to contribute to additional costs arising from a disability. It is sometimes appropriate that individuals might receive one and not the other, so to some extent it may be unavoidable that more than one application and assessment is required to determine eligibility for these different schemes.

145) However, where there are opportunities to share common information across processes and where information is up to date and relevant, we should reduce the burden on the individual of providing the same details over and over again should they claim both. This could also improve the accuracy of assessments to ensure individuals get the financial support they are entitled to, by making more effective use of data already held within the welfare system.

146) For example, subject to establishing that any data to be shared is up to date and relevant, we can consider sharing of data between the 2 assessments for Employment Support Allowance/Universal Credit and Personal Independence Payment. This could mean sending relevant sections of the Work Capability Assessment report to Personal Independence Payment assessors should an individual in receipt of Employment Support Allowance/Universal Credit, subsequently claim

Personal Independence Payment. This could simplify the process so that once someone has provided information about their health condition to one part of the system, that information is used if they make a claim to a different benefit. This would ensure a person receives what they are entitled to without having to submit the same information again.

147) We will also explore how the assessment process could use data already gathered by the NHS or local authorities where appropriate, to ensure people do not have to repeatedly provide the same information. There are inevitably important sensitivities around how an individual's data is used, and Dame Fiona Caldicott's review of data security and consent opt outs has explored how we achieve the right balance between protecting an individual's data, and using it to improve services. [85] However, if we can strike the right balance, there is a valuable opportunity to create a more seamless journey for people with the most needs, using data in a way that improves their access to services, and promotes more integrated services.

Those with the most severe lifelong conditions

148) Some people have been diagnosed with the most severe health conditions and disabilities from which they will never recover, and which require high levels of day-to-day care. People in these circumstances are likely to already have significant engagement with the NHS or social care services and in many cases they will already have had detailed and up-to-date NHS or local authority health or care assessments.

149) As these people's conditions are extremely unlikely to improve, we have recently announced that they will no longer be required to take part in reassessments and are engaging with experts to design the criteria for deciding to whom this should apply. They are still currently expected to take part in an initial Work Capability Assessment to determine if they should have access to increased financial support and to decide their access to

employment support.

150) We are therefore consulting on whether we should introduce a more appropriate process for people who have severe health conditions and disabilities, who represent a small proportion of those in the Employment and Support Allowance caseload. For instance, we could consider whether a simpler assessment process could be developed, that means that people do not need to provide as much information as required under the current system. It may be possible to achieve this, with an individual's consent, by using data already held in the NHS to determine severity of condition and functional impact where this is appropriate.

151) In order to test the feasibility of this approach we will be conducting a case review exercise in our Assessment Centres to determine whether a healthcare professional could have completed a shortened assessment process using, for example, pre-existing NHS or local authority evidence such as care plans to make their recommendation. This would avoid placing any further burdens on the individual to fill in additional questionnaires or attend a face-to-face assessment to determine their eligibility. As part of this and the data-sharing work, we are also looking at wider opportunities to reduce bureaucracy and improve individuals' experiences of assessment processes.

Your views

152) We want to hear from you about how we can make these processes work more effectively and seamlessly for individuals accessing financial support.

- How might we share evidence between assessments, including between Employment Support Allowance/Universal Credit and Personal Independence Payments to help the Department for Work and Pensions benefit decision makers and reduce burdens on claimants?
- What benefits and challenges would this bring?
- Building on our plans to exempt people with the most severe health

conditions and disabilities from reassessment, how can we further improve the process for assessing financial support for this group?

- Is there scope to improve the way the Department for Work and Pensions uses the evidence from Service Medical Boards and other institutions, who may have assessed service personnel, which would enable awards of benefit to be made without the need for the claimant to send in the same information or attend a face-to-face assessment?

Respond to this consultation online

Conclusion

153) Disabled people and people with health conditions need a simple, effective route to the most appropriate financial support so that they can focus on managing their disability or health condition and accessing employment support where appropriate. This paper is seeking views on whether individuals could receive a better experience in accessing financial support – with improved used of data, and an assessment process that enables them to access financial support without this affecting their engagement employment support.

Summary of consultation questions

- Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?
- How can we ensure that each claimant is matched to a personalised and tailored employment-related support offer?
- What other alternatives could we explore to improve the system for assessing financial support?

- How might we share evidence between assessments, including between Employment and Support Allowance/Universal Credit and Personal Independence Payments to help the Department for Work and Pensions benefit decision makers and reduce burdens on claimants?
- What benefits and challenges would this bring?
- Building on our plans to exempt people with the most severe health conditions and disabilities from reassessment, how can we further improve the process for assessing financial support for this group?
- Is there scope to improve the way the Department for Work and Pensions uses the evidence from Service Medical Boards and other institutions, who may have assessed service personnel, which would enable awards of benefit to be made without the need for the claimant to send in the same information or attend a face-to-face assessment?

4: Supporting employers to recruit with confidence and create healthy workplaces

Chapter summary

In this chapter we consider the role of employers in supporting more disabled people and people with health conditions into work. We explore:

- why employers should take action, highlighting the benefits of investment and the risks of inaction
- how employers can be supported to establish good practices and supportive workplace cultures. We discuss the role of the public sector as a major employer in its own right and then look at how employers can be helped to address stigma and monitor workplace health, how they can access information, support and peer networks, how we can strengthen the evidence base for action and the possible role of incentives in driving the right

behaviour and innovation

- how we can encourage employers to recruit disabled people and people with health conditions
- how employers can support more disabled people and people with health conditions to stay in or return to work. We explore the critical role of promoting health, practical preventative and rehabilitative support, how sickness absence management can be improved to support phased returns to work and the role of insurance schemes in supporting prevention activities and protecting incomes

Introduction

154) We want to create a country and an economy that works for everyone, in which disabled people and people with health conditions are given the chance to be all they want to be and employers can benefit from a large, valuable and under-used section of the labour market.

155) Employers are important partners in this enterprise. Many are already creating healthy, inclusive workplaces and our vision is for this to become normal practice for all employers. This chapter sets out an ambitious view of what employers can do. We first consider why it is in the interests of employers to act and then consider the foundation step of embedding good practices and healthy, inclusive cultures – which will underpin our efforts to help disabled people and people with health conditions to move into, stay in, progress in, or return to work.

156) We then focus on the tangible things we could do now to move towards an employment culture that recognises the contribution that disabled people and people with health conditions make to the workplace and where investment in health and wellbeing is the norm. We particularly want to know

how to support, encourage and incentivise employers to adopt good practice, particularly among small and medium-sized businesses.

The case for employer action

157) Businesses drive our economy and are rightly focused on growth, productivity and delivering a return on their investments. Investing in workplace inclusivity, health and wellbeing is critical to these goals:

- employers will have access to a wider pool of talent and skills if they have inclusive and disability-friendly recruitment, retention and progression policies, [86] and may also be able to serve their customer base more effectively
- organisations that promote and value health and wellbeing benefit from improved engagement and retention of employees, with consequent gains for performance and productivity. Highly engaged employees are less likely to report workplace stress, take fewer days sick absence [87] and make the most productive and happiest employees [88]
- employers lose out when people go sick: 139 million sick days were taken in 2015 [89] and the direct cost to businesses of sickness absence has been estimated at £9 billion per year. One survey put the median cost at £622 for each absent employee [90]
- the challenge will become greater as the working age population gets older – the workforce is projected to increase by roughly a million in the coming decade, with the majority of this increase in the 50 to 64 year old age group. [91] With health conditions and disabilities more prevalent in this group, employers will increasingly need to support their employees to remain healthy and manage their conditions if they are to make the most of their skills and experience
- by helping someone who is having difficulty in work due to illness or disability or intervening early in a period of sickness absence, employers can retain skilled employees and avoid additional recruitment costs. One study found that the average costs of replacing a worker earning more than £25,000 ranged between £20,000 and £40,000 [92]
- in addition to being bad for employers and the economy in general, a

prolonged period of sickness absence is bad for individuals – early intervention is important, [93] the longer someone is away from work, the harder it is for them to get back to work, and the greater the risk of them missing out on all the benefits that work can bring [94]

- beyond the workplace, there are benefits to employers from investing in health and disability: households including disabled people have a combined spending power of around £212 billion [95] and we know that there is scope for businesses to better serve disabled consumers and communities and therefore capitalise on this spending power

The benefits of work experience placements

> " What's not to like about hiring exceptional candidates? We've quickly learned that there can be a fabulous overlap between candidates with learning difficulties and exceptional employees – and any employer that isn't interested in that overlap is missing out in a big way"

Partner at a global law firm which works with Mencap to offer work placements and has recruited disabled people

Action already taken

158) Employers already have to take certain actions to comply with health and safety and equality laws and the government has recently appointed Matthew Taylor to lead an independent review to look at how current regulations may need to change in order to keep pace with the growing number of people who are registered as self-employed, on zero hours contracts or in temporary work. The review will look at job security, pay and rights and it will also examine whether there are ways to increase opportunities for carers, disabled people and older people.

159) Employers can also access government support to recruit and retain disabled people and people with health conditions in several ways:

- Disability Confident is a campaign that challenges negative attitudes to disability and disability employment and aims to help disabled people achieve their potential. We want the Disability Confident badge to become a recognised symbol of a good employer and for the list to be published so disabled jobseekers can find supportive employers
- Access to Work supports the disability-related needs of individuals in the workplace where they go beyond reasonable adjustments required under the Equality Act 2010. Last year Access to Work invested around £100 million to support over 36,000 disabled people. Additional funding announced in 2015 will mean that we will be helping over 60,000 people per year by the end of the Parliament. It has also seen a new focus to respond to those with hidden impairments like mental health conditions and learning disabilities
- Fit for Work provides a free, expert, impartial work and health advice service for employers and a targeted occupational health assessment for employees who are off sick for 4 weeks or more
- a Small Employer Offer is being rolled out to support smaller employers to create more job opportunities for disabled people and people with health conditions. Advisers based in Jobcentre Plus will work with employers to create tailored in-work support for employees, and provide advice and support for employers on workplace adaptations. Small employers can apply for a payment of £500 where employment continues for 3 months
- the Small Business Research Initiative aims to solve challenges by harnessing creative ideas from business. A competition launched in October 2016 looks at innovative ways small and medium-sized businesses can manage sickness absences and support early returns to work. A decision on successful bids will be made in January 2017

Embedding good practices and supportive cultures

160) We know that the right organisational culture and practices can enable

more disabled people and people with health conditions to get into and stay in work. Many employers already have a strong track record in this area and we want to learn from their success and support others who need to do more. In this section, we set out the steps we will take to encourage inclusive cultures which have supportive employment practices by focusing on:

- the public sector leading by example
- addressing stigma and encouraging disclosure
- providing guidance and helping employers to learn from each other
- incentivising action and encouraging innovation

The public sector as an employer

161) The public sector is a large employer, and we are committed to ensuring that it leads the way in developing employment practices that allow disabled people and people with health conditions to flourish. There are a number of activities already underway to support this ambition. For example:

- all central government departments provide support to help all employees to stay well and manage their health conditions at work. This support includes a variety of programmes like occupational health support, online cognitive behavioural therapy, counselling support and the Civil Service reasonable adjustments service
- departments also have a variety of employee networks focused on health and disability. These are supported by senior managers and allow employees to support and learn from each other
- work is also underway in other parts of the public sector. The NHS employs 1.4 million people and NHS England, through its Healthy Workforce Programme is providing healthy food options, NHS health checks and voluntary initiatives such as weight watching to NHS employees. It is also working to improve recruitment of people with learning disabilities

162) This investment has proved effective in bringing down civil service sickness rates: for example, sickness rates in the Department for Work and

Pensions have fallen from 11.1 days per staff year in 2007 to 6.2 in 2016. [96] However, it is clear that more needs to be done. Sickness absence in the wider public sector stands at 8.7 average working days lost per person compared to 6.1 in the Civil Service and 5.8 in the private sector. [97] Just under 12% of those who work in the public sector report having a disability, compared to an overall disability prevalence rate of 17% within society overall. [98]

163) We are committed to the public sector leading by example and will take action to:

- ensure public sector employers monitor and review their recruitment, sickness absence and wellbeing activities and take action where issues are identified. The ambition is that inclusive recruitment, tailored wellbeing and ill-health prevention activity to support and sustain people in work is the norm
- ensure all government departments are signed up as being Disability Confident by the end of the year. In addition, we will extend this expectation across other public sector employers over the next 12 months
- explore whether the use of procurement, which has been simplified and streamlined since 2015, can deliver wider objectives as well as value for money. For example, whether the Department for Work and Pensions' initiative that encourages suppliers to provide employment and other opportunities to disadvantaged groups, including disabled people, could be expanded to other government departments or employers who receive public funding

Addressing stigma and encouraging disclosure

164) Of course any employer, whether public, private or voluntary and community sector, can only help someone start or stay in work if they are aware of a health condition or disability. Many conditions can be hidden and a person's decision to disclose a disability or health condition to an employer can hinge on a number of factors. These include the extent to which they feel

able to have a conversation with their manager, whether they fear disclosure might result in stigma or discrimination and the level of support they feel their manager, employer or colleagues more generally might give them. Broaching the subject of disability and health may feel too sensitive or off-limits for many managers and employers who fear saying or doing the wrong thing.

165) Yet in many instances open and supportive conversations about disabilities and health conditions will help employees and employers work together to enable someone to fulfil their potential at work, and remain in work if a condition fluctuates or develops. It is also important for employers to understand the profile of their workforce both through individual conversations and by analysing data they hold (for example on sickness absence and from worker health surveys) to plan for, and address, issues it may present.

166) Currently UK employers are not required to know the details about disability or sickness in their workforce. 99 If we are to realise our ambition of a healthy UK workforce with fewer people dropping out of work because of ill health, then we need to see all employers creating environments where employees feel able to disclose health issues and where employers act on that information to improve employee health. We would like to hear how best employers can be supported to create environments that support disclosure and what it is reasonable to expect employers to do as regards monitoring and acting on the health needs of their workforce.

Creating a culture that encourages disclosure: Barclays Bank

Since 2013, Barclays has run a “This is Me” campaign to tackle the awareness and understanding of mental health in the workplace. The campaign is designed to address the hesitancy to speak out about the topic itself, is driven and designed by employees with personal experience of managing their own mental health and wellness, and fully supported by Barclays disability network, Reach.

The campaign was built on individual experiences and has a three-fold approach – authentic stories of colleagues talking about their lives including their own mental health and wellness, identifying and addressing areas for improvement, for example through manager training and policy reviews, and an external commitment to breaking the stigma related to mental health issues by signing the Time to Change pledge. From just 9 stories, the campaign grew and to date over 160 stories have been shared by colleagues and they have seen more than 60,000 visits to the website.

As a result of the response from other businesses, Barclays has partnered with the Lord Mayor of London to expand its campaign to “This is Me in the City”. This city-wide campaign has encourage over 70 London based organisations to launch a similar ‘This is Me’ style campaign within their own organisations.

Mark McLane, Global Head of Diversity and Inclusion at Barclays, said:

> “ It is clear that authentic story-telling truly engages people and, when led by colleagues, it leads to real inclusion and builds a sense of trust. However daunting it may seem at the start, this approach encourages more people to speak out about their own experiences. Strong leadership and support from well informed charity partners has proved to be invaluable.”

Providing and publicising guidance and supporting employers to work together

167) Employers may be prevented from creating a supportive culture by a lack of expertise, support or capacity. This can be a particular issue for smaller businesses, where they might be facing the issues for the first time. There is already a wealth of information about how employers can support disabled people and people with health conditions, but the extent to which it is known about, used or found useful is unknown. So we want to consider how we can bring this information together, make it accessible and support employers to work together.

As well as guidance, we want to provide more information on the business case for employers to be more inclusive for their employees and their customers. Although the evidential case for employer action on health and work is already compelling, we believe there is scope for it to be stronger still, and particularly so for smaller employers. We believe there is a case for research to build and illustrate the business case for employer action in a number of areas. These could include: the benefits of wellbeing, prevention and rehabilitation activities, including occupational health support for employers and others; the return on investment for employers who purchase income protection insurance; and effective recruitment methods across different disabilities and health conditions.

168) Many organisations have recommended consolidating some of the evidence on the business case for change, as well as practical information, into a one-stop shop for employers. This could include case studies, examples of reasonable adjustments as well as running awareness sessions. We agree that there could be benefits to this and so we will undertake research to find out what employers would find most useful in a one-stop shop on health and work. We also seek your views on this as part of the consultation.

169) Partners have also suggested that government should be more proactive in making businesses aware of the information and support that is available to them, rather than expecting them to find it themselves. We agree, and so we will work with partners to develop and run information campaigns on key topics around health and work to help employers access existing information and adopt good practices. We want to hear from employers about how best to do this, for example, who employers are influenced by and how to reach different sectors.

Realising potential

170) Seeing more disabled people and people with health conditions get into work is important but on its own it is not ambitious enough – we want to see these employees reaching their full potential, making their fullest contribution and going as far as their talent and drive can take them. Senior, executive and board positions should be within their reach.

171) Evidence suggests that seeing employers have success in hiring disabled people and people with health conditions can be a powerful way of motivating other employers to act. [100] Employer-employee networks and business-led initiatives therefore have a big role to play in influencing employers to recognise the talents of disabled employees and employees with health conditions and creating the momentum to support these employees excel.

172) Some organisations already support networks that stimulate the exchange of new ideas and good practices. The Business Disability Forum brings together business people, disabled opinion leaders and government while Purple Space focuses more specifically on employee networks, providing learning, networking and professional development opportunities.

173) Business-led initiatives can also have great influence. For example, from 2010 to 2015, the number of women on the boards of FTSE 350 companies more than doubled, following the business-led Lord Davies Review set up by Government into women on boards. The Davies Review worked with key stakeholders including businesses, investors and executive search firms, and we saw the target for 25% women on boards of the FTSE 100 by 2015 exceeded, and all-male boards in the FTSE 100 eliminated. Work continues under the new Hampton-Alexander Review, with the increased target for 33% women on FTSE 350 boards by 2020.

174) The Review created a culture change in business, with companies recognising that achieving a better gender balance at these levels will not only help to close the gender pay gap, but companies will also benefit from better decision making, accessing the widest talent pool and being more

responsive to the market. Increasing the number of women at senior levels is about improving performance and productivity.

175) We believe there is much more we can do to achieve the same results for disabled people. Although representation of disabled people and people with health conditions in senior positions is unknown (noting employers are not required to collect data on this), it is reasonable to surmise that with a disability employment gap of 32 percentage points, representation at senior levels is also likely to be lacking. So we want to know what the role of employers and government should be in helping disabled people and people with long-term health conditions progress in work and secure senior roles.

176) We want to see businesses leading the way and creating the same sort of momentum as they have to increase the number of women on boards. To achieve this, we will establish a Disability Confident Business Leaders Group who will work alongside ministers and officials to increase employer engagement around disabled employment, starting with FTSE 250 companies.

177) In addition, we think there is scope to do more, especially among small and medium-sized employers, to establish supportive networks between employers, employees and charities around health and work, and would like your views on the best way of doing this.

Incentivising action and stimulating innovation

178) We want to know whether financial or other incentives would encourage employers to try new and creative things to support more disabled people and people with health conditions in work. The reality is that in order to halve the disability employment gap, all things being equal, we need to see around a million additional disabled people entering work and we want to explore how we can incentivise employers in creating new roles for disabled people and people with long-term health conditions. Several financial incentive schemes around health and work and stimulating employment more generally already exist:

- to encourage employers taking action to prevent employee ill health, employers can claim tax relief on up to £500 of the cost of treatment for an employee recommended by an occupational health practitioner and can claim corporation tax relief on their premiums when they purchase income protection insurance products for their employees
- to encourage job creation, particularly among young people, the Employment Allowance scheme allows businesses to employ 4 adults, or 10 18–20 year-olds, full-time on the National Minimum Wage without paying employer National Insurance contributions
- a small grant promoting the employment of disabled people and people with health conditions is being trialled through the “Small Employer Offer” mentioned at paragraph 159 above. Small and medium-sized enterprises who sustain such employees at work for 3 months will receive £500 to provide on-going mentoring and support for employees

179) We recognise that the evidence about the effectiveness of such initiatives in sustaining people in or supporting them into employment is mixed. However we believe that, given the scale of the challenge ahead of us, it is right to consider if they have a role to play.

180) Partners have suggested, for example, using financial incentives to encourage large employers to share their HR, occupational health or employee assistance services with smaller employers; or encouraging employers to provide occupational health support to their employees. Schemes like this may help build capacity among small and medium-sized employers.

181) More broadly, we know that employer indexes such as Stonewall’s Equality Index can support changes in employer behaviours. 101 The mental health charity Mind launched its Workplace Wellbeing Index earlier this year. 102 It may be helpful for the Disability Confident scheme to include an index of employers on how inclusive of disability they are. We would like your views on whether there is a role for these and other incentives in helping

more disabled people and people with health conditions to move into or stay in work.

Your views

- What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?
- What expectation should there be on employers to recruit or retain disabled people and people with health conditions?
- Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions? Please consider:
  - The information it would be reasonable for employers to be aware of to address the health needs of their employees?
  - The barriers to employers using the support currently available
  - The role a ‘one stop shop’ could play to overcome the barriers
  - How government can support the development of effective networks between employers, employees and charities
  - The role of information campaigns to highlight good practices and what they should cover
  - The role for government in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles
  - The impact previous financial, or other, incentives have had and the type of incentive that would influence employer behaviour, particularly to create new jobs for disabled people?
  - Any other measures you think would increase the recruitment and retention of disabled people and people with health conditions.
- Should there be a different approach for different sized organisations and different sectors?
- How can we best strengthen the business case for employer action?

Respond to this consultation online

Moving into work

182) A supportive inclusive culture is demonstrated in practice at 2 critical points – the recruitment of disabled people and people with health conditions, and how they are supported to stay and progress in work. In this section, we set out some existing good practice for inclusive recruitment and consider how we might improve existing government schemes to support employers to recruit disabled people and people with health conditions.

183) The Disability Charities Consortium has identified that employers who are good at recruiting disabled people consider the challenges such candidates may face and take innovative steps including offering 'working interviews' and providing supported internships and apprenticeships to help disabled people gain skills and experience. [103] Disability Confident suggests other ways of making recruitment practices more inclusive include making online recruitment more accessible and providing additional training for recruiting managers. We would like to establish what good practice employers are already taking and how government schemes can support this.

184) There are already a number of government schemes that support employers or employees to manage health conditions and disabilities at work, such as Disability Confident and Access to Work. Various organisations have suggested ways in which the remit and operation of some of these schemes could be changed to support employers to recruit more disabled people and people with health conditions. We would like to hear about the ways these schemes could be enhanced to help even more disabled people move into work.

Your views

- How can existing government support be reformed to better support the

recruitment and retention of disabled people and people with health conditions?

Respond to this consultation online

Case study – Jamie

Jamie joined North One Television on a one year-internship leading up to the Rio Paralympics, where he then joined the Channel 4 production team in Brazil. The objective of the internship at North One was to give Jamie direct exposure to sports production, and to this end we placed Jamie within our MotoGP team, producing coverage for BT Sport of the world motorcycle racing championship.

Channel 4 has been leading the way in creating opportunities for people with disabilities in the media. But the main challenge (and one that we have whole-heartedly supported) is to accept that people with disabilities simply want to achieve what the rest of us have – a career with prospects that can provide an income to allow them to plan for and support their long-term future.

This requires a management and workforce to accept and share the challenges that a person with disabilities has, to feel able to speak openly about them to make the workplace as practical as possible, but then – crucially – to put the disability second and the ability first.

Jamie is a wheelchair user so a number of workplace adjustments took place (accessibility issues and so on). But that was dealt with. Jamie then got stuck in to his role on MotoGP and has proven himself to be an extremely capable Researcher/Assistant Producer, to the extent that he will be returning after the Paralympics to join our team beyond this internship.

There are no favours here, no preferential treatment or tokenism. Jamie has earnt this position because he is a good Researcher/ Assistant Producer. I think this is a fundamental issue, but it requires open and frank discussion

about what a disability means in practical terms and then to focus on the job, as you would with any other employee.

But the process of making adjustments to the workplace and engaging employees in that process makes for a far more accepting and understanding wider workforce, shifting the general focus from disability to ability. Account from Robert Gough, North One Television.

Staying in or returning to work

185) A person who falls ill in work or who has an existing condition or disability that worsens may face a critical point where the right support from their employer can make all the difference between them remaining and flourishing in work or struggling to cope and falling out of work. An inclusive culture, where health is promoted and action taken to prevent or manage ill health supports the interests of both employer and employee. Yet some employers focus on compliance with health and safety legislation without necessarily considering wider health and wellbeing.

186) A true preventative approach requires a focus on both physical and mental health and support for those having difficulty in work due to illness or those who have gone off sick. In this section, we consider:

- how employers can proactively promote health and wellbeing and preventing ill health
- managing sickness absence and the role of Statutory Sick Pay in supporting phased returns to work
- how insurance products could better support employers to manage the potential costs of ill health

Promoting health and wellbeing and preventing ill health

187) Given the time most working people spend in the workplace it should be a key place to support health and wellbeing. Investing in the health and wellbeing of employees can bring business benefits by reducing sickness absence rates and improving productivity. To be effective, initiatives will need to be tailored to the organisation, although various organisations and studies have identified several core components which positively embed health and wellbeing in the workplace. These include:

- the right culture and leadership such as supportive company values and standards, the right working policies and practices, a commitment to health and wellbeing at all levels but particularly among senior leaders and effective communication and consultation with employees
- the right physical environment through safe and appropriate working conditions
- effective people management where managers have the confidence and capacity to deal with workplace health and wellbeing issues. Where in place this has been linked with improved performance and wellbeing; where it isn't it creates pressure among those who continue to work despite illness [104] and has been linked with stress, burnout and depression [105]

188) These are not new concepts and build on the key elements of effective health and safety management. Advice and support for employers on how to embed these elements is readily available (although we are considering how we can ensure it is more effectively organised and made available) and there are many practical ways employers can support workforce wellbeing.

189) Interventions should be based on the specific health needs of each organisation's workforce and employers may find it helpful to work with their local NHS and local government to identify needs and deliver interventions. These could include initiatives like healthy food, support with weight management, stop smoking schemes or mental health or physical opportunities like cycle-to-work schemes. Employee assistance providers can also help employees with wider life issues that can impact health such

as bereavement, domestic violence, debt and relationships.

190) As part of creating healthy workplaces employers can do a great deal to help and encourage their staff to be physically active. The physical and mental health benefits of physical activity are well established, with Public Health England's Everybody Active Every Day report from 2014 setting out the evidence and making a powerful case for creating an active society with active environments. The benefits of physical activity are most pronounced for those who are currently inactive. Disabled people and those with serious health conditions are much less likely to be physically active than others.

191) The government's sport strategy, Sporting Future: a New Strategy for an Active Nation, which the Department for Culture Media and Sport published last December, set out the benefits for employers and staff of a physically active workforce, including greater levels of staff engagement and commitment to the organisation. Government will be working with others to establish an employers' network to promote physical activity. In addition, as part of the public sector setting an example, we have established a Civil Service Physical Activity Workplace Challenge which is currently being piloted across a number of departments.

192) There are various assessment and accreditation schemes available to help employers identify suitable actions to take on workforce wellbeing and standards endorsed by Public Health England. Schemes include Liverpool City Council's Workplace Wellbeing Charter, [106] London's Healthy Workplace Charter [107] and the North East's Better Health at Work Award. [^]112 The Health and Safety Executive's Stress Management Standards also provide well-evidenced support with mental health issues. [108]

193) We want employers to do more to promote health and wellbeing and believe there is a place for a proactive good practice information campaign. To support this, we would like to know what good practices are already taking place and seek your views on what the campaign might cover below.

Case study: Hatstand Nelly

Hatstand Nelly is a hair and beauty salon in Aberdeen with 18 employees. In 2007, the business introduced an incentive scheme to encourage higher levels of attendance. The quarterly bonus of £75 for full attendance paid for itself. They also looked at the reasons for absence and helped staff to avoid back problems with a programme of talks and activities at work. A qualified physiotherapist, gave a talk about the long-term effects of poor posture which was followed up with a pilates lesson in the salon helping the team to learn practical skills to improve their fitness levels.

As a result of all this work, sickness absence at Hatstand Nelly reduced by around 60% and the Manager Lorraine Watson commented that the new culture of wellbeing showed in the atmosphere at the salon and that customers had picked up on it too. 109

194) Occupational health services can help employers promote health and wellbeing and also support employees to manage a disability or health condition at work. Although our understanding of the effectiveness of different types of occupational health support in different settings is incomplete, there is some evidence that providing such support can lead to reduced sickness absence, boosted productivity and increased employee satisfaction. 110

195) There is scope for employers to be doing significantly more to provide this support in the workplace. A 2014 survey found 72% of public sector employees had access to occupational health support compared to 52% in the voluntary sector and 39% in the private sectors. 111

196) Of private sector employers, 80% of large employers provide occupational health provision, demonstrating their recognition of the role it can play. Yet even then awareness and usage appears inconsistent – only 65% of employees of large employers claimed to have occupational health access. In addition, only around a third who had been in work prior to claiming Employment Support Allowance reported having access to

occupational health support at work. 112

197) Chapter 5 discusses our vision for occupational health in more detail, but we would like your views on how we can encourage more employers to provide occupational health support.

Managing sickness absence and the role of Statutory Sick Pay in supporting phased returns to work

198) Supportive absence management processes are key to helping people stay in work or return to work after a period of sickness absence. Offering periods of flexible working in particular may help people to manage or recover from a health condition. This is in the interests of employers who benefit from keeping employees in work and avoiding the costs associated with lower productivity, disruption and replacing employees. However we know that too few people return from a period of sickness absence. 45% of Employment and Support Allowance claimants who had worked at some point in the 12 months before their claim had a period of sickness absence before they left work. 113

199) We know that the longer someone remains out of work the less likely they are to return. So keeping up contact between employers and employees is critical in retaining a person in employment. Furthermore, evidence shows that phased returns to work from sickness absence can see employees return quicker and stay in employment longer. 114

200) Some countries take the approach of mandating contact between employers and employees when the latter is off with ill health, requiring employer action to support employees back into work or ultimately to pay for sickness or benefit costs if this is not achieved. Such approaches would represent a shift to the current UK landscape with new requirements placed on employers where retention is unsuccessful, although success in sustaining these employees in work could bring gains from retained skills and experience and avoided replacement costs.

International approaches to preventing and addressing sickness absence [115]

Several countries take a different approach by mandating employer action to manage sickness absence. In Norway and the Netherlands within or by the first 8 weeks of absence an employer must draw up a return-to-work plan with the employee. In Norway, this must be submitted to the national insurance office on request. In the Netherlands, where employers may have to pay sickness benefits for up to 2 years, the plan must include evaluation criteria which is reviewed every 6 weeks and at the 12 month stage, including a forward look.

Denmark similarly requires employers to monitor and address issues in the work environment and its Working Environment Authority visits employers unannounced. If violations are not addressed within 6 months, fines can be imposed and the performance of employers is published as a further incentive to employers to address issues.

Several countries also either require or encourage employers to provide preventative or rehabilitative support, often in the form of occupational health support. Finland, the Netherlands and Sweden have all had varying approaches to this, some supported with government subsidies.

201) Although it is likely that many employers are already having supportive contact with their employees who are off with illness, we also know that managers can shy away from such conversations because of a lack of confidence, lack of knowledge or a feeling that it is not their role. We also hear anecdotally that some employers feel unable to have such conversations during periods they are paying Statutory Sick Pay, or during the period specified on a fit note, because they perceive these as allowances of leave that people are allowed to exhaust.

202) We are clear that the systems around fit notes and Statutory Sick Pay should not discourage conversations between employers and employees, or the exercise of flexibilities, that support employees to remain in or return to

work. We discuss the issues around fit notes in chapter 5 but believe that we should reform the Statutory Sick Pay system so that it better encourages supportive conversations and phased returns to work.

203) Currently, Statutory Sick Pay is paid by employers when a person does no work at all. [116] This means that people who are low paid may be deterred from returning to work on reduced hours because they would not qualify for Statutory Sick Pay and their earnings may prove to be less than the amount provided by Statutory Sick Pay. Or alternatively it may encourage them to return to their usual hours before they are ready, potentially leading to further absence or falling out of work altogether.

204) One approach to reforming Statutory Sick Pay to allow phased returns would be that where an employee would earn less than the Statutory Sick Pay rate of £88.45 per week in returning on reduced hours, the employer would be able to 'top up' their wages to the Statutory Sick Pay level (see example below).

205) This would mean that the maximum amount of Statutory Sick Pay and/or pay spent by employers and received by employees during a period of transition back from sickness remains constant. It would also allow for an earlier, albeit phased, return to work which could be good for the employee and employer. Of course this approach would not prevent an employer from paying Statutory Sick Pay on a pro-rata basis alongside wages. In this case a person's income would reflect a proportion of Statutory Sick Pay for hours not worked, and paid wages for the period worked, potentially offering an income above the basic allowance, and a greater incentive for the individual to return to work as part of a phased return.

206) As regards contact during sickness absence, we would like to see regular conversations between employers and their employees who are off ill to agree steps that can be taken to support a return to work. We seek views on what it would be reasonable to expect of employers and employees in this regard.

Example

An employee works 25 hours a week for £7.20 per hour or £180 per week.

If they went on a period of sickness absence they will need to return to work for at least 13 hours in order to compensate for the loss of £88.45 in Statutory Sick Pay(13 hours x £7.20 = £93.60).

If the employer and employee came to an agreement for a partial return to work of 10 hours per week, the employer would 'top up' the salary to the Statutory Sick Pay level. For example, the employer would pay £72 in wages (£7.20 x 10 hours) plus £16.45 to 'top up' to the Statutory Sick Pay rate of £88.45.

Encourage better provision by the insurance industry, and take-up by employers, of income protection insurance

207) There are various insurance policies that employers and employees can take out to support them in addressing the risks and impacts of ill health: life insurance, private medical insurance, critical illness cover or personal accident or sickness insurance. This final element can be taken out by individuals, in the form of Individual Income Protection, or by employers on behalf of their employees as Group Income Protection.

208) Group Income Protection insurance generally provides 3 elements: a financial element which pays an income to employees who cannot work because they are ill or injured after an agreed period (usually 6 months); ill health prevention programmes; and specific support for employees and the employers for example physiotherapy, mental health support and HR support.

209) The benefits of Group Income Protection to employers and their staff may vary, but analysis by the Centre for Economics and Business Research indicates that employees who have access to early intervention and rehabilitation services and use them tend to have shorter duration long-term

absences compared to those that do not. On average, the duration is shorter by 16.6%. [117]

210) Although Group Income Protection policies have the potential to support employers to retain disabled employees and employees with health conditions, uptake is low: only 7-8% of the working population is covered by such a policy. Coverage is particularly low among small and medium-sized employers. In part this might be because some insurance providers do not offer products to very small businesses, but cost and awareness of the products are also thought to be a factor (between £250–£450 per employee per year).

211) As this paper sets out, we want to see employers doing more to invest in their employees' health and wellbeing and to thereby reap the benefits that such investment brings. We think group income protection insurance policies have a much greater role to play in supporting employers in taking this action and therefore want to explore why larger employers are not making better use of these products and what would encourage them to do so.

212) Smaller employers are also important: they represent the vast majority of UK businesses and employ around 36% of the UK workforce. We are working with the insurance industry to explore the viability of group income protection insurance products for smaller employers and, if there is sufficient interest, could look at how such employers could be supported to pool resources to purchase existing products as a collective.

213) We therefore want the insurance industry to develop group income protection products that are affordable for, and tailored to meet the needs of, smaller employers, including micro businesses, and for them to raise awareness and make access to such products easier.

Your views

- What good practice is already in place to support inclusive recruitment,

promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?

- Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?
- What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?
- What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

Respond to this consultation online

Conclusion

214) This chapter has considered what can be done by or with employers to support our ambition of more disabled people and people with health conditions getting into and staying in work. We want to see more employers providing the right support at the right time, and taking a more proactive approach to the health and wellbeing of their workforce for the benefit of their employees and their business.

215) If someone does fall out of work because of their health or disability, they are likely to be facing a stressful and challenging period in their lives. It is essential that, at the appropriate time, they can access the integrated health and employment support they need to manage their health condition and move back towards work, as we discussed in chapter 2. This, and the role of health and high quality care, is discussed in the next chapter.

Summary of consultation questions

Embedding good practices and supportive cultures

- What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?
- What expectation should there be on employers to recruit or retain disabled people and people with health conditions?
- Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions? Please consider:
    - The information it would be reasonable for employers to be aware of to address the health needs of their employees?
    - The barriers to employers using the support currently available
    - The role a ‘one stop shop’ could play to overcome the barriers
    - How government can support the development of effective networks between employers, employees and charities
    - The role of information campaigns to highlight good practices and what they should cover
    - The role for government in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles
    - The impact previous financial, or other, incentives have had and the type of incentive that would influence employer behaviour, particularly to create new jobs for disabled people?
    - Any other measures you think would increase the recruitment and retention of disabled people and people with health conditions.
- Should there be a different approach for different sized organisations and different sectors?
- How can we best strengthen the business case for employer action?

Moving into work

- How can existing government support be reformed to better support the recruitment and retention of disabled people and people with health conditions?

Staying in or returning to work

- What good practice is already in place to support inclusive recruitment, promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?
- Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?
- What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?
- What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

5: Supporting employment through health and high quality care for all

Chapter summary

In this chapter we look at how work can make a significant contribution to someone's health. We explore:

- how we can promote health and prevent ill health
- how we can ensure an individual can access health services, which consider their employment needs, particularly for common conditions which affect an individual's ability to work – especially musculoskeletal and mental health
- how we can strengthen the role of occupational health and related professions and services, so that people's health and employment needs are considered together
- how we need to create the right conditions for joined-up support
- how we can reinforce the recognition across the health and care system that work can promote good health – that work is in itself a 'health outcome'

Introduction

216) By now, we hope that the case is clear that appropriate of work can have a positive effect on an individual's health and that having the right health support can have a positive effect on an individual's ability to work and progress in their career. While many factors affect a person's health and employment, in this chapter we concentrate on how people, whether in or out of work, can access the right health and social care support in the right place and at the right time to enable them to enjoy the benefits of work.

217) We know we still have a long way to go to ensure that people get the right health and employment support when they need it. Services do not always work well together. Decisions can be taken in isolation rather than recognising that we may have different needs at different times, and that work and health are importantly linked. [118] This is frustrating for people who are forced to navigate complex and fragmented systems and who may miss out on support.

218) We also know that the health service is facing significant challenges of preventable ill health and health inequalities and variable quality of services, as set out in the NHS Five Year Forward View which set out a vision for the future of the NHS. The Five Year Forward View highlighted how important it is that we get serious about prevention, deliver the right care in the right place, and build a more engaged relationship with patients, carers and citizens.

219) We want to look at health in the broadest sense and do more to encourage employers, Jobcentre Plus staff, and those working in the voluntary and community sectors to support health through promoting health, preventing ill health, early intervention and ensuring access to joined-up services. Individuals, as partners in their care, can also do more to look after

their own health and manage their care. It is when these groups work together that we will see real benefits for individuals, for the health of the population, and for the economy.

220) In this chapter, we set out our plans to improve care and support so that it starts with the individual, and meets their health and employment needs. This isn't something government can achieve on its own – those working in health services and employment support, especially commissioners, will play a critical role – so we also want to hear how we can support and encourage the changes we wish to see.

221) This chapter focuses on key opportunities when the right health and care support can make a difference to, and be considered alongside, an individual's employment needs. These include:

- the importance of promoting health, and recognising that work can make a significant contribution to someone's health
- ensuring an individual can access health services, which consider their employment needs, particularly for common conditions which affect an individual's ability to work – especially musculoskeletal and mental health conditions
- strengthening the role of occupational health and related professions and services, so that people's health and employment needs are considered together to help them get into, and stay in, work

222) For the right joined-up support to be available at each of these times, this chapter then explores how we need to create the right conditions, and reinforce the recognition across the health and care system that appropriate work can promote good health – that work is in itself a 'health outcome'.

223) Throughout this chapter is the fundamental principle that individuals are partners in their care, and that innovative approaches, including digital ones, can help people look after their health and manage their own care.

Action already taken

224) The government has already taken steps to support work through measures to improve health. We have:

- put in place ill-health prevention measures including the diabetes prevention programme, national immunisation and screening programmes and public health campaigns such as the ‘One You’ campaign
- funded local authorities to commission a range of public health services to improve the health of their populations, including health checks, stop smoking services and drug and alcohol treatment services
- invested in early intervention for psychosis, and improved access to talking therapies
- set out plans to increase recurrent funding in primary care, including to support mental health in primary care, by an estimated £2.4 billion a year by 2020 to 2021 and a 5-year ‘turnaround’ package of £500 million
- encouraged health and care services to plan their Sustainability and Transformation Plans [119] on ‘footprints’ which bring together health and care leaders to support the delivery of improved health and care based on the needs of local populations

Promoting health

225) Health issues can prevent people from getting into work, and fulfilling their role at work, and can be a factor in people falling out of employment or taking early retirement. But this does not always have to be the case and there are several areas where we could do more to prevent ill health or disability becoming a barrier to people achieving their potential in work and in life in general.

226) There are primarily 2 types of health conditions that impact on an individual’s potential to participate in work and wider society:

- a long-term condition which may be fluctuating but once developed may last throughout an individual's life such as diabetes, arthritis or some mental health conditions. Some conditions, may of course, be present from birth
- a sudden health event like a heart attack or a broken leg where the event happens and then there is a recovery phase to either full health or a new normal for the individual

227) Some conditions are preventable, or manageable, and promoting healthy lifestyles can prevent or delay conditions developing. The workplace can play an important role in promoting health, and minimising risks to health, for example through encouraging staff to take action on obesity and smoking, as set out in chapter 4. Where an individual experiences health issues, such as a sudden health event or a long-term condition, there is the potential for earlier action to support individuals better to remain active in society and participate in work to retain their financial independence and the health benefits of employment.

228) Preventing health-related worklessness means taking a proactive approach to engaging and supporting people to talk about their concerns about work and signposting and supporting them to access help or reasonable adjustments.

229) Clinicians, patient support groups and charities all have a role to play in supporting people with health conditions to achieve their potential. For example, simply asking about work in routine clinical consultations may open an opportunity to identify individuals who might be at risk of falling out of work due to ill health where this could be prevented. Indeed a fear of falling out of work may make a health condition worse.

230) Helping people achieve their potential is important for everyone. For young people with long-term conditions, mental health issues and physical and sensory impairments, there are opportunities to integrate careers advice,

education support and clinical management to give this group of young people the best start in life and the best chance at gaining employment.

