Improving Lives:
The work, health and disability green paper

Response from Learning and Work Institute

17 February 2017

In January 2016, NIACE and the Centre for Economic and Social Inclusion merged to form the Learning and Work Institute

INVESTORS IN PEOPLE | Silver

SUMMARY

Learning and Work Institute is a specialist independent policy and research organisation. Our key areas of expertise are in full employment, lifelong learning and inclusion.

People with disabilities and health conditions are far less likely to be in work.

Learning and Work Institute is intensely focused on finding the right solutions to meet the Government's ambition of halving the disability employment rate gap. Our analysis of the persistence of the rate gap, at around thirty percentage points, suggests that it would take 200 years to halve at current rates of progress. Too few, only one in ten, disabled people are in contact with any form of employment support. We believe this must fundamentally change in order to make any progress in closing the disability employment rate gap.

Our submission includes proposal to improve the 'what works' evidence base to ensure the sector has the best chance of supporting people with disabilities and health conditions; we stress the importance and positive outcomes that working in partnership with other public services and employers can offer to people with disabilities and health problems who are not currently in work and those who are in work.

At the heart of our submission is the fundamental principle that those that cannot work are well supported and are treated with fairness and dignity.

1. TACKLING A SIGNIFICANT INEQUALITY

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?

Our research on disability employment has identified a wealth of evidence from the UK and internationally, spanning types of interventions as well as what works for specific groups. However much of this evidence is not easily available or well understood by those commissioning and delivering services. As we set out below, there is a really key need for 'what works' resources to better pull together and then disseminate findings.

In addition, much of the evidence can be very context-specific, and focused on measuring the extent to which a specific intervention or model has worked – rather than *how* or even *why* things work. So for example, we know a lot about whether Individual Placement and Support works for different groups, but less on what it is about the specific nature of the intervention(s) that make them effective. This means that it is not always clear how lessons can be transferred to different contexts.

Linked to this, we have found less insight into how we can make systems and processes work better – for example how we can improve engagement with the most disadvantaged; improve referrals from health services into employment services; co-ordinate and integrate employment and health care; and so on.

So a Challenge Fund approach could add real value and in particular it could usefully look to test and explore:

- How interventions work – trying commonly used interventions or models in different contexts and with adaptations; and

- Reforms to systems and processes – to understand how we can mainstream more integrated and better practices without the need for investment in new interventions.

How should we develop, structure and communicate the evidence base to influence commissioning decisions?

As noted, there is a real need overall for drawing together evidence on 'what works' for different groups and with different interventions and forms of support. There are a number of models that can be built on and learnt from, particularly from the existing 'what works' centres and international examples (notably in Washington State, Germany and the Netherlands).

Beyond this headline need for more useful and available evidence, there are two specific challenges with disability, health and employment.

First, we need to recognise that commissioners in the employment and health worlds have very different approaches and use evidence in different ways:

- Within health, there is in our experience a strong focus on the measurable impact that an intervention has on health/ employment of patients with specific conditions – so there is a demand for high-quality (RCT standard) evidence of *what* works, rather than *how* things work; and a tendency to then commission prescriptive models.

- Within employment, there is often more of a pragmatic (and less robustly evidenced) approach that focuses on identifying the characteristics of effective support for specific disadvantaged groups, with then less prescriptive and often outcome-based or 'payment by results' commissioning.

These two different models require different approaches both to how evidence is gathered and assessed, but also how it is presented. So in the former model, you may want to take a more rigorous 'standards of evidence' approach, and focus on rating individual interventions based on the quality of the evidence and the extent of their impact; whereas in the latter you may want to draw on a wider range of evidence and produce toolkits and guidance to support how outcome-based services are designed and specified.

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?

We estimate that currently just one in ten disabled people who are out of work are receiving employment support through Government programmes such as the Work Programme and Work Choice and that the current level of funding for the Work and Health programme will enable it to support just one in fifteen of all disabled people out of work. It is critical therefore that there is a stronger focus for Jobcentre Plus on engagement with those not currently having regular contact with JCP - the ESA Support Group in particular.