Improving discussions about fitness to work and sickness certification

231) When an individual first becomes ill, or an existing condition worsens, their first port of call is usually their general practitioner (GP). Discussions about work and health and an assessment of a patient's fitness for work provide an opportunity for doctors to discuss ways in which a patient may be helped to stay in work by, for example, advising on workplace adjustments or a phased return to work. It may also lead to a referral to Fit for Work for patients who are off sick for 4 weeks or more.

232) The Statement of Fitness for Work, or 'fit note', was introduced in 2010 to encourage fuller discussions about work and health. Fit notes are used to support payment of Statutory Sick Pay by employers or as medical validation to make a claim to health-related benefits. The information they provide can be used by employers or work coaches within Jobcentre Plus to support a return to work.

233) The fit note has the potential to be a key tool to identify a person's needs and help them to manage their condition and stay in or return to work whilst working with an employer or work coach. This could shorten periods of sickness absence and ultimately reduce the need for repeat fit notes, reducing pressures on GPs and potentially reducing costs over the longer term. It can also act as a prompt for the GP to consider a referral to Fit for Work if appropriate.

234) However, although over 60% of GPs agree or somewhat agree that the fit note has improved the quality of their return to work discussions with patients, and over 90% agreed that helping patients to stay in or return to

work was an important part of their role, [120] the fit note is not fully achieving what it set out to do. Although the fit note includes the option for the doctor to use a 'may be fit for work subject to the following advice', this option is rarely used.

235) Decisions on whether a person is able, or not able, to work may be made without the recognition that many people can work with the appropriate support. This means that opportunities to influence someone's understanding around what work is possible for them to do can be lost, from the first GP consultation onwards. This increases the risk that the individual falls out of work altogether or moves further away from securing employment.

236) Evidence from GPs suggests that they may, on occasion, find it difficult to refuse to issue a fit note. The value of the initial discussion between a healthcare professional, individual and employers about the work an individual can do would then largely be lost, with the fit note process seen as an administrative burden rather than an opportunity to provide work and health-focused support.

237) We want to ensure that individuals are better supported to understand their health condition, treatment needs and how this might impact on their ability to work, and employers need access to information which will enable them to support their staff. That means developing a system where:

- healthcare professionals have the right skills and knowledge to provide early advice about functional ability to work and the ability to provide, or easily access, the right support so that individuals, employers and work coaches have the necessary information at the earliest opportunity to expedite treatment and support
- we reinforce the beliefs of the primary and secondary care workforce that work is important for health and encourage them to take a leading role in changing behaviours – so that work becomes an integral part of an individual's life, where appropriate

healthcare professionals feel confident to use their skills and knowledge to issue fit notes only when appropriate and make full use of the “may be fit” option that is available to them

- healthcare professionals recognise the value of a referral to Fit for Work for occupational health advice and return to work support and make referrals routine for eligible patients when appropriate
- we continuously learn about people’s health and employment needs so that we can gather evidence and target future investment and support in the most effective way

238) The government intends to review the current operation of the fit note, and in line with the General Practice Forward View published in April, review whether fit note certification should be extended from doctors in primary care and other settings to other healthcare professionals. The review will look at the current system and whether it meets the needs of its users – doctors and other healthcare professionals, employers, patients/claimants and the benefits system.

Your views

239) We want to work across all sectors to fully review the current fit note certification process. We want to know your views on the following:

- How can we bring about better work-focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual can do, particularly during the early stages of an illness/developing condition?
- How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?
- Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other healthcare professionals do you think should play a role in this process to ensure that individuals who are sick understand the

positive role that work can play in their recovery and that the right level of information is provided?

- Regarding the fit note certificate, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?
- Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?

Respond to this consultation online

Mental health and musculoskeletal services

240) Too many people with mental health or musculoskeletal conditions fall out of work each year, many end up on sickness benefits and few return to work. Individuals with such conditions represent 62% of people claiming Employment and Support Allowance, huge cost and unfulfilled potential. [121]

241) A key factor which could help address this problem is timely access to support. Evidence shows that offering early support to individuals, including people with a health condition or a disability, can improve their chances of getting back to work. [122] Yet too often services for people with common conditions are not available when an individual needs them.

Mental health services

242) Almost 1 in 5 working age people have a common mental health condition in England rising to almost 1 in 2 among people on out-of-work benefits. [123] There are around 1.8 million [124] out-of-work disabled people of working age with a mental health condition in the UK. Mental health conditions are the most commonly reported primary conditions among the

total 2.4 million people who claim Employment and Support Allowance; around 1.2 million cite a mental health condition as their primary health condition but many of them may not be accessing the support that might help them. [125] Having a mental health condition is also associated with many physical health conditions. [126] The Work, Health and Disability Green Paper Data Pack which accompanies this paper provides more information about the population with mental health conditions. [127]

243) As the Five Year Forward View for Mental Health sets out, the evidence is clear that improving outcomes for people with mental health problems helps them to improve wellbeing and build resilience as well as reducing premature mortality, but service provision can be patchy and access difficult.

244) The increasing access to psychological therapies programme has been successful in increasing access to NICE-approved treatments for common mental health conditions. But there is variation across England in terms of access to these talking therapies.

245) The government will further increase access to psychological therapies and improve how these services join up with other services. By 2020/21, at least 25% of people (or 1.5 million) with common mental health conditions will access services each year. Alongside this we will consider how individuals at risk of job loss or recently unemployed can gain early access to talking therapies to prevent worsening health and drift away from the labour market.

246) We are more than doubling the number of employment advisers in talking therapies to help people in that service retain, return to and secure employment. This will be a significant boost to the talking therapies workforce and ensure many more services have a clear employment offering that can improve pathways between employment services and talking therapies services. We are evaluating the impact of this provision and the elements that bring greatest results. We also have a number of trials underway to identify new and innovative ways mental health and

employment services could support people to return to work.

247) The talking therapies programme has demonstrated that we can collect and publish extensive data about outcomes. Such data is an important driver to improve outcomes. We would like to see this go further, with data on employment status routinely recorded and published as a matter of course across all mental health services.

Musculoskeletal services

248) Over 32 million of the 139 million working days lost to sickness absence in 2015 were due to some form of musculoskeletal condition, [128] and around 2.1 million of the 3.8 million working age disabled people out of work suffer from some form of musculoskeletal condition [129] which may be associated with other health conditions. 309,000 of the total 2.4 million people on Employment and Support Allowance report a musculoskeletal or a connective tissue condition as their main disabling condition. [130]

249) Despite the impact on individuals of musculoskeletal problems, some evidence suggests that waiting times for musculoskeletal services can vary from between 4 to 27 weeks [131] depending on where the person lives, and Arthritis UK highlighted in their 2014 report that only 12% of people with musculoskeletal conditions had a care plan. [132] This is unacceptable, when we know that earlier diagnosis and treatment of musculoskeletal conditions would, in many cases, prevent further deterioration in the condition and enable the individual to stay in work. [133]

250) We are supportive of new ways of providing musculoskeletal care, which are being developed in a number of local areas. These include physiotherapists working from general practice surgeries and self-referral to musculoskeletal services. These have benefits of affording patients wider access, lowering levels of work absence and empowering patients to self-manage their care.

251) A preventive approach and encouraging early self care and exercise is

often appropriate to avoid over-medicalising some conditions for which the best treatment may be self-care and a return to normal activities, often including work, with workplace adaptations where needed.

Case study: Physiotherapy First

Physiotherapy First is a joint initiative between 2 NHS providers, Cheshire and Wirral Partnership NHS Foundation Trust and the Countess of Chester Hospital Foundation Trust.

36 GP surgeries in the West Cheshire area now provide their patients with the choice of seeing a physiotherapist when they first contact the practice with musculoskeletal symptoms. The service sees around 1000 patients per month – roughly a quarter of the GPs' musculoskeletal caseload. Just under 3% are referred back to the GP for medication review or for non-musculoskeletal conditions, while over 6 in 10 patients are discharged after one appointment with the general practice physiotherapist.

The service has reduced referrals to physiotherapy services by 3% (after a year-on-year increase of 12% over the previous 5 years) and has high patient and GP satisfaction.

252) NHS musculoskeletal services need to link better to work and people's needs for employment support. Initial assessment and access should include an integrated assessment of health and work needs. This may not always be best provided by a GP, who may not have the time to give the work related support needed, but they should be able to refer to other professionals or services which can help.

253) As well as encouraging the new types of provision already being developed, we wish to trial new kinds of approach for musculoskeletal services so that people's health and employment needs are met in the best possible way, including the further development of community based pathways and developing better links between treatment and employment

support. This will include exploring different referral routes, including how Jobcentre Plus staff can refer claimants into services.

254) There is also a lack of detailed information about what kinds of musculoskeletal services are currently commissioned, and the extent to which the services meet local need. The government will therefore work with NHS England to identify opportunities for regular collection of data about incidence, prevalence, clinical activity and outcomes of musculoskeletal patients and services in England.

Your views

- How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?
- How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?

Respond to this consultation online

Tailored and integrated work and health services

Case study – Robert

“ Robert, a secondary school teacher had a very severe stroke in September 2012. This led to paralysis of the right side of his body and his speech and reading abilities were affected by aphasia. He was determined to return to work, but even if the school could accommodate his wheelchair, he could not resume teaching until his speech was at the level required in the classroom to be understood.

“ Subsequently, Robert received individual speech therapy and also joined the local aphasia group where he presented weekly topics to the group and received feedback on his intelligibility. After 18 months of therapy, Robert began a phased return to work. During the first academic year, this was based around sixth form supervision and the following academic year it included a return to some teaching of younger years pupils. Robert’s speech and language therapist completed the “Allied Health Professions Advisory Fitness to Work Report” to guide his employers on the level of support which was required for his return to work. For example, he needs extra time for written work so as not to compromise on accuracy.

“ Today, Robert works 4 short days per week and teaches whole classes of year 7 and 8 pupils. He also attends after school meetings and parents’ evenings as required.

“ To get to this point, Robert received community speech therapy for some 18 months. This sounds like a long time to invest resources in the rehabilitation of an individual. It is but as a direct result, not only has Robert’s life been transformed it has also saved him living on 20 years’ worth of sickness benefits.”

An account from his treating speech and language therapist - Provided by Royal College of Speech and Language Therapists

255) Occupational health and vocational rehabilitation, consisting of physiotherapy and occupational therapy, and related professions and services, can play a pivotal role in supporting people to get into work, and preventing them from falling out of work due to health reasons or disabilities. Offering the right support at the right time can make a real difference to people’s ability to manage their condition and continue to play their part in society.

256) However, occupational health and related services are currently variable and fragmented. Provision can be inconsistent, not easily accessible

for all, and not well tailored to the different needs of individuals.

257) Some employers, particularly larger organisations, do provide some occupational health support, but this is not universal. Survey data suggests only 51% of employees have access to occupational health through their employer which can vary depending on their size. [134] There is also no standardised approach to the support that is offered.

258) For people who cannot access occupational health services through an employer, provision is patchy. Elements of occupational health provision such as physiotherapy are provided by the NHS, but services are rarely commissioned specifically for work-related health. There is a great deal of variation in the types of services available, where they are offered, and how many people can access them.

259) There is also a shortage of health professionals with occupational health expertise. In 2016, The Council for Work and Health highlighted that the UK is short of over 40,000 of the full range of occupational health related specialist practitioners, and the situation will only get worse – “recruitment into specialist training is inadequate and will not replenish the existing workforce”. [135] Dame Carol Black’s 2008 review [136] raised concerns about a shrinking workforce, a lack of good quality data, and a detachment from mainstream healthcare.

260) The government established the Fit for Work service to support employees who are off sick for 4 weeks or more. We want to explore how we can promote referrals to occupational health services and advice.

Transforming the landscape of work and health support

261) This government is determined to transform the landscape of occupational health and related services. Provision needs to respond more closely across the spectrum of need, including the needs of those who are self-employed or out of work, as well as those who are currently off sick from work.

262) Our vision is of a whole person approach to occupational health and related services, which meets the differing needs of individuals. We want to cover:

- integrated, expert and impartial advice that meets the needs of the 'whole person', through an approach that covers work-related health and social issues to support the individual, employers, GPs, work coaches and other professionals, delivered in an equitable and accessible way (perhaps through local commissioning and provision)
- timely and appropriate access to support (such as occupational health and vocational rehabilitation) adjusted according to need, and whether someone is employed or not

263) We want to support: :

- health and social care professionals so that the benefits that can come from work are an ingrained part of their training
- work coaches and employability professionals to provide positive work and health support
- appropriate delivery models, including those that are locally driven

264) The government is therefore consulting on how we can develop a new approach to work and health support that will fulfill this vision. Whilst a transformation to occupational health will take time, we will explore options which could lead to early changes:

- to increase the access to occupational health assessments and advice, we will explore how we can make it the default position that everyone who would benefit from occupational health assessment and advice is referred to such services, except where it is inappropriate or unlawful to do so. We will test whether changes to GP computer systems would be successful in raising awareness and use of publically funded services. We will develop the detailed design and implementation of this by taking

account of views in response to this green paper, and in further discussion with stakeholders

- we will explore models of integrating occupational health within NHS primary and secondary care services provision, re-orientating a part of the NHS occupational health workforce to provide patient services directly. This will enable a greater focus on work as part of an individual's care pathway within mainstream healthcare. Potentially it may also be possible to expand availability of occupational health, at least for people with more complex needs who do not have occupational health provided by their employer, are self-employed, or are out of work
- we will develop a partnership with one or more NHS occupational health providers in England to test how we can integrate services within different clinical pathways.

Illustrative delivery models

An individual has a number of complex health and social issues that are preventing them from returning to or moving into work. A reformed system would be responsive to their needs by providing access to services that are appropriate and timely.

Example 1: National combined with Local Commissioning

Under a reformed system, there would be a mixture of national and local support so the individual with complex needs would access a nationally-commissioned triage system and have access to a more intensive, locally-commissioned service as appropriate, supported by a single case manager and would be referred to an external partner if ongoing support was required after 6 months.

Example 2: NHS led integrated service

The individual would be referred to a NHS service which would have established links between hospital-based occupational health teams, NHS nurses, primary care and wider professionals with occupational health and

vocational rehabilitation-related skills who could assess the immediate needs of the individual and signpost to the appropriate level of support. The service would be available to NHS providers and small and medium-sized enterprises.

Example 3: Group Income Protection access to occupational health/vocational rehabilitation support

An organisation, whether private or public, would secure Group Income Protection which would act as a gateway into a spectrum of occupational health related provision.

Your views

265) We want to hear from you about how to change work and health provision, services and support so that they meet individuals' needs, including:

- How can occupational health and related provision be organised so that it is accessible and tailored for all? Is this best delivered at work, through private provision, through the health system, or a combination?
- What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?
- What kind of service design would deliver a position in which everyone who needs occupational health assessment and advice is referred as matter of course?

Respond to this consultation online

Creating the right environment to join up work and health

Integrating local health and employment support

266) We want to support joined-up health and employment services that are locally designed and delivered. Reviews of the research evidence by the King's Fund and the Nuffield Trust conclude that 'significant benefits can arise from the integration of services where these are targeted at those client groups for whom care is currently poorly co-ordinated'. [137]

267) There are different ways of providing this joined-up support. It may involve providing a single service that covers both health and employment support, such as the 'Individual Placement and Support' model for people with severe and enduring mental health problems. Or it may involve linking up existing local services so that individuals get seamless support without creating a new single service, the approach taken by the Troubled Families programme.

268) At a national level, we can still have fragmented thinking which sees systems rather than people, and commissioning arrangements which, in some areas, get in the way of joined-up support. We want to build on existing examples of best practice to create the right environment for local commissioners to develop services that work differently and work together to achieve complementary outcomes.

Case study: A local approach to joining services: Tameside public service hub

Tameside's public service hub, set up in 2014, is a ground-breaking response to the challenge of supporting people/families with complex needs (unemployment, physical/ mental health, domestic abuse, substance misuse, debt, housing, child protection) and in so doing helps meet the fiscal challenge to shift investment upstream to earlier intervention to reduce demand and costs.

Any service can refer to the hub, which brings together Jobcentre Plus, adult mental health, substance misuse, housing, children's services, police, probation and the Working Well programme. Each service has access to

their ‘home’ organisation’s system. Underpinning this information sharing process is a comprehensive Information Sharing Agreement which has the strategic support of a range of agencies as well as Information Governance leads.

The hub allocates a key worker to sequence and coordinate support for people with complex needs, which they are able to do effectively as they have a holistic picture of the individual and their family situation. This approach is beneficial as it brings services together, where all parties involved understand the full needs of the person (and family) they are supporting. It streamlines the support that people receive, and minimises unnecessary disruption. This has a secondary benefit of reducing the cost of duplicative interventions.

269) This will involve encouraging local leadership through Sustainability and Transformation Plans and other mechanisms (such as Joint Strategic Needs Assessments) which bring partners together around a shared vision, and sharing good practice. It will also involve the effective sharing of data. Not only can better sharing of data mean that individuals don’t have to repeat their story to different services, it also means that providers can more accurately oversee the commissioning and governance of services and support and track a range of complementary outcomes.

270) Innovation and local networks encourage the delivery of person-centred care across health, social care, employment and voluntary sector boundaries. The government is calling for evidence on good examples of co-ordinated services and of the factors which contribute to successful collaborations so that we can learn from them.

Increasing data transparency to improve outcomes

271) Increased data sharing can help improve both health and work outcomes for individuals. We will work with NHS Digital to create a new information standard for data on employment status in healthcare data sets, to enable useful data collection and analysis by employment status at both a

national and local level in England. The proposed information standard will be subject to consultation.

272) If work is truly to be seen as a health outcome, we may need to support the recording of occupational status in all clinical settings, for example by:

- developing an agreed terminology, as an aid to communication and analysis
- encouraging and incentivising its use through software prompts and through regular clinical audit

273) There could be real benefits. Encouraging and enabling the reporting of employment as an outcome of clinical intervention should help normalise discussion of whether one treatment or another will help a patient to be well enough to return to work. We would be interested in further suggestions on how we could encourage the better use of data.

274) Where data are available, indicator sets or outcomes frameworks can help to increase transparency and accountability across services. In England work outcomes already feature in 2 indicators in the NHS Outcomes Framework and the Public Health Outcomes Framework and one indicator in the Adult Social Care Outcomes Framework.

275) We will also work with Public Health England to develop a basket of work and health indicators to support improved health and work outcomes in place-based systems and make them available through Public Health England's open data access platform or 'fingertips tool'. This tool will be part of Public Health England's wider determinants of health profile, recognising that health and work are connected with other aspects of life and will be based on the use of aggregate data. The indicators could cover:

- labour market outcomes, for example, employment rate gaps between disabled and non disabled people, and information on health-related benefits recipients

- health outcomes related to working age people and health services generally, for example, disability-free life expectancy, and markers of quality, such as emergency admissions for acute conditions that should not usually require hospital admission; and the proportion of people feeling supported to manage their long-term condition
- wider issues related to the health of working age people – on which we would welcome suggestions and evidence

276) A wealth of evidence and knowledge exists from a variety of sources that can support improved outcomes, including evidence reviews on specific interventions, as well as evidence which support our understanding of population needs. Working with Public Health England, we will explore how to bring existing evidence and knowledge on health and work together in one place for commissioners and local delivery partners, for example by creating a single website.

Your views

277) We want to understand what more could be done to encourage local areas to bring health and employment systems together to better support people:

- How can we best encourage innovation through local networks, including promoting models of joint working such as co-location, to improve health and work outcomes?
- How can we encourage the recording of occupational status in all clinical settings and good use of these data?
- What should we include in a basket of health and work indicators covering both labour market and health outcomes at local level?
- How can government and local partners best encourage improved sharing of health and employment data?
- What is the best way to bring together and share existing evidence in one place for commissioners and delivery partners?

Respond to this consultation online

Reinforcing that work can promote good health

278) Underpinning all of the above actions is the conviction that work promotes health and should be seen as a health outcome. We cannot achieve change without positive attitudes towards work and health from a wide range of people, particularly health and care professionals and disabled people and people with health conditions.

279) Evidence shows that being in appropriate work is good for health and that being out of work can have a detrimental effect on health. [138] For health and care professionals, therefore, supporting an individual to be in work appropriate for them is central to delivering effective, personalised care and addressing a key social determinant of health.

280) For clinicians this could be described as considering work as part of an individual's 'health outcome'. For example, the Faculty of Occupational Medicine highlight the positive relationship between work and physical and mental health, noting 'the importance of returning to work as a healthcare outcome'. [139] The National Institute for Health and Care Excellence (NICE) clinical guidelines recognise that a range of outcomes from interventions should be considered, including impact on functional ability and return to work. [140]

281) We are already taking action to promote the importance of work in the health system. By November 2016, Public Health England and the College of Occupational Therapists will have recruited and started evaluation of a pilot group of Health and Work Clinical Champions, with the aim of promoting work as a clinical health outcome within their health trust.

282) We want to make the benefits of work an ingrained part of the training and professional approach of the health and social care workforce. We will

work with Health Education England, Public Health England, professional regulators, Royal Colleges and the Welsh and Scottish Governments, to address capability and capacity issues for the NHS workforce, including:

- building upon the educational curriculum for medical and nursing/allied health professional undergraduate training programmes
- training current healthcare professionals on the links between work and health and how to embed as part of care plans.
- exploring the option to encourage nurses and allied health professions who may have left clinical practice to return to utilise their expert skills within a different setting

283) NICE has already committed that it will, at the point of guidance update or new development, take into consideration any available employment outcomes across conditions which affect primarily the working age population. We are actively considering with NICE the development of guidelines to support improved employment outcomes among people out of work due to ill health.

284) To support local decision makers, in 2017 Public Health England will publish a report on worklessness, estimating the potential cost-savings for health and social care services, wider government savings, and benefits to the individual (and to the local economy) of moving a person into work.

Your views

285) Our ambition is that work is consistently recognised as a health outcome in the health and care systems:

- What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

Respond to this consultation online

Patients as partners

286) We also need to do more to recognise that patients and those who use services should be partners in their care. The Kings Fund points to the 'growing body of evidence which demonstrates that individuals who are empowered to manage their own condition are more likely to experience better health outcomes'. 141

287) Individuals can be supported in different ways: through having better information about navigating the employment and healthcare systems, having the ability to self-refer to an increasing range of services, and being able to improve their health literacy with a particular focus on the link between work and health.

288) Innovative digital services will have a role here. We are relaunching NHS Choices as NHS.UK with a fuller range of online services including booking appointments and ordering and tracking of prescriptions. By autumn 2017 the Department of Health, NHS England and NHS Digital will have developed the tools to enable instant, downloadable access to personal health records, making it easier for patients to access their health information and share it with people concerned with their care. In addition to this, NHS England will approve a set of selected of apps by March 2017, offering support to patients, including those with long-term conditions, in managing their health.

289) We will also use innovation funding to look at new ways, including digital tools, of providing integrated health and employment support for disabled people and people with health conditions to stay in work or enter work.

Conclusion

290) Whenever an individual needs health and care support, that care needs to consider their needs in the round, including the important role work can play. So we are committed to ensuring that we promote health in its broadest sense, ensure access to the right types of support, and join up health and employment services in providing that support. This will require us to create the right conditions for change and see patients as true partners in their care.

Summary of consultation questions

Improving discussions about fitness to work and sickness certification

- How can we bring about better work-focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual can do, particularly during the early stages of an illness/developing condition?
- How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?
- Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other healthcare professionals do you think should play a role in this process to ensure that individuals who are sick understand the positive role that work can play in their recovery and that the right level of information is provided?
- Turning to the fit note certificate itself, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?
- Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health

information? Does the fit note meet the needs of employers, patients and healthcare professionals?

Mental health and musculoskeletal services

- How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?
- How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?

Transforming the landscape of work and health support

- How can occupational health and related provision be organised so that it is accessible and tailored for all? Is this best delivered at work, through private provision, through the health system, or a combination?
- What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?
- What kind of service design would deliver a position in which everyone who needs occupational health assessment and advice is referred as matter of course?

Creating the right environment to join up work and health

- How can we best encourage innovation through local networks, including promoting models of joint working such as co-location, to improve health and work outcomes?
- How can we encourage the recording of occupational status in all clinical settings and good use of these data?
- What should we include in a basket of health and work indicators covering both labour market and health outcomes at local level?
- How can government and local partners best encourage improved sharing of health and employment data?
- What is the best way to bring together and share existing evidence in one place for commissioners and delivery partners?

- What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

6: Building a movement for change: taking action together

Chapter summary

This chapter summarises our commitment to act. We set out our plans to:

- change perceptions and culture around health, work and disability
- launch a pro-active and wide-ranging conversation around the issues and proposals in this green paper
- set out our plans to take forward a programme of work in the short-term and over the next 10 years

Introduction

291) We are committed to halving the disability employment gap and enabling disabled people and people with long-term health conditions to access all the benefits that work can bring. But, as set out in chapter 1 and expanded upon within each of the chapters, this challenge is complex and cannot be approached from one angle alone.

292) Where we are confident of the positive results that action will bring, we

will be quick to implement change. Yet while government action is important, it will not be sufficient to drive the required changes on its own. Action is required by many different partners on a number of fronts: everyone has a role to play, and we are asking others to engage and work with us, both now and in the future.

293) We want to create a movement for change across society, one that meets this challenge and ensures that we achieve our ambitions for disabled people and people with long-term health conditions. This chapter sets out 3 ways in which we intend to do this:

- real and lasting change will only come about if we can also address negative cultural and social attitudes about disabled people and people with long-term health conditions. We therefore want to work with others to change perceptions and transform the culture around disability, health and work, to ensure that real and long-lasting progress is made
- we want to launch a proactive, wide-ranging and challenging conversation around the issues and proposals set out in this green paper. The consultation questions posed, and the consultation process that we have designed, aim to do just this. Without this dialogue, we will not be able to develop or advance our proposals or the positive work that is already underway
- in recognition that our ambitions will not be achieved overnight, we will take forward a programme of work for the next 10 years, to ensure that sustained progress is made and change achieved in the immediate future, over the course of this Parliament, and beyond

Changing the culture around work and health

294) We know that currently the way individuals and groups of people think, talk and act about the relationship between work, health and disability can get in the way of the best employment and health outcomes for disabled

people and people with long-term health conditions. For example:

- employers can be reluctant to employ disabled people or may create workplace environments where people do not feel comfortable discussing long-term health conditions or disabilities. For example, in 2013, 30% of disabled working age benefit claimants saw ‘attitudes of employers’ as a barrier to seeking work, finding work, or working more hours [142]
- healthcare professionals and work coaches can lack confidence dealing with health-related return-to-work issues. A study found that 4 in 10 GPs didn’t feel confident in dealing with patient issues around a return to work [143]
- parents, carers and service providers can have misconceptions about working with a disability or long-term health condition, which can result in them advising against a disabled person or someone with a long-term health condition trying work for fear of it damaging their health [144]
- disabled people and people with long-term health conditions may not be fully aware of the health benefits of work, or may not realise the range of employment options and support available. For example, in a survey of working age disabled benefit claimants, only 23% thought work would be beneficial to their health compared to almost two thirds who thought work would make them better off financially [145]

295) We want these perceptions to change, so that the actions taken forward by the government and others are met by the right behaviours and attitudes. This will need a range of actions across the board to develop our culture into one which always supports disabled people and people with long term health conditions to work.

296) The actions in this paper are designed to foster this shift in some of the key areas that we have identified. In chapter 2 we explored how we can equip work coaches with the right skills and capabilities to better engage with disabled people and people with health conditions from the very start of their journey, to offer them personalised support tailored to their individual needs. In chapter 3, we considered how we can best provide disabled people and

people with health conditions with financial support in a straightforward and timely way if they fall out of employment. In chapter 4, we set out how employers are crucial partners in creating the right conditions for disabled people and people with health conditions to enter and flourish in work. In chapter 5 we discussed in detail the importance of healthcare professionals understanding the benefits of work, and of this understanding being fully translated into discussions about fitness to work and sickness certification. We also discussed the importance of empowering individuals to be active partners in their care and to build their belief in their own potential.

297) But changing attitudes is complex and will require sustained action over time, as well as a commitment from all of us to truly embed a new way of thinking. People who shape our thinking at local level, particularly in schools and community groups, play an important role in shifting our attitudes to disabilities and health conditions. The government has an important role in facilitating change, but everyone has their own part to play. We are asking for engagement and action from others:

- we want to see disabled people and people with long-term health conditions working with employers and involved in local service design
- we want families, friends, teachers and carers to feel confident that disabled people and people with long-term conditions will get the support that they need to fulfil their aspirations
- we want employers to recruit inclusively and with confidence, promote health and wellbeing in their workplaces, and fully support employees facing ill health or disability to remain productive and in work
- we want GPs and other healthcare professionals to have high work ambitions for their patients, in recognition that this is good for their health and wellbeing, and for work to be embedded as a health outcome in their discussions with patients who have a disability or long-term health condition
- we want local leaders and commissioners in health, social care, local authorities and more widely across communities to place work and health at the heart of their commissioning decisions and service design

we want work coaches and other employment advisers to have the skills and capability needed to offer appropriate, tailored and timely support to disabled people and people with long-term health conditions who are out of work

- we want voluntary and community organisations to share effective practice and continue to be active partners with government in positively changing attitudes, and providing support and mentoring to disabled people and people with long-term health conditions, helping them to realise their full potential

Case study: the creative benefits of diversity

“ We’ve seen directly the creative benefits of diversity. Through our work, we’ve discovered some fantastic new on and off screen talent who bring new perspectives and ideas which make the stories we tell richer and more interesting. A great example of this is the Paralympics where more than 15% of the production team and two thirds of our presenters at the Rio 2016 Games were disabled, which added additional heart, depth and expertise to our coverage. Ratings for the coverage were higher than anticipated too, which is great for business. We’ve found this in our commercial partnerships too, from working with advertisers to independent production companies. We have also had extremely positive feedback from all the creative SMEs who have worked with Channel 4 trainees with disabilities, many of whom have already been offered ongoing employment following the scheme.

“ We know there is much more progress to be made, but at Channel 4 we are already seeing the benefits of proactively working to increase representation and employment of disabled people. As a broadcaster it’s vital that we both reflect and appeal to our diverse viewers and the best way of doing this is through having a diverse workforce.”

Dan Brooke, Chief Marketing and Communications Officer and Channel 4 Board member responsible for diversity

298) Disabled people and people with health conditions will engage with different types of support and services depending on their individual needs, and no 2 people will have the same journey towards employment. It is vital that whatever the support received by an individual, the right attitude runs throughout our society and services, so that we make every contact count.

Your views

299) We have spoken about the shift in attitudes, behaviours and support towards disabled people and people with health conditions that we are setting out to achieve across various groups, systems and services. We recognise that this requires a change across society: schools, community groups, employers and others all have a role to play. In this chapter we emphasise once more that any action we take must go hand in hand with this change in culture. We want to hear from you:

- How can we bring about a shift in society's wider attitudes to make progress and achieve long lasting change?
- What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?

Respond to this consultation online

The consultation process: launching the conversation

300) This consultation is crucial to building a shared plan for future action and achieving culture change. We want this consultation to bring together wide-ranging expertise, opinions and experiences and launch a rich and challenging discussion, one that can inform our programme of working going forward.

301) In developing the proposals in this green paper, we have already

started a valuable process of engagement with a number of stakeholders:

- in May 2016 we established an Expert Advisory Group consisting of representatives from the health, research, disability charity, business and employer communities to consider themes and proposed areas for action in the green paper. This group will continue to meet on an ongoing basis to consider wider work and health issues
- we have also facilitated a number of roundtables and workshops, including with the Royal Colleges and other health organisations, which allowed us to test some of our thinking and to shape our consultation questions, as well as to consider how best to engage a broad audience

302) We recognise that different people will require or prefer different channels through which to respond to the consultation questions. As such, and using the feedback given by stakeholders to date, we have developed a number of avenues through which you can share your views:

- we have organised a series of face-to-face consultation events, hosted by partners from disability charities and employers, to collectively explore the green paper's themes and questions. These have been designed in close collaboration with organisations including the Disability Benefits Consortium and the Disability Charities Consortium
- an online survey hosted on Citizen Space provides a simple and easily accessible way to respond to all consultation questions.
- a series of moderated online forums, supplemented by consultation materials
- you can email us at: workandhealth@dwp.gsi.gov.uk or write to us at The Work, Health and Disability consultation, Ground Floor, Caxton House, 6-12 Tothill Street, London, SW1H 9NA

303) Using one of these channels for responding, we now invite you to provide your views on the consultation questions set out within this paper. We welcome your suggestions, evidence, ideas and recommendations, although you should not feel restricted to these areas alone.

304) In order to satisfy our duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between different groups, we want to consider the potential impacts of the proposals in this green paper on protected groups under that Act. We therefore also ask you to consider equality impacts as part of your response to the consultative parts of this document and answer the following question. Please include any relevant evidence or data that supports your views:

- Could any of the proposals within the green paper potentially have an adverse effect on people with a protected characteristic? If so, which proposal, and which protected group/s are affected? And how might the group/s be affected?

305) The consultation will run until Friday 17 February 2017. This is a public consultation to which anyone with an interest may respond. A summary of all consultation questions can be found in the appendix.

Taking action together: developing a 10-year plan

306) We know that our ambition to halve the disability employment gap is challenging. It will not be easy and will take time to achieve. But it is necessary if we want to create a country that works for everyone. In this paper we have set out our vision and some early actions. We know that we cannot do this alone. Change will require concerted action over time from disabled people and people with long-term health conditions, employers, healthcare professionals, employment support providers, voluntary and community sector organisations and many others.

307) Where we are sure of the improvement and positive transformation that action can bring, we will continue to be quick in bringing about change and

building upon existing support. Looking ahead, we will need to have clear goals for both the short and long term in order to deliver the ambition set out within this green paper and build upon activity already underway. We are committed to engaging and working with people in the areas that require change and to testing approaches as they evolve through the consultation period and beyond. We are committed to investing in innovation, learning what works and spreading the lessons and widely. The programme of work outlined below demonstrates our commitment to take action and work with others both in the immediate future, throughout the Parliament and beyond 2020.

Ten year programme of work

This outlines our programme of work across 3 key strands, taking place over the next 2 years, over this Parliament and beyond 2020.

Across all areas, your responses to our Green Paper consultation will shape the actions that we already have underway, the direction of future discussions with stakeholders and partners, and the development of our policy for this Parliament and beyond.

Our first strand of work is ‘Developing an improved system and transforming services’. We will work with others to ensure the right health and employment support offer for individuals.

Over the next 2 years we will:

- launch the Health and Work Conversation for ESA claimants in late 2016
- introduce measures to support people in the WRAG, including “Journey to Employment” Job Clubs and Community Partners from 2017
- expand IAPT and link employer advisers in around 40 per cent of IAPT services from January 2017

- launch the Work and Health Programme in autumn 2017
- explore improving Fit for Work referrals from primary care
- re-procure and scale Access to Work offer from 2017
- develop a set of work and health indicators with Public Health England, for use at a local level
- extend “Journey to Employment” Job Clubs in 2017
- stop reassessments for those with severe lifelong conditions from late 2017
- begin research and trials to help the Support Group from 2017
- re-procure and scale Access to Work offer from 2017

Over this Parliament we will:

- progress digital health initiatives, building upon initiatives such as NHS England’s set of selected health apps and the launch of NHS.UK
- explore improving data sharing across benefit assessments
- explore reform of the Work Capability Assessment
- consider how Fit for Work fits with future provision and ensure it remains fit for purpose
- develop capability and capacity of the NHS workforce to promote work as a health outcome
- work with others to design and test future policy delivery for musculoskeletal services
- scope and develop suitable approaches to a new occupational health landscape

By 2020 and beyond we want to achieve timely access to integrated and individualised health and employment support, which helps disabled people and people with long-term conditions to go as far as their talents will take them

Our second strand of work is ‘Investing in innovation’. We will work with others to implement and scale trials, and in partnership with specialist organisations, to promote products and digital health technologies.

Over the next 2 years we will:

- launch Challenge Prize competitions to stimulate and incentivise innovation by spring 2017
- launch a series of mental health and employment trials in early 2017, including Individual Placement Support and computerised Cognitive Behavioural Therapy health treatments
- launch a series of health-led employment trials from spring 2017
- commission research by April 2017 to better understand how we can engage with those individuals in the Support Group
- Public Health England to publish an Economic Framework on worklessness in March 2017

Over this Parliament we will:

- develop a work and health indicator framework with Public Health England, for use at local level
- gather evidence on good practice amongst employers, and research on content for an employer ‘one-stop-shop’ on health and work
- build our knowledge of international evidence and best practice in relation to health, employment and disability
- draw early findings from trials – stopping where the approach is not working and scaling trials where evidence supports this
- during this Parliament and beyond we will continue to build a fuller evidence base and act on findings
- we want to achieve a clear picture of what support works for whom, and transformed models of support that can scale quickly, drawing upon innovation and a strong evidence base

Our third strand of work is ‘Engaging across society’. We will work across society to build consensus, understand how to facilitate engagement and action, and to develop and drive our programme of work.

Over the next 2 years we will:

- use webinars and other forums to engage with musculoskeletal conditions community from early 2017
- discuss medical verification and judgements on fitness for work with work coaches, employers and employee organisations
- establish Disability Confident Business Leaders Group
- NICE to include work considerations in future clinical guidelines
- establish supportive networks between employers, employees and charities
- engage with NHS and wider healthcare professionals on embedding work as a health outcome
- hold discussions with insurance industry to establish validity of developing Group Income Protection products for smaller employers

During this Parliament we will:

- bring together existing information and support for employers
- run information campaigns with partners on key health and work issues
- build the employer evidence base and business case on disability
- explore reform to Statutory Sick Pay to better encourage supportive conversations and phased returns to work
- create a new information standard with NHS Digital for the inclusion of employment status in healthcare data sets

We want to achieve a society where everyone is ambitious for disabled people, and where people understand and act positively upon the important relationship between health, work and disability.

Appendix: written description of images

Population characteristics

- The main working-age health conditions in the UK are musculoskeletal and mental health. 2.6 million disabled people are recorded as having mental health condition in the UK, 0.9 million of whom are in employment. This means the employment rate for disabled people with mental health conditions is 32 per cent.
- Musculoskeletal conditions also affect many working age people. 3.7 million disabled people have musculoskeletal conditions, 1.7 million of whom are in employment. This means the employment rate for disabled people with musculoskeletal conditions is 48 per cent.
- The prevalence of mental health conditions varies with employment status. For example in England, 1 in 5 of all working age people have a common mental health condition. 1 in 7 working age people in full-time work have a common mental health condition. 1 in 2 out-of-work benefit claimants have a common mental health condition.
- There are 12 million people with a long-term health condition in the UK, 7.1 million of these people are disabled and 4.8 million of these people are non-disabled.
- 9 in 10 workless disabled people are economically inactive and are not actively looking for work.
- Most Employment and Support Allowance claimants are in the Support Group. Of the 2.4 million people who are on Employment and Support Allowance, 67 per cent are in the Support Group. 20 per cent are in the Work Related Activity Group, and 14 per cent have yet to take their Work Capability Assessment.

Our vision

- Our vision is of a society where everyone is ambitious for disabled people, and where people understand and act positively upon the important relationship between health, work and disability, so that:

- When an individual looks for a job that makes the best use of their talents, they should find opportunities to secure a good job and progress, provided by inclusive employers and job creation
- When an individual is in work, they should have jobs that actively support and nurture health and well-being, provided by inclusive employers who understand the link between work, health and disability
- When an individual is at risk of long-term sickness absence or falling out of work due to their health or disability, they should encounter early action as needed to stay in or return to work, provided by both inclusive employers who understand the link between work, health and disability and a more effective health service
- When an individual turns to the health service, they should find healthcare professionals who support people in their employment aspirations, and health services that provide help at the right time and co-ordinate effectively with employment support
- When an individual is out of work due to their health or disability, they should encounter the right employment support to secure work or get closer to the labour market, provided by a more effective employment support system and a more effective health service
- When an individual is unable to work, they should find access to rapid financial support when needed, provided by a more effective employment support system
- A more inclusive and understanding society will underpin this entire system of more effective employment support, a more effective health service, and inclusive employers and job creation.
- For the individual to encounter this seamless, wrap-around system which responds appropriately to their needs, inclusive employers, a more effective the health service and a more effective employment support system will work together harmoniously.

Figure 1: outcomes of initial Work Capability Assessment

- This line graph shows the outcomes of initial Work Capability Assessments between October 2008 and March 2016.
- In March 2016, 39 per cent of people entered the Support Group following their initial Work Capability Assessment. Over the last 12 months we have seen on average 50 per cent of people going into the Support Group. This compares to the October 2008-March 2011 average of 17 per cent entering the Support Group.
- In March 2016, 46 per cent of people entered the Capability for Work category following their initial Work Capability Assessment. This compares to the October 2008-March 2011 average of 60 per cent entering the Capability for Work category.
- In March 2016, 15 per cent of people entered the Work Related Activity Group following their initial Work Capability Assessment. This compares to the October 2008-March 2011 average of 26 per cent entering the Work Related Activity Group.

A possible new model for assessments in Universal Credit

- This flow chart illustrates a possible model in Universal Credit for an assessment which would consider financial support and employment support separately.
- In terms of employment support, the claimant journey could be:
- A claimant makes a new claim online for Universal Credit. They have a health condition, and could be in or out of work.
- Within one month of their claim they have initial engagement with a work coach.
- The claimant will accept a Claimant Commitment via the most appropriate channel.
- Having made a Claimant Commitment, the claimant gains access to employment support.

Disability Employment Advisers and Community Partners provide advice and support to work coaches.

- The claimant receives personalised support from a skilled and accredited Jobcentre Plus work coach throughout the life of their claim. This includes a Health and Work Conversation.
- The claimant can also access the Personal Support Package, a comprehensive menu of support designed to be tailored to the needs of the claimant.
- In terms of financial support, the claimant journey could be:
- A claimant makes a new claim online for Universal Credit. They have a health condition, and could be in or out of work.
- The claimant receives Universal Credit standard allowance, plus any relevant additions dependent on household circumstances
- They undergo an assessment for financial support
- Claimants assessed as being too ill or disabled to work or undertake work-related activities will receive additional financial support in addition to the Universal Credit Standard Allowance (plus any relevant additions).
- Re-assessments will be undertaken where appropriate to assess continuing entitlement to the disability element of Universal Credit. This process excludes those with the most severe, lifelong conditions.

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Services and information

Benefits

Births, deaths, marriages and care

Business and self-employed

Childcare and parenting

Citizenship and living in the UK

Crime, justice and the law

Disabled people

Driving and transport

Education and learning

Employing people

Environment and countryside

Housing and local services

Money and tax

Passports, travel and living abroad

Visas and immigration

Working, jobs and pensions

Departments and policy

How government works

Departments

Worldwide

Policies

Publications

Announcements

Making lives better – Booklet 1

The work, health and disability green paper

What we want to do

Tell us what you think

October 2016

Easy Read

Department of Health

Department for Work & Pensions

Important

This is one of 4 booklets about the work, health and disability green paper. This is booklet 1. There are 3 other booklets that we would like you to read.

- Helping people into work and support for people with health conditions.
- Helping employers get new workers and healthy workplaces.
- Health and high quality care for everyone.

Each of these 4 booklets will have some questions that we would like you to answer.

Green writing

In this easy-read booklet we sometimes explain what words mean.

The first time we mention any of these words, it is in **bold green** writing. Then we write what the words mean in a blue box. If any of the words are used later in the booklet, we show them in normal green writing.

These words and what they mean are also in a word list at the back of the booklet.

Contents

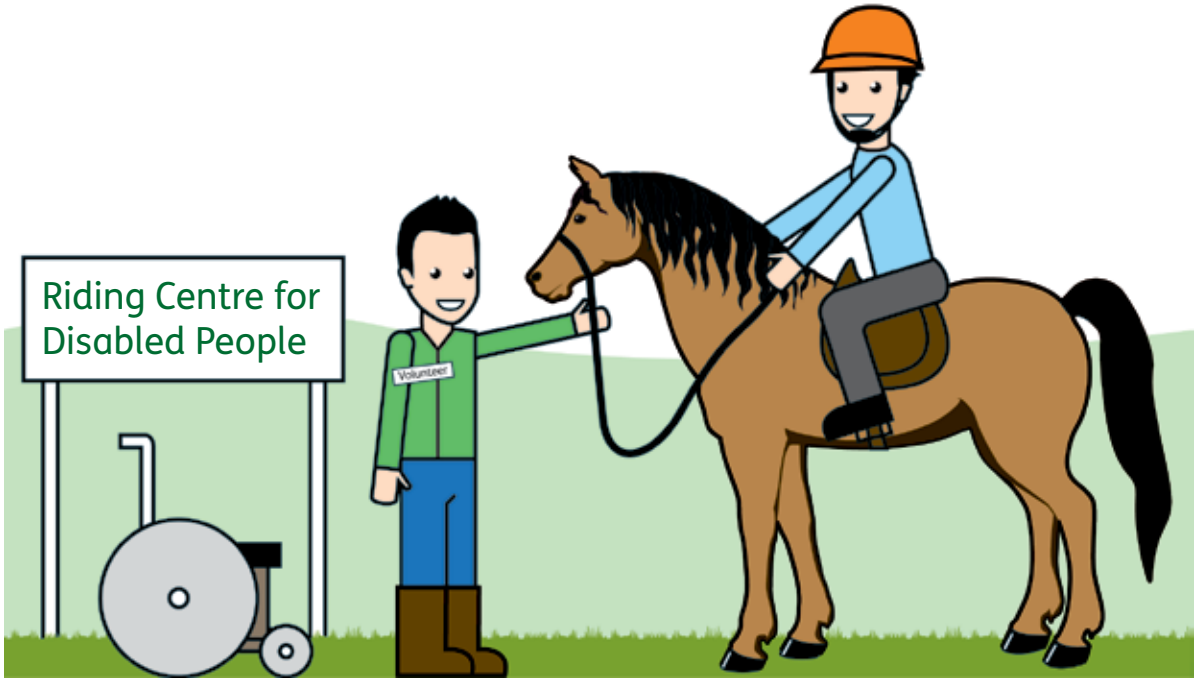
What the Minister says

This government wants a country that works for everyone.

Whoever you are and wherever you are from you should be able to get the right healthcare and the right help and support so you can do the best you can.

The things a person can do well and their hopes should be taken into account.

A disability or a health condition should not stop a person from doing the things they want to in life, or in the workplace.



Our health systems and **welfare systems** do not always help people to do the best they can.

Welfare system

This is a government system that gives benefits to people when they are out of work or working with low pay.

Too many people stop work when they get ill or when they have a condition that is getting worse. They then find it very hard to go back to work.

When a person is not working these things happen.

- The person's health and **wellbeing** can get worse.

Wellbeing

Wellbeing is when a person feels comfortable, healthy or happy.

- Employers miss out on the person's skills.
- Health services have more costs.

Employer / Employers

These are people you work for if you have a job.

This has to change. We know that the right type of work has a good effect on people's health.

Good health and the right support helps people in the workplace.

Our welfare and health systems needs to take this into account.

- We need to give the chance to get a job to everyone who can work.
- We need to give help and support to everyone who could work.
- We need to give care to anyone who cannot work.

This country is very good at disability **rights**.

Rights

Rights are things everyone should get. Some examples are the right to life and the right to be treated fairly and with respect.

The **National Health Service** is very good at helping people with poor health.

But millions of people are not given the chance to do the best they can with their life.

It is now time for us to change this.

National Health Service or NHS

The National Health Service gives healthcare services to everyone who lives in this country. This is also called the NHS.

We hope we can change this. We will need new ideas and we will need to make changes to the way our systems work.

We must change the way people act and speak so that everyone is treated fairly and in the same way. We will need to make these changes in the welfare system, in the health system and in **society**.

Society

Society means all the people and all parts of life in this country. Being part of society can mean being accepted and having your views listened to. It can mean being able to live where you want, vote for a government, or join a group. When people are accepted by others this makes a good society.

This is why we are having this **consultation.**

Consultation

This is when the government asks people what they think about its plans. They also ask people for their ideas about the best way of doing things.

We want to make it easier for disabled people and people with a health condition to get a job. We want to know what we need to do to make this happen.

We want to make changes. But we cannot do it alone. Please join in with us. Together we can make things better.

What this booklet is about

We know that only 48 out of every 100 disabled people are in paid work. But 80 out of every 100 non-disabled people are in paid work. The gap between 48 and 80 is too big. We want to cut this gap in half.

There are nearly 4 million disabled people who are not working.

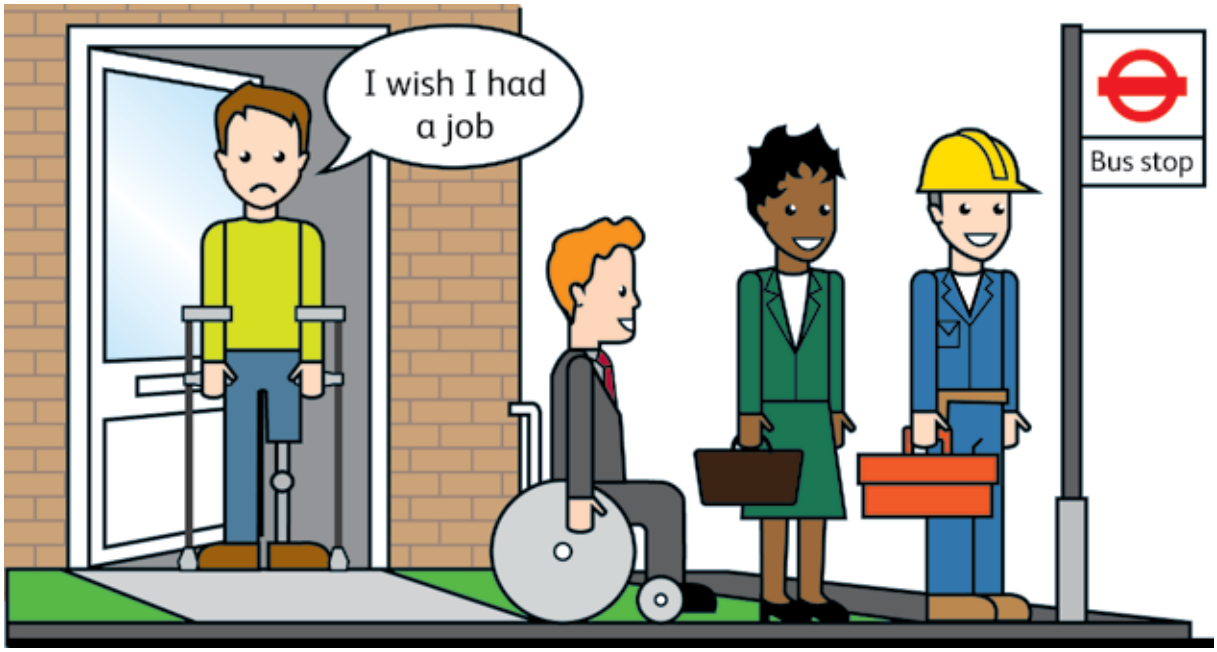
This is wrong. We need a lot of things to change.

We know that many people with long-term health conditions do not see themselves as disabled.

We know that health is important for everyone.

We want to help everyone to have better health, be independent and to feel happy. This is more likely to happen when people have a job.

The longer a person does not have a job, the more likely it is that their health will suffer.



Having the right type of job is good for a person's health. Having a job can also make people feel better about themselves. And it can teach people how to get on with other people.

A lot of disabled people and people with health conditions already have a job. Many more people want to work and feel better because they are working.

We want to know how to make the health and welfare systems better so we can get more disabled people and people with health conditions into work.

We want to know how employers can do more to help disabled people and people with health conditions get into work and keep jobs.

We want to make sure that people get help with money in a simple way that is easy to understand. And we want to find ways to make the health and welfare system's assessment process better.

We are having this consultation to do these things.

What we want to do

There are more people in work now than there have ever been.

It is not fair that there are nearly 4 million disabled people out of work. We want to help get many more disabled people into work.

By having all these people out of work, it is a waste of their talent and their ability to do the best they can. The country cannot afford this.

We need to understand why disabled people may not be able to get a job, or keep a job. We also need to understand the wide range of conditions disabled people have to deal with.

The area people live in can affect their health and also their chances of getting a job. There can also be **barriers** to getting a job, like finding it hard to use transport, and finding it hard to get in, or move around, buildings.

Barriers

These are things that stop disabled people living like other people. For example, the ways other people think and act towards disabled people.

People who have certain health conditions can be worse off than other people. For example, only 32 out of every 100 disabled people with mental health conditions have a job.

Many health conditions get better or worse over time. But once someone is out of work because of a health condition and claims **Employment and Support Allowance**, their chance of finding another job is low.

Employment and Support Allowance

This is a benefit for disabled people and people who have a health condition. Employment and Support Allowance is being replaced by Universal Credit.

We know that some people will not be able to work and will need help with money, like Employment and Support Allowance.

But some people who start to claim benefits like Employment and Support Allowance will be affected by not working. This can make their health problems worse.

This is a problem that cannot be fixed quickly or easily. We need to make a system in which helping people is the main target. The new system must give everyone the chance to do the best they can.

What the government's green paper says

This green paper looks at how employers, the welfare system and health services can work together to keep people healthy and in work.

Disabled people and people with long-term health conditions can work with employers to make changes in their workplace.

These changes could be that disabled people and people with long-term health conditions play a bigger part in talks about how well their employer is doing. Employers could also arrange for help and support to be given to workers when it is needed.

Ill-health at home

Support at work

Employers can give their workers the power to manage their own health conditions. This will help disabled people and people with long-term health conditions do the best they can.

We want to work with lots of people to make changes. We want to work with the **voluntary sector** as they are experts in helping and supporting disabled people and people with long-term health conditions.

Voluntary sector

These are groups outside government that do not make money out of their work. Examples are community groups, voluntary groups, charities, co-operatives and housing associations.

We also want to support carers as they have a big part in helping and supporting disabled people and people with long-term health conditions.

We will work with the governments of Scotland, Wales and Northern Ireland and also local councils. This will make the support that people get better.

Making sure our changes last for a long time

Making these changes will take a long time. We want to work with others to see which things we should look at.

We have £115 million which we will use to try new and better ways of supporting people with work and health needs.

We want to make sure that we make the right changes and that the changes last for a long time.

What we want to do

We want to do these things.

- Help and support more people into work.

- Make **assessments** for benefits for people with health conditions better.

Assessment

This is a method the Department for Work and Pensions use to work out if a person can get benefits.

- Help and support employers so they are happy to employ more disabled people and people with health conditions. And we want to support employers to help disabled people and people with health conditions to stay in work.

- Make sure everyone gets health care and high quality care. This will help people get into and keep work.

At the end of this booklet we will explain how we can all play a part in making the changes we talk about. We will also tell you how you can answer the questions in this consultation.

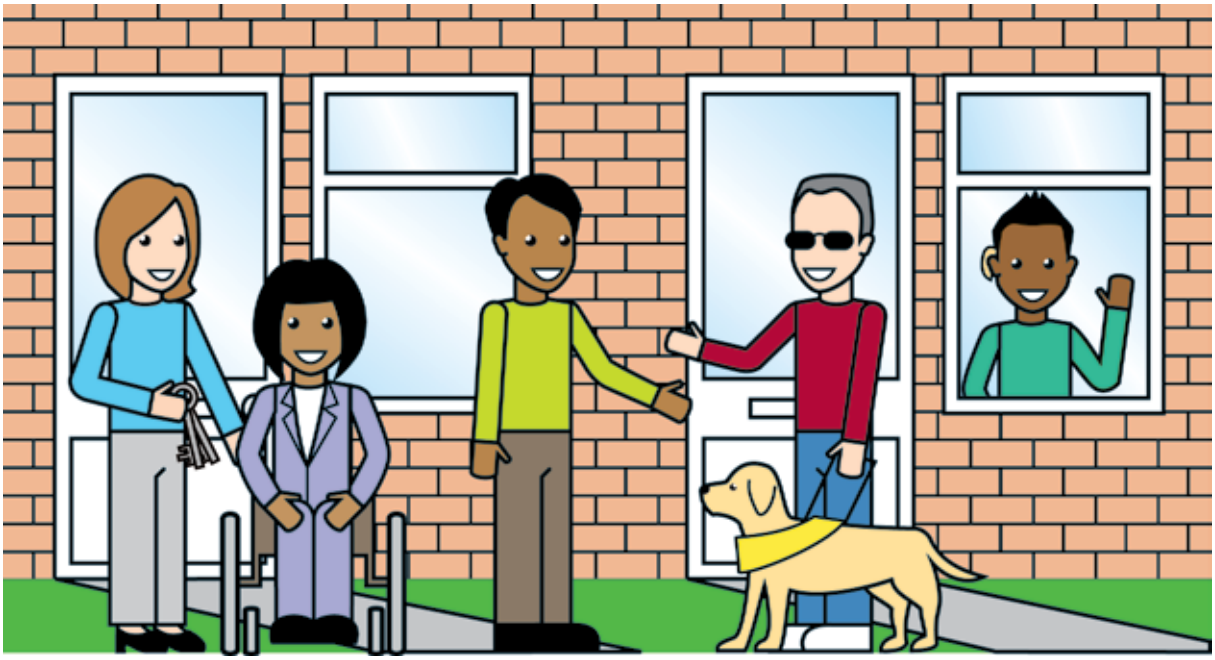
Taking action together

Getting many more of the 4 million disabled people who are out of work into work is a big challenge.

We will make changes quickly. But only when we are happy that it will help.

We need other people, groups and organisations to work with us. We want to do these things.

- Change the way people think and act towards disabled people.
- Talk to a wide range of people, groups and organisations who are interested in disability.
- Set up a 10-year programme of work to make the changes.



Changing the way people think and act towards disabled people

We want the way people think and act towards disabled people to change.

We want a society where disabled people and people with long-term health conditions are always helped and supported into work.

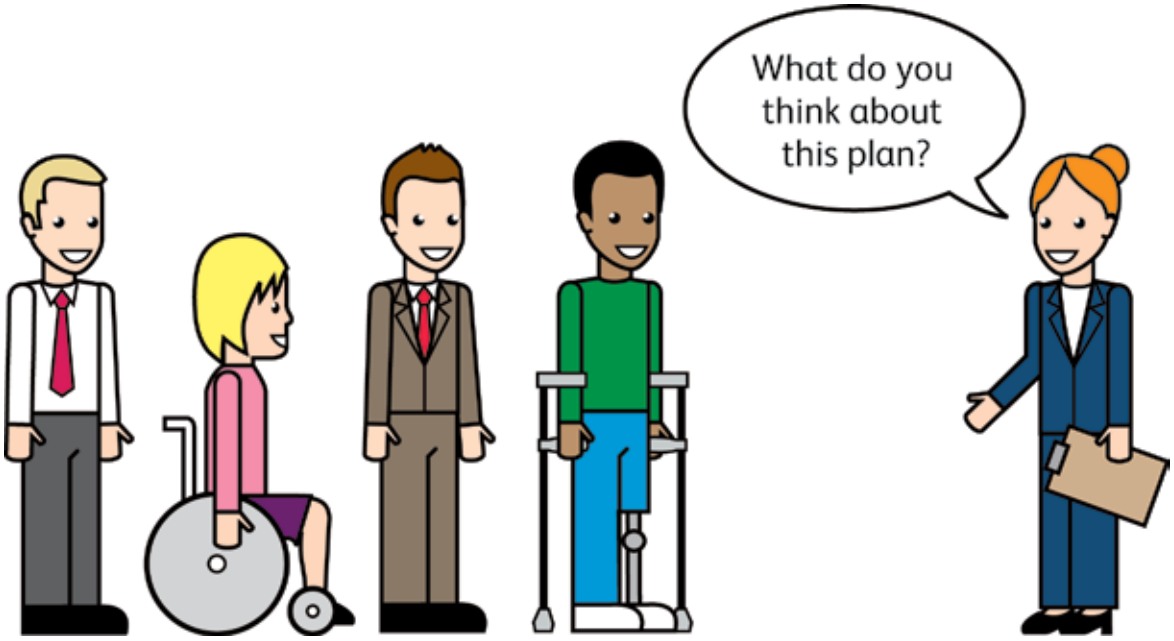
We want other people, groups and organisations to join us and understand the way work, health and disability are linked.

Whatever support a person gets, they must always be met and treated in the right way.

Making a 10-year plan

We want to help many more disabled people and people with long-term health conditions who do not have a job get into work.

We know that this will be hard to do and that it will take time. But it is important that we do this because we want a country that works for everyone.



And finally, thank you

Thank you for taking the time to look at these booklets and taking part in the consultation.

About this consultation

There are a lot of questions in these 4 booklets.

We want people to answer the questions so that we can bring together all the answers we get.

Some of the questions are in a different order to the green paper on our website. We have put the questions you might want to answer first.

We will then be talking to lots of people, groups and organisations to work out how to make changes and what we need to do.

Different people will need or want to answer the questions in different ways. We have made ways for them to do this.

- We will have face-to-face talks that are run by charities and employers to talk about the ideas in this booklet.

- If you can, we would like you to give us your answers online using the Internet.
  Go to https://consultations.dh.gov.uk/workandhealth/consult/

- You can also send an email to
  workandhealth@dwp.gsi.gov.uk

- Or you can send a letter to this address.

  The Work, Health and Disability Consultation,
  Ground Floor, Caxton House,
  6-12 Tothill Street,
  London,
  SW1H 9NA

We will be happy to get your suggestions, personal experiences and ideas.

This consultation will end on Friday 17 February 2017.
Anyone can send us their answers.

The questions

Please answer as many questions as you can. You do not have to answer every question.

If you cannot answer a question do not worry. Just move on to the next question that you can answer.

Question 1

How can we change the way people think and act so that the change lasts for a long time?

Question 2

What should the government do to change the way people think and act towards disabled people and people with a health condition?

Question 3

Do you think that any of the ideas in this green paper could have a bad effect on disabled people and people with health conditions?

Question 4

This is a question for people who provide help for disabled people.

What new types of help and support are you giving to help the health and employment of people in your area?

Could these ideas be used on a bigger scale?

Where did you get your information from when you decided to put money into making new types of help and support?

Question 5

What have you found out in your local area about giving help and support to disabled people or those people with long-term health conditions?

Question 6

How should we make, build and tell people about the information we have for giving help and support to disabled people and people with long-term health conditions?

What is the best way to use this information to get the result we want from other groups and organisations?

What happens next?

When the consultation has finished we will look at all the replies.

Before we decide what to do we will think about how any changes will affect people.

Word list

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Employer / Employers

These are people you work for if you have a job. 5

Employment and Support Allowance

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National Health Service or NHS

The National Health Service gives healthcare services to everyone who lives in this country. This is also called the NHS. 6

Rights

Rights are things everyone should get. Some examples are the right to life and the right to be treated fairly and with respect 6

Society

Society means all the people and all parts of life in this country. Being part of society can mean being accepted and having your views listened to. It can mean being able to live where you want, vote for a government, or join a group. When people are accepted by others this makes a good society 7

Voluntary sector

These are groups outside government that do not make money out of their work. Examples are community groups, voluntary groups, charities, co-operatives and housing associations 13

Welfare system

This is a government system that gives benefits to people when they are out of work or working with low pay 4

Wellbeing

Wellbeing is when a person feels comfortable, healthy or happy 5

If you need more of these easy-read reports, please contact us. Our address is shown below. Easy-read reports are free.

If you want to look at the full report written in English, you can see it on our website at www.gov.uk/government/consultations-on-the-pip-assessment-moving-around-activity

A copy of this easy-read report is also on this website.

Copies of the full report can be made available in other formats on request. Our contact details are shown below.

The Work, Health and Disability Consultation,
Ground Floor,
Caxton House,
6-12 Tothill Street,
London,
SW1H 9NA

Email: workandhealth@dwp.gsi.gov.uk

Please contact us if you have any other problems getting the report.

ISBN: 978-1-78425-874-0

Published by the Department for Work and Pensions

October 2016

Making lives better – Booklet 2

The work, health and disability green paper

Helping people into work and supporting people with health conditions

Tell us what you think

October 2016

Easy Read

Department of Health

Department for Work & Pensions

Important

This is one of 4 booklets about the work, health and disability green paper. This is booklet 2. There are 3 other booklets that we would like you to read.

- What we want to do
- Helping employers get new workers and healthy workplaces.
- Health and high quality care for everyone.

Each of these 4 booklets will have some questions that we would like you to answer.

Green writing

In this easy-read booklet we sometimes explain what words mean.

The first time we mention any of these words, it is in **bold green** writing. Then we write what the words mean in a blue box. If any of the words are used later in the booklet, we show them in normal green writing.

These words and what they mean are also in a Word list at the back of the booklet.

Contents

Helping people into work

We want everyone to have the chance to work. If people want to work we should help them do so.

Universal Credit has already started to make some things better by putting people first and giving support that is targeted at each person.

Universal Credit

Universal Credit helps people who do not have a job or people who are working with low pay.

A new Personal Support Package

We are starting a new Personal Support Package. This will allow **work coaches** to give people a new type of work support that is made just for them and will meet their needs.

Work coaches

Work coaches help people to look for a job. They work in Jobcentre Plus.

Helping work coaches get better

It is very important that a work coach gets on well with the person they are helping.

From 2017 we are making better training courses for work coaches. Work coaches will be better able to support people with mental health conditions. They will also be more confident when they need to talk to **employers** about mental health.

Employer / Employers

These are people you work for if you have a job.

We are going to get 300 more **Disability Employment Advisers** for Jobcentres. They will help work coaches with health issues.

Disability Employment Advisers

These are people who give advice to work coaches about health conditions.

We will also get about 200 people called Community Partners, from other groups and organisations, especially from the voluntary sector, to help our work coaches.

Voluntary sector

These are groups outside government that do not make money out of their work. Examples are community groups, voluntary groups, charities, co-operatives and housing associations.

These people can tell us about the **barriers** disabled people come across when they want to find and stay in work.

Barriers

These are things that stop disabled people living like other people. For example, the ways other people think and act towards disabled people.

We will increase the number of Journey to Employment job clubs to 71. These job clubs are run by disabled people. They give support to groups of people.

We are going to try having a work coach, a healthcare professional like a doctor or a nurse, and a person who has been put in the **Work Related Activity Group** of Employment and Support Allowance working together.

Work Related Activity Group

This is the group of people who may be able to work in the future. They will get help to get ready for work.

We want to see if this will help work coaches get the right help and support for people. If it does work we will try this in other places.

Employment and Support Allowance

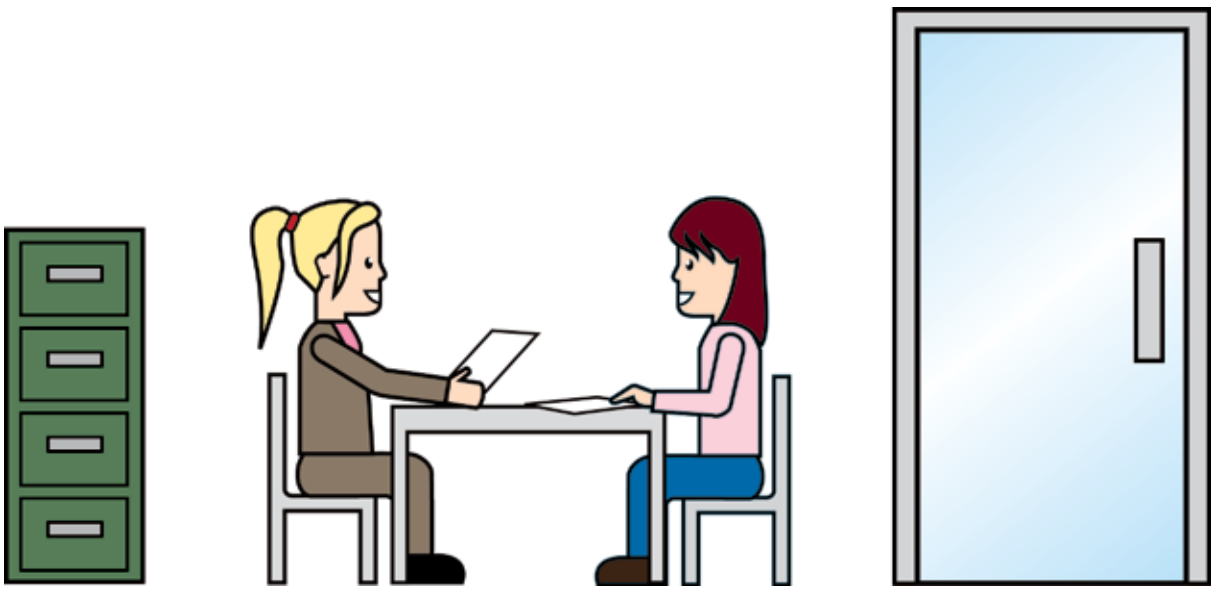
We have set up a new **Health and Work Conversation** that will be done soon after a person claims **Employment and Support Allowance**.

Employment and Support Allowance

This is a benefit for disabled people and people who have a health condition. Employment and Support Allowance is being replaced by Universal Credit.

Health and Work Conversation

This is when a work coach and a person talk about what the person can do to move closer to work at the same time as looking after their health condition.



Disabled people and people with a health condition may have to take part in the Health and Work Conversation. But whatever they agree to will be voluntary. Any agreement will be written in a new **Claimant Commitment**.

Claimant Commitment

This sets out what you have agreed to do to prepare for and look for work, or to increase your earnings if you are already working.

Employment support for disabled people and people with health conditions

People with health conditions will be able to get a wide range of employment support.

- The new Work and Health Programme. This will help disabled people get past barriers to work. It is aimed at people who, with help, are likely to find a job within 12 months.
- Disabled people will be able to take part in this programme at any time.
- People can get advice, guidance, training, work placements and work experience from the **Specialist Employability Support programme**. This programme will continue until 2018.

Specialist Employability Support programme

This programme helps disabled people to find a job. Once they are working, the disabled people are given help and support so they can do the best they can.

- Disabled people and people with health conditions who want to start their own business can get help from the **New Enterprise Allowance scheme**.

New Enterprise Allowance scheme

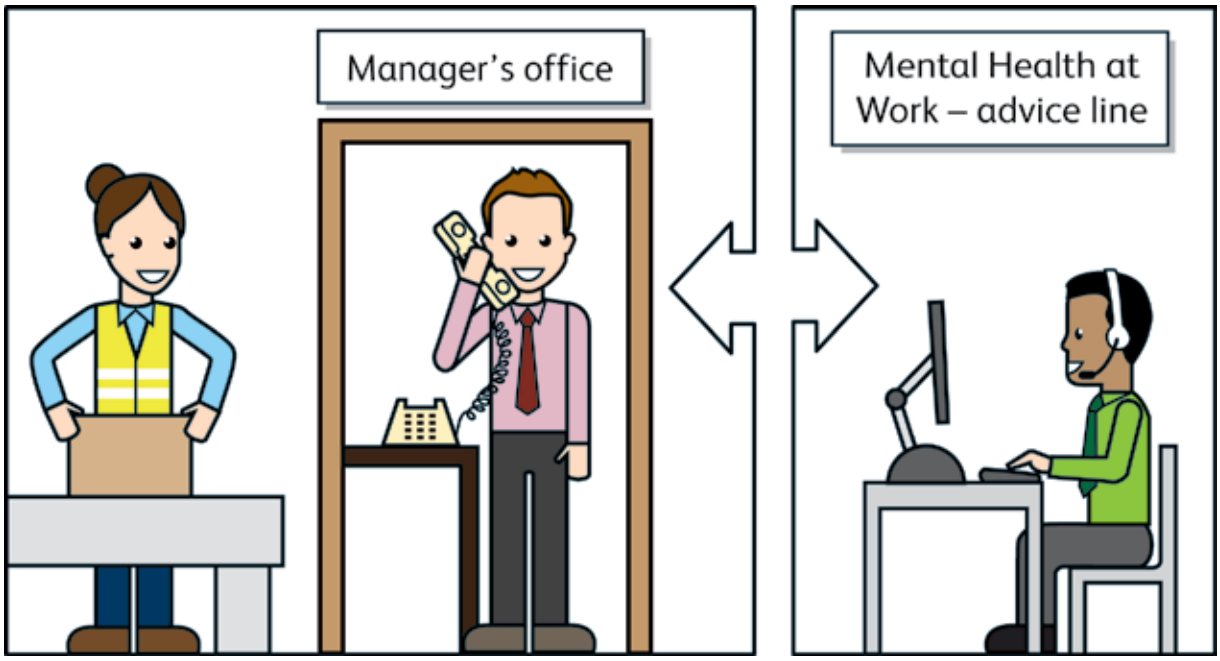
This can give people, including disabled people and people with health conditions, money and support to help them set up their own business.

We will keep working with local councils to test supported employment for people with a learning disability or autism who are known to adult social care or are in touch with specialist mental health services.

Supporting people with mental health conditions

We are testing new ways to give specialist support to people with mental health conditions.

This will help us to make the support that we give people with mental health conditions better.



Supporting young people

Not enough young disabled people or young people with health conditions get a job after they finish at school, college or university.

We want to give these young people better help and support. We will do this by doing these things.

- We will look at and test a supported work experience programme for people who can only do a few types of work.
- We will make it easier for young people with a learning disability to get apprenticeships.
- We want all young people with an Education Health and Care Plan to be able to study with an employer to learn the skills they will need at work. This is called a supported internship.

Making it easier to get employment support

We want employment support services to be made for each person.

We know that someone may not be interested in employment support at the moment, but they may be interested in the future.

We will learn how to work with people in the **Support Group**. We will also test different ways of giving people employment and health support.

Support Group

This is a group of people who are not expected to work, but can get help to find work if they want it.

At the moment people in the Support Group do not need to stay in touch with the Jobcentre. We are thinking about getting work coaches to talk to these people once a year.

Assessments for benefits for people with health conditions

We want people to be able to get the help they need. This includes help with money, in a simple, straightforward way, especially if they have a severe disability or health condition.

We want to make sure that people can get support with work and support with money.

The **Work Capability Assessment** for **Employment and Support Allowance** and Universal Credit does not lead to the kind of employment and health support service that we would like.

Work Capability Assessment

This is when people talk to a health expert about their health conditions and how it affects them. It decides if they should look for work or if they should get the Employment and Support Allowance.

We would like employment and health support services that are made for each person.

The **assessment** that people get at the moment puts people into set groups. More than 1.5 million people are put into the Support Group where they get no support to find a job. Often they do not speak to a work coach at all.

Assessment

This is a method the Department for Work and Pensions use to work out if a person can get benefits.

These people should still get extra help with money. But they should not all be treated in the same way as they have a wide range of health conditions and needs.

Changing the assessment process

We need to decide if the Work Capability Assessment is the right way to choose what help and support to find work someone gets.

This is important if we are going to make sure that people can get support made just for them at the same time as any help and support with money that they need.

We could just use assessments to decide if a person should get extra help and support with money. Decisions about help and support to find work could be made separately.

Work coaches could decide what help and support with work a person can get. They could target this help and support to each person.

This would mean that people get support that is made just for them and that is based on their needs. This would be separate from the assessment that decides their money.

Making the information we use to assess help and support for money better

It is important that services that give support with money to people in need work well with each other. Also, we must use the information we have so that people get the best service possible.

If a person leaves work because of a health condition or disability, they may be using services run by the **National Health Service** and other support like adult social care.

National Health Service or NHS

The National Health Service gives healthcare services to everyone who lives in this country. This is also called the NHS.

They may also claim other benefits like Employment and Support Allowance, Universal Credit, **Disability Living Allowance** or **Personal Independence Payment**.

Disability Living Allowance

This is money that someone with a disability or a health condition may be able to get to help them pay for the help and support they need.

Personal Independence Payment

This is a new benefit to help disabled people aged 16 to 64 live full, active and independent lives. Disabled people who can get the benefit will get money to help them pay the extra costs of being disabled.

These benefits have different assessment processes. This means people often have to give the same information to claim the benefits. Sometimes this has to be done, but we need to look at sharing information across the benefit processes.

This will make it easier for people who have to give the same details over and over again.

A starting point for sharing information could be between Employment and Support Allowance, Universal Credit and Personal Independence Payment, as long as the information is up to date.

This would mean that once someone has given information about their health condition to one part of the welfare system the same information can be used if they make a claim for a different benefit.

We will also look to see if the assessment process could use information that is already held by the National Health Service or local councils.

People with the most severe lifelong conditions

Some people have severe lifelong health conditions and disabilities that will never get better. These people need a lot of care.

We have decided that from next year if people claim Employment and Support Allowance and have a severe condition they will not need to have any more assessments after their first Work Capability Assessment.

We want to know if there should be a simpler way for people with severe health conditions and disabilities to ask for help and have an assessment.

We could use information that is already held by the National Health Service to help us make a decision.

The questions

Please answer as many questions as you can. You do not have to answer every question.

If you cannot answer a question do not worry. Just move on to the next question that you can answer.

Question 1

How can we make sure that Jobcentres give people the right help and support at the right time?

Question 2

What special equipment or support should we give to work coaches to help them do their job?

Question 3

What support do people who have a job need to help them to earn more money?

Question 4

What is the right type of support for people with mental health conditions who have a job?

Question 5

Should we give help and support for health and to find jobs to people in the Support Group?

Question6

What type of help and support would be best?

Who should give this help and support?

Question 7

How could the voluntary sector and groups who work with the voluntary sector help people in the Support Group?

Question 8

What is the best way of keeping in touch with people in the Support Group to make sure everyone who needs help gets it?

Question 9

Should support to do with money and support to do with work be decided separately?

Question 10

How do we make sure that support to find work is based on each person's needs and made just for them?

Question 11

What other things can we do to make the way we work out support to do with money better?

Question 12

How could we share information and evidence between assessments and services to help decision makers?

What good things would this bring?

What problems would this bring?

Question 13

What more can we do to make the process for getting support to do with money better for people with severe health conditions and disabilities?

Question 14

The Department for Work and Pensions uses evidence from Service Medical Boards if it can. This means that a severely disabled person does not have to have extra examinations to claim Employment and Support Allowance. Is there a way that the Department for Work and Pensions could use the evidence from Service Medical Board and other groups and organisations in a different way?

For example, the Service Medical Boards and other groups and organisations may have assessed servicemen and women.

Is there a way which would allow awards of benefit to be made without the servicemen and women needing to send in the same information or have a face to face assessment?

Question 15

If you are an employer who thought about giving a supported internship but have not done so, please tell us what the barriers were that stopped you.

If you are still interested in giving a supported internship, please let us have your contact details. We can help to match you to a local school or college.

What happens next?

When the consultation has finished we will look at all the replies.

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Word list

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These are people who give advice to work coaches about health conditions 5

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Universal Credit

Universal Credit helps people who do not have a job or people who are working with low pay 4

Voluntary sector

These are groups outside government that do not make money out of their work. Examples are community groups, voluntary groups, charities, co-operatives and housing associations 6

Work Capability Assessment

This is when people talk to a health expert about their health conditions and how it affects them. It decides if they should look for work or if they should get the Employment and Support Allowance. 12

Work coaches

Work coaches help people to look for a job. They work in Jobcentre Plus 4

Work Related Activity Group

This is the group of people who may be able to work in the future. They will get help to get ready for work 6

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October 2016

Making lives better – Booklet 3

The work, health and disability green paper

Helping employers get new workers and healthy workplaces

Tell us what you think

October 2016

Easy Read

Department of Health

Department for Work & Pensions

Important

This is one of 4 booklets about the work, health and disability green paper. This is booklet 3. There are 3 other booklets that we would like you to read.

- What we want to do
- Helping people into work and support for people with health conditions.
- Health and high quality care for everyone.

Each of these 4 booklets will have some questions that we would like you to answer.

Green writing

In this easy-read booklet we sometimes explain what words mean.

The first time we mention any of these words, it is in **bold green** writing. Then we write what the words mean in a blue box. If any of the words are used later in the booklet, we show them in normal green writing.

These words and what they mean are also in a Word list at the back of the booklet.

Contents

Helping employers get new workers and healthy workplaces

We want a future where being disabled or having a health condition does not stop anyone doing well in their job.

We know there are employers who give jobs to the best people, whether they are disabled or have a health condition or not. They also help their workers stay healthy at work. This helps employers get the most from their workers.

We want more **employers** like this. Having disabled people and people with health conditions working for them will help their business.

We would like to hear what you think about this and how to do it.

Employer / Employers

These are people you work for if you have a job.

How we want employers to act

The **public sector** is a big employer. We want the public sector to take part in the changes.

Public sector

These are groups that provide services and are run by the government. This includes most schools, most hospitals and local councils.

We will make sure the public sector check the way they run their businesses, help disabled people and people with health conditions get a job and stay in the job. We will take action if we find any issues.

We want all public sector employers to join the **Disability Confident employer scheme** over the next 12 months.

Disability Confident employer scheme

This campaign helps employers understand how they can do more for disabled people and people with health conditions.

We will see if we can get **employers** who get public funding to do more to help and support more disabled people and people with health conditions into work.

Getting people to talk about their disability or health condition

Employers can help people start or stay in work if they know about a disability or a health condition.

A lot of health conditions are hidden and a person may not want to tell their employer about it.

Also, employers may not be comfortable talking about a person's health condition or disability.

But if an employer is told about a person's disability or health condition they can work with the person to help them do the best they can in their job.

It also means that employers can make changes to the workplace to make it easier for the person to manage their disability or health condition.

We want to have workplaces where workers feel happy telling their employer about any disability or health condition.

We also want to see employers using that information to make the health of their workers better.

Helping employers

Some employers may not do anything about health and **wellbeing** because they do not know enough about it, or they do not have anyone to help them.

Wellbeing

Wellbeing is when a person feels comfortable, healthy or happy.

There is a lot of information that employers can get to help them.

We want to know how we can make it easier for employers to get that information.

We will look at having all of this information together in just one place.

We will run some campaigns for employers about work, health and disability so they know what to do to help more disabled people and people with health conditions.

Helping people do well at work

We don't just want more disabled people and people with health conditions to get into work. We also want to help more people do as well as they can at work.

We will get employers to talk to each other so they can swap ideas and share their best ways of working. We may also include charities and workers in these groups.

We will set up a Disability Confident Business Leaders Group to talk about helping disabled workers do well. We will start with the top 250 companies.

Finally, we want to help employers understand why they should put money into workplace health and wellbeing.

Getting employers to try new things

We want to know if an **incentive** would get employers to make new jobs or try something new to support more disabled people and people with health conditions in work.

Incentive

An incentive gives someone a reason to do something. The incentive can be money or some other kind of reward.

Some incentive schemes have already been set up. We want to know what you think about incentives and what type of scheme you think we should use in the future.

The questions are at the end of this booklet.

Moving into work

When employers are looking for new workers, they can make sure their process includes disabled people and people with health conditions.

We have lots of schemes to help and support people into work, including **Access to Work**.

Access to Work

Access to Work can help pay for a support worker, or the extra costs a disabled person might have in travelling to and from work. It can also help pay for things like special computers a disabled person might need to help them do their job.

Staying in a job or going back to work

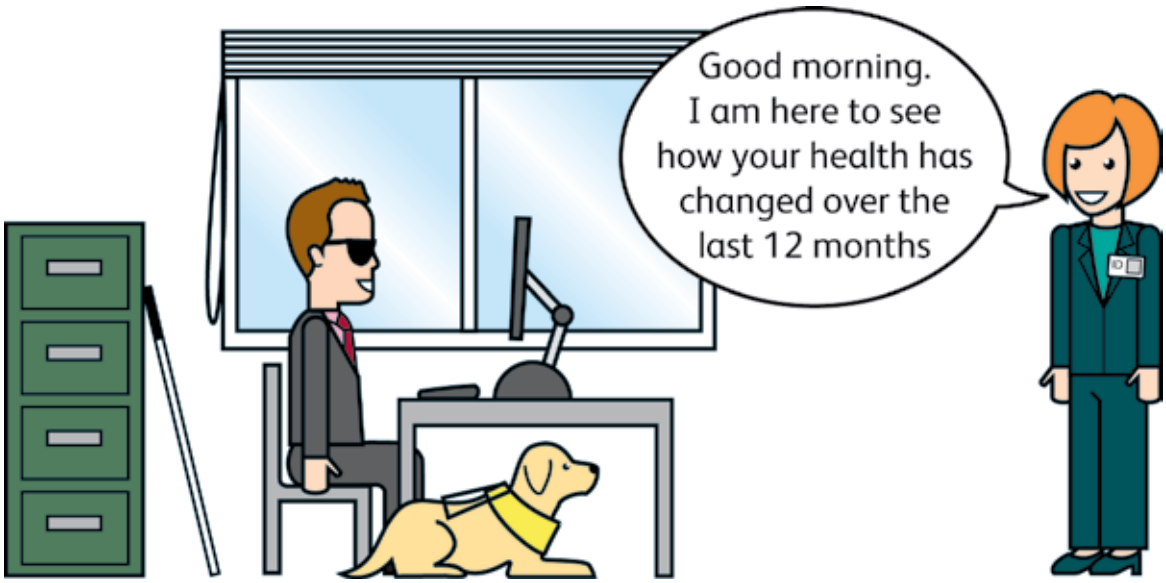
When a person becomes ill or their health condition or disability gets worse, they need help and support from their employer.