This can only be achieved in partnership with other public and community services that people in the Support Group come into contact with. There should be a strong emphasis on outreach to and engagement with disabled people who may not be actively seeking work and may not otherwise volunteer for employment support, for example through housing, health, Council services, etc.

Once engaged the support delivered needs to be flexible and personalised to take account of individual needs, which will vary by age, impairment type, and additional support needs. Our research echoes previous findings that in order to meet the diverse needs of people with disabilities and health conditions, support services need to be personalised in terms of the timing of support, the mode of appointments, the sequencing of support and in access to a range of specialist services. Premises should also be accessible and offer privacy where required, and home visits may be appropriate for some participants.

A key element of effective support appears to be the development of positive one-to-one relationships between participants and advisers or coaches. This takes time to develop and requires staff continuity and regular and intensive contact. At present, work coaches are resourced to spend just 88 minutes a year with ESA WRAG claimants; this needs to be stepped up. Adequate staffing levels are also important so that caseloads remain manageable and staff have sufficient time to spend with individual participants to build up a trusting relationship.

What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

Advisers or coaches with appropriate levels of skills and experience in working with people with disabilities and health conditions is also important to the successful delivery of support. Training for work coaches supporting disabled people is required both in techniques for working with participants (e.g. motivational interviewing) and on the impact of particular health conditions and disabilities. Access to specialist support from health professionals, such as work psychologists

or occupational health practitioners is also important, both for Work Coach support as well as for direct support to participants. Thus the Government's proposed expansion of DEA support is welcome as well as the refocusing of their role towards providing professional expertise and support to work coaches.

Processes for supporting the development of staff skills, such as shadowing more experienced colleagues, case conferencing and group supervision appear to be effective mechanisms for frontline staff support.

There are a range of tools developed by specialist organisations e.g. by RNIB, BASE, that could be used by Work Coaches. DWP could usefully invest in bringing these together into a set of toolkits not just for JCP Work Coaches but for wider employment service providers.

External partnerships and networks are also key to the effective delivery of support, in order to facilitate access to specialist and holistic support. Specialist health support is likely to be important for many people, in particular for those with learning difficulties, while work coaches also need to be well-networked into other local provision to address holistic needs (skills, housing, family, debt, etc). Giving staff adequate time (and support) to make links with external organisations is important for effective delivery. Therefore we welcome the plans for 200 new Community Partners – drawn from disability charities – to help provide JCP with critical links into local networks and provision.

SUPPORTING PEOPLE INTO WORK

What support should we offer to help those 'in work' stay in work and progress?

Disabilities and health conditions, as well as other barriers to entering employment, can also prevent people from sustaining work if not properly managed and supported in the workplace. Research from the Papworth Trust found that disabled people were three times more likely to stop working than non-disabled people.

Like pre-employment support, in-work support needs to be flexible and personally tailored to suit individual circumstances. Supported Employment principles, which include vocational profiling, careful job matching and brokerage, and tailored in-work support, aligned with health and rehabilitation support, is known to be an effective approach to sustaining work for some disabled people.

Earnings progression of disabled employees is likely to be facilitated by practices that facilitate in-work progression for workers in general, such as:

1) Management and support systems, including:
   a. a commitment from senior managers to staff progression;

    b. strengthening internal labour markets through mapping lower level job roles and linking them to learning/development opportunities and progression pathways;

    c. a systematic approach to HR (e.g. assessments and annual reviews to provide opportunities for staff to discuss progression); and

    d. employer support for staff learning and development (e.g. paid time off for training).

2) Staff culture and behaviour, including communication of opportunities to all staff; informal peer support mechanisms (e.g. coaching and mentoring); and workplace champions to develop, implement and sustain progression.