The help and support an employer gives to people can be the difference between the person staying in work or having to leave their job because they cannot cope.

Occupational health services can help employers to look after their workers health and wellbeing. They can also help workers look after a health condition or disability while they are working.

Occupational health services

These are teams of people that keep workers well at work. They will help to keep workers healthy and safe while dealing with any risks in the workplace that may make people ill.



But occupational health services are not offered to people as often as they should be.

We want to know how we can get more employers to offer occupational health services to their workers.

Time off work because of sickness and Statutory Sick Pay

If people are allowed to change to **flexible working** it can help them look after or recover from a health condition and go back to work.

Flexible working

This is when people can make changes to the way they work. For example, they can start work and finish work at different times during the week, they can share a job with another person or they can sometimes work from home.

We know that it can help people to come back to work if employers keep in touch with workers who are off work sick.

But **Statutory Sick Pay** and fit notes from the doctor can also stop employers talking to workers who are off work sick. This is because the employer thinks that the person can be off work until the Statutory Sick Pay or the fit note runs out.

Statutory Sick Pay

This is a payment that is paid to a person who earns more than £112 a week and is off work sick for 4 days or more. The employer pays Statutory Sick Pay. It lasts for up to 28 weeks.

Statutory Sick Pay and fit notes should not stop an employer from talking to a worker about going back to their job.

We want to change the Statutory Sick Pay system to support employers talking to workers who are off work sick.

We also want to change Statutory Sick Pay to help employers give workers who have been off work sick the chance to slowly go back to full-time work.

Statutory Sick Pay is only paid if someone is not working at all. One thing we could do is to encourage employers to top up the wages of workers to the amount of Statutory Sick Pay if the worker goes back to work on fewer hours.

This would mean that the worker would get the same amount of pay even though they were slowly going back to full-time work.

Getting employers to take out income protection insurance

Employers can take out insurance to help them deal with the risks and the effect of sickness. This insurance is called group income protection insurance.

The insurance usually includes activities to stop sickness, give help and support for workers and employers, and an amount of money, after an agreed period of time, when a worker cannot work.

We think this insurance should be used more to help employers look after their workers' health and wellbeing.

Most small and medium sized businesses do not take out the insurance. We would like to know why this is and how to change it.

The questions

Please answer as many questions as you can. You do not have to answer every question. Some of these questions are for employers.

If you cannot answer a question do not worry. Just move on to the next question that you can answer.

Question 1

What are the main **barriers** that stop employers giving jobs to and keeping the talents of disabled people and people with health conditions?

Barriers

These are things that stop disabled people living like other people. For example, the ways other people think and act towards disabled people.

Question 2

Should we expect employers to give jobs to disabled people and people with health conditions? How should we do this?

Question 3

Should we expect employers to keep disabled people and people with health conditions in work? How should we do this?

Question 3

What information should employers know about so they can look after the health needs of their workers?

Question 4

How can the government support getting employers, workers and charities to work together?

Question 5

How can the government make sure that disabled people and people with health conditions can do well in work and get top jobs?

Question 6

Can you think of anything else that would get more employers to give jobs to disabled people and people with health conditions and keep them in work?

Question 7

What can we do and what can we say to get employers to take action and understand that helping disabled people and people with health conditions can also help their business?

Question 8

Do you think it is a good idea for us to change the Statutory Sick Pay rules?

If you think it is a good idea, how should we change the rules?

A good change could be that if a worker goes back to work and slowly builds up to full-time work they would get paid a mix of Statutory Sick Pay and wages. This would carry on until they are back to full-time work.

Question 9

What good practices do employers use to do these things.

- Include disabled people and people with health conditions when they are looking for new workers?
- Look after the health and wellbeing of their workers?
- Stop ill health?
- Help and support workers who are off sick to go back to work?

These questions are for employers

Question 10

What things would help and support employers to give jobs to and keep in work disabled people and people with health conditions? Please think about these things.

- What barriers do employers come across when they use the support that is available to them at the moment?
- How could having information for employers all in one place help to overcome the barriers?
- What is the best way to use our campaigns about the best ways of working? What should the campaigns show?
- Have the incentives we have already given out had a good effect on employers? Have they got employers to make new jobs for disabled people?
- What kind of incentive do you think would affect the way employers act. Would it get employers to make new jobs for disabled people?

Question 11

Should different sized businesses and businesses in the **private sector**, the public sector and the voluntary sector be treated differently?

Private sector

These are businesses and groups that are run by people or groups and that make money out of their work.

Question 12

How can insurance businesses help in getting employers to give jobs to and keep in work disabled people and people with health conditions?

Question 13

What are the barriers employers will come across when they take out insurance for their workers?

What good things will employers come across when they take out insurance for their workers?

What happens next?

When the consultation has finished we will look at all the replies.

Before we decide what to do we will think about how any changes will affect people.

Word list

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An incentive gives someone a reason to do something. The incentive can be money or some other kind of reward. . . .9

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Making lives better – Booklet 4

The work, health and disability green paper

Health and high quality care for everyone

Tell us what you think

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Health and high quality care for everyone

We want people to get the right health and care support, in the right place, at the right time. This will let them get the most out of their job and keep them healthy.

We want this care and support to start with the person and to meet their health needs and help them to get work and stay in it.

We know that services do not always work well together. This can make people angry and they can miss out on support.

We want everyone to work together, to stay as healthy as possible and to stop ill health. This includes **patients**. We want patients to be able to look after their own care.

Patient

This is a person who can get or is getting medical treatment.

Giving people more control over their health

If someone is working and has health problems, their workplace can support them.

This means it is more likely that the person will stay in their job. This is good for both the person's money and their health.

Having better talks about fitness for work and fit notes

Doctors can work out if a person is fit to work.

Doctors can also see if there is any support that will let the person stay in work, like slowly going back to full-time work, or having **reasonable adjustments** made to the workplace.

Reasonable adjustments

This is when a change is made to a building, a work area or to the way something is done. The change makes it easier for a disabled person to do their job, or for a disabled customer to get better services.

The fit note was made to get doctors and their patients to talk about work and health.

The fit note can be important in helping a person look after their condition, stay in work or go back to work. It can also get a doctor to send the person to the **Fit for Work service**.

Fit for Work service

This service gives all kinds of advice and support. For example, health services and advice about money, housing and help to stay in work.

At the moment the fit note does not always do what it is supposed to do.

In a lot of cases the decisions that are made do not show that a person can work if they have the right support.

We want a system where people get these things.

- The support they need to understand their health condition.
- The treatment they need.

We also want employers to get information that can help them to support their workers

We want to help healthcare professionals to do these things.

- They have the right skills and know about health and work.
- They understand that work is important for health.
- They use fit notes well.
- They use the Fit for Work service.

We are going to look at how fit notes work. Then we will look at whether we should let more healthcare professionals, as well as doctors, issue fit notes to people.

Mental health and muscle and bone services

Too many people with common mental health conditions, like anxiety or depression, stop work.

And too many people with common muscle and bone conditions, like back pain or arthritis, stop work.

Too often people with common conditions cannot get the services to help them when they are needed.

Many of these people end up getting sickness benefits and never go back to work.

The **Improving Access to Psychological Therapies** programme helps more people use the services for common mental health conditions. We are going to make this programme bigger so that more people can use it.

Improving Access to Psychological Therapies programme

This programme helps people with mental health conditions get the right treatment.

We are going to look at new ways of using muscle and bone services, called musculoskeletal services.

We will link help and support for work more closely with treatment. We will also make it easier to send people to the service.

We will collect information about patients with muscle and bone problems more often.

Making work and health services for individual people

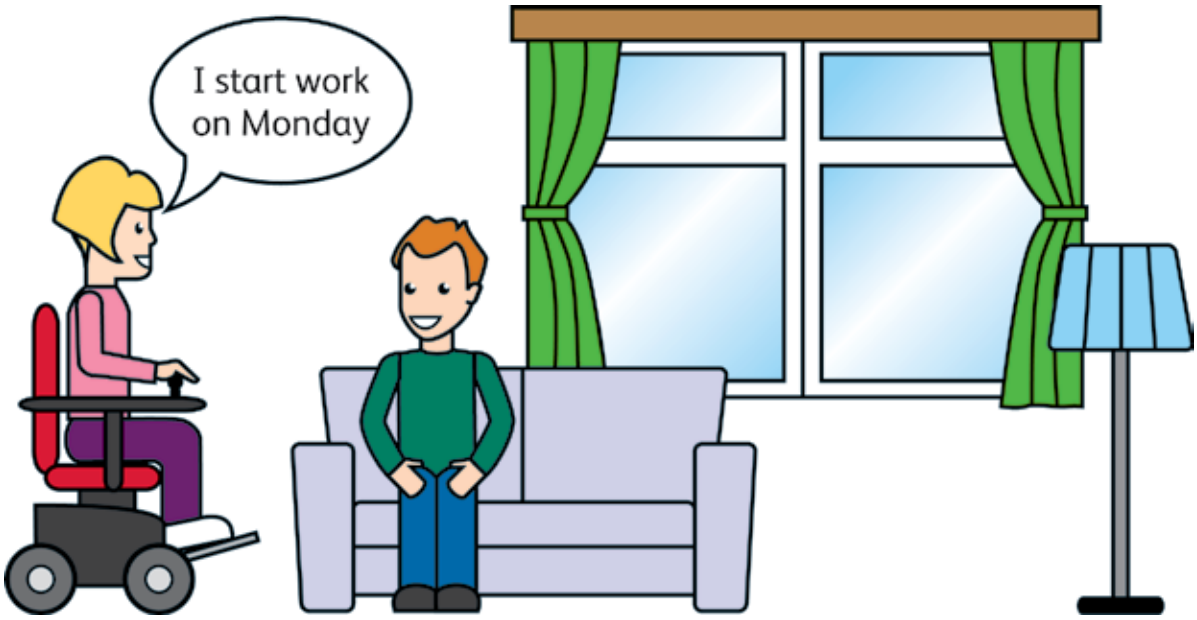
Occupational health services and **vocational rehabilitation services** keep people healthy and safe in work. They also manage risks in the workplace that may cause ill health.

Occupational health services

These are teams of people that keep workers well at work. They will help to keep workers healthy and safe while dealing with any risks in the workplace that may make people ill

Vocational rehabilitation services

Vocational rehabilitation lets people with both mental health conditions and physical conditions overcome the barriers to starting a job, staying in work or going back to work.



Barriers

These are things that stop disabled people living like other people. For example, the ways other people think and act towards disabled people.

At the moment these services do not work together and they are not easy to use. Also, these services are not made for each person taking account of their needs.

Only some **employers** give people occupational health support.

Employer / Employers

These are people you work for if you have a job.

Many health professionals do not know enough about occupational health.

We want occupational health services to meet the different needs of people. Whether they are off sick from work, out of work, or self-employed.

We want to make some changes to occupational health services.

We want everyone who can be sent to occupational health services to be sent, unless it would be against the law or it is not right to do so.

We will look at how we can get the occupational health services working with the health and social care systems.

Local health and employment support

We want health services and employment services to work together in local areas.

This could mean just one service giving people health and employment support. Or it could mean joining local services together.

Sharing information

Sharing information can help people stay healthy and in work.

We will work with others to collect information about whether people are in work or not.

We will find out how well local areas are helping people to stay healthy and in work.

We will also look at how we can bring together evidence about work and health in one place so people can use it when making new services.

Work is good for people's health

We know that work is good for people's health. We want to make sure that all health and care professionals are able to make this part of their everyday work.

We want to make sure that when health and care professionals are learning their job, they are taught that work is good for people's health.

Patients as partners

Patients and those people who use services should be partners in their care.

We can support this in different ways.

- We can give better information about using the employment and healthcare systems.
- We can give people the chance to send themselves to services.
- We can help people to understand how to look after their conditions better.

The questions

Please answer as many questions as you can. You do not have to answer every question. Some of these questions are for employers.

If you cannot answer a question do not worry. Just move on to the next question that you can answer.

Question 1

How can we make sure that when a person is talking to a healthcare professional they look at the work someone can do? Not what they can't do.

This is very important in the early stages of an illness or condition.

Question 2

Are doctors the best people to give information about work and health, decide if someone is fit for work and give out fit notes?

If no, which other healthcare professional should do this?

Question 3

What information should be on the fit note to help support the person to stay in work or go back to work?

Question 4

Does the fit note show all the information that is needed?

Does the fit note meet the needs of its users?

Question 5

How should the way that people with mental health conditions or muscle or bone conditions get services, treatment and support with work change?

We want their health and work needs to be met in the best way possible.

Question 6

How can we help people to easily find information about mental health and muscle and bone conditions?

Question 7

How can occupational health services be organised so that everyone can get them and they can be used for everyone?

Question 8

If you have used the Fit for Work service please tell us about this and say what you think about it.

Question 9

What would a system that sends people to occupational health services and gives them advice look like?

Question 10

We want to use groups of people from businesses, councils and government in the local area.

How can we get these groups to come up with new ideas to make health and the chances of getting a job better?

Question 11

How can we get health services to record whether a person is out of work, off work sick or has a job and is in work?

Question 12

What should we include when looking at the way jobs and health are working in local areas?

Question 13

How can we get people to share information about health and jobs?

Question 14

How should we bring together and share existing evidence so we can learn from it?

What happens next?

When the **consultation** has finished we will look at all the replies.

Consultation

This is when the government asks people what they think about its plans. They also ask people for their ideas about the best way of doing things

Before we decide what to do we will think about how any changes will affect people.

We will then write a report saying what replies we had and what we have decided to do.

Word list

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by the Secretary of State for Work and Pensions and
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This publication is available at https://consultations.dh.gov.uk/workandhealth/consult/

Any enquiries regarding this publication should be sent to us at workandhealth@dwp.gsi.gov.uk or The Work, Health and Disability consultation, Ground Floor, Caxton House, 6–12 Tothill Street, London, SW1H 9NA.

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Contents

Ministerial foreword

This government is determined to build a country that works for everyone. A disability or health condition should not dictate the path a person is able to take in life – or in the workplace. What should count is a person's talents and their determination and aspiration to succeed.

However, at the moment, for many people, a period of ill health, or a condition that gets worse, can cause huge difficulties. For those in work, but who are just managing, it can lead to them losing their job and then struggling to get back into work. Unable to support themselves and their family, and without the positive psychological and social support that comes from being in work, their wellbeing can decline and their health can worsen. The impact of this downward spiral is felt not just by each person affected and their families, but also by employers who lose valuable skills and health services that bear additional costs. There is a lack of practical support to help people stay connected to work and get back to work. This has to change.

We know that the right type of work is good for our physical and mental health and good health and support helps us in the workplace. We know that we must protect those with the most

needs in society. We need a health and welfare system that recognises that – one that offers work for all those who can, help for those who could and care for those who can't.

The UK has a strong track record on disability rights and the NHS provides unparalleled support to people with poor health. We have put mental and physical health on the same footing. We have seen hundreds of thousands more disabled people in work in recent years. However, despite that progress, we are not yet a country where all disabled people and people with health conditions are given the opportunity to reach their potential. That's why we are committed to halving the disability employment gap and share this commitment with many others in society.

We are bold in our ambition and we must also be bold in action. We must highlight, confront and challenge the attitudes, prejudices and misunderstandings that, after many years, have become engrained in many of the policies and minds of employers, within the welfare state, across the health service and in wider society. Change will come, not by tinkering at the margins, but through real, innovative action. This Green Paper marks the start of that action and a far–reaching national debate, asking: 'What will it take to transform the employment prospects of disabled people and people with long–term health conditions?'

This Government is committed to acting but we can't do it alone. Please get involved. Let's ensure everyone has the opportunity to go as far as their talents will take them – for a healthier, working nation.

Damian Green

Secretary of State for Work and Pensions

Jeremy Hunt

Secretary of State for Health

Infographics

Evidence shows that appropriate work is good for our health

Good work ⇆ Good health
Worklessness ⇆ Poor health

Ill health among working age people costs the economy

£100bn and sickness absence costs employers £9bn a year.

Reducing long term sickness absence is a priority

1.8 million employees on average have a long–term sickness absence of four weeks or more in a year.

Only around 3 in 100 of all Employment and Support Allowance claimants leave the benefit each month

8% of employers report they have recruited a person with a disability or long term health condition over a year.

Access to timely treatment varies across areas

Average waiting times for mental health treatment can differ as much as 12 weeks across England and some evidence suggests treatment for musculoskeletal conditions can differ as much as 23 weeks.

Disability–free life expectancy at birth also varies across England

Male: 72 years ↔ 55 years
Female: 72 years ↔ 53 years

Disability has been rising

Over 400,000 increase in the number of working age disabled people in the UK since 2013 **taking the total to more than 7m**.

Compared to non–disabled people, disabled people are less likely to enter employment so preventing them from leaving work is important

Between two quarters (e.g. January and April) as many as 150,000 disabled people leave employment.

The disability employment gap is too wide

Non–disabled: 80%
Disabled: 48%
Gap of 32 percentage points.

Executive summary

1. Employment rates amongst disabled people reveal one of the most significant inequalities in the UK today: less than half (48%) of disabled people are in employment compared to 80% of the non–disabled population.[**1**] Despite a record–breaking labour market, 4.6 million disabled people and people with long–term health conditions are out of work[**2**] leaving individuals, and some large parts of communities, disconnected from the benefits that work brings. People who are unemployed have higher rates of mortality[**3**] and a lower quality of life.[**4**] This is an injustice that we must address.

2. This green paper sets out the nature of the problem and why change is needed by employers, the welfare system, health and care providers, and all of us. We consider the relationship between health, work and disability. We recognise that health is important for all of us, that it can be a subjective issue and not everyone with a long–term health condition will see themselves as disabled.[**5**] We set out some proposed solutions and ask for your views on whether we are doing the right things to ensure that we are allowing everyone the opportunity to fulfil their potential.

The nature of the problem

3. Making progress on the government's manifesto ambition to halve the disability employment gap is central to our social reform agenda by building a country and economy that works for everyone, whether or not they have a long–term health condition or disability. It is fundamental to creating a society based on fairness: people living in more disadvantaged areas have poorer health and a higher risk of disability. It will also support our health and economic policy objectives by contributing to the government's full employment ambitions, enabling employers to access a wider pool of talent and skills, and improving health.

4. Almost 1 in 3 working age people in the UK have a long–term health condition which puts their participation in work at risk.[**6**] Around 1 in 5 of the working age population has a mental health condition.[**7**] As many as 150,000 disabled people who are in work one quarter are out of work the next.[**8**] Over half (54%) of all disabled people who are out of work experience mental health and/or musculoskeletal conditions as their main health condition.[**9**] It is evident that our health and welfare systems are struggling to provide meaningful support, and, put simply, the system provides too little too late. Too many people are falling into a downward spiral of declining health and being out of work, denying them the benefits that employment can

bring, creating pressures on the NHS and sustaining a major injustice in our society.

5. Almost 3.4 million disabled people are now in work.[**10**] Yet many disabled people experience expectations that are too low, employers who can be reluctant to give them a chance, limited access to services and a welfare system that does not provide enough personalised and tailored support to help people into work and to stay in work. Too many people experience a fragmented and disjointed system which does little to support their ambitions of employment, and indeed can erode those ambitions.

6. The evidence that appropriate work can bring health and wellbeing benefits is widely recognised.[**11**] Employment can help our physical and mental health and promote recovery. But the importance of employment for health is not fully reflected in commissioning decisions and clinical practice within health services, and opportunities to support people in their employment aspirations are regularly lost. Once people are on benefits, their chances of returning to work steadily worsen. There are systemic issues with the original design of Employment and Support Allowance with 1.5 million people now in the Support Group[**12**] who are treated in a one–size–fits–all way and get little by way of practical support from Jobcentres to help them into work. This consultation seeks to address these issues, exploring

new ways to help people, but does not seek any further welfare savings beyond those already legislated for.

Areas for action

7. These challenges are complex and pressing. Our vision is to create a society in which everyone has a chance to fulfil their potential, where all that matters is the talent someone has and how hard they are prepared to work. We are determined to remove the long–standing injustices and barriers that stop disabled people and people with health conditions from getting into work and getting on, preventing them from being whatever they want to be. We are also determined to bring a new focus to efforts to prevent health conditions from developing and worsening, helping more people to remain in work for longer. We want to:

- ensure that disabled people and people with long–term health conditions have equal access to labour market opportunities and are given the support they need to prevent them from falling out of work and to progress in workplaces which embed effective health and wellbeing practices;

- help employers take action to create a workforce that reflects society as a whole and where employers are equipped to take a long–term view on the skills and capability of their workforce, managing an ageing

workforce and increased chronic conditions to keep people in work, rather than reacting only when they lose employees;

- ensure people are able to access the right employment and health services, at the right time and in a way which is personalised to their circumstances and integrated around their needs;

- more effectively integrate the health and social care and welfare systems to help disabled people and people with long–term health conditions move into and remain in sustainable employment;

- put mental and physical health on an equal footing, to ensure people get the right care and prevent mental illness in the first place;

- invest in innovation to gain a better understanding of what works, for whom, why and at what cost so we can scale promising approaches quickly; and

- change cultures and mind–sets across all of society: employers, health services, the welfare system and among individuals themselves, so that we focus on the strengths of disabled people and what they can do.

8. Taken together, this will mean the ambitions of disabled people and people with health conditions, their aspirations and their needs, are supported by more active, integrated and individualised support that wraps around them. This will help improve health and wellbeing, benefit our economy and enable more people to reach their potential.

9. To make early progress we are:

   - **working jointly across the whole of government**: this green paper is jointly prepared by the Department of Health and the Department for Work and Pensions, working closely with the Department for Communities and Local Government, the Department for Business, Energy and Industrial Strategy, NHS England, Public Health England, local government, and other partners;

   - **significantly improving our employment support**: for example expanding the number of employment advisers in talking therapies and introducing a new Personal Support Package offering tailored employment support which Jobcentre Plus work coaches will help disabled people or people with health conditions to access;

   - **working with health partners** such as NHS England, Public Health England, the National Institute for Health and Care Excellence, Health Education England, the

Royal Colleges and regulators to embed evidence into clinical practice and support training and education across the NHS workforce;

- **investing £115 million of funding** to develop new models of support to help people into work when they are managing a long–term health condition or disability. We will identify and rapidly scale those which can make a difference, while weeding out less promising approaches.

10. We will not be satisfied with this, and further action needs to be sustained across all sectors. In this green paper we ask:

- **how big a role can we expect employers to play** in ensuring access to opportunities for disabled people, and how can the ‘business case’ for inclusive practices be strengthened? What is the best way to influence employers to support health and wellbeing in the workplace, both to ensure the effectiveness of their workforce and avoid employment practices which can negatively impact health? How can we prevent sickness absence resulting in detachment from the labour market?

- **how can work coaches play a more active role** for disabled people and people with health conditions?

How can we build their skills and capabilities to support a diverse group with complex needs, build their mental health awareness, and develop a role in personalising support and helping individuals navigate a complex system?

- **how can we improve a welfare system** that leaves 1.5 million people – over 60% of people claiming Employment and Support Allowance[**13**] – with the impression they cannot work and without any regular access to employment support, even when many others with the same conditions are flourishing in the labour market? How can we build a system where the financial support received does not negatively impact access to support to find a job? How can we offer a better user experience, improve system efficiency in sharing data, and achieve closer alignment of assessments?

- how can we **promote mental and physical health** and ensure that people have **timely access to the health and employment support** that they need rather than struggling to access services (particularly musculoskeletal and mental health services)? How do we make sure that health and employment service providers provide a tailored and integrated service, and that the important role of employment is recognised?

- how can we develop **better occupational health support** right across the health and work journey?

- what will it take to **reinforce work as a health outcome** in commissioning decisions and clinical practice? How can we ensure good quality conversations about health and work, and improve how fit notes work?

- how can we best **encourage, harness and spread innovation** to ensure that commissioners know what works best in enabling disabled people and people with health conditions to work?

- perhaps most crucially, how can we build **a culture of high hopes and expectations** for what disabled people and people with long–term health conditions can achieve, and mobilise support across society?

11. This challenge is not one that will be solved quickly, but we know that to build a country that works for everyone, we must address issues with a long–term return. This is why we have a 10–year vision for reform, the foundations of which we have set out at the end of this consultation. Where we are certain of our ground we will act quickly, making the changes we know are needed. But we will also look to the long term, investing in innovation to understand

what is most effective and reshaping services where they are needed.

Your views

12. The consultation on the proposals in this green paper is an important part of building a shared vision and achieving a real change in culture. We want to launch a discussion around how we can best support disabled people and people with long–term health conditions to get into, and to stay in, work. We want to bring together wide–ranging expertise, opinions and experiences. Over the coming months we will talk to disabled people and people with long–term conditions, their families and carers, health and social care professionals, their representative bodies, local and national organisations, employers, charities and anyone who, like us, wants change.

13. We recognise that the devolution administrations are important partners, particularly because of their responsibilities for health as a devolved matter and other related areas. The government is committed to working with the devolved administrations to improve the support accessible to disabled people and people with health conditions across the country at a national, local and community level.

14. Please let us know what we need to improve so that we can build a plan that will bring real and lasting change. You

can respond to this consultation at: https://consultations.dh.gov.uk/workandhealth/consult/, email us at workandhealth@dwp.gsi.gov.uk or write to us at The Work, Health and Disability consultation, Ground Floor, Caxton House, 6–12 Tothill Street, London, SW1H 9NA. The consultation will run until Friday 17th February 2017.

15. We are committed to tackling the injustice of disability employment, so that all can share in the opportunities for health, wealth and wellbeing that the UK has to offer and where everyone has the chance to go as far as their talents will take them.[**14**]

Definition of disability and long–term health conditions used in this paper

- The Equality Act 2010[**15**] 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 expecting to last for at least 12 months.

- Health can be a subjective issue – we know that the way people think about their health is diverse and that not everyone that meets the Equality Act definition would consider themselves to be disabled. But we follow the Equality Act definitions in this paper, so:

- An individual is considered in this paper as having a **long–term health condition** if they have a physical or mental health condition(s) or illness(es) that lasts, or is expected to last, 12 months or more.

- If a person with these condition(s) or illness(es) also reports it reduces their ability to carry out day–to–day activities as well, then they are also considered to be **disabled**

- This means some people who may have a long–term health condition will be grouped together with those people who do not have any long–term health condition and be considered as **non–disabled**. We recognise that long–term health conditions can fluctuate and the effects of a condition on an individual's day–to–day activities may change over time

- Incapacity Benefits refers to Employment and Support Allowance and its predecessors Incapacity Benefit, Income Support on grounds of disability and Severe Disablement Allowance

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[**1**] Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.

[**2**] Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.

[**3**] Roelfs D J, Shor E, Davidson KW, Schwartz, JE. Losing life and livelihood: A systematic review and meta-analysis of unemployment and all-cause mortality. *Social Science & Medicine* 2011;72(6): 840–854.

[**4**] Cabinet Office. *Analysis of the Annual Population Survey (APS) Wellbeing Data, Apr-Oct 2011*. Available at: https://www.gov.uk/government/publications/wellbeing-and-employment (accessed October 2016).

[**5**] For the definitions used in this paper, see the text on pages 19 and 20

[**6**] Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.

[**7**] McManus S, Bebbington P, Jenkins R, Brugha T. (eds.). *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey;* 2016.

[**8**] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016.

[**9**] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016.

[**10**] Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.

[**11**] Waddell G, Burton AK. *Is work good for your health and wellbeing;* 2006

[**12**] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

[**13**] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

[**14**] References for infographic at start of chapter: “Evidence shows that appropriate work is good for our health” Source: Waddell G, Burton AK. *Is work good for your health and wellbeing;* 2006. “Ill-health among working age people costs the economy £100bn a year in sickness absence and costs employers £9bn a year”. Sources: Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016 and Black C, Frost C.

Health at work - an independent review of sickness absence; 2011. “Reducing long term sickness absence is a priority. 1.8 million employees on average have a long term sickness absence of four weeks or more in a year.” Source: Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016. “Only around 3 in 100 of all Employment and Support Allowance claimants leave the benefit each month.” Source: Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html. “8% of employers report they have recruited a person with a disability or long term health condition over a year.” Source: Department for Work and Pensions. *Employer Engagement and Experience Survey;* 2013. “Access to timely treatment varies across areas. Average waiting times for mental health treatment can differ as much as 12 weeks across England and some evidence suggests treatment for musculoskeletal conditions can differ as much as 23 weeks.” Source: Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016 and Chartered Society of Physiotherapy. *Stretched to the limit;* 2012. “Disability free life expectancy at birth also varies across England. Disability free life expectancy at birth in upper tier local authorities in England range from 55 to 72 years for Males and 53 to 72 years for Females in 2012-

2014.” Source: Office for National Statistics. *Disability-Free Life Expectancy (DFLE) and Life Expectancy (LE) at birth by Upper Tier Local Authority, England, 2012 to 2014*; 2014. “Disability has been rising - over 400,000 increase in the number of working age disabled people in the UK since 2013, taking the total to more than 7 million.” Source: Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016. “Compared to non-disabled people, disabled people are less likely to enter employment so preventing them from leaving work is important. Between two quarters as many as 150,000 disabled people leave employment.” Source: Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016. “The disability employment gap is too wide. 80% of non-disabled working age people are in employment compared to 48% of disabled people. This leads to a disability employment gap of 32 percentage points.” Source: Office for National Statistics. *Labour Force Survey, Q2 2016*; 2016.

[**15**] Equality Act 2010. http://www.legislation.gov.uk/ukpga/2010/15/contents (accessed October 2016)

1: Tackling a significant inequality – the case for action

Chapter summary

In this chapter we set out the injustice of the disability employment gap. We explore:

- how being in work can help an individual's health and wellbeing;
- how systemic issues hold back too many disabled people and people with health conditions;
- how we need to learn from what works and develop innovative approaches; and
- how we need to work beyond artificial boundaries and work with everyone to achieve our shared vision

Being in work can help an individual's health and their overall wellbeing

16. This government is committed to helping everyone, whoever they are, enjoy the independence, security and

good health that being in work can bring, giving them the chance to be all they want to be.

17. The evidence is clear that work and health are linked. Appropriate work is good for an individual's physical and mental health. Being out of work is associated with a range of poor health outcomes.[**16**] Academics and organisations such as the WHO,[**17**] the ILO,[**18**] the OECD,[**19**] RAND Europe,[**20**] the Royal College of Psychiatrists[**21**] and NICE[**22**] all recognise that work influences health and health influences work. The workplace can either support health and wellbeing and the health system can actively support people into work in a virtuous circle or the workplace can be unsupportive and health and work systems can work against each other.

18. We know that the longer a person is out of work the more their health and wellbeing is likely to deteriorate.[**23**] So, every day matters. For every week, every month, every year someone remains outside the world of work, it is increasingly more difficult for them to return and their health and wellbeing may worsen as a result. We must address this downward spiral.

19. Of course, work can also bring a range of other benefits which support mental and physical health and wellbeing.[**24**] It is the best route to raising the living standards of disabled people and people with a long–term

health condition and moving them out of poverty.[**25**] But a good standard of living is about more than just income.[**26**] Work can help someone to be independent in the widest sense: having purpose, self–esteem, and the opportunity to build relationships. Being in the right job can be positively life changing.

20. But, whilst work is good for health in most circumstances, the type of work matters. Many factors such as autonomy, an appropriate workload and supportive management are important for promoting health at work.[**27**] These factors can be very personal.

21. As many stakeholder organisations like Scope have highlighted, many disabled people and people with long–term health conditions already work and many more want to access all the benefits that work can bring.[**28**] We want to understand how to improve the current system of support to make this aspiration a reality. We also recognise that some disabled people and people with health conditions might not be able to work due to their condition, whether in the short or long term. This government is committed to ensuring that they are fully supported by the financial safety net that the welfare system provides and so this consultation does not seek any further welfare savings beyond those in current legislation.

"…and there's quite significant benefits associated with work over and above the financial benefit of working, the social aspects of it, things to do with people's self–esteem, so trying to keep people plugged into that is very important for their overall health."[**29**] General Practitioner

"I don't have to work financially, but I want to… self–confidence, self–worth…."[**30**] Individual

Closing the disability employment gap to tackle injustice and build our economy

The main working age health conditions in the UK are musculoskeletal and mental health

2.6m disabled people are recorded as having mental health condition in the UK, 0.9m of whom are in employment. This means the employment rate for disabled people with mental health conditions is 32%.

Musculoskeletal conditions also affect many working age people

3.7m disabled people have musculoskeletal conditions, 1.7m of whom are in employment. This means the employment rate for disabled people with musculoskeletal conditions is 46%.

The prevalence of mental health conditions varies with employment status, for example in England:

1 in 5 of all working age people have a common mental health condition.

1 in 7 working age people in full-time work have a common mental health condition.

1 in 2 out of work benefit claimants have a common mental health condition.

There are 12m people with a long term health condition in the UK,

7.1m of whom are disabled and 4.8m of whom are non–disabled.

9 in 10 workless disabled people are economically inactive and are not actively looking for work

Most ESA claimants are in the Support Group

2.4m people are on ESA, over 60% of whom are in the Support Group.

Support group: 67%
WRAG: 20%
Pre–WCA: 14%

22. This government is committed to building a country and an economy that work for everyone. The UK employment rate is the highest it has been since records began. Over 31 million people (nearly 75% of the working age population) are in employment.[**31**] However, while there has been an increase of almost half a million disabled people in employment over the last 3 years, there are still fewer than 5 in 10 disabled people in employment compared with 8 in 10 non–disabled people.[**32**] This disability employment rate gap, the difference between the employment rates of disabled and non–disabled people, has not changed significantly in recent years and now stands at 32 percentage points.[**33**],[**34**]

23. So 3.8 million disabled people are out of work despite a record breaking labour market.[**35**] People with particular health conditions can be disadvantaged, for example only 32% of people with mental health conditions are in employment. This leaves people, and in some places entire communities, disconnected from the benefits that work can bring. This is one of the most significant inequalities in the UK today and the government cannot stand aside when it sees social injustice and unfairness. That is why we have set ourselves the ambition to halve the disability employment gap.

24. This ambition is not only about tackling an unacceptable injustice for individuals. The disability employment gap also

represents a waste of talent and potential which we cannot afford as a country: poor health and unemployment results in substantial costs to the economy.

25. The cost of working age ill health among working–age people is around £100 billion a year.[**36**] The majority of this cost arises from lost output among working–age people with health conditions not being in paid work. Economic inactivity costs government around £50 billion a year, including £19 billion of welfare benefit payments, and lower tax revenues and national insurance contributions. The NHS also bears £7 billion of additional costs for treating people with conditions that keep them out of work.[**37**] And there is also a cost to employers: sickness absence is estimated to cost £9 billion per year.[**38**] And, of course, there is a cost to people and their families.

Action is needed now to prevent this situation getting worse

26. We have seen that the costs, to the individual and the economy, of the disability employment gap are already unacceptably high. Trends in demography and population health mean that we need to take action now to prevent these costs rising further.

27. Older people will make up a greater proportion of the workforce in the future. Between 2014 and 2024 the UK will

have 200,000 fewer people aged 16 to 49 but 3.2 million more people aged 50 to State Pension age.[**39**] Older workers can bring great benefit to businesses and drawing on their knowledge, skills and experience may help businesses to remain competitive and to avoid skills and labour shortages.

28. We also know that while life expectancy at birth has been increasing year on year, changes in healthy life expectancy have not consistently been keeping pace: we are living longer lives but some more years in ill health.[**40**] There is a known correlation between an ageing population and an increasing prevalence of long–term chronic conditions and multiple health issues.

29. We know that the world of work is changing. For example, new information and communication technologies have changed the nature of work tasks. This change may bring benefits, for example enabling more flexible working to help people with health conditions stay in work, but can also have less positive effects like work intensification that may affect people's ability to cope or adapt in work with a health condition.[**41**]

30. The impact of poor health on work is not inevitable for people at any age. For example, advances in technology can assist people to remain in work where they might have been previously unable to do so. Lifelong learning can also

offer the opportunity for people to gain new skills to change roles if they develop a health condition or disability, or an existing one worsens.[**42**] And while many conditions are not preventable, the evidence is clear that the way we live our lives can influence health outcomes. Currently, 6 out of 10 adults are overweight or obese,[**43**] nearly 1 in 5 adults still smoke,[**44**] and more than 10 million adults drink alcohol at levels that pose a risk to their health.[**45**] Public health interventions form a vital part of the health and work agenda to help reduce the prevalence of conditions that can lead to people leaving the labour market due to ill health.

Case study – Susannah

Susannah was diagnosed with osteoarthritis and rheumatoid arthritis in 2010, she had lived with symptoms for more than 6 months before getting a formal diagnosis. She has lived a very active life and was working on a farm in France at the time of diagnosis. Following diagnosis, Susannah returned to the UK and now works as the personal assistant at a country house and estate.

Upon receiving her diagnosis, her employer was quite understanding of the impact rheumatoid arthritis was having on her. Her manager spoke with the HR team who provided her with reasonable adjustments to her workplace. Fatigue is also major issue for Susannah, as with many others with rheumatoid arthritis, she feels very tired after a day at work and this limits her from socialising in the evenings or at weekends.

Nevertheless, she admits she does have some difficulties with her workload but she does not feel comfortable asking her employer for further adjustments to it.

In light of her current difficulties she is planning to retire early, having originally planned to retire at 66. She says she has accumulated enough earnings to have a reasonable retirement. When asked if anything could accommodate her to remain in work and thus not retire, she says working 3 days rather than 4 would probably be sufficient, however, she says this would amount to a job share which would be impractical for her employer and something she is not prepared to ask for.

“Retiring early isn’t ideal and I would like to keep on working but I just can’t perform all of the roles of the job anymore and my work–life balance has suffered due to my tiredness and pain at the end of each day. I don’t see my friends much anymore and it’s something I really miss. If I could work a three–day week I could probably carry on, but I don’t feel that is something which could be accommodated. Before my diagnosis I never contemplated having to retire early but now I see it as almost inevitable.”

Provided by National Rheumatoid Arthritis Society

Underlying factors play an important role

31. To reduce the disability employment gap, we need to understand the reasons why disabled people might be unable to enter or stay in work, and to recognise the wide variety of conditions and circumstances they face. The disability employment gap is affected by a number of factors, for example people frequently move in or out of disability and employment over time. It is therefore important to look at a wider group of work and health indicators to allow us to better understand the wider picture. The Work, Health and DisabilityGreen Paper Data Pack accompanying this publication includes more statistics about the disability employment gap.

32. Almost 12 million working age people in the UK have a long–term health condition, and of these 7 million are disabled.[**46**] A health condition does not, in itself, necessarily prevent someone from working. Indeed people with a long term health condition who are not reported as being disabled have a very similar employment rate to people without any type of health condition – around 80%.[**47**] However, employment rates are much lower among disabled people with only 48% in work.[**48**]

33. This suggests that it is important to try to prevent long–term health conditions developing or worsening to the extent that they are disabling. We know that a person’s health is

affected by the conditions and environments in which they live. *Fair Society, Healthy Lives*[**49**] provided evidence that the conditions in which people are born, live, work and age, are the fundamental drivers of health and health inequalities. Where people live can have a big impact on both health and employment outcomes. In England, men born in the most deprived areas can expect 9.2 fewer years of life, and 19.0 fewer years of life lived in good health than people in the least deprived areas. For women the equivalent figures are 7.0 and 20.2 years.[**50**]

34. We also know that disabled people from more disadvantaged backgrounds are more likely to be out of work. For example, while employment rates can be as low as 16% for people with mental health conditions who live in social housing, for disabled people who live in a mortgaged house and who have 1 or 2 health conditions, the employment rate is as high as 80%.[**51**] This is similar to the overall employment rate for non–disabled people.[**52**]

35. In addition to the strong links between socio–economic disadvantage and poorer work and health outcomes, other factors can also be significant. Attitudes in society can have a significant impact: for example, people may have lower expectations of disabled people and people with health conditions, which may impact on whether an individual feels able to work. There may also be physical barriers to employment for some disabled people and

people with long term health conditions, such as difficulties accessing transport and buildings.

36. We also need to recognise that some disabled people or people with long–term health conditions may face other disadvantages associated with worklessness. They may need a wide range of support, through different agencies working in partnership, to address all of the connected and overlapping problems they face. These might include drug or alcohol addiction, a criminal record, homelessness or caring responsibilities for young children. We recognise that these are complex problems, requiring a focused look at the factors that stand in the way of employment for these groups, which is why the government has asked Dame Carol Black to conduct an independent review into the impact on employment outcomes of alcohol or drug addiction, and obesity.

37. Although factors unrelated to an individual's health condition or disability have a significant impact on their ability to work, there do appear to be some patterns in employment rates for people with certain conditions, or for those who have multiple conditions. For example, disabled people with mental health conditions have an employment rate of just 32%, which is significantly below the overall employment rate for disabled people at 48%.[**53**] People who have more than one condition are also more likely to be out of work – disabled people with one long–term health

condition have an employment rate of 61%, but the 1.2 million disabled people who have 5 or more long–term health conditions have an employment rate of just 23%.[**54**]

38. Of course not all health conditions are static. Many, such as some mental health conditions, fluctuate over time, and affect people differently at different times. What is clear, though, is that once someone is out of work due to a health condition and claims Employment and Support Allowance their chance of finding work is slim. Only around 3 in 100 of all people receiving Employment and Support Allowance stop receiving the benefit each month, and not all of these people return to work.[**55**] While the government recognises that some people will not be able to work and rightly need to receive financial support, for others this starts a journey away from work which can make their health problems worse and, in turn, negatively impact upon their employment prospects.

39. It is impossible to address this complex picture with a simple, one–size–fits–all solution. We need to change our attitudes and behaviours towards disabled people and people with health conditions, working with everyone from employers to schools, health professionals to community groups. We need to develop a more personalised and integrated system that puts individuals at the centre, and gives all individuals the chance to prosper and play their part in a country and an economy that works for everyone.

Tackling the systemic issues

40. The disability employment gap has persisted over many years and its causes are long–term, systemic and cultural. Efforts to help disabled people and those with long–term health conditions have been hindered by a lack of vision and by systems which fail to join up and take people's needs properly into account.

41. A number of systemic issues hold back too many disabled people and people with health conditions:

    - employees are not being supported to stay healthy when in work, and to manage their health condition to stop them falling out of work: in one report, mental ill health at work was estimated to cost businesses £26 billion annually through lost productivity and sickness absence;[**56**]

    - too many disabled people and people with long–term health conditions are being parked on financial support alone: over 60% of people on Employment and Support Allowance[**57**] do not have access to integrated and personalised employment and health support which focuses on what they can and want to do;

- individuals are not getting access to the right support and treatment: for example, some evidence suggests that waiting times for musculoskeletal services can vary from between 4 to 27 weeks;[**58**] and

- the health and welfare systems do not always work well together to join up around an individual's needs and offer personalised and integrated support to help them manage their condition.

42. Our strategy is to provide support centred on the disabled person or person with a health condition. Disabled people and people with health conditions are the best judges of what integrated support they need to secure work or stay and flourish in work. To do this, we want to align systems better so that we can make a real difference to people's health and work prospects. In this green paper we explore how we can encourage employers, the welfare system and health services to take a more joined–up approach to health and work:

    - how we can encourage employers to be confident and willing to recruit disabled people, to put in place approaches to prevent people from falling out of work and to support effectively those employees on a period of sickness absence to encourage their return to work;

- how we can create a welfare system that provides employment support in a more personalised and tailored way, with a simpler and more streamlined process for those with the most severe health conditions;

- how we can create a health system where work is seen as a health outcome and where all health professionals are sufficiently trained and confident to have work–related conversations with individuals to increase their chances of maintaining or returning to employment; and

- how we can better integrate occupational health type support with other services to ensure more holistic patient care.

43. We also need to look beyond ‘systems’ to look at the important role played by individuals, carers and the voluntary and community sectors.

The role of individuals

44. Disabled people, people with long–term health conditions and those who may develop them are at the heart of our strategy. We want to deliver services which enable people to have more information about their care and support, be better able to manage any health conditions, and have

more say in the health and employment support they may need. The patients' organisation National Voices puts it clearly: personalised care will only happen when services recognise that patients' own life goals are what count; that services need to support families, carers and communities; that promoting wellbeing and independence need to be the key outcomes of care; and that patients, their families and carers are often 'experts by experience'.[**59**]

45. Individuals can also support employers to make workplaces more inclusive by working in partnership with them to deliver changes in recruitment and retention practices and promoting a healthy work culture.

The role of carers

46. This government recognises that carers can play a fundamental role in enabling disabled people and people with long–term health conditions to be all they want to be. The support of carers can be crucial in supporting disabled people and people with a long–term health condition to return to or remain in work. According to a report from 2009,[**60**] as many as 3 million people combine paid work with providing informal care to family and friends who might have a range of physical or learning disabilities, or who may have long–term health conditions related to ageing.

47. Carers UK recently found that carers in England are "struggling to get the support they need to care well,

maintain their own health, balance work and care, and have a life of their own outside of caring."[**61**] The challenges of balancing paid work with a caring role can mean that carers have to reduce their working hours, pass up career opportunities, or leave employment altogether: an estimated 2 million people have given up paid work to care.[**62**] Of these, there are currently 315,000 working age adults who, having left work to care, remain unemployed after their caring role has ended. These impacts are felt disproportionately by older workers, with around 1 in every 6 economically inactive people aged between 50 and State Pension age citing caring responsibilities as the reason for inactivity.[**63**]

48. Many of the challenges faced by carers in balancing their work and caring roles stem from the same issues faced by workers who are themselves disabled or have a long–term health condition, for example a risk–averse attitude among employers to recruiting disabled people and caring responsibilities, and a lack of flexible working arrangements in many organisations. Changing attitudes and behaviours towards disabled people and people with long–term health conditions should also have a positive impact on carers, but there is more to be done.

49. The government is committed to supporting carers. A key objective of our future work will be to support carers of all ages to enter, remain in and re–enter work. The

government's Fuller Working Lives programme focuses on the challenges for older workers to remaining in or returning to work due to caring responsibilities, ill health or disability. As part of the programme a series of Carers in Employment pilots was launched in April 2015, to help support carers to stay in work or return to paid work alongside their caring responsibilities. Early next year the government will publish a new, cross–government and employer–led national strategy, which will set out the future direction of this Fuller Working Lives agenda.

The role of the voluntary and community sectors, local authorities and other local partners

50. We recognise that the voluntary and community sectors play a crucial role in helping more people to lead healthy and fulfilling lives, and that there are many organisations from these sectors, with broad reach and diversity, working to support and involve disabled people and people with long–term health conditions. These voluntary and community organisations embody a spirit of citizenship upon which our country is built, and we want to better harness their expertise and capacity in order to achieve the best outcomes for disabled people and people with long–term health conditions.

51. As a government, we are already working to invest in, and partner with, the voluntary and community sectors, including:

    - the Department of Health, NHS England and Public Health England, working closely with the sectors, have published a co–produced review of investment and partnerships in the sector. The review contains a range of recommendations for the department, the wider health and care system and the sectors. From this review, work is underway to progress recommendations and to promote more integrated working between the statutory and voluntary sectors to improve health and wellbeing outcomes;

    - the Office for Civil Society is providing £20 million of funding through its Local Sustainability Fund, to help voluntary, community and social enterprise organisations review and transform their operating models to develop more sustainable ways of working; and

    - the National Citizen's Service is a programme open to all 16 and 17–year–olds in England, giving them the opportunity to develop the skills and attitudes needed to engage with their local communities and become active and responsible citizens.

52. When it comes to unlocking the potential of disabled people and people with long–term health conditions, we want to build on these strong foundations, as well as on the many successful programmes and initiatives led by the voluntary and community sectors themselves, to deliver real change.

53. By being close to their users, charities have ‘a unique perspective on their needs and how to improve services’.[**64**] As advocates and providers of services, the voluntary and community sectors form an essential part of achieving lasting change and bringing about a new approach to work and health support. The voluntary and community sectors can help drive change by speaking out for people and their needs, both to the public sector and wider society. The sectors also have an important role in service delivery and have already demonstrated successful programmes such as peer support programmes and mentoring networks, which help people understand and manage their disabilities and health conditions, and explore ways to get into and remain in work. We want to build on these strong foundations to deliver real change.

54. Part of the reason the voluntary and community sectors are so important is because of their links with and reach within their local communities. Evidence shows that employment outcomes for disabled people and people with long–term health conditions vary across different regions in the

country.[**65**] There are significant opportunities to advance this agenda through a ‘place–based’ approach, unlocking the political capital and resources needed to drive innovation and deliver the system–wide response needed to improve outcomes and local growth. It is also important that employment support for those furthest from the labour market plays an active role in helping people get back to work and unlocking productivity in places. Approaches to integrating work and health provision should draw on the strategic intelligence of Local Enterprise Partnerships and building on the existing strengths of local employers. Better outcomes for disabled people and people with long–term health conditions will require a concerted partnership between communities, central government departments, local authorities, Local Enterprise Partnerships, local providers, and devolution partners.

55. Ultimately, stronger engagement, partnership and co–production with the voluntary and community sectors forms a central part of our work if we are to reach disabled people and people with long–term health conditions within their local communities, better understand their experiences with services, listen fully to what they as individuals want to achieve, and offer them support that is rounded, tailored and easily accessible.

The role of the devolved administrations

56. We recognise that services and support for disabled people and people with long–term health conditions needs to join up more effectively and holistically around the needs of the individual. Devolution, with the ability it brings to make decisions and formulate policy at a localised level, plays a key part in this ambition. The devolved administrations are important partners in developing appropriate local solutions, particularly because of their responsibilities for health as a devolved matter. The government is committed to working with the devolved administrations and devolution deal areas to improve the support accessible to disabled people and people with health conditions across the country at a regional, local and community level.

Case study: Working with children with a hearing impairment

“I lost my hearing progressively from early childhood and as it deteriorated it became harder to participate and I felt increasingly isolated and dependent. I became acutely aware that people had different expectations of me because I was deaf. However, I didn’t see myself, or my capabilities, as any different from my hearing friends.

“I struggled in the workplace as I was increasingly unable to use the phone and found meetings challenging. I was fortunate to have excellent support from colleagues that I worked with in the

civil service and from speech to text reporters, made possible by the government's Access to Work scheme. In 2006, I had cochlear implant surgery and thanks to the technology and the habilitation support that I received afterwards, I was able to 're–enter' the hearing world, grow my confidence at work and in social situations. This enabled me to have a successful career in the senior civil service.

"The speech and language therapists at St Thomas' Hospital in London provided me with the support to make sense of the new sounds that I was able to access through my hearing technology. Without such support, I would not benefit from the investment that the NHS makes in these wonderful devices. Habilitation is key.

"I am now Chief Executive of a charity that works with deaf children and their families to provide critical support in the early years of their lives. This includes enabling them to develop the listening and spoken language skills that gives them an equal start at school and enables them to access the same opportunities in life as their hearing peers. Auditory verbal therapy is a parent coaching programme delivered by highly specialist speech and language therapists who have undergone an additional three years of training in auditory verbal practice. Our oldest graduates of the programme are now entering the world of university and work – equipped with the skills to succeed.

Anita Grover, Chief Executive, Auditory Verbal UK

Provided by the Royal College of Speech and Language Therapists

Achieving lasting change: investing in innovation

57. Change on this scale will take time to achieve and not everything we try will work. Success demands we take an innovative, experimental approach to test a wide range of approaches in different environments and learn quickly, shifting focus early from any failures and moving rapidly to scale up successful approaches. It means working with a wide range of people to identify where we should focus our efforts. And we should look to capture the impacts across the whole of government, where possible, to build the case for future investment and help us influence a wider range of actors. Having a clear idea of what works in what context will enable us to:

    - focus our resources on services and commissioning models which have the most impact;

    - influence commissioners of services to make the right decisions to invest in different support to meet local population needs; and

- provide employers with information about successful approaches and spread best practice.

58. We want to take early action to build our evidence base on what works in the areas that we already know are important. We start with a solid understanding of some of key principles based on evidence from past delivery. For instance, evidence suggests that when a person faces both health and employment barriers, both should be addressed simultaneously, since there is no evidence that treating either problem in isolation is effective.[**66**] As an example, Individual Placement and Support, an integrated health and employment model, has demonstrated improved employment outcomes for those with severe and enduring mental health condition. A UK evaluation found that chances of finding employment doubles for those who received this service.[**67**]

59. We also know that evidence gaps exist, in particular:

- how best to support those in work and at risk of falling out of work, including the part employers can play;

- understanding how best to help those people in the Employment and Support Allowance Support Group who could and want to work (discussed further in chapter 2);

- the settings that are most effective to engage people in employment and health support; and

- how musculoskeletal treatment and occupational health interventions improve employment outcomes.

60. We have a range of activity underway that is focused on the evidence gaps we have identified, including access to services and levels of support we should offer. This will help us to develop new models of support to help people into work when they are managing a long–term health condition or disability.

61. As part of this our £70 million Work and Health Innovation Fund, jointly managed by the Work and Health Unit and NHS England, will support promising local initiatives to drive integration across the health, care and employment systems. The first areas we will work with are West Midlands Combined Authority and Sheffield City Region. Seed funding will be provided to support the design trials to test new approaches at scale and understand if they can improve employment and health outcomes. Following this design phase, we plan to review these proposals and decide if they are viable for implementation, with access to further funding and national support available to enable full implementation from spring 2017.

62. By bringing local Clinical Commissioning Groups, Jobcentre Plus and local authorities into new partnerships these trials will create new support pathways for people with common physical and mental health conditions to help them stay in or return to work.

63. Alongside this, we are testing a range of approaches to improve outcomes for people with common mental health conditions, who make up 49% of those on Employment and Support Allowance.[**68**] We want to rapidly scale up those which show they can make a real impact. Trials include testing interventions that offer faster access to treatment and support services, co–locating employment support in a health setting and building on the evidence for Individual Placement and Support to understand if this is a model which can work successfully for people with common mental health conditions.

64. Examples of this approach include the Mental Health Trailblazers. These combine a specific type of employment support, Individual Placement and Support, with psychological support provided through the NHS talking therapy services in three areas: Blackpool, West London and the North East.

65. As set out in the 2015 Spending Review, there are opportunities to make use of Social Impact Bonds to help people with mental health problems. Social investment

offers an exciting new opportunity to draw on both private capital and voluntary and community sector innovation to test and scale new forms of support. We are reviewing how Social Impact Bonds can be best used across our range of innovation activity and will invest up to £20 million on work and health outcomes. The Government Inclusive Economy Unit will explore the possible role of existing or new public service mutuals, which already operate to good effect in the health and care sectors.

66. We recently launched our Small Business Challenge Fund to encourage small businesses in developing small–scale innovative models for supporting small and medium–sized enterprises with sickness absence. This approach will allow us to use a small amount of funding to identify promising interventions and prototypes to take forward to more robust testing.

67. We aim to build on this Challenge Fund approach to develop small–scale innovative approaches to quickly understand which may work and fail fast on those which do not. Such an approach is likely to be most useful where there is limited evidence, such as supporting small and medium–sized employers with sickness absence, or where there is already a market of innovators, such on digital health technologies. We are particularly interested to use the consultation process to identify key areas where such an approach may be appropriate.

68. Finally, it is important we share information on what works widely to support local delivery. To do this, **we will work with Public Health England to develop a set of work and health indicators and identify how we can best bring together and share the existing evidence for local commissioners and delivery partners**. We will continue to draw on a range of internal and external evidence, including trials and research, the academic literature and relevant third sector organisations to improve policy making and delivery nationally and locally.

Your views

69. We are committed to building a pipeline of innovation to rapidly improve support for individuals. As part of this we will be developing a structured evidence base so that we know what works, and we recognise that there will be rich sources that have already been developed or are being drawn together by others. We want to hear from you about areas you are already exploring or have learnt from:

    - What innovative and evidence–based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?

- What evidence gaps have you identified in your local area in relation to supporting disabled people or people with long–term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?

- How should we develop, structure and communicate the evidence base to influence commissioning decisions?

Building a shared vision

70. This green paper sets out the pressing case for action, and the systemic challenges we face. Achieving our vision will require us to work beyond artificial system boundaries and work with those in our local communities. We will also need to be innovative and test new ways of doing things.

Our Vision

A society where everyone is ambitious for disabled people and people with long-term health conditions, and where people understand and act positively upon the important relationship between health, work and disability...

Inclusive employers and job creation will provide:

When an individual… Looks for a job that makes the best use of their talents, they should find – **Opportunities to secure a good job and progress**.

When an individual… Is in work, they should have – **Jobs that actively support and nurture health and wellbeing.**

When an individual… Is at risk of long–term sickness absence or falling out of work due to their health or disability, they should encounter – **Early action as needed to stay in or return to work.**

A more effective health service will provide:

When an individual… Turns to the health service, they should find – **Healthcare professionals who support people in their employment aspirations, and health services that provide help at the right time and co-ordinate effectively with employment support**

A more effective employment support system will provide:

When an individual… Is out of work due to their health or disability, they should encounter – **The right employment support to secure work or get closer to the labour market.**

When an individual… Is unable to work, they should find –
Access to rapid financial support when needed.

71. This green paper discusses a number of areas where we want to see change to make systems work better for people. It considers:

    - Supporting more people into work (chapter 2);
    - Assessments for benefits for people with health conditions (chapter 3);
    - Supporting employers to recruit with confidence and embed a healthy working culture in the workplace (chapter 4);
    - Supporting employment through health and high quality care for all (chapter 5).

72. Chapter 6 discusses the vital role all of us can play in delivering the changes we want to see, and sets out how you can respond to this consultation. The involvement of employers, local government, practitioners, providers, advocacy groups, carers, disabled people, and people with long–term health conditions is vital. Please let us know what we need to improve so that we can build a plan that will bring real and lasting change.

Summary of consultation questions

We are committed to building a structured evidence base so that we know what works and recognise that there will be rich sources that have already been developed or are being drawn together by others. We want to hear from you about areas you are already exploring or have learnt from:

- What innovative and evidence–based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?

- What evidence gaps have you identified in your local area in relation to supporting disabled people or people with long–term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?

- How should we develop, structure and communicate the evidence base to influence commissioning decisions?

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2: Supporting people into work

Chapter summary

In this chapter we focus on how we can best provide employment support to disabled people and people with health conditions. It explores:

- our vision for how people can access an integrated network of health and employment support delivered from a range of sectors, supported by a dedicated Jobcentre Plus work coach who can work closely with someone to build a relationship and offer personalised support that is tailored to their needs;

- how we are investing in the skills and capabilities of Jobcentre Plus work coaches to enable them to better support people with a wide range of health conditions, including mental health conditions, bringing in external expertise;

- our new Personal Support Package, including an enhanced menu of employment support for work coaches to draw on; and

- how we can better engage with people placed in the Employment and Support Allowance Support Group or the

Universal Credit Limited Capability for Work and Work–Related Activity Group (LCWRA). We will undertake research and a trial to better understand how we can support individuals to move closer to the labour market and into employment, where appropriate.

Introduction

73. We want everyone to have the opportunity to benefit from the positive impacts that work can have, including on their health and wellbeing. Where people want to work, and have the potential to do so immediately or in the future, we should do everything we can to support them towards their goal. We want people to be able to access appropriate, personalised and integrated support at the earliest opportunity, which focuses on what they can do, builds on their talents and addresses their individual needs.

74. Where someone is out of work as a result of a health condition or a disability, the employment and health support they receive should be tailored to their personal needs and circumstances. This support might be delivered by a range of partners in their local area, such as by Jobcentre Plus, contracted provision, local authorities or third sector providers. Increasingly, our work coaches across Jobcentre Plus will assess an individual's needs and ensure that they access the right help. Work coaches will be supported by new Community Partners and

Disability Employment Advisers, who will be able to use their networks and expertise to work with local organisations, to support disabled people and people with health conditions to achieve their potential.

75. Universal Credit is already making improvements which put people at the heart of the welfare system, giving more personalised and integrated support from a dedicated work coach in Jobcentre Plus to help claimants with a health condition move closer to the labour market and get into work. It will also, for the first time, help those claimants with health conditions who are already in work to progress in the labour market supporting them to earn more. Evaluation has found people receiving Universal Credit are more likely to move into employment and move into work quicker than similar individuals receiving Jobseeker's Allowance.[**69**] To ensure that disabled people and people with health conditions receive the best possible support, **we will introduce a new Personal Support Package for people with health conditions in Jobcentre Plus**, with a range of new interventions and initiatives designed to provide more tailored support.

76. However, further action is needed to build on the principles Universal Credit has introduced. We cannot make significant progress towards halving the disability employment gap with a system that treats 1.5 million people[**70**] – the current size of the Support Group in

Employment and Support Allowance – in a one–size–fits–all way. The current approach does not do enough to treat people as individuals: more must be done to ensure that people do not miss out on accessing the wealth of local integrated support available through Jobcentre Plus. We will achieve this by identifying evidence gaps, building on insights from trials and drawing on the knowledge of both service users and providers.

77. In this chapter we will discuss 2 key themes:

- Universal Credit is moving in the right direction, but there is still more to do to **improve how work coaches systematically engage with disabled people and people with health conditions**. We want to identify the most effective support based on a person's circumstances and the capabilities required in Jobcentre Plus to deliver these interventions. Work coaches will also be able to offer an array of targeted support as part of the Personal Support Package summarised below; and

- The current one–size–fits–all approach to employment support is not appropriate. This is because people in the Employment and Support Allowance Support Group, and those with 'Limited Capability for Work and Work Related Activity' (LCWRA) in Universal Credit, do not routinely have any contact with a Jobcentre

> Plus work coach. We are committed to protecting those with the most needs, but want to test how we might offer **a more personalised approach to employment support, which reflects the wide variety of conditions and needs** within this group and is in keeping with Universal Credit principles.

We are introducing the new **Personal Support Package** for people with health conditions. This is a range of new measures and interventions designed to offer a package of support which can be tailored to people's individual needs.

The offer, set out in more detail in this chapter, includes the following new forms of support for all Employment and Support Allowance claimants (and Universal Credit equivalents):

- personal support from disability trained, accredited work coaches. A particular focus of training will be mental health. Work coaches will also be better supported by an extra 300 Disability Employment Advisers and around 200 new Community Partners, with disability expertise and local knowledge. This will lead to better signposting to other local voluntary and public sector services; and

- a Health and Work Conversation for everyone claiming Employment and Support Allowance, as appropriate.

For new claimants in the Employment and Support Allowance Work-Related Activity Group (ESA WRAG), and the equivalent Universal Credit Limited Capability for Work Group (UC LCW), an enhanced offer of support will also include:

- a place on either the new Work and Health Programme or Work Choice, for all eligible and suitable claimants who wish to volunteer;
- additional places on the Specialist Employability Support programme;
- Job Clubs delivered via peer support networks;
- work experience places, with wrap–around support, for young people;
- increased funding for the Access to Work Mental Health Support Service;
- Jobcentres reaching out to employers, particularly small employers, to identify opportunities and help match people to jobs in a new Small Employer Offer;

- We will continue to develop the offer by:
  - trialling the use of specialist medical advice to further support work coaches;

- working with local authorities to pilot an approach to invest in Local Supported Employment for disabled people known to social care, notably those with learning disabilities and autism, and secondary mental health service users;

- testing a Jobcentre–led alternative to Specialist Employability Support; and

- trialling additional work coach interventions.

Action already taken

78. There is a significant amount of work already underway to strengthen and improve the employment support offer available to disabled people and people with health conditions. These activities are explored in more detail within the chapter, and include:

- **Universal Credit** – replacing 6 benefits with 1, the introduction of Universal Credit will make a significant difference in improving the level and quality of support offered to individuals with health conditions;

- **expansion of the Disability Employment Adviser role** – we are recruiting an additional 300 Disability Employment Advisers, taking the total to 500;

- **permitted work** – from April 2017, we will remove the 52–week limit on how long Employment and Support Allowance claimants placed in the Work–Related Activity Group (WRAG) are able to work for. This will improve work incentives for this group;

- **the Work and Health Programme –** following the end of the Work Programme, this provision will be available to disabled people receiving Employment and Support Allowance or Universal Credit on a voluntary basis from October 2017.

Universal Credit and the financial benefits of work

79. It is essential to ensure that people are better off in work. Under Universal Credit, people can more clearly see the financial benefits of moving into work, allowing them to take small steps into the labour market and to work flexibly in line with their needs.

80. In Universal Credit, for people who have ‘limited capability for work’ (LCW) or ‘limited capability for work and work related activity’ (LCWRA), there is a work allowance for earned income. This means that someone assessed as having LCW or LCWRA, with housing costs, can earn up to £192 a month, and a similar person, without housing costs, can earn up to £397 a month, in both cases without

affecting their Universal Credit payment. For any earnings above these allowances, the Universal Credit 65% taper applies, which means that only 65% of the extra earnings above those allowances are deducted from the claimant's Universal Credit entitlement – a steady and predictable rate as people gradually increase their hours and earn more, rather than the cliff–edge approach of Employment and Support Allowance. This is particularly well suited for people whose disability or health condition means they can only work some of the time.

81. Individuals on Employment and Support Allowance are allowed to work up to 16 hours and earn up to £115.50 a week and keep all of their benefit. If earnings exceed this amount, Employment and Support Allowance stops altogether. The permitted work rules allow people claiming Employment and Support Allowance to undertake some part–time work without it impacting on their benefit, to encourage them to gradually build their employment skills and return to work. However for those in the Work–Related Activity Group this is limited to 52 weeks. We will remove this limit from April 2017 to bring the Employment and Support Allowance rules more into line with Universal Credit and improve the incentive to work.

Early engagement

82. Being better off in work is not enough on its own if disabled people and people with health conditions are not being enabled to find work in the first place. Universal Credit ensures that people with health conditions still have an opportunity to engage with a work coach prior to their Work Capability Assessment, where appropriate. This approach builds on evidence that early intervention can play an important role in improving the chances of disabled people and people with a health condition returning to work.[**71**]

83. This is a significant improvement on the current process in Employment and Support Allowance, where people are not routinely having a face–to–face conversation with a work coach about practical support to help them back to work until after their Work Capability Assessment is complete – and this can be many months after their initial claim. Over 60% of the 2.4 million people receiving Employment and Support Allowance – those currently in the Support Group[**72**] – do not get this opportunity and often have no contact at all with a work coach and therefore do not access tailored support when they need it. We are missing a significant opportunity to provide help to people when they could benefit most.

84. This earlier engagement between an individual and a work coach in Universal Credit will also serve as a gateway to a

wider, integrated system of support offered by the Department for Work and Pensions and other agencies, such as the NHS and local authorities. If a work coach identifies that someone has particularly complex barriers to work or complex health conditions, they will be able to advise individuals about other types of support in their local area – whether health services, skills courses or support with budgeting.

85. This builds on the approach of Universal Support, which helps people make and maintain their Universal Credit claim, and will assist people with their financial and digital capability throughout the life of their claim. This is delivered in partnership between the Department for Work and Pensions and local authorities, and with other local partners such as Citizens Advice and Credit Unions. Through Universal Support we are transforming the way Jobcentres work as part of their local communities to ensure they more effectively tackle the complex needs some people have and support them into sustainable employment. The Troubled Families programme offers another example of an integrated approach, with local authorities coordinating wider support services for complex families, including those with health conditions, and in doing so, driving public service reform around the needs of families. The Department for Work and Pensions provides work coaches acting as Troubled Family Employment Advisers, based within local authorities, where they play an

important role in integrating employment support with the wider services.

Building work coach capability

86. The relationship between a person and their work coach should be at the heart of each person's journey in the welfare system. To ensure that people with complex and fluctuating health conditions receive the most appropriate support, we will continue to build and develop the capability of our work coaches. We have introduced an accredited learning journey for work coaches, which includes additional mandatory training in supporting those with physical and mental health conditions. From 2017, we will **introduce an enhanced training offer which better enables work coaches to support people with mental health conditions and more confidently engage with employers on the issue of mental health.**

87. Work coaches will be supported by specialist **Disability Employment Advisers.** We are currently recruiting up to 300 more Disability Employment Advisers, taking the total to over 500. These advisers will work alongside work coaches to provide additional professional expertise and local knowledge on health issues, particularly around mental health conditions. The role will have a much stronger focus on coaching work coaches to help build their

confidence and expertise in supporting individuals with a health condition or disability.

88. We also recognise the value of bringing external expertise into Jobcentres and of working more effectively with the voluntary sector in our design and delivery of support. We know that voluntary organisations have unique insight and expertise about the people they work with and their conditions, and we want to harness this. So, **we will recruit around 200 Community Partners across Jobcentre Plus**. These will be people with personal and professional experience of disability and many will be seconded from a Disabled People's User–Led Organisation or disability charity. From next year, Community Partners will be working with Jobcentre Plus staff, to build their capability and provide valuable first–hand insight into the issues individuals with a health condition or disability face in securing and sustaining employment. Drawing on their local knowledge, they will identify more tailored local provision to ensure individuals with health conditions can benefit from the full range of support and expertise available. Community Partners will also engage with local employers to help improve the recruitment and retention of disabled people and people with health conditions.

89. Our Community Partners will map local services available in each of our Jobcentre Plus districts. This will include understanding where there are peer support and patient

groups which engage with disabled people and people with long–term health conditions who might otherwise find it hard to re–engage with employment, helping develop confidence and motivation. Where there are gaps in provision our districts may be able to make local decisions to fund any priority areas, using the Flexible Support Fund. We will be providing an extra £15 million a year in 2017/18 and 2018/19 for our Flexible Support Fund so that local managers can buy services including mentoring and better engage the third sector in their community. We will introduce a new Dynamic Purchasing System across the country by December 2016 which will allow third sector and other organisations to develop employment–related service proposals that Jobcentres can quickly contract for. Our goal is to extend the reach of Jobcentre Plus into third sector support groups which are already well established.

90. Often, the best advocates of the positive impact of being in work are people who themselves have had the experience of managing a serious health condition, or overcoming an employer’s prejudice about disability. We have already tested Journey to Employment peer support job clubs on a small scale, offering personalised support in a group environment delivered by people who have personal experience of disability, drawing on research by Disability Rights UK and the Work Foundation. These clubs often take place outside a Jobcentre as this provides an alternative setting which may be more effective for some

individuals with health conditions. **We are extending our Journey to Employment job clubs to 71 Jobcentre Plus areas with the highest number of people receiving Employment and Support Allowance**, to further test the effectiveness of peer support job clubs at supporting those with health conditions.

Case study: Journey to Employment (J2E) Job Club

Jayne was employed, but life events affected her health and changed everything. Jayne joined the J2E Project in 2015 and she started her journey to recovery.

Describing her time before the Job Club, she said, “I shut down to protect myself and drew inward trying to block things in work. I didn’t feel I was functioning on ‘all cylinders’, my confidence was shot, I was checking up on what I was doing constantly and this spiralled out of control.

“I felt I was in limbo I didn’t really know what I wanted to do, I could not afford not to work so felt confused about where go and who to seek help from. I was suffering with anxiety and terrible panic attacks, I was also depressed and can recognise now through help I have received and my own research that it was all due to the environment I was in.

“I suffer mainly with anxiety and this escalated due to having to make the decision to leave my job to protect my mental health. Life was still awful, leaving work meant my fear increased and I

was really down and family noticed the change in me. I wasn't getting up in the mornings and I was confining myself to my room.

"I had a good supportive GP and work coach called Janis. I needed support to attend the appointment with Janis and felt that Janis really listened, had empathy and was so supportive. I felt she was on my side, she indicated different choices and J2E sounded ideal to give me structure and at last it felt good to know where I was going.

"I felt nervous going to see Louise my Community Employment Specialist, but once I met her and had a chat I knew that attending the J2E training course would be beneficial for me.

"Attending the course gave me insight into my options, it helped me to manage myself better. Being amongst others that understood what I was going through, having balance and hearing about other people's lives gave me a perspective on my situation. By that I mean that, it made me see that some people were struggling with a great deal more than I was.

"All my concerns, talking about my situation with other people were eased, because I felt the others in the group understood. I also completed a mindfulness course via my GP which lasted for 6 to 8 weeks, this also helped me self–manage."

Provided by Merthyr and the Valleys Mind

91. We want to make sure work coaches can access the right specialist advice and support, so they can understand how a complex health condition might affect an individual's ability to work, and access advice on how someone can better manage a health condition to be able to work. We therefore intend to **trial access to specialist advice** through a 3–way conversation between a work coach, healthcare professional and a person who has been placed in the Work–Related Activity Group, following a Work Capability Assessment. The trial will begin in 2017, with a view to rolling out provision on a wider scale in future years, depending upon results.

Early intervention in Employment and Support Allowance

92. These improvements will place the relationship with the work coach and access to a network of integrated support at the heart of each individual's journey. We also want those receiving Employment and Support Allowance to benefit from the support that disabled people and people with health conditions who receive Universal Credit can already access as part of their Claimant Commitment discussion. To that end, **we have developed a new Health and Work Conversation between an individual and their work coach**. In the Health and Work Conversation, work coaches will use specially designed techniques to help individuals with health conditions to

identify their health and work goals, draw out their strengths, make realistic plans, and build resilience and motivation. People will be required to attend the Health and Work Conversation, where appropriate, but the actions they subsequently agree to within the conversation will be entirely voluntary in the period before the Work Capability Assessment, and will be captured in a new Employment and Support Allowance Claimant Commitment.

93. The Health and Work Conversation will focus on what individuals can do to move closer to work while managing or treating their health condition, rather than on what they are unable to do. This new conversation was co–designed with disabled people's organisations and occupational health professionals and practitioners and the Behavioural Insights Team. As a person and their work coach works together, the Claimant Commitment can be updated over time as the individual moves closer to being able to work. This approach will mean that a person will have an established relationship with their work coach and be able to explore the implications of their Work Capability Assessment with them after it takes place. They will also be able to review the Claimant Commitment actions they have jointly developed up until that point. We are exploring how we could integrate this approach into Universal Credit as well.

Your views

94. Work coaches play a crucial role in ensuring that disabled people and people with a long–term health condition can access the right support, at the right time, and in an integrated manner at a local level. We also recognise that there is more that can be done to improve how work coaches engage with these individuals.

    - How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?

    - What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

Employment support for disabled people and people with health conditions

95. Work coaches will increasingly be able to offer a wide menu of interventions tailored to people's needs. Building on what we have learnt from the Work Programme and Work Choice, the **Work and Health Programme** will offer a more personalised, local approach to supporting disabled people to overcome barriers to employment. The Work and Health Programme will be targeted at people who are likely to be able to find work within 12 months, with more

specialist support. Disabled people can volunteer for the programme at any time. Providers will be expected to support people based on the needs, strengths and aspirations of the individual; deliver effective services which are integrated with local services; and connect individuals with local employers and place and support them in sustainable employment. From 2017 we plan to be able to offer a place on either Work Choice or the Work and Health Programme to all eligible and suitable new Employment and Support Allowance (Work-Related Activity Group) and Universal Credit (Limited Capability for Work) claimants who are assessed as being within 12 months of being able to start work, and who wish to volunteer. This commitment will not include a small number of claimants who will be placed into the control group of the Randomised Control Trial used to evaluate the performance of the Work and Health Programme.

Localism and devolution

We are already funding work with Greater Manchester, London and in Glasgow and the Clyde Valley to deliver locally designed employment support to help those residents who claim Employment and Support Allowance who have left the Work Programme without finding work.

In parallel, through the Devolution Deal process, we have agreed to co–design the new Work and Health Programme with the Tees Valley, East Anglia, Sheffield City Region, the West of

England, West Midlands, Liverpool City Region and Cardiff Capital Region. This will ensure there is a more personalised approach in those areas and one which fully supports local plans to integrate services to provide a more co–ordinated service for residents to avoid duplication and people getting lost in the system. We are also working with London and Greater Manchester to not only co–design the programme with them but also ensure that they can jointly shape every element of the commissioning process, from strategy to service design, managing provider relationships and reviewing service provision. We are keen to understand what works locally to inform future strategy for supporting local delivery and supporting areas ambitions for integrating health and work provision.

96. The Work and Health Programme will not be suitable for everyone, as some people have additional and more complex needs. We currently offer additional help through the **Specialist Employability Support** programme. This provision focuses on helping those furthest away from the employment market and for whom other provision is unsuitable due to the complexities of their barriers to employment. Specialist Employability Support offers an individually tailored combination of advice, guidance, training, work placements and work experience. We are currently considering how we should continue this support in the future, including how to provide more places to individuals in the Employment and Support Allowance

Work–Related Activity Group or assessed as having limited capability for work in Universal Credit from April 2017.

97. We will continue to support disabled people and people with health conditions who wish to start their own business. The New Enterprise Allowance scheme provides access to business mentoring and offers financial support to those in receipt of an eligible benefit, including those on Employment and Support Allowance and Universal Credit. The New Enterprise Allowance has so far supported around 90,000 people into self–employment, where 21% of these businesses have been established by individuals who have declared a disability.[**73**]

98. We will also ensure we make better use of local support mechanisms. For those with a learning disability or autism who are known to adult social care, or those in contact with secondary mental health services, we will pilot an approach working with local authorities to deliver **Supported Employment** on an outcome–payment basis. Supported Employment uses a ‘place then train’ approach, aimed at moving people into paid employment. This will help us to test the effectiveness of locally–driven solutions to best support people with the most challenging conditions, and build on our learning of what works for them.

99. We also want to support local areas to design new, integrated approaches to improving health and work

outcomes at scale. We are using the **Innovation Fund** to develop large–scale health–led trials creating partnerships between local health service commissioners and providers, Jobcentres, and councils. These partnerships will test if health–led support services are effective at supporting disabled people and people with health conditions into work, how effectively they support people to stay in work and how to get a region to work collaboratively on the health and employment agenda, through the introduction and integration of services.

Supporting people with mental health conditions

100. Improving our offer of support for people with mental health conditions will be integral to our approach. The Five Year Forward View for Mental Health and NHS England's Implementation Plan sets out a series of actions to prevent mental ill health, improve services and reduce stigma. Around half of Employment and Support Allowance claimants in the Support Group report a mental or behavioural disorder as their primary health condition – the most prevalent of these being depression, stress and anxiety.[**74**] The government will invest in trials, proofs of concept and feasibility studies over the next 3 years to test ways to provide specialist support for people with common mental health conditions and ensure that we are providing access to the most effective health support when it is needed. As discussed in chapter 5, we are also increasing

the number of employment support advisers co–located in talking therapy services. We are supportive of co–locating services where it can improve support and will consider whether there is wider learning on co–location we can draw from this work.

101. The new support we will test to establish what works best for people with mental health conditions who are out of work includes:

- Group Work – to test whether the JOBS II model, a form of group work, improves employment prospects and wellbeing; and

- Supported computerised Cognitive Behavioural Therapy (cCBT) testing whether early access to supported cCBT can support employment outcomes alongside recovery.

Case study – a community employment specialist

“I am a Community Employment Specialist and really enjoy making a difference and changing attitudes, I have worked in a variety of roles and in various sectors, including small community development projects supporting people with multiple barriers to the workplace and managing a large branch of Waterstones booksellers. For most of my early life I struggled with a mental health condition and ended up claiming Employment and Support Allowance as I was not prepared to

acknowledge or seek proper treatment for my condition. My mental health reached a crisis point and I ended up homeless and living in my car, at that point I did seek help.

“After 9 months of this situation, I managed to secure a council flat and slowly began a recovery journey. I joined the Fed Centre for Independent Living because I wanted to work in a role where my experience and situation could actually help others instead of feeling like something I was always trying to hide.

“I was thrilled at the opportunity of delivering a Journey to Employment (J2E) job club and support others. Working directly in Jobcentre Plus has enabled me to support work coaches, build relationships and provide advice to people with health conditions.

“I also deliver J2E training which I deliver in a very flexible, person–centred way building the course content around each group of participants. I have support in the job club from a colleague who also has lived experience of managing a health condition, and exploring development of different coping mechanisms. This allows us to provide insight into the recovery journey, provide support wellbeing, resilience and respond to the changing needs of the people we work with so that we can support them on their journey back into employment.”

Provided by Journey to Employment in Brighton

Supporting young people

102. Gaining employment after leaving education should be a core part of the journey into adulthood for disabled young people and young people with health conditions yet successful outcomes are far too low. Young people who are out of work and begin to claim Employment and Support Allowance or Universal Credit early in their lives can face scarring effects of long–term unemployment if they do not move into work. To explore how to better support this group **we will test a voluntary, supported Work Experience programme for young people with limited capability for work**. This will enable young people to benefit from time in the workplace with a mainstream employer to build their confidence and skills, enhance their CV and demonstrate their ability to perform a job role.

103. There are over 250,000 children and young people in education in England with a Statement of Special Educational Needs or an Education Health and Care (EHC) plan.[**75**] Most have a learning disability or autism and many do not get the support they need to move into work. These young people who have an EHC plan at age 15 are more than twice as likely not to be in education, employment or training at 18. Just 5.8% of adults with a learning disability known to local authorities are in a job.[**76**] This must be addressed. We will work with organisations to listen to the views of people with a

learning disability and their families to look at what we can do to improve employment opportunities for this group.

104. **We will open up apprenticeships to young people with a learning disability**. For this group, we will make adjustments to English and maths requirements and draw on the £2.5 billion the government will make available for apprenticeships each year by the end of this Parliament. We will also work with social enterprises and disabled entrepreneurs to set up apprenticeships specifically for young disabled people. Jobcentre Plus will increase support in schools for young disabled people, by bringing in Supported Employment providers, business mentors and young disabled people who are in work to inspire young people to see employment as an achievable goal. This could include 2 weeks supported work experience.

105. A further way that young people with a health condition or disability can be helped while still in full–time education is through supported internships. These give 16 to 25 year–olds with an EHC plan (or equivalent) an unpaid work placement of at least 6 months, personal support from a job coach and a personalised study programme. The results can be impressive: evaluation found 36% of participants in the trial secured paid work.[**77**]

106. It is our ambition that all young people with an EHC plan should be able to do a supported internship[**78**] but to

achieve this we need many more employers to offer these opportunities. We suspect too few employers know where to go for information about how to offer a supported internship and do not understand the benefits, which can include: the flexibility to create opportunities that meet their needs; free support; and the chance to grow their employees of the future. **We therefore want to help employers to link up with schools and colleges to increase the number of supported internships.**

Supporting people in work

107. Universal Credit will also support disabled people and people with health conditions to not only get into work, but to progress in work as well. It is payable to those on a low income and aims to support those individuals to increase their earnings, progress *in work* and reach their full potential. This is the first time any country has attempted this approach. Therefore, it is crucial that we build the evidence base to understand what works. We have developed a substantial programme of trials as part of the wider test and learn strategy in Universal Credit. Evidence from these trials will be central to the development of our future in–work support service, and will provide a foundation for further development of support for disabled people and people with health conditions.

108. Whatever a person's needs, this new package of support offered through Jobcentre Plus will ensure more personalised, integrated and targeted approaches for disabled people or people with a long–term health condition. The work coach is the key gateway to this support within the Jobcentre Plus network and across local provision – transforming the way we engage with individuals with health conditions from the very start of their claim and testing direct referral into health services. We need to provide work coaches with additional tools to ensure that they are referring people to the right forms of support. We are therefore keen to hear from stakeholders about how best to support individuals, to inform our evidence base.

Your views

- What support should we offer to help those 'in work' stay in work and progress?

- What does the evidence tell us about the right type of employment support for people with mental health conditions?

- If you are an employer who has considered providing a supported internship placement but have not done so, please let us know what the barriers were. If you are interested in offering a supported internship, please provide

your contact details so we can help to match you to a local school or college.

Improving access to employment support

109. The new Personal Support Package, along with the earlier intervention and changes that Universal Credit introduces, marks a step change in the approach to helping people move towards and into sustainable employment. In practice however, over the last 12 months we have seen on average 50% of Employment and Support Allowance claimants being placed in the Support Group following their Work Capability Assessment,[**79**] meaning they will not access this support and risk facing long periods of time on benefits.

110. We recognise the challenges of helping those with the most complex health conditions move closer to work, particularly when there is limited evidence of what works best. Our aim is not to reduce the amount of benefit those in the Support Group (or the Limited Capability for Work and Work–Related Activity Group in Universal Credit) receive or to change the conditions of entitlement, but we do want to ensure people are treated as individuals. We want people to be able to access a personalised, tailored, practical employment support service that recognises that someone might not currently be able to engage with

employment support but that they may be able to access and make good use of that support in the future.

111. While we do offer employment support to individuals in the Support Group, this has historically received a very low take up, with very few people volunteering for this help. We need to do more to understand how we can best help this group and offer appropriate support.

112. **We will undertake comprehensive research to better understand how best to engage with people in the Support Group and those found to have limited capability for work and work–related activity in Universal Credit**, and what interventions are needed to support them effectively. We will also develop a large scale trial to test and learn from different approaches of offering employment and health support, and ways to increase the numbers of people taking up offers of voluntary support. We will explore how we can improve the nature of engagement with someone placed in the Support Group, and consider alternative ways of working with people which could include engagement outside a Jobcentre environment or through other local partners.