Engaging with employers to support them in opening up more senior positions to flexible working (see for example The Timewise Foundation's approach) is also likely to be important for the progression opportunities of disabled employees.

What does the evidence tell us about the right type of employment support for people with mental health conditions?

People with mental health conditions are a very diverse group with different needs, so personalised support is again crucial. Research identifies a number of key ingredients in supporting people with mental health conditions who are out of work, including:

- Addressing issues in the early stages of unemployment

- Systematic, timely and accurate identification of mental health problems for jobseekers on all benefits, through robust profiling tools and ensuring that advisers have the right skills

- Strong co-operation between employment and health services, either through referrals or service integration

- Reduced caseloads for staff doing targeted work with those with mental health conditions

- Tailored services for clients with mild and moderate mental health problems, including more use of specialist mental health subcontractors

- Psychological therapies such as cognitive behavioural therapy (CBT)

- Greater in-work follow up and support, including greater use of Access to Work

- A strong relationship with employers to address the stigma related to mental health problems

- Following the principles of Individual Placement and Support (IPS).

- There is also robust evidence that well designed, peer led group work can be effective both in improving wellbeing and employment prospects – from the 'JOBSII' model in the US.

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?

It is our strong view that there should be a significant expansion of support for those in the Support Group and Universal Credit equivalent.

What type of support might be most effective and who should provide this?

In our view, employment support for the Support Group should be fully voluntary. There should be no work-related conditionality, no threat of sanction and no requirement to participate in support. This is the key pre-requisite to then developing more effective approaches to engaging with participants and delivering non-threatening, helpful and positive support.

Beyond this, we would emphasise that the Support Group is likely to be an incredibly diverse group – with some people who will never be able to work even with significant support; others with profound impairments or chronic conditions that nonetheless could be accommodated with the right support in work; and others who have found themselves in the Support Group largely because of administrative failings in how the Work Capability Assessment was conducted. Importantly, some of those in the Support Group will already be receiving employment support through health services.

In our view then, 'what type of support might be most effective' will depend on the individual – and in many cases will probably be less different than we might assume from disabled people and those with health conditions who are not in the Support Group.

What will undoubtedly be critical, however, will be having a far greater focus on effective identification of participants, approaches to engaging, and delivering the right initial support at the right time – in particular:

- Reaching people through other public and community services (particularly health services) – recognising that people in the Support Group likely come into contact with a range of services – and not just relying on letter-writing or text messages.

- Framing support around what the individual wants – so not making this a 'Claimant Commitment' or 'work focused interview', but focusing on working with the individual to help improve their lives/ achieve their goals.

There will be strong arguments for saying that this should be delivered by the voluntary and community sector, as these groups are more likely to engage with and

be able to reach out to and support those furthest from work. We would recognise that view, but would also argue that there is no reason why Jobcentre Plus staff could not deliver this support too – with their 'badges off' and with the freedom to work differently – as they have done successfully with Pathways to Work, Action Teams for Jobs, the New Deals and a number of outreach and engagement programmes.

How can we best maintain contact with people in the Support Group to ensure no-one is written off?

Critically, as noted, do not just rely on letter-writing and text messages. In our view, dedicated outreach and engagement approaches need to go to where people live, and offer support in contexts that is non-threatening, convenient and accessible.

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?

In principle we would support this. However, we are concerned that the green paper only references employment support and financial support – but does not reference conditionality, which is the third decision made during the assessment process.

In our view, the conditionality group that individuals are placed in must be made on objective criteria, in a consistent and transparent way with clear evidence that can be verified and if necessary challenged. Our concern is that the government is conflating employment support and conditionality – which could lead to a rules-based and objective financial assessment; but then a subjective, discretionary assessment that determines conditionality alongside employment support needs.

Beyond this however, we would argue that what matters most is that all three elements of the system are well designed and implemented fairly, consistently and on time.

How can we ensure that each claimant is matched to a personalised and tailored employment-related support offer?