113. This will help us to better equip work coaches to support individuals to fulfil their potential and allow us to target future support in better ways. We want to explore how to work more closely with the voluntary sector and local

partners, to see if such organisations are better placed to offer individuals the right help. We will ensure that any additional support is effective for individuals, as well as offering affordability and value for money for the taxpayer. These findings will build on the range of interventions being trialled through the Work and Health Unit's Innovation Portfolio, which will help establish a stronger evidence base for what works and help inform how we might help disabled people and people with health conditions.

114. As there is currently no requirement for people in the Support Group to stay in touch with the Jobcentre, besides engaging with reassessments, we could consider implementing a 'keep–in–touch' discussion with work coaches. This could provide an opportunity for work coaches to offer appropriate support tailored to the individual's current circumstances, reflecting any changes since their Work Capability Assessment. This light–touch intervention could be explored as a voluntary or mandatory requirement and we would consider our approach carefully, utilising digital and telephone channels in addition to face–to–face contact, depending on which was more appropriate for the individual and their circumstances.

Your views

- Should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?

- What type of support might be most effective and who should provide this?

- How might the voluntary sector and local partners be able to help this group?

- How can we best maintain contact with people in the Support Group to ensure no–one is written off?

Conclusion

115. Where people want to work, and have the potential to do so immediately or in the future, receiving the health and employment support that is tailored to their personal needs and circumstances can help them to achieve their goals. This chapter has set out our new Personal Support Package, the ways we are supporting work coaches to better help people with health conditions, and the work we are undertaking to better understand the needs of the Support Group.

116. We want to work with disabled people, their families and their representatives to ensure we are delivering the

services which best support disabled people and people with health conditions to reach their full potential. The next chapter outlines how we could go further, to reform the Work Capability Assessment itself and further break down the barriers to being able to offer personalised support to disabled people and people with health conditions.

Summary of consultation questions

Building work coach capability

- How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?

- What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

Supporting people into work

- What support should we offer to help those ‘in work’ stay in work and progress?

- What does the evidence tell us about the right type of employment support for people with mental health conditions?

- If you are an employer who has considered providing a supported internship placement but have not done so, please let us know what the barriers were. If you are interested in offering a supported internship, please provide your contact details so we can help to match you to a local school or college.

Improving access to employment support

- Should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?

- What type of support might be most effective and who should provide this?

- How might the voluntary sector and local partners be able to help this group?

- How can we best maintain contact with people in the Support Group to ensure no-one is written off?

[**69**] Department for Work and Pensions. *Estimating the Early Labour Market Impacts of Universal Credit. DWP Report number: 28*; 2015.

[**70**] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html (accessed 10 February 2016).

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[**72**] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

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[**75**] Department for Education. *Special Educational Needs in England: January 2016*; 2016.

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3: Assessments for benefits for people with health conditions

Chapter summary

In this chapter we consider how we can best provide disabled people and people with health conditions with financial support in a straightforward and timely way if they fall out of employment. It explores:

- whether breaking the link between cash entitlement and Jobcentre support would lead to a more personalised offer of support, rather than this being decided by the category an individual is placed in following their Work Capability Assessment, as is the case with the current system;

- how this could work in practice, with eligibility for financial support still being decided by an assessment but allowing work coaches to determine the offer of employment support, making decisions on a case by case basis based on an individual's needs and circumstances;

- how we can share information more effectively across health and welfare systems, to create a more streamlined process for individuals with severe and lifelong conditions

to secure financial support, building on our announcement to stop reassessments for this group; and

- how improved data–sharing between health assessments (Employment and Support Allowance and Personal Independence Payment) could ensure we are able to make timely, accurate decisions about an individual's entitlement to financial support.

Introduction

117. People who have recently developed a health condition or become disabled are likely to be facing a stressful and challenging period in their lives. Falling out of work because of their health is an added stress. We want people not only to be able to access tailored employment support available through Jobcentre Plus, but also to get the financial help they are entitled to in a simple, straightforward way – especially for people with the most severe lifelong health conditions or disabilities. Crucially, the financial support they receive should not affect their eligibility to accessing employment support.

118. Universal Credit is already transforming lives, ensuring that individuals are supported when they have the most needs: both by accessing the financial support they need, and getting practical help to take the necessary steps to move back to work through an integrated support offer. Universal

Credit goes a long way to simplifying the system, replacing 6 benefits with one, so it is easier for individuals to get the financial help they need without making multiple applications to different benefits or switching between benefits when their circumstances change, and offering personalised and tailored support from a dedicated work coach. But there is more we could do to build on these foundations to ensure that we are maximising employment opportunities for people, whilst also ensuring access to the appropriate financial support.

119. The **Work Capability Assessment process for Employment and Support Allowance and Universal Credit** does not lead to the individualised employment and health support service that we would like. We currently have an assessment system that places people into fixed categories for the purposes of engagement with local Jobcentres and specialist support programmes, with over half of individuals not receiving any systematic support towards employment as a result.

120. As Jobcentre Plus moves towards offering a Personal Support Package focused on early intervention, we believe it is wrong for these individuals to miss out on the personalised support Jobcentre Plus and other agencies, including health and voluntary sector providers, can offer. This support could help them manage, or overcome, health or other issues preventing them working.

121. This consultation does not seek further welfare savings beyond those in current legislation. But there are ways that we can improve how the current functional assessment process for people with health conditions works, in particular in relation to employment and health support.

122. In this chapter we want to explore 2 areas:

- the first area is whether we can **improve how we assess entitlement to benefits;** and

- the second area is the need to be able to **share information more effectively across welfare and health systems**. There are challenges to achieving this, but also significant opportunities for government departments to work together to share the information already available, to take the stress out of assessment processes for securing financial support and ensure we make timely, accurate decisions about financial entitlement.

123. These 2 areas of reform are important to delivering the type of personalised and effective services we know disabled people and people with health conditions, their families and stakeholders want to see. We want to hear your views about how we can best do this.

The role of assessments in determining employment and health–related support

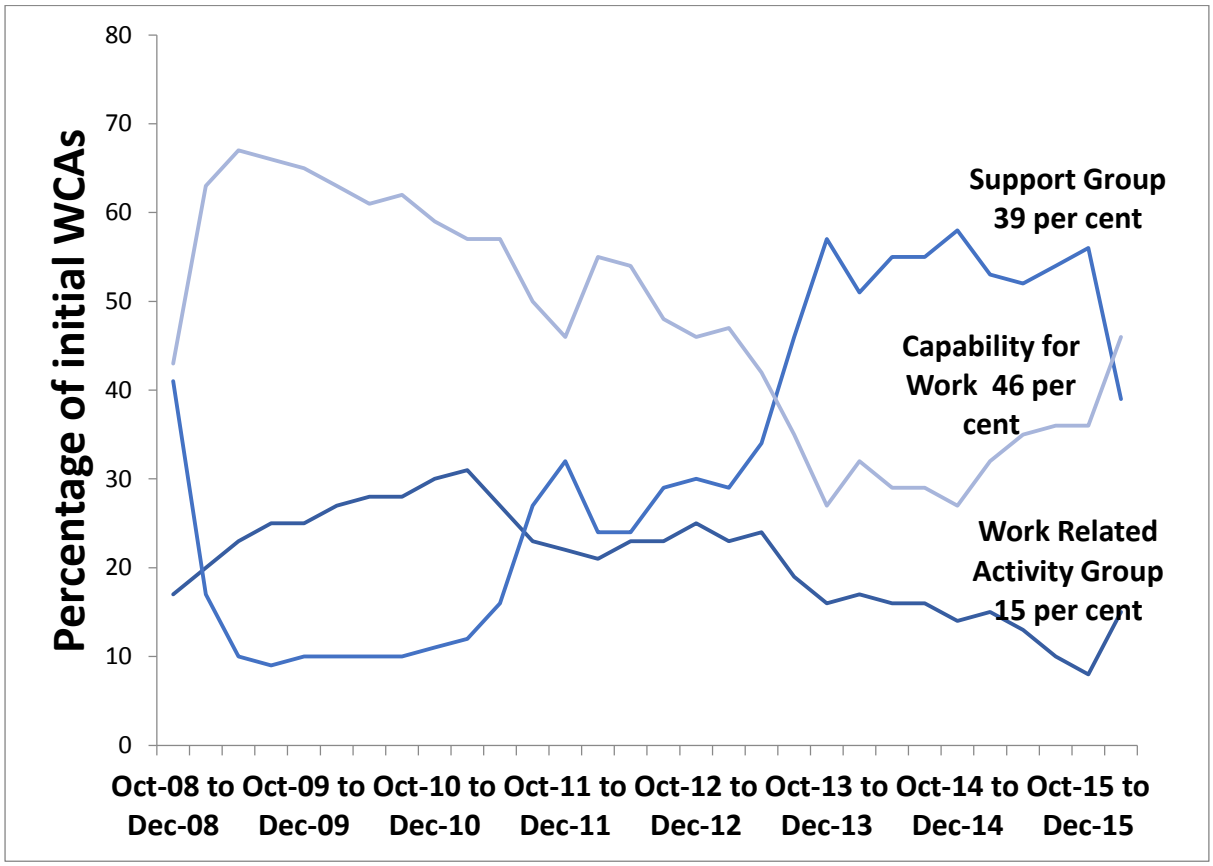
124. Employment and Support Allowance was introduced in 2008 to deliver a more proactive approach to supporting individuals with health conditions into work, with an expectation that a significant proportion of those going through the Work Capability Assessment would be placed in the Work–Related Activity Group, where they would be offered practical support to prepare to return to work if and when they were ready. Those who were unable to engage with any type of employment–related support would be placed in the Support Group and those who were found to be ‘capable of work’ would claim Jobseeker’s Allowance instead.

125. We are already taking steps to improve the assessment process and have responded to a range of recommendations from five independent reviews of the Work Capability Assessment. Last year, the Centre for Health and Disability Assessments (CHDA) introduced a telephone support service to help individuals to complete their health questionnaire, known as the ESA50 or UC50. We are also sharing information from the Work Capability Assessment with Jobcentre Plus work coaches, to allow them to consider health conditions and barriers to work–related activity in order to better tailor support. Employment and Support Allowance and Universal Credit forms and

letters are being reviewed with groups representing service users and CHDA to improve their clarity. We are revising the letter sent to GPs by decision makers when an individual is found to be capable of doing some work to encourage their collaboration and highlight the benefits of work. We are also launching an online Employment and Support Allowance claims process to give individuals and their representatives more flexibility in how and when they apply, while also improving the quality of evidence received.

126. However, it is clear that more needs to be done to improve assessments and ensure people are not being written off without support. At the time Employment and Support Allowance was implemented in 2008 it was assumed that less than 10% of those having a Work Capability Assessment would go into the Support Group and that, as a result of this additional support, there was an aspiration that 1 million fewer people would be on incapacity benefits (Employment and Support Allowance, Incapacity Benefit and Severe Disablement Allowance) by 2015. In practice, over the last 12 months we have seen on average 50% of people going into the Support Group,[**80**] as shown in Figure 1. While it is right that these people receive additional financial support, it was never intended that we apply a one–size–fits–all approach on accessing employment support to such a large group of individuals with a wide variety of conditions and differing prognoses.

Figure 1 – Outcomes of initial Work Capability Assessment



[Following are percentages taken from Figure 1]:

Percentage of initial WCAs:

Support Group –
Jan 15–Mar 15: 53%
Apr 15–Jun 15: 25%
Jul 15–Sep 15: 54%
Oct 15–Dec 15: 56%
Jan 16–Mar 16: 39%

Capability for Work –
Jan 15–Mar 15: 32%
Apr 15–Jun 15: 35%
Jul 15–Sep 15: 36%
Oct 15–Dec 15: 36%
Jan 16–Mar 16: 46%

Work Related Activity Group –
Jan 15–Mar 15: 15%
Apr 15–Jun 15: 13%
Jul 15–Sep 15: 10%
Oct 15–Dec 15: 8%
Jan 16–Mar 16: 15%

127. As a result of these trends, over 1.5 million people have been given the perception they do not have any capability for work and are unlikely to think about when and how they might start to prepare for an eventual return to work as a result of the Work Capability Assessment. This label may then apply for years and results in them not receiving any systematic contact with a Jobcentre Plus work coach. 69% of those in the Support Group have been on the benefit for 2 years or more:[**81**] a high proportion not being engaged for a long period of time. And only 1 person in every 100 of those in each of the Work–Related Activity Group and Support Group leave Employment and Support Allowance each month.[**82**]

128. The one–size–fits–all approach is inappropriate considering the wide range of primary conditions and needs within Employment and Support Allowance and the Support Group. Conditions in the Support Group can range from having a mental health condition (50%) to diseases of the musculoskeletal system (12%) or nervous system (7%).[**83**] People might have fluctuating health conditions so they are able to engage with help one week but not the next. And survey data shows that 52% of people in the Support Group do want to work,[**84**] although their health condition may be a barrier to this.

129. Alongside their entitlement to additional financial support, these people deserve a personalised, tailored, practical support service as outlined in chapter 2. For instance, someone might be unable to engage with employment support at the point they undertake their Work Capability Assessment, but at a later point they could benefit from light–touch contact with a work coach who could provide advice on the health or employment services that might benefit them.

Reforming the assessment process

130. In order to realise our ambition to ensure individuals can access personalised support while still receiving the additional financial help they need, we need to consider whether the Work Capability Assessment is the right

vehicle for deciding access to personalised employment support. This process initially included a Work–Focused Health–Related Assessment to explore with individuals their perceptions about work and to identify potential barriers to employment, but this was suspended in 2010 after we identified it was not as effective as had been hoped. This means we have a single functional assessment that tries to do two things: deciding both financial entitlement and also levels of systematic contact with Jobcentre Plus. We need to consider whether this is the right approach for the future.

131. Instead, it ought to be possible to build a more effective approach to assessing entitlement to financial and employment support. For instance, establishing entitlement to financial support could still be decided by an assessment, but that assessment could be used *solely* to determine whether an individual should get additional financial support. Decisions on whether someone should engage with Jobcentre Plus or specialist programmes could then be made through a separate process. This would avoid the current situation where someone's entitlement to additional financial support can also result in them being given no employment support.

132. For instance, trained work coaches could have discretion to make case–by–case decisions about the type of employment support a person is able to engage with. To do

this effectively, they would work closely with the person, building on information gathered at early discussions such as the Health and Work Conversation to ensure they are signposted to help that is appropriate to their needs. Work coaches will be able to draw on additional advice where needed, from Disability Employment Advisers and Community Partners, and could access specialist advice such as occupational health and Jobcentre Plus work psychologists where individuals have more complex health conditions.

133. That important relationship with a work coach would then continue beyond the assessment, ensuring those assessed as needing the most financial support can still access the holistic health and employment support and signposting offered by and through Jobcentre Plus. Work coaches could have full discretion to tailor any employment support to each individual claimant. This approach would be truly responsive, allowing the work coach to adjust requirements and goals dependent on changes in a person's condition or circumstances. This is particularly important for people with fluctuating health conditions, as the support available would always be reflective of their needs.

134. This would mean that people are really offered a personalised service that takes appropriate account of their needs while still receiving the same financial support as under the current system – rather than having the offer of

employment support determined by a fixed category. We would of course put safeguards in place to ensure that work coaches do not require someone to attend an appointment where this would not be reasonable.

135. There are a number of principles to how a new assessment approach could work which we would want to test. For instance, any assessment for financial support should draw as far as possible on existing information that has been gathered from the NHS, the adult social care system or through other benefit applications, such as from a Personal Independence Payment application where this is appropriate and relevant. And it should still focus on the impact that an individual's health condition has on them – recognising that those with the greatest level of disability have the biggest labour market disadvantage.[**85**]

136. An assessment which only considered financial support would also align to the principles of Universal Credit, meaning that an individual would continue to receive the 'limited capability for work and work related activity' rate of Universal Credit even if they moved into work, which would taper away as earnings increased.

137. This diagram illustrates a possible model for how this proposed approach could work in future – it does not describe the current system. We would like to hear views

on whether this model would work, or whether there are alternative options we should explore.

[Text to replace flowchart diagram]

UC Claimant makes new claim online

Within 1 month of claim
Initial engagement with a work coach

Acceptance of Claimant Commitment via most appropriate channel

Employment Support - on Universal Credit (UC) with a health condition in or out of work

DEAs and Community Partners provide advice and support to work coaches

Claimant receives personalised support from skilled and accredited Jobcentre Plus work coach throughout the life of their claim - including a Heath and Work Conversation...

...and can access the Personal Support Package - a comprehensive menu of support designed to be tailored to the needs of the claimant.

UC Claimant makes new claim online

Financial Support – on UC with a health condition in or out of work

Claimant receives UC standard allowance (plus any relevant additions dependant on household circumstances)

Assessment

Claimants assessed as being too ill or disabled to work or undertake work-related activities will receive additional financial support in addition to the UC Standard Allowance (plus any relevant additions)

Re-assessments, where appropriate to assess continuing entitlement to the disability addition of UC. This process excludes those with the most severe, lifelong conditions.

Your views

138. We recognise that stakeholders have repeatedly highlighted concerns about the effectiveness of the Work Capability Assessment. We want to hear your views on alternative ways that we could improve the process by which people are assessed for entitlement to financial support.

- Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?

- How can we ensure that each claimant is matched to a personalised and tailored employment related support offer?

- What other alternatives could we explore to improve the system for assessing financial support?

Improving the data we use to assess financial support

139. People rightly expect public services to work together with each other, and to use the information they have provided to ensure the best possible service. This is even more important for services that provide essential financial support when someone is in need, such as when they have developed a health condition, or lost their job and their source of income.

140. For example, the Armed Forces Covenant helps ensure that service personnel, veterans and their families are supported and treated fairly, and recognises that special consideration is appropriate in some cases, especially for those who have given the most, such as those who have

been injured. The Department for Work and Pensions uses Service Medical Board evidence where it can so a severely disabled person doesn't have to undergo additional examinations for Employment and Support Allowance purposes.

141. However, there may be opportunities to use this evidence more widely in Employment and Support Allowance and Universal Credit assessments for all members of the armed forces which would result in speedier benefit awards and a less burdensome claiming process for the individuals.

142. If a person falls out of work as a result of a health condition or disability, they might already be accessing NHS services and potentially support from their local authority such as adult social care. They might also apply for financial assistance from a range of NHS schemes, such as the Healthcare Travel Costs Scheme. In addition, they might also claim a number of benefits, including Employment and Support Allowance or Universal Credit, and Disability Living Allowance or Personal Independence Payment.

143. In order to receive both Employment and Support Allowance or Universal Credit, and Personal Independence Payment, people will take part in 2 separate assessment processes. Around half of those who claim Employment and Support Allowance also receive Personal Independence Payment (or Disability Living Allowance),

and 64% of those in the Employment and Support Allowance Support Group claim Personal Independence Payment or Disability Living Allowance.[**86**] This means that these individuals have to make 2 separate benefit applications where they often have to provide much of the same information, which might be in addition to applying to the NHS, local services or other bodies to receive specific support. For those who claim both Employment and Support Allowance and Personal Independence Payment, as at April 2016, around 70% applied for Employment and Support Allowance first.[**87**]

144. Different schemes provide financial support to meet different needs. For instance, Employment and Support Allowance and Universal Credit are paid to replace and supplement someone's income while they are out of work or in low–paid work with a health condition. However Personal Independence Payment is designed to contribute to additional costs arising from a disability. It is sometimes appropriate that individuals might receive one and not the other, so to some extent it may be unavoidable that more than one application and assessment is required to determine eligibility for these different schemes.

145. However, where there are opportunities to share common information across processes and where information is up to date and relevant, we should reduce the burden on the individual of providing the same details over and over again

should they claim both. This could also improve the accuracy of assessments to ensure individuals get the financial support they are entitled to, by making more effective use of data already held within the welfare system.

146. For example, subject to establishing that any data to be shared is up to date and relevant, we can consider sharing of data between the two assessments for Employment Support Allowance/Universal Credit and Personal Independence Payment. This could mean sending relevant sections of the Work Capability Assessment report to Personal Independence Payment assessors should an individual in receipt of Employment Support Allowance/Universal Credit, subsequently claim Personal Independence Payment. This could simplify the process so that once someone has provided information about their health condition to one part of the system, that information is used if they make a claim to a different benefit. This would ensure a person receives what they are entitled to without having to submit the same information again.

147. We will also explore how the assessment process could use data already gathered by the NHS or local authorities where appropriate, to ensure people do not have to repeatedly provide the same information. There are inevitably important sensitivities around how an individual's data is used, and Dame Fiona Caldicott's Review of data

security and consent / opt-outs has explored how we achieve the right balance between protecting an individual's data, and using it to improve services.[**88**] However, if we can strike the right balance, there is a valuable opportunity to create a more seamless journey for people with the most needs, using data in a way that improves their access to services, and promotes more integrated services.

Those with the most severe lifelong conditions

148. Some people have been diagnosed with the most severe health conditions and disabilities from which they will never recover, and which require high levels of day–to–day care. People in these circumstances are likely to already have significant engagement with the NHS or social care services and in many cases they will already have had detailed and up–to–date NHS or local authority health or care assessments.

149. As these people's conditions are extremely unlikely to improve, we have recently announced that they will no longer be required to take part in reassessments and are engaging with experts to design the criteria for deciding to whom this should apply. They are still currently expected to take part in an initial Work Capability Assessment to

determine if they should have access to increased financial support and to decide their access to employment support.

150. We are therefore consulting on whether we should introduce **a more appropriate process for people who have severe health conditions and disabilities**, who represent a small proportion of those in the Employment and Support Allowance caseload. For instance, we could consider whether a simpler assessment process could be developed, that means that people do not need to provide as much information as required under the current system. It may be possible to achieve this, with an individual's consent, by using data already held in the NHS to determine severity of condition and functional impact where this is appropriate.

151. In order to test the feasibility of this approach we will be conducting a case review exercise in our Assessment Centres to determine whether a healthcare professional could have completed a shortened assessment process using, for example, pre–existing NHS or local authority evidence such as care plans to make their recommendation. This would avoid placing any further burdens on the individual to fill in additional questionnaires or attend a face–to–face assessment to determine their eligibility. As part of this and the data–sharing work, we are also looking at wider opportunities to reduce bureaucracy

and improve individuals' experiences of assessment processes.

Your views

152. We want to hear from you about how we can make these processes work more effectively and seamlessly for individuals accessing financial support.

- How might we share evidence between assessments, including between Employment Support Allowance / Universal Credit and Personal Independence Payments to help the Department for Work and Pensions benefit decision makers and reduce burdens on claimants?

- What benefits and challenges would this bring?

- Building on our plans to exempt people with the most severe health conditions and disabilities from reassessment, how can we further improve the process for assessing financial support for this group?

- Is there scope to improve the way the Department for Work and Pensions uses the evidence from Service Medical Boards and other institutions, who may have assessed service personnel, which would enable awards of benefit to be made without the need for the

claimant to send in the same information or attend a face–to–face assessment?

Conclusion

153. Disabled people and people with health conditions need a simple, effective route to the most appropriate financial support so that they can focus on managing their disability or health condition and accessing employment support where appropriate. This paper is seeking views on whether individuals could receive a better experience in accessing financial support – with improved used of data, and an assessment process that enables them to access financial support without this affecting their engagement employment support.

Summary of consultation questions

- Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?

- How can we ensure that each claimant is matched to a personalised and tailored employment related support offer?

- What other alternatives could we explore to improve the system for assessing financial support?

- How might we share evidence between assessments, including between Employment and Support Allowance / Universal Credit and Personal Independence Payments to help the Department for Work and Pensions benefit decision makers and reduce burdens on claimants?

- What benefits and challenges would this bring?

- Building on our plans to exempt people with the most severe health conditions and disabilities from reassessment, how can we further improve the process for assessing financial support for this group?

- Is there scope to improve the way the Department for Work and Pensions uses the evidence from Service Medical Boards and other institutions, who may have assessed service personnel, which would enable awards of benefit to be made without the need for the claimant to send in the same information or attend a face–to–face assessment?

[**80**] Department for Work and Pensions. *Employment and Support Allowance: Work Capability Assessments, Mandatory Reconsiderations and Appeals. ESA-WCA outcomes to March 2016 (MRs to July 2016);* 2016.

[**81**] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

[**82**] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

[**83**] Department for Work and Pensions. *Work and Pensions Longitudinal Study, DWP Tabulation Tool February 2016.* http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html.

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[**86**] Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016.

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[**88**] National Data Guardian. *Review of Data Security, Consent and Opt-Outs;* 2016.

4: Supporting employers to recruit with confidence and create healthy workplaces

Chapter summary

In this chapter we consider the role of employers in supporting more disabled people and people with health conditions into work. We explore:

- why employers should take action, highlighting the benefits of investment and the risks of inaction;

- how employers can be supported to establish good practices and supportive workplace cultures. We discuss the role of the public sector as a major employer in its own right and then look at how employers can be helped to address stigma and monitor workplace health, how they can access information, support and peer networks, how we can strengthen the evidence base for action and the possible role of incentives in driving the right behaviour and innovation;

- how we can encourage employers to recruit disabled people and people with health conditions; and

- how employers can support more disabled people and people with health conditions to stay in or return to work. We explore the critical role of promoting health, practical preventative and rehabilitative support, how sickness absence management can be improved to support phased returns to work and the role of insurance schemes in supporting prevention activities and protecting incomes.

Introduction

154. We want to create a country and an economy that works for everyone, in which disabled people and people with health conditions are given the chance to be all they want to be and employers can benefit from a large, valuable and under–used section of the labour market.

155. Employers are important partners in this enterprise. Many are already creating healthy, inclusive workplaces and our vision is for this to become normal practice for all employers. This chapter sets out an ambitious view of what employers can do. We first consider why it is in the interests of employers to act and then consider the foundation step of embedding good practices and healthy, inclusive cultures – which will underpin our efforts to help disabled people and people with health conditions to move into, stay in, progress in, or return to work.

156. We then focus on the tangible things we could do now to move towards an employment culture that recognises the contribution that disabled people and people with health conditions make to the workplace and where investment in health and wellbeing is the norm. We particularly want to know how to support, encourage and incentivise employers to adopt good practice, particularly among small and medium–sized businesses.

The case for employer action

157. Businesses drive our economy and are rightly focused on growth, productivity and delivering a return on their investments. Investing in workplace inclusivity, health and wellbeing is critical to these goals:

- employers will have access to a wider pool of talent and skills if they have inclusive and disability friendly recruitment, retention and progression policies,[**89**] and may also be able to serve their customer base more effectively;

- organisations that promote and value health and wellbeing benefit from improved engagement and retention of employees, with consequent gains for performance and productivity. Highly engaged employees are less likely to report workplace stress,

take fewer days sick absence[**90**] and make the most productive and happiest employees;[**91**]

- employers lose out when people go sick: 139 million sick days were taken in 2015[**92**] and the direct cost to businesses of sickness absence has been estimated at £9 billion per year.[**93**] One survey put the median cost at £622 for each absent employee;[**94**]

- the challenge will become greater as the working age population gets older – the workforce is projected to increase by roughly a million in the coming decade, with the majority of this increase in the 50 to 64 year old age group.[**95**] With health conditions and disabilities more prevalent in this group, employers will increasingly need to support their employees to remain healthy and manage their conditions if they are to make the most of their skills and experience;

- by helping someone who is having difficulty in work due to illness or disability or intervening early in a period of sickness absence, employers can retain skilled employees and avoid additional recruitment costs. One study found that the average costs of replacing a worker earning more than £25,000 ranged between £20,000 and £40,000;[**96**]

- in addition to being bad for employers and the economy in general, a prolonged period of sickness absence is bad for individuals – early intervention is important,[**97**] the longer someone is away from work, the harder it is for them to get back to work, and the greater the risk of them missing out on all the benefits that work can bring;[**98**] and

- beyond the workplace, there are benefits to employers from investing in health and disability: households including disabled people have a combined spending power of around £212 billion[**99**] and we know that there is scope for businesses to better serve disabled consumers and communities and therefore capitalise on this spending power.

The benefits of work experience placements

"What's not to like about hiring exceptional candidates? We've quickly learned that there can be a fabulous overlap between candidates with learning difficulties and exceptional employees – and any employer that isn't interested in that overlap is missing out in a big way"

Partner at a global law firm which works with Mencap to offer work placements and has recruited disabled people

Action already taken

158. Employers already have to take certain actions to comply with health and safety and equality laws and the government has recently appointed Matthew Taylor to lead an independent review to look at how current regulations may need to change in order to keep pace with the growing number of people who are registered as self–employed, on zero hours contracts or in temporary work. The review will look at job security, pay and rights and it will also examine whether there are ways to increase opportunities for carers, disabled people and older people.

159. Employers can also access government support to recruit and retain disabled people and people with health conditions in several ways:

- **Disability Confident** is a campaign that challenges negative attitudes to disability and disability employment and aims to help disabled people achieve their potential. We want the Disability Confident badge to become a recognised symbol of a good employer and for the list to be published so disabled jobseekers can find supportive employers;

- **Access to Work** supports the disability–related needs of individuals in the workplace where they go beyond reasonable adjustments required under the Equality

Act 2010. Last year Access to Work invested around £100 million to support over 36,000 disabled people. Additional funding announced in 2015 will mean that we will be helping over 60,000 people per year by the end of the Parliament. It has also seen a new focus to respond to those with hidden impairments like mental health conditions and learning disabilities;

- **Fit for Work** provides a free, expert, impartial work and health advice service for employers and a targeted occupational health assessment for employees who are off sick for 4 weeks or more;

- a **Small Employer Offer** is being rolled out to support smaller employers to create more job opportunities for disabled people and people with health conditions. Advisers based in Jobcentre Plus will work with employers to create tailored in–work support for employees, and provide advice and support for employers on workplace adaptations. Small employers can apply for a payment of £500 where employment continues for 3 months;

- the **Small Business Research Initiative** aims to solve challenges by harnessing creative ideas from business. A competition launched in October 2016 looks at innovative ways small and medium sized businesses can manage sickness absences and

support early returns to work. A decision on successful bids will be made in January 2017.

Embedding good practices and supportive cultures

160. We know that the right organisational culture and practices can enable more disabled people and people with health conditions to get into and stay in work. Many employers already have a strong track–record in this area and we want to learn from their success and support others who need to do more. In this section, we set out the steps we will take to encourage inclusive cultures which have supportive employment practices by focusing on:

- the public sector leading by example;
- addressing stigma and encouraging disclosure;
- providing guidance and helping employers to learn from each other; and
- incentivising action and encouraging innovation.

The public sector as an employer

161. The public sector is a large employer, and we are committed to ensuring that it leads the way in developing employment practices that allow disabled people and

people with health conditions to flourish. There are a number of activities already underway to support this ambition. For example:

- all central government departments provide support to help all employees to stay well and manage their health conditions at work. This support includes a variety of programmes like occupational health support, online cognitive behavioural therapy, counselling support and the Civil Service reasonable adjustments service;

- departments also have a variety of employee networks focused on health and disability. These are supported by senior managers and allow employees to support and learn from each other; and

- work is also underway in other parts of the public sector. The NHS employs 1.4 million people and NHS England, through its Healthy Workforce Programme is providing healthy food options, NHS health checks and voluntary initiatives such as weight watching to NHS employees. It is also working to improve recruitment of people with learning disabilities.

162. This investment has proved effective in bringing down civil service sickness rates: for example, sickness rates in the Department for Work and Pensions have fallen from

11.1 days per staff year in 2007 to 6.2 in 2016.[**100**] However, it is clear that more needs to be done. Sickness absence in the wider public sector stands at 8.7 average working days lost per person compared to 6.1 in the Civil Service and 5.8 in the private sector.[**101**] Just under 12% of those who work in the public sector report having a disability, compared to an overall disability prevalence rate of 17% within society overall.[**102**]

163. We are committed to the public sector leading by example and will take action to:

- ensure public sector employers monitor and review their recruitment, sickness absence and wellbeing activities and take action where issues are identified. The ambition is that inclusive recruitment, tailored wellbeing and ill health prevention activity to support and sustain people in work is the norm.

- ensure all government departments are signed–up as being Disability Confident by the end of the year. In addition, we will extend this expectation across other public sector employers over the next 12 months.

- explore whether the use of procurement, which has been simplified and streamlined since 2015, can deliver wider objectives as well as value for money. For example, whether the Department for Work and

Pensions' initiative that encourages suppliers to provide employment and other opportunities to disadvantaged groups, including disabled people, could be expanded to other government departments or employers who receive public funding.

Addressing stigma and encouraging disclosure

164. Of course any employer, whether public, private or voluntary and community sector, can only help someone start or stay in work if they are aware of a health condition or disability. Many conditions can be hidden and a person's decision to disclose a disability or health condition to an employer can hinge on a number of factors. These include the extent to which they feel able to have a conversation with their manager, whether they fear disclosure might result in stigma or discrimination and the level of support they feel their manager, employer or colleagues might give them. Broaching the subject of disability and health may feel too sensitive or off–limits for many managers and employers who fear saying or doing the wrong thing.

165. Yet in many instances open and supportive conversations about disabilities and health conditions will help employees and employers work together to enable someone to fulfil their potential at work, and remain in work if a condition fluctuates or develops. It is also important for employers to understand the profile of their workforce both through

individual conversations and by analysing data they hold (for example on sickness absence and from worker health surveys) to plan for, and address, issues it may present.

166. Currently UK employers are not required to know the details about disability or sickness in their workforce.[**103**] If we are to realise our ambition of a healthy UK workforce with fewer people dropping out of work because of ill health, then **we need to see all employers creating environments where employees feel able to disclose health issues and where employers act on that information to improve employee health.** We would like to hear how best employers can be supported to create environments that support disclosure and what it is reasonable to expect employers to do as regards monitoring and acting on the health needs of their workforce.

Creating a culture that encourages disclosure: Barclays Bank

Since 2013, Barclays has run a “This is Me” campaign to tackle the awareness and understanding of mental health in the workplace. The campaign is designed to address the hesitancy to speak out about the topic itself, is driven and designed by employees with personal experience of managing their own mental health and wellness, and fully supported by Barclays disability network, Reach.

The campaign was built on individual experiences and has a three–fold approach – authentic stories of colleagues talking about their lives including their own mental health and wellness, identifying and addressing areas for improvement, for example through manager training and policy reviews, and an external commitment to breaking the stigma related to mental health issues by signing the Time to Change pledge. From just 9 stories, the campaign grew and to date over 160 stories have been shared by colleagues and they have seen more than 60,000 visits to the website.

As a result of the response from other businesses, Barclays has partnered with the Lord Mayor of London to expand its campaign to “This is Me in the City”. This city–wide campaign has encourage over 70 London based organisations to launch a similar ‘This is Me’ style campaign within their own organisations.

Mark McLane, Global Head of Diversity and Inclusion at Barclays, said “It is clear that authentic story–telling truly engages people and, when led by colleagues, it leads to real inclusion and builds a sense of trust. However daunting it may seem at the start, this approach encourages more people to speak out about their own experiences. Strong leadership and support from well–informed charity partners has proved to be invaluable.”

Providing and publicising guidance and supporting employers to work together

167. Employers may be prevented from creating a supportive culture by a lack of expertise, support or capacity. This can be a particular issue for smaller businesses, where they might be facing the issues for the first time. There is already a wealth of information about how employers can support disabled people and people with health conditions, but the extent to which it is known about, used or found useful is unknown. So we want to consider how we can bring this information together, make it accessible and support employers to work together.

    As well as guidance, we want to provide more information on the business case for employers to be more inclusive for their employees and their customers. Although the evidential case for employer action on health and work is already compelling, we believe there is scope for it to be stronger still, and particularly so for smaller employers. We believe there is a case for research to build and illustrate the business case for employer action in a number of areas. These could include:

    - the benefits of wellbeing, prevention and rehabilitation activities, including occupational health support for employers and others;

- the return on investment for employers who purchase income protection insurance; and

- effective recruitment methods across different disabilities and health conditions.

168. Many organisations have recommended consolidating some of the evidence on the business case for change, as well as practical information, into a one–stop shop for employers. This could include case studies, examples of reasonable adjustments as well as running awareness sessions. We agree that there could be benefits to this and so **we will undertake research to find out what employers would find most useful in a one–stop shop on health and work**. We also seek your views on this as part of the consultation.

169. Partners have also suggested that government should be more proactive in making businesses aware of the information and support that is available to them, rather than expecting them to find it themselves. We agree, and so we **will work with partners to develop and run information campaigns on key topics around health and work to help employers access existing information and adopt good practices.** We want to hear from employers about how best to do this, for example, who employers are influenced by and how to reach different sectors.

Realising potential

170. Seeing more disabled people and people with health conditions get into work is important but on its own it is not ambitious enough – we want to see these employees reaching their full potential, making their fullest contribution and going as far as their talent and drive can take them. Senior, executive and board positions should be within their reach.

171. Evidence suggests that seeing employers have success in hiring disabled people and people with health conditions can be a powerful way of motivating other employers to act.[**104**] Employer–employee networks and business–led initiatives therefore have a big role to play in influencing employers to recognise the talents of disabled employees and employees with health conditions and creating the momentum to support these employees excel.

172. Some organisations already support networks that stimulate the exchange of new ideas and good practices. The Business Disability Forum brings together business people, disabled opinion leaders and government while Purple Space focuses more specifically on employee networks, providing learning, networking and professional development opportunities.

173. Business–led initiatives can also have great influence. For example, from 2010 to 2015, the number of women on the

boards of FTSE 350 companies more than doubled, following the business–led Lord Davies Review set up by Government into women on boards. The Davies Review worked with key stakeholders including businesses, investors and executive search firms, and we saw the target for 25% women on boards of the FTSE 100 by 2015 exceeded, and all–male boards in the FTSE 100 eliminated. Work continues under the new Hampton–Alexander Review, with the increased target for 33% women on FTSE 350 boards by 2020.

174. The Review created a culture change in business, with companies recognising that achieving a better gender balance at these levels will not only help to close the gender pay gap, but companies will also benefit from better decision making, accessing the widest talent pool and being more responsive to the market. Increasing the number of women at senior levels is about improving performance and productivity.

175. We believe there is much more we can do to achieve the same results for disabled people. Although representation of disabled people and people with health conditions in senior positions is unknown (noting employers are not required to collect data on this), it is reasonable to surmise that with a disability employment gap of 32 percentage points, representation at senior levels is also likely to be lacking. So we want to know what the role of employers

and government should be in helping disabled people and people with long–term health conditions progress in work and secure senior roles.

176. We want to see businesses leading the way and creating the same sort of momentum as they have to increase the number of women on boards. To achieve this, **we will establish a Disability Confident Business Leaders Group who will work alongside ministers and officials to increase employer engagement around disabled employment, starting with FTSE 250 companies**.

177. In addition, we think there is scope to do more, especially among small and medium–sized employers, **to establish supportive networks between employers, employees and charities around health and work**, and would like your views on the best way of doing this.

Incentivising action and stimulating innovation

178. We want to know whether financial or other incentives would encourage employers to try new and creative things to support more disabled people and people with health conditions in work. The reality is that in order to halve the disability employment gap, all things being equal, we need to see around a million additional disabled people in work and we want to explore how we can incentivise employers in creating new roles for disabled people and people with long–term health conditions. Several financial incentive

schemes around health and work and stimulating employment more generally already exist:

- to encourage employers taking action to prevent employee ill health, employers can claim tax relief on up to £500 of the cost of treatment for an employee recommended by an occupational health practitioner and can claim corporation tax relief on their premiums when they purchase income protection insurance products for their employees.

- to encourage job creation, particularly among young people, the Employment Allowance scheme allows businesses to employ 4 adults, or 10 18–20 year–olds, full–time on the National Minimum Wage without paying employer National Insurance contributions.

- a small grant promoting the employment of disabled people and people with health conditions is being trialled through the “Small Employer Offer” mentioned at paragraph 159 above. Small and medium–sized enterprises who sustain such employees at work for 3 months will receive £500 to provide on–going mentoring and support for employees.

179. We recognise that the evidence about the effectiveness of such initiatives in sustaining people in or supporting them into employment is mixed. However we believe that, given

the scale of the challenge ahead of us, it is right to consider if they have a role to play.

180. Partners have suggested, for example, using financial incentives to encourage large employers to share their HR, occupational health or employee assistance services with smaller employers; or encouraging employers to provide occupational health support to their employees. Schemes like this may help build capacity among small and medium–sized employers.

181. More broadly, we know that employer indexes such as Stonewall's Equality Index can support changes in employer behaviours.[**105**] The mental health charity Mind launched its Workplace Wellbeing Index earlier this year.[**106**] It may be helpful for the Disability Confident scheme to include an index of employers on how inclusive of disability they are. We would like your views on whether there is a role for these and other incentives in helping more disabled people and people with health conditions to move into or stay in work.

Your views

- What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?

- What expectation should there be on employers to recruit or retain disabled people and people with health conditions?

- Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions? Please consider:

    - the information it would be reasonable for employers to be aware of to address the health needs of their employees;

    - the barriers to employers using the support currently available;

    - the role a ‘one stop shop’ could play to overcome the barriers;

    - how government can support the development of effective networks between employers, employees and charities;

    - the role of information campaigns to highlight good practices and what they should cover;

    - the role for government in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles;

- the impact previous financial, or other, incentives have had and the type of incentive that would influence employer behaviour, particularly to create new jobs for disabled people; and

- any other measures you think would increase the recruitment and retention of disabled people and people with health conditions.

- Should there be a different approach for different sized organisations and different sectors?

- How can we best strengthen the business case for employer action?

Moving into work

182. A supportive inclusive culture is demonstrated in practice at 2 critical points – the recruitment of disabled people and people with health conditions, and how they are supported to stay and progress in work. In this section, we set out some existing good practice for inclusive recruitment and consider how we might improve existing government schemes to support employers to recruit disabled people and people with health conditions.

183. The Disability Charities Consortium has identified that employers who are good at recruiting disabled people

consider the challenges such candidates may face and take innovative steps including offering “working interviews” and providing supported internships and apprenticeships to help disabled people gain skills and experience.[**107**] Disability Confident suggests other ways of making recruitment practices more inclusive include making online recruitment more accessible and providing additional training for recruiting managers. We would like to establish what good practice employers are already taking and how government schemes can support this.

184. There are already a number of government schemes that support employers or employees to manage health conditions and disabilities at work, such as Disability Confident and Access to Work. Various organisations have suggested ways in which the remit and operation of some of these schemes could be changed to support employers to recruit more disabled people and people with health conditions. We would like to hear about the ways these schemes could be enhanced to help even more disabled people move into work.

Your views

- How can existing government support be reformed to better support the recruitment and retention of disabled people and people with health conditions?

Case study – Jamie

Jamie joined North One Television on a one year–internship leading up to the Rio Paralympics, where he then joined the Channel 4 production team in Brazil. The objective of the internship at North One was to give Jamie direct exposure to sports production, and to this end we placed Jamie within our MotoGP team, producing coverage for BT Sport of the world motorcycle racing championship.

Channel 4 has been leading the way in creating opportunities for people with disabilities in the media. But the main challenge (and one that we have whole–heartedly supported) is to accept that people with disabilities simply want to achieve what the rest of us have – a career with prospects that can provide an income to allow them to plan for and support their long–term future.

This requires a management and workforce to accept and share the challenges that a person with disabilities has, to feel able to speak openly about them to make the workplace as practical as possible, but then – crucially – to put the disability second and the ability first.

Jamie is a wheelchair user so a number of workplace adjustments took place (accessibility issues and so on). But that was dealt with. Jamie then got stuck in to his role on MotoGP and has proven himself to be an extremely capable Researcher/Assistant Producer, to the extent that he will be

returning after the Paralympics to join our team beyond this internship.

There are no favours here, no preferential treatment or tokenism. Jamie has earnt this position because he is a good Researcher/ Assistant Producer. I think this is a fundamental issue, but it requires open and frank discussion about what a disability means in practical terms and then to focus on the job, as you would with any other employee.

But the process of making adjustments to the workplace and engaging employees in that process makes for a far more accepting and understanding wider workforce, shifting the general focus from disability to ability.

Account from Robert Gough, North One Television.

Staying in or returning to work

185. A person who falls ill in work or who has an existing condition or disability that worsens may face a critical point where the right support from their employer can make all the difference between them remaining and flourishing in work or struggling to cope and falling out of work. An inclusive culture, where health is promoted and action taken to prevent or manage ill health supports the interests of both employer and employee. Yet some employers

focus on compliance with health and safety legislation without necessarily considering wider health and wellbeing.

186. A true preventative approach requires a focus on both physical and mental health and support for those having difficulty in work due to illness or those who have gone off sick. In this section, we consider:

- how employers can proactively promote health and wellbeing and preventing ill health;
- managing sickness absence and the role of Statutory Sick Pay in supporting phased returns to work; and
- how insurance products could better support employers to manage the potential costs of ill health.

Promoting health and wellbeing and preventing ill health

187. Given the time most working people spend in the workplace it should be a key place to support health and wellbeing. Investing in the health and wellbeing of employees can bring business benefits by reducing sickness absence rates and improving productivity. To be effective, initiatives will need to be tailored to the organisation, although various organisations and studies have identified several core components which positively

embed health and wellbeing in the workplace. These include:

- **the right culture and leadership** such as supportive company values and standards, the right working policies and practices, a commitment to health and wellbeing at all levels but particularly among senior leaders and effective communication and consultation with employees;

- **the right physical environment** through safe and appropriate working conditions;

- **effective people management** where managers have the confidence and capacity to deal with workplace health and wellbeing issues. Where in place this has been linked with improved performance and wellbeing; where it isn't it creates pressure among those who continue to work despite illness[**108**] and has been linked with stress, burnout and depression.[**109**]

188. These are not new concepts and build on the key elements of effective health and safety management. Advice and support for employers on how to embed these elements is readily available (although we are considering how we can ensure it is more effectively organised and made available) and there are many practical ways employers can support workforce wellbeing.

189. Interventions should be based on the specific health needs of each organisation's workforce and employers may find it helpful to work with their local NHS and local government to identify needs and deliver interventions. These could include initiatives like healthy food, support with weight management, stop smoking schemes or mental health or physical opportunities like cycle–to–work schemes. Employee assistance providers can also help employees with wider life issues that can impact health such as bereavement, domestic violence, debt and relationships.

190. As part of creating healthy workplaces employers can do a great deal to help and encourage their staff to be physically active. The physical and mental health benefits of physical activity are well established, with Public Health England's *Everybody Active Every Day* report from 2014 setting out the evidence and making a powerful case for creating an active society with active environments. The benefits of physical activity are most pronounced for those who are currently inactive. Disabled people and those with serious health conditions are much less likely to be physically active than others.

191. The government's sport strategy, *Sporting Future: a New Strategy for an Active Nation*, which the Department for Culture Media and Sport published last December, set out the benefits for employers and staff of a physically active workforce, including greater levels of staff engagement and

commitment to the organisation. Government will be working with others to establish an employers' network to promote physical activity. In addition, as part of the public sector setting an example, we have established a Civil Service Physical Activity Workplace Challenge which is currently being piloted across a number of departments.

192. There are various assessment and accreditation schemes available to help employers identify suitable actions to take on workforce wellbeing and standards endorsed by Public Health England. Schemes include Liverpool City Council's Workplace Wellbeing Charter,[**110**] London's Healthy Workplace Charter[**111**] and the North East's Better Health at Work Award.[**112**] The Health and Safety Executive's Stress Management Standards also provide well–evidenced support with mental health issues.[**113**]

193. We want employers to do more to promote health and wellbeing and believe there is a place for a proactive good practice information campaign. To support this, we would like to know what good practices are already taking place and seek your views on what the campaign might cover below.

Case study: Hatstand Nelly

Hatstand Nelly is a hair and beauty salon in Aberdeen with 18 employees. In 2007, the business introduced an incentive scheme to encourage higher levels of attendance. The quarterly

bonus of £75 for full attendance paid for itself. They also looked at the reasons for absence and helped staff to avoid back problems with a programme of talks and activities at work. A qualified physiotherapist, gave a talk about the long–term effects of poor posture which was followed up with a pilates lesson in the salon helping the team to learn practical skills to improve their fitness levels.

As a result of all this work, sickness absence at Hatstand Nelly reduced by around 60% and the Manager Lorraine Watson commented that the new culture of wellbeing showed in the atmosphere at the salon and that customers had picked up on it too.[**114**]

194. Occupational health services can help employers promote health and wellbeing and also support employees to manage a disability or health condition at work. Although our understanding of the effectiveness of different types of occupational health support in different settings is incomplete, there is some evidence that providing such support can lead to reduced sickness absence, boosted productivity and increased employee satisfaction.[**115**]

195. There is scope for employers to be doing significantly more to provide this support in the workplace. A 2014 survey found 72% of public sector employees had access to occupational health support compared to 52% in the voluntary sector and 39% in the private sectors.[**116**]

196. Of private sector employers, 80% of large employers provide occupational health provision, demonstrating their recognition of the role it can play. Yet even then awareness and usage appears inconsistent – only 65% of employees of large employers claimed to have occupational health access. In addition, only around a third who had been in work prior to claiming Employment Support Allowance reported having access to occupational health support at work.[**117**]

197. Chapter 5 discusses our vision for occupational health in more detail, but we would like your views on how we can encourage more employers to provide occupational health support.

Managing sickness absence and the role of Statutory Sick Pay in supporting phased returns to work

198. Supportive absence management processes are key to helping people stay in work or return to work after a period of sickness absence. Offering periods of flexible working in particular may help people to manage or recover from a health condition. This is in the interests of employers who benefit from keeping employees in work and avoiding the costs associated with lower productivity, disruption and replacing employees. However we know that too few people return from a period of sickness absence. 45% of

Employment and Support Allowance claimants who had worked at some point in the 12 months before their claim had a period of sickness absence before they left work.[**118**]

199. We know that the longer someone remains out of work the less likely they are to return. So keeping up contact between employers and employees is critical in retaining a person in employment. Furthermore, evidence shows that phased returns to work from sickness absence can see employees return quicker and stay in employment longer.[**119**]

200. Some countries take the approach of mandating contact between employers and employees when the latter is off with ill health, requiring employer action to support employees back into work or ultimately to pay for sickness or benefit costs if this is not achieved. Such approaches would represent a shift to the current UK landscape with new requirements placed on employers where retention is unsuccessful, although success in sustaining these employees in work could bring gains from retained skills and experience and avoided replacement costs.

International approaches to preventing and addressing sickness absence[**120**]

Several countries take a different approach by mandating employer action to manage sickness absence. In Norway and

the Netherlands within or by the first 8 weeks of absence an employer must draw up a return–to–work plan with the employee. In Norway, this must be submitted to the national insurance office on request. In the Netherlands, where employers may have to pay sickness benefits for up to 2 years, the plan must include evaluation criteria which is reviewed every 6 weeks and at the 12 month stage, including a forward look.

Denmark similarly requires employers to monitor and address issues in the work environment and its Working Environment Authority visits employers unannounced. If violations are not addressed within 6 months, fines can be imposed and the performance of employers is published as a further incentive to employers to address issues.

Several countries also either require or encourage employers to provide preventative or rehabilitative support, often in the form of occupational health support. Finland, the Netherlands and Sweden have all had varying approaches to this, some supported with government subsidies.

201. Although it is likely that many employers are already having supportive contact with their employees who are off with illness, we also know that managers can shy away from such conversations because of a lack of confidence, lack of knowledge or a feeling that it is not their role. We also hear anecdotally that some employers feel unable to have such

conversations during periods they are paying Statutory Sick Pay, or during the period specified on a fit note, because they perceive these as allowances of leave that people are allowed to exhaust.

202. We are clear that the systems around fit notes and Statutory Sick Pay should not discourage conversations between employers and employees, or the exercise of flexibilities, that support employees to remain in or return to work. We discuss the issues around fit notes in chapter 5 but believe that **we should reform the Statutory Sick Pay system so that it better encourages supportive conversations and phased returns to work**.

203. Currently, Statutory Sick Pay is paid by employers when a person does no work at all.[**121**] This means that people who are low paid may be deterred from returning to work on reduced hours because they would not qualify for Statutory Sick Pay and their earnings may prove to be less than the amount provided by Statutory Sick Pay. Or alternatively it may encourage them to return to their usual hours before they are ready, potentially leading to further absence or falling out of work altogether.

204. One approach to reforming Statutory Sick Pay to allow phased returns would be that where an employee would earn less than the Statutory Sick Pay rate of £88.45 per week in returning on reduced hours, the employer would be

able to ‘top up’ their wages to the Statutory Sick Pay level (see example below).

205. This would mean that the maximum amount of Statutory Sick Pay and/or pay spent by employers and received by employees during a period of transition back from sickness remains constant. It would also allow for an earlier, albeit phased, return to work which could be good for the employee and employer. Of course this approach would not prevent an employer from paying Statutory Sick Pay on a pro–rata basis alongside wages. In this case a person’s income would reflect a proportion of Statutory Sick Pay for hours not worked, and paid wages for the period worked, potentially offering an income above the basic allowance, and a greater incentive for the individual to return to work as part of a phased return.

206. As regards contact during sickness absence, **we would like to see regular conversations between employers and their employees who are off ill to agree steps that can be taken to support a return to work**. We seek views on what it would be reasonable to expect of employers and employees in this regard.

Example

An employee works 25 hours a week for £7.20 per hour or £180 per week.

If they went on a period of sickness absence they will need to return to work for at least 13 hours in order to compensate for the loss of £88.45 in Statutory Sick Pay(13 hours x £7.20 = £93.60).

If the employer and employee came to an agreement for a partial return to work of 10 hours per week, the employer would 'top up' the salary to the Statutory Sick Pay level. For example, the employer would pay £72 in wages (£7.20 x 10 hours) plus £16.45 to 'top up' to the Statutory Sick Pay rate of £88.45.

Encourage better provision by the insurance industry, and take–up by employers, of income protection insurance

207. There are various insurance policies that employers and employees can take out to support them in addressing the risks and impacts of ill health: life insurance, private medical insurance, critical illness cover or personal accident or sickness insurance. This final element can be taken out by individuals, in the form of Individual Income Protection, or by employers on behalf of their employees as Group Income Protection.

208. Group Income Protection insurance generally provides 3 elements: a financial element which pays an income to employees who cannot work because they are ill or injured after an agreed period (usually 6 months); ill health

prevention programmes; and specific support for employees and the employers for example physiotherapy, mental health support and HR support.

209. The benefits of Group Income Protection to employers and their staff may vary, but analysis by the Centre for Economics and Business Research indicates that employees who have access to early intervention and rehabilitation services and use them tend to have shorter duration long–term absences compared to those that do not. On average, the duration is shorter by 16.6%.[**122**]

210. Although Group Income Protection policies have the potential to support employers to retain disabled employees and employees with health conditions, uptake is low: only 7–8% of the working population is covered by such a policy. Coverage is particularly low among small and medium–sized employers. In part this might be because some insurance providers do not offer products to very small businesses, but cost and awareness of the products are also thought to be a factor (between £250–£450 per employee per year).

211. As this paper sets out, we want to see employers doing more to invest in their employees' health and wellbeing and to thereby reap the benefits that such investment brings. We think group income protection insurance policies have a much greater role to play in supporting employers in

taking this action and **therefore want to explore why larger employers are not making better use of these products and what would encourage them to do so**.

212. Smaller employers are also important: they represent the vast majority of UK businesses and employ around 36% of the UK workforce. We are working with the insurance industry to explore the viability of group income protection insurance products for smaller employers and, if there is sufficient interest, could look at how such employers could be supported to pool resources to purchase existing products as a collective.

213. **We therefore want the insurance industry to develop group income protection products that are affordable for, and tailored to meet the needs of, smaller employers, including micro businesses, and for them to raise awareness and make access to such products easier**.

Your views

- What good practice is already in place to support inclusive recruitment, promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?

- Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?

- What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?

- What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

Conclusion

214. This chapter has considered what can be done by or with employers to support our ambition of more disabled people and people with health conditions getting into and staying in work. We want to see more employers providing the right support at the right time, and taking a more proactive approach to the health and wellbeing of their workforce for the benefit of their employees and their business.

215. If someone does fall out of work because of their health or disability, they are likely to be facing a stressful and challenging period in their lives. It is essential that, at the appropriate time, they can access the integrated health and employment support they need to manage their health condition and move back towards work, as we discussed in chapter 2. This, and the role of health and high quality care, is discussed in the next chapter.

Summary of consultation questions

Embedding good practices and supportive cultures

- What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?

- What expectation should there be on employers to recruit or retain disabled people and people with health conditions?

- Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions? Please consider:

    - the information it would be reasonable for employers to be aware of to address the health needs of their employees;

    - the barriers to employers using the support currently available;

    - the role a ‘one stop shop’ could play to overcome the barriers;

- how government can support the development of effective networks between employers, employees and charities;

- the role of information campaigns to highlight good practices and what they should cover;

- the role for government in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles;

- the impact previous financial, or other, incentives have had and the type of incentive that would influence employer behaviour, particularly to create new jobs for disabled people; and

- any other measures you think would increase the recruitment and retention of disabled people and people with health conditions.

- Should there be a different approach for different sized organisations and different sectors?

- How can we best strengthen the business case for employer action?

Moving into work

- How can existing government support be reformed to better support the recruitment and retention of disabled people and people with health conditions?

Staying in or returning to work

- What good practice is already in place to support inclusive recruitment, promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?

- Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?

- What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?

- What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

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5: Supporting employment through health and high quality care for all

Chapter summary

In this chapter we look at how work can make a significant contribution to someone's health. We explore:

- how we can promote health and prevent ill health;
- how we can ensure an individual can access health services, which consider their employment needs, particularly for common conditions which affect an individual's ability to work – especially musculoskeletal and mental health;
- how we can strengthen the role of occupational health and related professions and services, so that people's health and employment needs are considered together;
- how we need to create the right conditions for joined–up support; and
- how we can reinforce the recognition across the health and care system that work can promote good health – that work is in itself a 'health outcome'.

Introduction

216. By now, we hope that the case is clear that appropriate of work can have a positive effect on an individual's health and that having the right health support can have a positive effect on an individual's ability to work and progress in their career. While many factors affect a person's health and employment, in this chapter we concentrate on how people, whether in or out of work, can access the right health and social care support in the right place and at the right time to enable them to enjoy the benefits of work.

217. We know we still have a long way to go to ensure that people get the right health and employment support when they need it. Services do not always work well together. Decisions can be taken in isolation rather than recognising that we may have different needs at different times, and that work and health are importantly linked.[**123**] This is frustrating for people who are forced to navigate complex and fragmented systems and who may miss out on support.

218. We also know that the health service is facing significant challenges of preventable ill health and health inequalities and variable quality of services, as set out in the NHS Five Year Forward View which set out a vision for the future of the NHS. The Five Year Forward View highlighted how important it is that we get serious about prevention, deliver

the right care in the right place, and build a more engaged relationship with patients, carers and citizens.

219. We want to look at health in the broadest sense and do more to encourage employers, Jobcentre Plus staff, and those working in the voluntary and community sectors to support health through promoting health, preventing ill health, early intervention and ensuring access to joined–up services. Individuals, as partners in their care, can also do more to look after their own health and manage their care. It is when these groups work together that we will see real benefits for individuals, for the health of the population, and for the economy.

220. In this chapter, we set out our plans to improve care and support so that it starts with the individual, and meets their health and employment needs. This isn’t something government can achieve on its own – those working in health services and employment support, especially commissioners, will play a critical role – so we also want to hear how we can support and encourage the changes we wish to see.

221. This chapter focuses on key opportunities when the right health and care support can make a difference to, and be considered alongside, an individual’s employment needs. These include:

- the importance of promoting health, and recognising that work can make a significant contribution to someone's health;

- ensuring an individual can access health services, which consider their employment needs, particularly for common conditions which affect an individual's ability to work – especially musculoskeletal and mental health conditions; and

- strengthening the role of occupational health and related professions and services, so that people's health and employment needs are considered together to help them get into, and stay in, work.

222. For the right joined–up support to be available at each of these times, this chapter then explores how we need to create the right conditions, and reinforce the recognition across the health and care system that appropriate work can promote good health – that work is in itself a 'health outcome'.

223. Throughout this chapter is the fundamental principle that individuals are partners in their care, and that innovative approaches, including digital ones, can help people look after their health and manage their own care.

Action already taken

224. The government has already taken steps to support work through measures to improve health. We have:

- put in place ill–health prevention measures including the diabetes prevention programme, national immunisation and screening programmes, and public health campaigns such as the ‘One You’ campaign;

- funded local authorities to commission a range of public health services to improve the health of their populations, including health checks, stop smoking services and drug and alcohol treatment services;

- invested in early intervention for psychosis, and improved access to talking therapies;

- set out plans to increase recurrent funding in primary care, including to support mental health in primary care, by an estimated £2.4 billion a year by 2020/21 and a 5–year ‘turnaround’ package of £500 million; and

- encouraged health and care services to plan their Sustainability and Transformation Plans[**124**] on ‘footprints’ which bring together health and care leaders to support the delivery of improved health and care based on the needs of local populations.

Promoting health

225. Health issues can prevent people from getting into work, and fulfilling their role at work, and can be a factor in people falling out of employment or taking early retirement. But this does not always have to be the case and there are several areas where we could do more to prevent ill health or disability becoming a barrier to people achieving their potential in work and in life in general.

226. There are primarily two types of health conditions that impact on an individual's potential to participate in work and wider society:

- a long–term condition which may be fluctuating but once developed may last throughout an individual's life such as diabetes, arthritis or some mental health conditions. Some conditions, may of course, be present from birth; and

- a sudden health event like a heart attack or a broken leg where the event happens and then there is a recovery phase to either full health or a new normal for the individual.

227. Some conditions are preventable, or manageable, and promoting healthy lifestyles can prevent or delay conditions developing. The workplace can play an important role in promoting health, and minimising risks to health, for

example through encouraging staff to take action on obesity and smoking, as set out in chapter 4. Where an individual experiences health issues, such as a sudden health event or a long–term condition, there is the potential for earlier action to support individuals better to remain active in society and participate in work to retain their financial independence and the health benefits of employment.

228. Preventing health–related worklessness means taking a proactive approach to engaging and supporting people to talk about their concerns about work and signposting and supporting them to access help or reasonable adjustments.

229. Clinicians, patient support groups and charities all have a role to play in supporting people with health conditions to achieve their potential. For example, simply asking about work in routine clinical consultations may open an opportunity to identify individuals who might be at risk of falling out of work due to ill health where this could be prevented. Indeed a fear of falling out of work may make a health condition worse.

230. Helping people achieve their potential is important for everyone. For young people with long term conditions, mental health issues and physical and sensory impairments, there are opportunities to integrate careers advice, education support and clinical management to give

this group of young people the best start in life and the best chance at gaining employment.

Improving discussions about fitness to work and sickness certification

231. When an individual first becomes ill, or an existing condition worsens, their first port of call is usually their general practitioner (GP). Discussions about work and health and an assessment of a patient's fitness for work provide an opportunity for doctors to discuss ways in which a patient may be helped to stay in work by, for example, advising on workplace adjustments or a phased return to work. It may also lead to a referral to Fit for Work for patients who are off sick for 4 weeks or more.

232. The Statement of Fitness for Work, or 'fit note', was introduced in 2010 to encourage fuller discussions about work and health. Fit notes are used to support payment of Statutory Sick Pay by employers or as medical validation to make a claim to health–related benefits. The information they provide can be used by employers or work coaches within Jobcentre Plus to support a return to work.

233. The fit note has the potential to be a key tool to identify a person's needs and help them to manage their condition and stay in or return to work whilst working with an employer or work coach. This could shorten periods of

sickness absence and ultimately reduce the need for repeat fit notes, reducing pressures on GPs and potentially reducing costs over the longer term. It can also act as a prompt for the GP to consider a referral to Fit for Work if appropriate.

234. However, although over 60% of GPs agree or somewhat agree that the fit note has improved the quality of their return to work discussions with patients, and over 90% agreed that helping patients to stay in or return to work was an important part of their role,[**125**] the fit note is not fully achieving what it set out to do. Although the fit note includes the option for the doctor to use a 'may be fit for work subject to the following advice' this option is rarely used.

235. Decisions on whether a person is able, or not able, to work may be made without the recognition that many people can work with the appropriate support. This means that opportunities to influence someone's understanding around what work is possible for them to do can be lost, from the first GP consultation onwards. This increases the risk that the individual falls out of work altogether or moves further away from securing employment.

236. Evidence from GPs suggests that they may, on occasion, find it difficult to refuse to issue a fit note.[**126**] The value of the initial discussion between a healthcare professional,

individual and employers about the work an individual can do would then largely be lost, with the fit note process seen as an administrative burden rather than an opportunity to provide work and health focused support.

237. We want to ensure that people are better supported to understand their health condition, treatment needs and how this might impact on their ability to work, and employers have access to information which will enable them to support their staff. That means developing a system where:

- healthcare professionals have the right skills and knowledge to provide early advice about functional ability to work and the ability to provide, or easily access, the right support so that individuals, employers and work coaches have the necessary information at the earliest opportunity to expedite treatment and support;

- we reinforce the beliefs of the primary and secondary care workforce that work is important for health and encourage them to take a leading role in changing behaviours – so that work becomes an integral part of an individual's life, where appropriate;

- healthcare professionals feel confident to use their skills and knowledge to issue fit notes only when

appropriate and make full use of the “may be fit” option that is available to them;

- healthcare professionals recognise the value of a referral to Fit for Work for occupational health advice and return to work support and make referrals routine for eligible patients when appropriate; and

- we continuously learn about people’s health and employment needs so that we can gather evidence and target future investment and support in the most effective way.

238. **The government intends to review the current operation of the fit note**, **and in line with the General Practice Forward View published in April, review whether fit note certification should be extended from doctors in primary care and other settings to other healthcare professionals**. The review will look at the current system and whether it meets the needs of its users – doctors and other healthcare professionals, employers, patients/claimants and the benefits system.

Your views

239. We want to work across all sectors to fully review the current fit note certification process. We want to know your views on the following:

- How can we bring about better work–focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual *can* do, particularly during the early stages of an illness / developing condition?

- How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?

- Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other healthcare professionals do you think should play a role in this process to ensure that individuals who are sick understand the positive role that work can play in their recovery and that the right level of information is provided?

- Regarding the fit note certificate, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?

- Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?

Mental health and musculoskeletal services

240. Too many people with mental health or musculoskeletal conditions fall out of work each year, many end up on sickness benefits and few return to work. Individuals with such conditions represent 62% of people claiming Employment and Support Allowance, huge cost and unfulfilled potential.[**127**]

241. A key factor which could help address this problem is timely access to support. Evidence shows that offering early support to individuals, including people with a health condition or a disability, can improve their chances of getting back to work.[**128**] Yet too often services for people with common conditions are not available when an individual needs them.

Mental health services

242. Almost 1 in 5 working age people have a common mental health condition in England rising to almost 1 in 2 among people on out–of–work benefits.[**129**] There are around 1.8 million[**130**] out–of–work disabled people of working age

with a mental health condition in the UK. Mental health conditions are the most commonly reported primary conditions among the total 2.4 million people who claim Employment and Support Allowance; around 1.2 million cite a mental health condition as their primary health condition[**131**] but many of them may not be accessing the support that might help them.[**132**] Having a mental health condition is also associated with many physical health conditions.[**133**] The Work, Health and Disability Green Paper Data Pack which accompanies this paper provides more information about the population with mental health conditions.

243. As the Five Year Forward View for Mental Health sets out, the evidence is clear that improving outcomes for people with mental health problems helps them to improve wellbeing and build resilience as well as reducing premature mortality, but service provision can be patchy and access difficult.

244. The increasing access to psychological therapies programme has been successful in increasing access to NICE–approved treatments for common mental health conditions. But there is variation across England in terms of access to these talking therapies.

245. The government will further **increase access to psychological therapies** and improve how these services

join up with other services. By 2020/21, at least 25% of people (or 1.5 million) with common mental health conditions will access services each year. Alongside this we will consider how individuals at risk of job loss or recently unemployed can gain early access to talking therapies to prevent worsening health and drift away from the labour market.

246. We are **more than doubling the number of employment advisers in talking therapies** to help people in that service retain, return to and secure employment. This will be a significant boost to the talking therapies workforce and ensure many more services have a clear employment offering that can improve pathways between employment services and talking therapies services. We are evaluating the impact of this provision and the elements that bring greatest results. We also have a number of trials underway to identify new and innovative ways mental health and employment services could support people to return to work.

247. The talking therapies programme has demonstrated that we can collect and publish extensive data about outcomes. Such data is an important driver to improve outcomes. We would like to see this go further, with data on employment status routinely recorded and published as a matter of course across all mental health services.

Musculoskeletal services

248. Over 32 million of the 139 million working days lost to sickness absence in 2015 were due to some form of musculoskeletal condition,[**134**] and around 2 million of the 3.8 million working age disabled people out of work suffer from some form of musculoskeletal condition[**135**] which may be associated with other health conditions. 309,000 of the total 2.4 million people on Employment and Support Allowance report a musculoskeletal or a connective tissue condition as their main disabling condition.[**136**]

249. Despite the impact on individuals of musculoskeletal problems, some evidence suggests that waiting times for musculoskeletal services can vary from between 4 to 27 weeks[**137**] depending on where the person lives, and Arthritis UK highlighted in their 2014 report that only 12% of people with musculoskeletal conditions had a care plan.[**138**] This is unacceptable, when we know that earlier diagnosis and treatment of musculoskeletal conditions would, in many cases, prevent further deterioration in the condition and enable the individual to stay in work.[**139**]

250. We are supportive of new ways of providing musculoskeletal care, which are being developed in a number of local areas. These include physiotherapists working from general practice surgeries and self–referral to musculoskeletal services. These have benefits of affording

patients wider access, lowering levels of work absence and empowering patients to self–manage their care.

251. A preventive approach and encouraging early self–care and exercise is often appropriate to avoid over–medicalising some conditions for which the best treatment may be self–care and a return to normal activities, often including work, with workplace adaptations where needed.

Case study: Physiotherapy First

Physiotherapy First is a joint initiative between two NHS providers, Cheshire and Wirral Partnership NHS Foundation Trust and the Countess of Chester Hospital Foundation Trust.

36 GP surgeries in the West Cheshire area now provide their patients with the choice of seeing a physiotherapist when they first contact the practice with musculoskeletal symptoms. The service sees around 1000 patients per month – roughly a quarter of the GPs' musculoskeletal caseload. Just under 3% are referred back to the GP for medication review or for non–musculoskeletal conditions, while over 6 in 10 patients are discharged after one appointment with the general practice physiotherapist.

The service has reduced referrals to physiotherapy services by 3% (after a year–on–year increase of 12% over the previous 5 years) and has high patient and GP satisfaction.

252. NHS musculoskeletal services need to link better to work and people's needs for employment support. Initial assessment and access should include an integrated assessment of health and work needs. This may not always be best provided by a GP, who may not have the time to give the work–related support needed, but they should be able to refer to other professionals or services which can help.

253. As well as encouraging the new types of provision already being developed, we wish to **trial new kinds of approach for musculoskeletal services so that people's health and employment needs are met in the best possible way**, including the further development of community based pathways and developing better links between treatment and employment support. This will include exploring different referral routes, including how Jobcentre Plus staff can refer claimants into services.

254. There is also a lack of detailed information about what kinds of musculoskeletal services are currently commissioned, and the extent to which the services meet local need. The government will therefore work with NHS England to **identify opportunities for regular collection of data** about incidence, prevalence, clinical activity and outcomes of musculoskeletal patients and services in England.

Your views

- How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?

- How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?

Tailored and integrated work and health services

Case study – Robert

“Robert, a secondary school teacher had a very severe stroke in September 2012. This led to paralysis of the right side of his body and his speech and reading abilities were affected by aphasia. He was determined to return to work, but even if the school could accommodate his wheelchair, he could not resume teaching until his speech was at the level required in the classroom to be understood.

“Subsequently, Robert received individual speech therapy and also joined the local aphasia group where he presented weekly topics to the group and received feedback on his intelligibility. After 18 months of therapy, Robert began a phased return to work. During the first academic year, this was based around

sixth form supervision and the following academic year it included a return to some teaching of younger years pupils. Robert's speech and language therapist completed the "Allied Health Professions Advisory Fitness to Work Report" to guide his employers on the level of support which was required for his return to work. For example, he needs extra time for written work so as not to compromise on accuracy.

"Today, Robert works four short days per week and teaches whole classes of year 7 and 8 pupils. He also attends after school meetings and parents' evenings as required.

"To get to this point, Robert received community speech therapy for some 18 months. This sounds like a long time to invest resources in the rehabilitation of an individual. It is but as a direct result, not only has Robert's life been transformed it has also saved him living on 20 years' worth of sickness benefits."

An account from his treating speech and language therapist – Provided by Royal College of Speech and Language Therapists

255. Occupational health and vocational rehabilitation, consisting of physiotherapy and occupational therapy, and related professions and services, can play a pivotal role in supporting people to get into work, and preventing them from falling out of work due to health reasons or disabilities. Offering the right support at the right time can make a real

difference to people's ability to manage their condition and continue to play their part in society.

256. However, occupational health and related services are currently variable and fragmented. Provision can be inconsistent, not easily accessible for all, and not well tailored to the different needs of individuals.

257. Some employers, particularly larger organisations, do provide some occupational health support, but this is not universal. Survey data suggests only 51% of employees have access to occupational health through their employer which can vary depending on their size.[**140**] There is also no standardised approach to the support that is offered.

258. For people who cannot access occupational health services through an employer, provision is patchy. Elements of occupational health provision such as physiotherapy are provided by the NHS, but services are rarely commissioned specifically for work–related health. There is a great deal of variation in the types of services available, where they are offered, and how many people can access them.

259. There is also a shortage of health professionals with occupational health expertise. In 2016, The Council for Work and Health highlighted that the UK is short of over 40,000 of the full range of occupational health related

specialist practitioners, and the situation will only get worse – “recruitment into specialist training is inadequate and will not replenish the existing workforce”.[**141**] Dame Carol Black’s 2008 review[**142**] raised concerns about a shrinking workforce, a lack of good quality data, and a detachment from mainstream healthcare.

260. The government established the Fit for Work service to support employees who are off sick for 4 weeks or more. We want to explore how we can promote referrals to occupational health services and advice.

Transforming the landscape of work and health support

261. This government is determined to transform the landscape of occupational health and related services. Provision needs to respond more closely across the spectrum of need, including the needs of those who are self–employed or out of work, as well as those who are currently off sick from work.

262. Our vision is of a whole person approach to occupational health and related services, which meets the differing needs of individuals. We want to cover:

- **integrated, expert and impartial advice** that meets the needs of the ‘whole person’, through an approach that covers work–related health and social issues to

support the individual, employers, GPs, work coaches and other professionals, delivered in an equitable and accessible way (perhaps through local commissioning and provision); and

- timely and appropriate access to support (such as occupational health and vocational rehabilitation) **adjusted according to need**, and whether someone is employed or not;

263. We want to support:

- health and social care professionals so that the benefits that can come from work are an ingrained part of their training;

- work coaches and employability professionals to provide positive work and health support; and

- appropriate delivery models, including those that are locally driven.

264. The government is therefore consulting on how we can develop a new approach to work and health support that will fulfil this vision. Whilst a transformation to occupational health will take time, we will explore options which could lead to early changes:

- to **increase the access to occupational health assessments and advice**, we will explore how we can make it the default position that everyone who would benefit from occupational health assessment and advice is referred to such services, except where it is inappropriate or unlawful to do so. We will test whether changes to GP computer systems would be successful in raising awareness and use of publically funded services. We will develop the detailed design and implementation of this by taking account of views in response to this green paper, and in further discussion with stakeholders;

- we will **explore models of integrating occupational health** within NHS primary and secondary care services provision, re–orientating a part of the NHS occupational health workforce to provide patient services directly. This will enable a greater focus on work as part of an individual's care pathway within mainstream healthcare. Potentially it may also be possible to expand availability of occupational health, at least for people with more complex needs who do not have occupational health provided by their employer, are self–employed, or are out of work; and

- we will develop a partnership with one or more NHS occupational health providers in England to **test how**

we can integrate services within different clinical pathways.

Illustrative delivery models

An individual has a number of complex health and social issues that are preventing them from returning to or moving into work. A reformed system would be responsive to their needs by providing access to services that are appropriate and timely.

Example 1: National combined with Local Commissioning

Under a reformed system, there would be a mixture of national and local support so the individual with complex needs would access a nationally–commissioned triage system and have access to a more intensive, locally–commissioned service as appropriate, supported by a single case manager and would be referred to an external partner if ongoing support was required after 6 months.

Example 2: NHS led integrated service

The individual would be referred to a NHS service which would have established links between hospital–based occupational health teams, NHS nurses, primary care and wider professionals with occupational health and vocational rehabilitation–related skills who could assess the immediate needs of the individual and signpost to the appropriate level of

support. The service would be available to NHS providers and small and medium–sized enterprises.

Example 3: Group Income Protection access to occupational health/vocational rehabilitation support

An organisation, whether private or public, would secure Group Income Protection which would act as a gateway into a spectrum of occupational health related provision.

Your views

265. We want to hear from you about how to change work and health provision, services and support so that they meet individuals' needs, including:

- How can occupational health and related provision be organised so that it is accessible and tailored for all? Is this best delivered at work, through private provision, through the health system, or a combination?

- What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?

- What kind of service design would deliver a position in which everyone who needs occupational health assessment and advice is referred as matter of course?

Creating the right environment to join up work and health

Integrating local health and employment support

266. We want to support joined up health and employment services that are locally designed and delivered. Reviews of the research evidence by the King's Fund and the Nuffield Trust conclude that "significant benefits can arise from the integration of services where these are targeted at those client groups for whom care is currently poorly co–ordinated".[**143**]

267. There are different ways of providing this joined–up support. It may involve providing a single service that covers both health and employment support, such as the 'Individual Placement and Support' model for people with severe and enduring mental health problems. Or it may involve linking up existing local services so that individuals get seamless support without creating a new single service, the approach taken by the Troubled Families programme.

268. At a national level, we can still have fragmented thinking which sees systems rather than people, and commissioning arrangements which, in some areas, get in the way of joined–up support. We want to build on existing examples of best practice to create the right environment

for local commissioners to develop services that work differently and work together to achieve complementary outcomes.

Case study: A local approach to joining services: Tameside public service hub

Tameside's public service hub, set up in 2014, is a ground–breaking response to the challenge of supporting people / families with complex needs (unemployment, physical/ mental health, domestic abuse, substance misuse, debt, housing, child protection) and in so doing helps meet the fiscal challenge to shift investment upstream to earlier intervention to reduce demand and costs.

Any service can refer to the hub, which brings together Jobcentre Plus, adult mental health, substance misuse, housing, children's services, police, probation and the Working Well programme. Each service has access to their 'home' organisation's system. Underpinning this information sharing process is a comprehensive Information Sharing Agreement which has the strategic support of a range of agencies as well as Information Governance leads.

The hub allocates a key worker to sequence and coordinate support for people with complex needs, which they are able to do effectively as they have a holistic picture of the individual and their family situation.

This approach is beneficial as it brings services together, where all parties involved understand the full needs of the person (and family) they are supporting. It streamlines the support that people receive, and minimises unnecessary disruption. This has a secondary benefit of reducing the cost of duplicative interventions.

269. This will involve encouraging local leadership through Sustainability and Transformation Plans and other mechanisms (such as Joint Strategic Needs Assessments) which bring partners together around a shared vision, and sharing good practice. It will also involve the effective sharing of data. Not only can better sharing of data mean that individuals don't have to repeat their story to different services, it also means that providers can more accurately oversee the commissioning and governance of services and support and track a range of complementary outcomes.

270. Innovation and local networks encourage the delivery of person–centred care across health, social care, employment and voluntary sector boundaries. The government is **calling for evidence on good examples of co–ordinated services** and of the factors which contribute to successful collaborations so that we can learn from them.

Increasing data transparency to improve outcomes

271. Increased data sharing can help improve both health and work outcomes for individuals. **We will work with NHS Digital to create a new information standard for data on employment status in healthcare data sets**, to enable useful data collection and analysis by employment status at both a national and local level in England. The proposed information standard will be subject to consultation.

272. If work is truly to be seen as a health outcome, we may need to support the recording of occupational status in all clinical settings, for example by:

- developing an agreed terminology, as an aid to communication and analysis; and

- encouraging and incentivising its use through software prompts and through regular clinical audit.

273. There could be real benefits. Encouraging and enabling the reporting of employment as an outcome of clinical intervention should help normalise discussion of whether one treatment or another will help a patient to be well enough to return to work. We would be interested in further suggestions on how we could encourage the better use of data.

274. Where data are available, indicator sets or outcomes frameworks can help to increase transparency and accountability across services. In England work outcomes already feature in two indicators in the NHS Outcomes Framework and the Public Health Outcomes Framework and one indicator in the Adult Social Care Outcomes Framework.

275. We will also **work with Public Health England to develop a basket of work and health indicators to support improved health and work outcomes in place–based systems and make them available through Public Health England's open data access platform or 'fingertips tool'**. This tool will be part of Public Health England's wider determinants of health profile recognising that health and work are connected with other aspects of life and will be based on the use of aggregate data. The indicators could cover:

- labour market outcomes, for example, employment rate gaps between disabled and non–disabled people, and information on health–related benefits recipients;

- health outcomes related to working age people and health services generally, for example, disability–free life expectancy, and markers of quality, such as emergency admissions for acute conditions that should not usually require hospital admission; and the

proportion of people feeling supported to manage their long–term condition; and

- wider issues related to the health of working age people – on which we would welcome suggestions and evidence;

276. A wealth of evidence and knowledge exists from a variety of sources that can support improved outcomes, including evidence reviews on specific interventions, as well as evidence which support our understanding of population needs. **Working with Public Health England, we will explore how to bring existing evidence and knowledge on health and work together in one place for commissioners and local delivery partners**, for example by creating a single website.

Your views

277. We want to understand what more could be done to encourage local areas to bring health and employment systems together to better support people:

- How can we best encourage innovation through local networks, including promoting models of joint working such as co–location, to improve health and work outcomes?

- How can we encourage the recording of occupational status in all clinical settings and good use of these data?

- What should we include in a basket of health and work indicators covering both labour market and health outcomes at local level?

- How can government and local partners best encourage improved sharing of health and employment data?

- What is the best way to bring together and share existing evidence in one place for commissioners and delivery partners?

Reinforcing that work can promote good health

278. Underpinning all of the above actions is the conviction that work promotes health and should be seen as a health outcome. We cannot achieve change without positive attitudes towards work and health from a wide range of people, particularly health and care professionals and disabled people and people with health conditions.

279. Evidence shows that being in appropriate work is good for health and that being out of work can have a detrimental

effect on health.[**144**] For health and care professionals, therefore, supporting an individual to be in work appropriate for them is central to delivering effective, personalised care and addressing a key social determinant of health.

280. For clinicians this could be described as considering work as part of an individual's 'health outcome'. For example, the Faculty of Occupational Medicine highlight the positive relationship between work and physical and mental health, noting "the importance of returning to work as a healthcare outcome".[**145**] The National Institute for Health and Care Excellence (NICE) clinical guidelines recognise that a range of outcomes from interventions should be considered, including impact on functional ability and return to work.[**146**]

281. We are already taking action to promote the importance of work in the health system. **By November 2016, Public Health England and the College of Occupational Therapists will have recruited and started evaluation of a pilot group of Health and Work Clinical Champions, with the aim of promoting work as a clinical health outcome within their health trust**.

282. We want to make the benefits of work an ingrained part of the training and professional approach of the health and social care workforce. We will work with Health Education

England, Public Health England, professional regulators, Royal Colleges and the Welsh and Scottish Governments, to address capability and capacity issues for the NHS workforce, including:

- **building upon the educational curriculum** for medical and nursing/allied health professional undergraduate training programmes;

- **training current healthcare professionals on the links between work and health** and how to embed as part of care plans; and

- exploring the option to **encourage nurses and allied health professions who may have left clinical practice to return** to utilise their expert skills within a different setting.

283. NICE has already committed that it will, at the point of guidance update or new development, take into consideration any available employment outcomes across conditions which affect primarily the working age population. We are actively considering with **NICE the development of guidelines to support improved employment outcomes among people out of work due to ill health**.

284. To support local decision makers, in 2017 **Public Health England will publish a report on worklessness, estimating the potential cost–savings for health and social care services, wider government savings, and benefits to the individual (and to the local economy) of moving a person into work.**

Your views

285. Our ambition is that work is consistently recognised as a health outcome in the health and care systems:

- What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

Patients as partners

286. We also need to do more to recognise that patients and those who use services should be partners in their care. The Kings Fund points to the ‘growing body of evidence which demonstrates that individuals who are empowered to manage their own condition are more likely to experience better health outcomes’.[**147**]

287. Individuals can be supported in different ways: through having better information about navigating the employment and healthcare systems, having the ability to self–refer to an increasing range of services, and being able to improve

their health literacy with a particular focus on the link between work and health.

288. Innovative digital services will have a role here. We are relaunching NHS Choices as NHS.UK with a fuller range of online services including booking appointments and ordering and tracking of prescriptions. **By autumn 2017 the Department of Health, NHS England and NHS Digital will have developed the tools to enable instant, downloadable access to personal health records**, making it easier for patients to access their health information and share it with people concerned with their care. In addition to this, **NHS England will approve a set of selected of apps by March 2017, offering support to patients, including those with long–term conditions, in managing their health**.

289. We will also use innovation funding to look at new ways, including digital tools, of providing integrated health and employment support for disabled people and people with health conditions to stay in work or enter work.

Conclusion

290. Whenever an individual needs health and care support, that care needs to consider their needs in the round, including the important role work can play. So we are committed to ensuring that we promote health in its broadest sense, ensure access to the right types of

support, and join up health and employment services in providing that support. This will require us to create the right conditions for change and see patients as true partners in their care.

Summary of consultation questions

Improving discussions about fitness to work and sickness certification

- How can we bring about better work–focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual *can* do, particularly during the early stages of an illness/developing condition?

- How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?

- Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other healthcare professionals do you think should play a role in this process to ensure that individuals who are sick

understand the positive role that work can play in their recovery and that the right level of information is provided?

- Regarding the fit note certificate, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?

- Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?

Mental health and musculoskeletal services

- How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?

- How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?

Transforming the landscape of work and health support

- How can occupational health and related provision be organised so that it is accessible and tailored for all? Is this

best delivered at work, through private provision, through the health system or a combination?

- What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?

- What kind of service design would deliver a position in which everyone who needs occupational health assessment and advice is referred as matter of course?

Creating the right environment to join up work and health

- How can we best encourage innovation through local networks, including promoting models of joint working such as co–location, to improve health and work outcomes?

- How can we encourage the recording of occupational status in all clinical settings and good use of these data?

- What should we include in a basket of health and work indicators covering both labour market and health outcomes at local level?

- How can government and local partners best encourage improved sharing of health and employment data?

- What is the best way to bring together and share existing evidence in one place for commissioners and delivery partners?

- What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

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6: Building a movement for change: taking action together

Chapter summary

This chapter summarises our commitment to act. We set out our plans to:

- change perceptions and culture around health, work and disability;
- launch a pro–active and wide–ranging conversation around the issues and proposals in this green paper; and
- set out our plans to take forward a programme of work in the short–term and over the next 10 years.

Introduction

291. We are committed to halving the disability employment gap and enabling disabled people and people with long–term health conditions to access all the benefits that work can bring. But, as set out in chapter 1 and expanded upon within each of the chapters, this challenge is complex and cannot be approached from one angle alone.

292. Where we are confident of the positive results that action will bring, we will be quick to implement change. Yet while government action is important, it will not be sufficient to drive the required changes on its own. Action is required by many different partners on a number of fronts: everyone has a role to play, and we are asking others to engage and work with us, both now and in the future.

293. We want to create a **movement for change** across society, one that meets this challenge and ensures that we achieve our ambitions for disabled people and people with long–term health conditions. This chapter sets out 3 ways in which we intend to do this:

- real and lasting change will only come about if we can also address negative cultural and social attitudes about disabled people and people with long–term health conditions. We therefore want to **work with others to change perceptions and transform the culture around disability, health and work**, to ensure that real and long–lasting progress is made;

- we want to **launch a proactive, wide–ranging and challenging conversation** around the issues and proposals set out in this green paper. The consultation questions posed, and the consultation process that we have designed, aim to do just this. Without this dialogue, we will not be able to develop or advance

our proposals or the positive work that is already underway; and

- in recognition that our ambitions will not be achieved overnight, we will **take forward a programme of work for the next 10 years**, to ensure that sustained progress is made and change achieved in the immediate future, over the course of this Parliament, and beyond.

Changing the culture around work and health

294. We know that currently the way individuals and groups of people think, talk and act about the relationship between work, health and disability can get in the way of the best employment and health outcomes for disabled people and people with long–term health conditions. For example:

- employers can be reluctant to employ disabled people or may create workplace environments where people do not feel comfortable discussing long–term health conditions or disabilities. For example, in 2013, 30% of disabled working age benefit claimants saw ‘attitudes of employers’ as a barrier to seeking work, finding work, or working more hours;[**148**]

- healthcare professionals and work coaches can lack confidence dealing with health–related return–to–work issues. A study found that 4 in 10 GPs didn't feel confident in dealing with patient issues around a return to work;[**149**]

- parents, carers and service providers can have misconceptions about working with a disability or long–term health condition, which can result in them advising against a disabled person or someone with a long–term health condition trying work for fear of it damaging their health;[**150**] and

- disabled people and people with long–term health conditions may not be fully aware of the health benefits of work, or may not realise the range of employment options and support available. For example, in a survey of working age disabled benefit claimants, only 23% thought work would be beneficial to their health compared to almost two thirds who thought work would make them better off financially.[**151**]

295. We want these perceptions to change, so that the actions taken forward by the government and others are met by the right behaviours and attitudes. This will need a range of actions across the board to develop our culture into one

which always supports disabled people and people with long–term health conditions to work.

296. The actions in this paper are designed to foster this shift in some of the key areas that we have identified. In chapter 2 we explored how we can equip work coaches with the right skills and capabilities to better engage with disabled people and people with health conditions from the very start of their journey, to offer them personalised support tailored to their individual needs. In chapter 3, we considered how we can best provide disabled people and people with health conditions with financial support in a straightforward and timely way if they fall out of employment. In chapter 4, we set out how employers are crucial partners in creating the right conditions for disabled people and people with health conditions to enter and flourish in work. In chapter 5 we discussed in detail the importance of healthcare professionals understanding the benefits of work, and of this understanding being fully translated into discussions about fitness to work and sickness certification. We also discussed the importance of empowering individuals to be active partners in their care and to build their belief in their own potential.

297. But changing attitudes is complex and will require sustained action over time, as well as a commitment from all of us to truly embed a new way of thinking. People who shape our thinking at local level, particularly in schools and

community groups, play an important role in shifting our attitudes to disabilities and health conditions. The government has an important role in facilitating change, but everyone has their own part to play. We are asking for engagement and action from others:

- we want to see disabled people and people with long–term health conditions working with employers and involved in local service design;

- we want families, friends, teachers and carers to feel confident that disabled people and people with long–term conditions will get the support that they need to fulfil their aspirations;

- we want employers to recruit inclusively and with confidence, promote health and wellbeing in their workplaces, and fully support employees facing ill health or disability to remain productive and in work;

- we want GPs and other healthcare professionals to have high work ambitions for their patients, in recognition that this is good for their health and wellbeing, and for work to be embedded as a health outcome in their discussions with patients who have a disability or long–term health condition;

- we want local leaders and commissioners in health, social care, local authorities and more widely across communities to place work and health at the heart of their commissioning decisions and service design;

- we want work coaches and other employment advisers to have the skills and capability needed to offer appropriate, tailored and timely support to disabled people and people with long–term health conditions who are out of work; and

- we want voluntary and community organisations to share effective practice and continue to be active partners with government in positively changing attitudes, and providing support and mentoring to disabled people and people with long–term health conditions, helping them to realise their full potential.

Case study: the creative benefits of diversity

"We've seen directly the creative benefits of diversity. Through our work, we've discovered some fantastic new on and off screen talent who bring new perspectives and ideas which make the stories we tell richer and more interesting. A great example of this is the Paralympics where more than 15% of the production team and two thirds of our presenters at the Rio 2016 Games were disabled, which added additional heart, depth and expertise to our coverage. Ratings for the coverage were higher than anticipated too, which is great for business.

We've found this in our commercial partnerships too, from working with advertisers to independent production companies. We have also had extremely positive feedback from all the creative SMEs who have worked with Channel 4 trainees with disabilities, many of whom have already been offered ongoing employment following the scheme.

"We know there is much more progress to be made, but at Channel 4 we are already seeing the benefits of proactively working to increase representation and employment of disabled people. As a broadcaster it's vital that we both reflect and appeal to our diverse viewers and the best way of doing this is through having a diverse workforce."

Dan Brooke, Chief Marketing and Communications Officer and Channel 4 Board member responsible for diversity

298. Disabled people and people with health conditions will engage with different types of support and services depending on their individual needs, and no two people will have the same journey towards employment. It is vital that whatever the support received by an individual, the right attitude runs throughout our society and services, so that we make every contact count.

Your views

299. We have spoken about the shift in attitudes, behaviours and support towards disabled people and people with

health conditions that we are setting out to achieve across various groups, systems and services. We recognise that this requires a change across society: schools, community groups, employers and others all have a role to play. In this chapter we emphasise once more that any action we take must go hand in hand with this change in culture. We want to hear from you:

- How can we bring about a shift in society's wider attitudes to make progress and achieve long–lasting change?

- What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?

The consultation process: launching the conversation

300. This consultation is crucial to building a shared plan for future action and achieving culture change. We want this consultation to bring together wide–ranging expertise, opinions and experiences and launch a rich and challenging discussion, one that can inform our programme of working going forward.

301. In developing the proposals in this green paper, we have already started a valuable process of engagement with a number of stakeholders:

- in May 2016 we established an Expert Advisory Group consisting of representatives from the health, research, disability charity, business and employer communities to consider themes and proposed areas for action in the green paper. This group will continue to meet on an ongoing basis to consider wider work and health issues.

- we have also facilitated a number of roundtables and workshops, including with the Royal Colleges and other health organisations, which allowed us to test some of our thinking and to shape our consultation questions, as well as to consider how best to engage a broad audience.

302. We recognise that different people will require or prefer different channels through which to respond to the consultation questions. As such, and using the feedback given by stakeholders to date, we have developed a number of avenues through which you can share your views:

- we have organised a series of face–to–face consultation events, hosted by partners from disability

charities and employers, to collectively explore the green paper's themes and questions. These have been designed in close collaboration with organisations including the Disability Benefits Consortium and the Disability Charities Consortium;

- an online survey hosted on Citizen Space provides a simple and easily accessible way to respond to all consultation questions. It can be found at: https://consultations.dh.gov.uk/workandhealth/consult/

- a series of moderated online forums, supplemented by consultation materials; or

- you can email us at: workandhealth@dwp.gsi.gov.uk or write to us at The Work, Health and Disability consultation, Ground Floor, Caxton House, 6–12 Tothill Street, London, SW1H 9NA.

303. Using one of these channels for responding, we now invite you to provide your views on the consultation questions set out within this paper. We welcome your suggestions, evidence, ideas and recommendations, although you should not feel restricted to these areas alone.

304. In order to satisfy our duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster

good relations between different groups, we want to consider the potential impacts of the proposals in this green paper on protected groups under that Act. We therefore also ask you to consider equality impacts as part of your response to the consultative parts of this document and answer the following question. Please include any relevant evidence or data that supports your views:

- Could any of the proposals within the green paper potentially have an adverse effect on people with a protected characteristic? If so, which proposal, and which protected group/s are affected? And how might the group/s be affected?

305. The consultation will run until Friday 17th February 2017. This is a public consultation to which anyone with an interest may respond. A summary of all consultation questions can be found in the appendix.

Taking action together: developing a 10–year plan

306. We know that our ambition to halve the disability employment gap is challenging. It will not be easy and will take time to achieve. But it is necessary if we want to create a country that works for everyone. In this paper we have set out our vision and some early actions. We know that we cannot do this alone. Change will require concerted

action over time from disabled people and people with long–term health conditions, employers, healthcare professionals, employment support providers, voluntary and community sector organisations and many others.

307. Where we are sure of the improvement and positive transformation that action can bring, we will continue to be quick in bringing about change and building upon existing support. Looking ahead, we will need to have clear goals for both the short and long term in order to deliver the ambition set out within this green paper and build upon activity already underway. We are committed to engaging and working with people in the areas that require change and to testing approaches as they evolve through the consultation period and beyond. We are committed to investing in innovation, learning what works and spreading the lessons and widely. The programme of work outlined below demonstrates our commitment to take action and work with others both in the immediate future, throughout the Parliament and beyond 2020.

Summary of consultation questions

- How can we bring about a shift in society's wider attitudes to make progress and achieve long–lasting change?

- What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?

- Could any of the proposals within the green paper potentially have an adverse effect on people with a protected characteristic? If so, which proposal, and which protected group/s are affected? And how might the group/s be affected?

[Following text replaces a graphic table]

Green Paper consultation

Your responses to the consultation will shape the actions that we already have underway, the direction of future discussions with stakeholders and partners, and the development of our policy for this Parliament and beyond.

Developing an improved system and transforming services

We will work with others to ensure the right health and employment support offer for individuals

Action in the next two years

Launch the Health & Work Conversation for ESA claimants - *late 2016*

Introduce measures to support people in the WRAG / LCW, including “Journey to Employment”, Job Clubs and Community Partners - *from 2017*

Expand Talking Therapies and more than double the number of employment advisers available

Launch Work and Health Programme - *autumn 2017*

Explore improving Fit for Work referrals from primary care

Develop a set of work and health indicators with Public Health England, for use at a local level

Extend “Journey to Employment” Job Clubs - *2017*

Stop reassessments for those with severe lifelong conditions - *from late 2017*

Begin research and trials to help the Support Group - *from 2017*

Re-procure and scale Access to Work offer - *from 2017*

Action for this Parliament

Progress digital health services, building upon initiatives such as NHS England's set of selected health apps and the launch of NHS.UK

Explore improving data sharing across benefit assessments

Explore reform of the Work Capability Assessment

Develop capability and capacity of NHS workforce to promote work as a health outcome

Work with others to design and test future policy delivery for musculoskeletal services

Consider how Fit for Work fits with future provision and ensuring it remains fit for purpose

Scope and develop suitable approaches to a new occupational health landscape

Beyond 2020

What we want to achieve:

Timely access to **integrated and individualised health and employment support**, which helps disabled people and people with long–term conditions to go as far as their talents will take them

Investing in innovation

We will work with others to implement and scale trials, and in partnership with specialist organisations, to promote products and digital health technologies

Action in the next two years

Launch Challenge Prize competitions to stimulate and incentivise innovation - by *spring 2017*

Launch a series of mental health and employment trials, including Individual Placement Support and computerised Cognitive Behavourial Therapy health treatments - *from spring 2017*

Launch a series of health-led employment trials delivered through JCP - *from spring 2017*

Commission research to better understand how we can engage with those individuals in the Support Group - *by April 2017*

Public Health England to publish an Economic Framework on worklessness - *March 2017*

Action for this Parliament

Develop a work and health indicator framework with Public Health England, for use at local level

Gather evidence on good practice amongst employers, and research on content for employer 'one stop shop' on health and work

Build our knowledge of international evidence and best practice in relation to health, employment and disability

Draw early findings from trials:

- Stop where approach is not working
- Scale trials where evidence supports this

Continue to build a fuller evidence base and use findings

Beyond 2020

What we want to achieve:

A clear picture of what support works for whom, and **transformed models of support that can scale quickly, drawing upon innovation and a strong evidence base**

Engaging across society

We will work across society to build consensus, understand how to facilitate engagement and action, and to develop and drive our programme of work

Action in the next two years

Use webinars and other forums to engage with musculoskeletal conditions community - *early 2017*

Explore fit note, medical verification and judgements on fitness for work with work coaches, employers, employee organisations and healthcare professionals

Establish Disability Confident Business Leaders Group

Consider with NICE development of guidelines to support improved employment outcomes among people out of work due to ill health

Establish supportive networks between employers, employees and charities

Engage with NHS England and wider healthcare professionals on embedding work as a health outcome

Hold discussions with insurance industry to establish validity of developing Group Income Protection products for smaller employers

Action for this Parliament

Build and deploy the employer evidence base and business case on disability

Run information campaigns with partners on key health and work issues

Create new information standard with NHS Digital for inclusion of employment status in healthcare data sets

Possible reform to Statutory Sick Pay to better encourage supportive conversations and phased returns to work

Beyond 2020

What we want to achieve:

A society where **everyone is ambitious for disabled people and people with longterm health conditions,** and where people understand and act positively upon the important relationship between health, work and disability

[**148**] Cole L*. A survey of disabled working age benefit claimants*. In House Research Report No 16. Department for Work and Pensions; 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224543/ihr_16_v2.pdf

[**149**] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207514/rrep835.pdf

[**150**] McCluskey S. et al. The Influence of 'significant others' on persistent back pain and work participation: A qualitative exploration of illness perceptions. *BMC Musculoskeletal Disorders* 2011; 12:236. McCluskey, S. et al. Are the treatment expectations of 'significant others' psychosocial obstacles to work participation for those with persistent low back pain? *Work* 2014); 48:391-398. S. McCluskey et al. 'I think positivity breeds positivity': a qualitative exploration of the role of family members in supporting those with chronic musculoskeletal pain to stay at work. *BMC Family Practice* 2015; 16:85.

[**151**] Cole L. *A survey of disabled working age benefit claimants*. In House Research Report No 16. Department for Work and Pensions; 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224543/ihr_16_v2.pdf

Appendix: Summary of consultation questions

Chapter 1: Tackling a significant inequality

- What innovative and evidence–based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?

- What evidence gaps have you identified in your local area in relation to supporting disabled people or people with long–term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?

- How should we develop, structure and communicate the evidence base to influence commissioning decisions?

Chapter 2: Supporting people into work

Building work coach capability

- How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?

- What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

Supporting people into work

- What support should we offer to help those ‘in work’ stay in work and progress?

- What does the evidence tell us about the right type of employment support for people with mental health conditions?

- If you are an employer who has considered providing a supported internship placement but have not done so, please let us know what the barriers were. If you are interested in offering a supported internship, please provide your contact details so we can help to match you to a local school or college.

Improving access to employment support

- Should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?

- What type of support might be most effective and who should provide this?

- How might the voluntary sector and local partners be able to help this group?

- How can we best maintain contact with people in the Support Group to ensure no–one is written off?

Chapter 3: Assessments for benefits for people with health conditions

- Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?

- How can we ensure that each claimant is matched to a personalised and tailored employment related support offer?

- What other alternatives could we explore to improve the system for assessing financial support?

- How might we share evidence between assessments, including between Employment and Support Allowance / Universal Credit and Personal Independence Payments to help the Department for Work and Pensions benefit decision makers and reduce burdens on claimants?

- What benefits and challenges would this bring?

- Building on our plans to exempt people with the most severe health conditions and disabilities from reassessment, how can we further improve the process for assessing financial support for this group?

- Is there scope to improve the way the Department for Work and Pensions uses the evidence from Service Medical Boards and other institutions, who may have assessed service personnel, which would enable awards of benefit to be made without the need for the claimant to send in the same information or attend a face–to–face assessment?

Chapter 4: Supporting employers to recruit with confidence and create healthy workplaces

Embedding good practices and supportive cultures

- What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?

- What expectation should there be on employers to recruit or retain disabled people and people with health conditions?

- Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions? Please consider:

    - the information it would be reasonable for employers to be aware of to address the health needs of their employees;

    - the barriers to employers using the support currently available;

    - the role a ‘one stop shop’ could play to overcome the barriers;

    - how government can support the development of effective networks between employers, employees and charities;

    - the role of information campaigns to highlight good practices and what they should cover;

    - the role for government in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles;

    - the impact previous financial, or other, incentives have had and the type of incentive that would influence

employer behaviour, particularly to create new jobs for disabled people; and

- any other measures you think would increase the recruitment and retention of disabled people and people with health conditions.

- Should there be a different approach for different sized organisations and different sectors?

- How can we best strengthen the business case for employer action?

Moving into work

- How can existing government support be reformed to better support the recruitment and retention of disabled people and people with health conditions?

Staying in or returning to work

- What good practice is already in place to support inclusive recruitment, promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?

- Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?

- What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?

- What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

Chapter 5: Supporting employment through health and high quality care for all

Improving discussions about fitness to work and sickness certification

- How can we bring about better work–focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual *can* do, particularly during the early stages of an illness/developing condition?

- How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working–age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?

- Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other

healthcare professionals do you think should play a role in this process to ensure that individuals who are sick understand the positive role that work can play in their recovery and that the right level of information is provided?

- Regarding the fit note certificate, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?

- Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?

Mental health and musculoskeletal services

- How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?

- How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?

Transforming the landscape of work and health support

- How can occupational health and related provision be organised so that it is accessible and tailored for all? Is this best delivered at work, through private provision, through the health system or a combination?

- What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?

- What kind of service design would deliver a position in which everyone who needs occupational health assessment and advice is referred as matter of course?

Creating the right environment to join up work and health

- How can we best encourage innovation through local networks, including promoting models of joint working such as co–location, to improve health and work outcomes?

- How can we encourage the recording of occupational status in all clinical settings and good use of these data?

- What should we include in a basket of health and work indicators covering both labour market and health outcomes at local level?

- How can government and local partners best encourage improved sharing of health and employment data?

- What is the best way to bring together and share existing evidence in one place for commissioners and delivery partners?

- What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

Chapter 6: Building a movement for change: taking action together

- How can we bring about a shift in society's wider attitudes to make progress and achieve long–lasting change?

- What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?

- Could any of the proposals within the green paper potentially have an adverse effect on people with a protected characteristic? If so, which proposal, and which protected group/s are affected? And how might the group/s be affected?

This publication can be accessed online at:
https://consultations.dh.gov.uk/workandhealth/consult/

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

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See more information about this Open consultation

Open consultation

Plain English version: Work, health and disability green paper

Updated 2 November 2016

Contents

Ministers' statement

From Damian Green, Secretary of State for Work and Pensions and Jeremy Hunt, Secretary of State for Health.

This government wants a country that works for everyone.

Whoever you are and wherever you are from you should be able to get the right healthcare and the right help and support so you can do the best you can.

The things someone can do well and their hopes should be taken into account.

A disability or a health condition should not stop a person from doing the things they want to in life, or in the workplace.

Our health systems and welfare systems don't always help people to do the best they can.

Too many people stop work when they get ill or when they have a condition that is getting worse. They then find it very hard to return to work.

When a person isn't working:

- their health and wellbeing can get worse
- employers miss out on their skills
- costs to health services increase

This has to change. We know that the right type of work has a positive effect

on people's physical and mental health.

Good health and the right support helps people in the workplace.

Our welfare and health systems need to take this into account.

We need to give:

- the chance to get a job to everyone who can work
- help and support to everyone who could work
- care to anyone who can't work

This country has a good track record with disability rights.

The NHS gives the best support to people with poor health. But millions of people are not given the chance to do the best they can with their life.

It is now time for us to change this.

We hope we can make these changes. We will need new ideas and we will need to make changes to the way our systems work.

We must change the way people act and speak so that everyone is treated fairly and in the same way. We will need to make these changes in the welfare system, in the health system and in society.

This is why we are having this consultation.

We want to know what it will take to improve the chances of disabled people and people with long-term health conditions getting a job.

We want to make changes. But we can't do it alone. Please join in with us. Together we can make a healthier, working nation.

Summary

We know that only 48 out of every 100 disabled people are in paid work. But 80 out of every 100 non-disabled people are in paid work. The gap between these 2 figures is too big. We want to halve this.

There are 4.6 million disabled people and people with long-term health conditions who are not working. This is wrong. We need things to change.

We know that many people with long-term health conditions do not see themselves as disabled.

We know that health is important for everyone.

We want to help everyone to have better health, be independent and to feel happy. This is more likely to happen when people have a job.

The longer a person does not have a job, the more likely it is that their health and wellbeing will suffer. Having the right type of job is good for a person's mental and physical health. Having a job can also make people feel better about themselves and develop their social skills. Many disabled people and people with health conditions already have a job. Many more people want to work and feel better because they are working.

We're running this consultation because we want to:

- make the welfare system better so we can get more disabled people and people with mental health conditions into work
- make sure that people get financial support in a simple way that is easy to understand
- find ways to make the health and welfare system's assessment process better

Our aims

There are more people in work now than there have ever been.

It is not fair that there are nearly 4 million disabled people out of work. We want to help get many more disabled people into work.

Having all these people out of work is a waste of talent and potential that the country can’t afford.

We need to understand why disabled people may not be able to get a job, or keep a job. We also need to understand the wide range of conditions disabled people have to deal with.

The area people live in can affect their health and also their chances of getting a job. There can also be barriers to getting a job, like finding it hard to use transport, and finding it hard to get in, or move around, buildings.

People who have certain health conditions can be worse off than other people. For example, only 32 out of every 100 disabled people with mental health conditions have a job.

Many health conditions get better or worse over time. But once someone is out of work because of a health condition and claims Employment and Support Allowance, their chance of finding another job is low.

Employment and Support Allowance is a benefit for disabled people and people who have a health condition. Most people will talk to a Jobcentre Plus worker who will help them get ready for work.

We know that some people will not be able to work and will need financial support, like Employment and Support Allowance.

But some people who start to claim benefits like Employment and Support Allowance will be affected by not working. This can make their health problems worse.

This is a problem that cannot be fixed quickly or easily.

We need to make a system in which helping people is the main target. The new system must give everyone the chance to do the best they can.

What the green paper says

This green paper looks at how employers, the welfare system and health services can work together to keep people healthy and in work.

Disabled people and people with long-term health conditions can work with employers to make changes in their workplace.

These changes could be that disabled people and people with long-term health conditions play a bigger part in conversations about how well their employer is doing. Employers could also arrange for help and support to be given to workers when it is needed.

Employers can give their workers the power to manage their own health conditions. This will help disabled people and people with long-term health conditions do the best they can.

We want to work with many different people to bring about change. We want to work with the voluntary sector as they are experts in helping and supporting disabled people and people with long-term health conditions.

We also want to support carers as they play a big part in helping and supporting disabled people and people with long-term health conditions.

We will work with the governments of Scotland, Wales and Northern Ireland and also local councils to improve the support that people are able to get.

Making sure the changes last

Making these changes will take a long time. We want to work with others to see which parts of the system we should look at.

We will invest £115 million to develop new and better ways of supporting people with work and health needs.

We want to make sure that we make the right changes and that these changes last for a long time.

How we'll make these changes

We want to:

- help and support more people into work
- improve assessments for benefits for people with health conditions
- help and support employers so they are happy to employ more disabled people and people with health conditions
- support employers to help disabled people and people with health conditions to stay in work
- make sure everyone gets high-quality health care to help them get into

and stay in work

We will explain how we can all play a part in making these changes and how you can answer the questions in this consultation at the end of this plain English version.

Helping people into work

We want everyone to have the chance to work. If people want to work we should help them do so. Universal Credit has already started to improve some things by putting people first and giving support that is targeted at each person.

A new Personal Support Package

We are starting a new Personal Support Package. This will allow work coaches to give people a new type of work support that is made just for them and will meet their needs.

Helping work coaches improve

It is very important that a work coach gets on well with the person they are helping.

From 2017 we are creating better training courses for work coaches. Work coaches will be better able to support people with mental health conditions. They will also be more confident when they need to talk to employers about

mental health.

We are going to recruit 300 more Disability Employment Advisers for Jobcentres. They will help work coaches to support claimants with health issues.

We will also recruit about 200 people from other groups and organisations, especially from the voluntary sector, to help our work coaches. They will be called Community Partners.

These people can tell us about the barriers disabled people come across when they want to find and stay in work.

We will increase the number of Journey to Employment job clubs to 71. These job clubs are run by disabled people. They give support to groups of people.

We are going to try having a work coach, a health care professional like a doctor or a nurse, and a person who has been put in the Work Related Activity Group of Employment and Support Allowance working together.

We want to see if this will help work coaches get the right help and support for people. If it does work we will try this in other places.

Employment and Support Allowance

We have set up a new Health and Work Conversation that will be conducted soon after a person claims Employment and Support Allowance. This is when a work coach and an individual talk about what the individual can do to move closer to work at the same time as looking after their health condition.

Disabled people and people with a health condition may have to take part in

the Health and Work Conversation. But whatever they agree to will be voluntary. Any agreement will be written in a new Claimant Commitment.

A Claimant Commitment sets out what you have agreed to do to prepare for and look for work, or to increase your earnings if you are already working.

Employment support for disabled people and people with long-term health conditions

People with health conditions will be able to get a wide range of employment support.

The new Work and Health Programme will help disabled people get past barriers to work. It is aimed at people who, with help, are likely to find a job within 12 months.

Disabled people can ask to take part in this programme at any time.

People can get advice, guidance, training, work placements and work experience from the Specialist Employability Support programme. This programme will continue until 2018.

The Specialist Employability Support programme helps disabled people find a job. Once they are working they are given help and support so they can do the best they can.

Disabled people and people with long-term health conditions who want to start their own business can get help from the New Enterprise Allowance scheme.

The New Enterprise Allowance scheme can give people, including disabled people and people with long-term health conditions, money and support to

help them set up their own business.

We will keep working with local councils to test supported employment for people with a learning disability or autism who are known to adult social care or are in touch with specialist mental health services.

Supporting people with mental health conditions

We are testing new ways to give specialist support to people with mental health conditions.

This will help us to improve the support that we give people with mental health conditions.

Supporting young people

Not enough young disabled people or young people with health conditions get a job after they finish at school, college or university.

We want to give these young people better help and support.

We will do this by:

- looking at and testing a supported work experience programme for people who can only do a few types of work
- making it easier for young people with a learning disability to get apprenticeships
- giving all young people with an Education Health and Care Plan the chance to study with an employer to learn the skills they will need at

work. This is called a supported internship.

Making it easier to get employment support

We want employment support services to be tailored for each person.

We know that some people may not be interested in employment support at the moment, but they may be interested in the future.

We will learn how to work with people in the Support Group. We will also test different ways of giving people employment and health support.

At the moment people in the Support Group do not need to stay in touch with the Jobcentre. We are thinking about introducing a ‘keep-in-touch’ discussion between these people and work coaches once a year.

We will explain how we can all play a part in making these changes and how you can answer the questions in this consultation at the end of this plain English version.

Assessments for benefits for people with health conditions

We want people to be able to get the help they need. This includes financial support given, in a simple, straightforward way, especially if they have a severe disability or health condition.

We want to make sure people get employment support and financial support.

The Work Capability Assessment for Employment and Support Allowance and Universal Credit does not lead to the kind of employment and health support service that we would like.

We would like employment and health support services that are made for each person.

The assessment that people get at the moment puts people into set groups. More than 1.5 million people are put into a group where they get no support to find a job. Often they do not speak to a work coach at all.

These people should get still extra help with money. But they should not all be treated in the same way as they have a wide range of health conditions and needs.

Changing the assessment process

We need to decide if the Work Capability Assessment is the right way to choose what help and support with work someone gets.

This is important if we are going to make sure that people can get tailored support at the same time as any financial support that they need.

We could just use assessments to decide if a person should get extra financial support. Decisions about employment support could be made separately.

Work coaches could decide what employment support. They could target this help and support to each person.

This would mean that people get support that is made just for them and that is based on their needs. This would be separate from the assessment that

decides their financial support.

Improving the information we use to assess financial support

It is important that services that give financial support to people in need work well with each other. Also, we must use the information we have so that people get the best service possible.

The Department for Work and Pensions uses information from the Service Medical Board if it can.

This means that a severely disabled person does not have to have extra examinations to claim Employment and Support Allowance.

We think it may be possible to use this kind of system to help members of the armed forces even more in the future.

If a person leaves work because of a health condition or disability, they may be using services run by the National Health Service and other support like adult social care.

They may also claim other benefits like Employment and Support Allowance, Universal Credit, Disability Living Allowance or Personal Independence Payment.

Disability Living Allowance is money that someone with a disability or a health condition may be able to get to help them pay for the extra costs of being disabled.

Personal Independence Payment is money that someone with a disability or health condition may be able to get to help them pay for the help and support

they need.

These benefits have different assessment processes. This means people often have to give the same information to claim the benefits. Sometimes this can't be avoided, but we need to look at sharing information across the benefit processes.

This will make it easier for people who have to give the same details over and over again.

A starting point for sharing information could be between Employment and Support Allowance, Universal Credit and Personal Independence Payment, as long as the information is up to date.

This would mean that once someone has given information about their health condition to one part of the welfare system the same information can be used if they make a claim to a different benefit.

We will also look to see if the assessment process could use information that is already held by the NHS or local councils.

People with the most severe lifelong conditions

Some people have severe lifelong health conditions and disabilities that will never get better. These people need a lot of care.

We have decided that from next year if people claim Employment and Support Allowance and have a severe condition they will not need to have any more assessment after their first Work Capability Assessment.

We want to know if there should be a simpler more straightforward way for people with severe health conditions and disabilities to ask for help and have

an assessment.

We could use information that is already held by the NHS to help us make a decision.

We will explain how we can all play a part in making these changes and how you can answer the questions in this consultation at the end of this plain English version.

Helping employers get new workers and healthy workplaces

We want a future where being disabled or having a health condition does not stop anyone doing well in their job.

We know there are employers who give jobs to the best people, whether they are disabled or have a health condition or not. They also help their workers stay healthy at work. This will help employers get the most from their workers.

We want more employers like this. Having disabled people and people with health conditions working for them will help their business. We would like to hear what you think about this and how to do it.

How we want employers to act

We want the public sector to take part in the changes.

We will make sure the public sector check the way they run their businesses.

We will take action if we find any issues.

We want all public sector employers to join the Disability Confident employer scheme over the next 12 months.

The Disability Confident employer scheme helps employers understand how they can do more for disabled people and people with health conditions.

We will get the public sector's suppliers and those who get public funding to do more to help and support more disabled people and people with health conditions into work.

Getting people to talk about their disability or health condition

Employers can help people start or stay in work if they know about a disability or a health condition.

A lot of health conditions are hidden and some people may not want to tell their employer about it.

Also, employers may not be comfortable talking about a person's health condition or disability.

But if an employer is told about a person's disability or health condition they can work with the person to help them do the best they can in their job.

It also means that employers can make changes to the workplace to make it easier for people to manage their disability or health condition.

We want to have workplaces where workers feel confident about telling their employer about any disability or health condition.

We also want to see employers using that information to improve the health of their workers.

Helping employers

Some employers may not do anything about health and wellbeing because they do not know enough about it, or they do not have anyone to help them.

There is a lot of information available to employers and we want to know how we can make it easier for employers to get hold of it.

We will look at how to bring all of this information together in one place.

We will run some campaigns for employers about work and health so they know what to do to help more disabled people and people with health conditions.

Helping people do well at work

We don’t just want more disabled people and people with health conditions to get into work. We also want to help more people do as well as they can at work.

We will get employers to talk to each other so they can swap ideas and share their best ways of working. We may also include charities and workers in these groups.

We will set up a Disability Confident Business Leaders Group to talk about

disabled workers. We will start with the top 250 companies.

Finally, we want to get employers to understand why they should put money into workplace health and wellbeing.

Getting employers to try new things

We want to know if an incentive would get employers to make new jobs or try something new to support more disabled people and people with health conditions in work.

Some incentive schemes have already been set up. We want to know what you think about incentives and what type of scheme you think we should use in the future.

We will explain how we can all play a part in making these changes and how you can answer the questions in this consultation at the end of this plain English version.

Moving into work

When employers are looking for new workers, they can make sure their process includes disabled people and people with health conditions.

We have lots of schemes to help and support people into work, including Access to Work.

Access to Work can help pay for a support worker, or the extra costs a disabled person might have in travelling to and from work. It can also help pay for things like special computers a disabled person might need to help

them do their job.

Staying in a job or going back to work

When a person becomes ill or their health condition or disability gets worse, they need help and support from their employer.

The help and support an employer gives to people can be the difference between the person staying in work or having to leave their job because they can't cope.

Occupational health services are teams of people that keep workers well at work. They will help to keep workers healthy and safe while dealing with any risks in the workplace that may make people ill.

Occupational health services can help employers tell people about health and wellbeing. They can also help workers look after a health condition or disability while they are working.

But occupational health services are not offered to people as often as they should be.

We want to know how we can get employers to offer occupational health services to their workers.

Time off work because of sickness and Statutory Sick Pay

If people are allowed to change to flexible working it can help them look after

or recover from a health condition and go back to work. Flexible working allows people to make changes to the way they work. For example, they can start work and finish work at different times during the week, they can share a job with another person or they can sometimes work from home.

We know that it can help people to come back to work if employers keep in touch with workers who are off sick.But Statutory Sick Pay and fit notes from the doctor can also stop employers talking to workers who are off work sick. This is because the employer thinks that the person can be off work until the Statutory Sick Pay or the fit note runs out.

Statutory Sick Pay is a payment that is paid to a person who earns more than the lower earnings limit of £112 a week and is off work sick for 4 days or more. The employer pays Statutory Sick Pay. It lasts up to 28 weeks.

Statutory Sick Pay and fit notes should not stop an employer from talking to a worker about staying in their job or going back to work.

We want to change the Statutory Sick Pay system to support employers talking to workers who are off work sick.

We also want to change the Statutory Sick Pay system to support employers talking to workers who are off work sick. We also want to change Statutory Sick Pay to help employers give workers who have been off work sick the chance to slowly go back to full-time work.

Statutory Sick Pay is only paid if someone is not working at all. One thing we could do is to encourage employers to top up the wages of workers to the amount of Statutory Sick Pay if the worker goes back to work on fewer hours.

This would mean that the worker would get the same amount of pay even though they were slowly going back to full-time work.

Getting employers to take out income protection insurance

Employers can take out insurance to help them deal with the risks and the effect of sickness. This insurance is called group income protection insurance.

The insurance usually includes activities to stop sickness, give help and support for workers and employers and an amount of money, after an agreed period of time, when a worker cannot work.

We think this insurance should be used more to help employers look after their workers' health and wellbeing. Most small and medium sized businesses do not take out the insurance. We would like to know why this is and how to change it.

We will explain how we can all play a part in making these changes and how you can answer the questions in this consultation at the end of this plain English version.

Health and high quality care for everyone

We want people to get the right health and care support, in the right place, at the right time. This will let them get the most out of their job and keep them healthy.

We want this care and support to start with the person and to meet their health needs and help them to get work and stay in it.

We know that services do not always work well together, which means

people can miss out on support.

We want everyone to work together, to stay as healthy as possible and to prevent ill health. This includes patients. We want patients to be able to look after their own care.

Giving people more control over their health

If someone is working and has health problems, their workplace can support them.

This means it is more likely that the person will stay in their job, which is good for both their finances and their health.

Having better conversations about fitness for work and fit notes

Doctors can work out if a person is fit to work.

Doctors can also see if there is any support that means someone can stay in work, like slowly going back to full-time work over a set period of time, or having reasonable adjustments made to the workplace.

Reasonable adjustments include when a change is made to a building, a work area or to the way something is done. The change makes it easier for a disabled person to do their job, or for a disabled customer to get better services.

The fit note was designed to get doctors and their patients to talk about work

and health. The fit note can be important in helping a person look after their condition, stay in work or go back to work. A doctor can also send the person to the Fit for Work service. The Fit for Work service gives many kinds of advice and support. For example, health services and advice about money, housing and help to stay in work.

At the moment the fit note does not always do what it is supposed to do. In many cases the decisions that are made do not show that a person can work if they have the right support. We want a system where people:

- get support to understand their health condition
- get the treatment they need

We also want employers to get information that can help them support their workers.

We want healthcare professionals to:

- have the right skills and know about health and work
- understand that work is important for health
- use fit notes well
- use the Fit for Work service

We are going to look at how fit notes work. Then we will look at whether we should let more healthcare professionals, as well as doctors, issue fit notes to people.

Mental health and musculoskeletal services

Too many people with common mental health conditions, like anxiety or depression, stop work. And too many people with common musculoskeletal conditions, like back pain or arthritis, stop work. Too often people with

common conditions cannot get the services when they are needed.

Many of these people end up getting sickness benefits and never go back to work.

The Improving Access to Psychological Therapies programme helps more people use the services for common mental health conditions. We are going to expand this programme so that more people can use it.

We are going to look at new ways of using musculoskeletal services.

We will link help and support for work more closely with treatment. We will also make it easier to send people to the service.

We will collect information about patients with musculoskeletal conditions more often.

Making work and health services for individual people

Occupational health services and vocational rehabilitation services keep people healthy and safe in work. They also manage risks in the workplace that may cause ill health.

At the moment these services do not work together and they are not easy to use. Also, these services are not made for each person taking account of their needs.

Only some employers give people occupational health support.

Many health professionals do not know enough about occupational health.

We want occupational health services to meet the different needs of people.

Whether they are off sick from work, out of work, or self-employed.

We want to make some changes to occupational health services. We want everyone who can be sent to occupational health services to be sent, unless it would be against the law or it is not right to do so.

We will look at how we can get the occupational health services working with the health and social care systems.

Local health and employment support

We want health services and employment services to work together in local areas.

This could mean just one service giving people health and employment support. Or it could mean joining local services together.

Sharing information

Sharing information can help people stay healthy and in work.

We will work with others to collect information about whether people are in work or not.

We will find out how well local areas are helping people to stay healthy and in work.

We will also look at how we can bring together evidence about work and health in one place so people can use it when making new services.

Work is good for people's health

We know that work is good for people's health. We want to make sure that all health and care professionals are able to make this part of their everyday work and when they are training, they are taught that work is good for people's health.

Patients as partners

Patients and those people who use services should be partners in their care.

We can support this in different ways:

- give better information about using the employment and healthcare systems
- give people the chance to refer themselves to services
- help people to understand how to look after their conditions better

Taking action together

Getting many more of the 4 million disabled people who are out of work into work is a big challenge.

We will make changes quickly. But only when we are sure that it will help.

We need other people, groups and organisations to work with us. We want to:

- change the way people think and act towards disabled people
- talk to a wide range of people, groups and organisations who are interested in disability
- set up a 10-year programme of work to make the changes

Changing the way people think and act towards disabled people

We want the way people think and act towards disabled people to change.

We want a society where disabled people and people with long-term health conditions are always helped and supported into work.

We want other people, groups and organisations to join us and understand the way work, health and disability are linked.

Whatever support a person gets, they must always be met and treated in the right way.

Making a 10-year plan

We want to help many more disabled people and people with long-term health conditions who do not have a job get into work.

We know that this will be hard to do and that it will take time. Bit it is important because we want a country that works for everyone.

About this consultation

We want people to answer the questions so that we can bring together all the answers we get.

We will then start talking to lots of people, groups and organisations to work out how to make changes and what we need to do.

Different people will need or want to answer the questions in different ways. We have made ways for them to do this:

- We will have face-to-face talks that are run by charities and employers to talk about the ideas we've described
- You can give us your answers online
- You can send an email to workandhealth@dwp.gsi.gov.uk
- You can send a letter to this address:

> The Work, Health and Disability Consultation,
> Ground Floor, Caxton House,
> 6-12 Tothill Street,
> London,
> SW1H 9NA

We will be happy to get your suggestions, personal experiences and ideas.

This consultation will end on Friday 17 February 2017. Anyone can send us their answers.

Services and information

Benefits

Births, deaths, marriages and care

Business and self-employed

Childcare and parenting

Citizenship and living in the UK

Crime, justice and the law

Disabled people

Driving and transport

Education and learning

Employing people

Environment and countryside

Housing and local services

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