We support the principles behind the new Health and Work Conversation, and consider that this could be a good basis for then developing more tailored and personalised action plans with individuals. In our view this should be a common and transparent process; that is owned by the individual but with expert input from the adviser; that assesses health, employment and wider needs and capabilities; and that links through to access to employment support.

A key constraint in this, clearly, will be the availability of employment support. On our assessment, just one in ten of those who are disabled and out of work are currently able to access funded employment support; so we would repeat the call that we have made in previous reports to increase the funding of specialist employment support – and to help meet this cost by re-investing the fiscal savings that will flow from well-designed programmes.

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?

Employers have limited awareness of the national and local support that is available to help them to recruit and retain disabled people and individuals with health conditions, as well as a low awareness of the needs of disabled people. For example, commonly used recruitment practices present several barriers to disabled people, including limiting recruitment to online channels, complex application forms, lengthy job descriptions and not advertising the option of flexible or working or job sharing.

Previous L&W research has demonstrated a lack of knowledge about schemes such as Access to Work and the Fit for Work service, particularly amongst SMEs, who have less resources to devote to recruitment and to Equality and Diversity policies. There is also a risk that organisations rely on support services for a 'short-term fix' to an individual issue, whilst failing to understand and address the root causes, which prevents sustainable improvements and adaptations being implemented.

Furthermore, the onus is often put on the employee to request reasonable adjustments in the workplace, even though individuals commonly lack the confidence to discuss their health and/or disability with their employer, out of fear of negative repercussions.

Lastly, there is evidence of employer discrimination (both consciously and unconsciously). This includes the assumption that disabled employees would have a physical impairment and therefore be unsuitable for certain roles, and that disabled employees would take more sick leave or be absent more regularly.

We welcome Disability Confident and are a Disability Confident employer. This can help to change attitudes, behaviours and cultures within organisations and more widely. However, previous research showed that this does not yet have the level of awareness among employers and employees that its forerunner (the Two Ticks scheme) had achieved, and that it had not yet successfully engaged with SMEs and micro businesses.

What expectation should there be on employers to recruit or retain disabled people and people with health conditions?

The expectation should be that employers meet their obligations under the Equality Act through action and in spirit. Employers should not discriminate and make reasonable adjustments when required, but, significantly, employers should be expected to be proactive –by offering placements, advertising jobs fairly, becoming Disability Confident accredited, and promoting health and wellbeing in the workplace.

At the very least employers should encourage the recruitment and retention of disabled people and individuals with health conditions through public procurement, and promoting good practice through their supply chains. The scope to ask employers to pay when they choose not to do this should be explored.

Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions?

Our research points to the need for good local examples or case studies that can demonstrate how organisations have recruited and retained disabled people and individuals with health conditions, including experiences of support provision, and emphasis on good practice. This helps to both 'myth-bust' preconceptions and create a business to businesses dialogue in relation to the issue of health and work.

Distributing good practice and informing organisations of support is most effectively delivered through established networks. As Local Enterprise Partnerships (LEPs) determine local economic priorities and have been established to help with factors including job creation, they present an opportunity for raising awareness of support and providing resources to local employers. Likewise, as LEPs led Growth Hubs join-up local and national business support, they also provide a potential mechanism for employers to find out about, and access, health-related support.

Important lessons can be learnt from the Living Wage Campaign, it had clear asks, celebrated success and has had widespread impact. It was also locally grounded, and led by civil-society, whilst the creation of the Living Wage Foundation allowed employers to become accredited and helped to mainstream the issue. Additionally, employer buy-in with the issue is evident, especially around the reputational benefits and the 'soft' business benefits, such as increased staff morale.

An exploration of financial support to employers within Work Choice did not appear to offer any clear evidence on the effectiveness of this approach. Although some providers did report some benefit from using short-term incentives, this was not universal. Similarly, there is much evidence that financial support to employers can enhance employment prospects, but that this relatively high deadweight costs and substitution and displacement effects.

Should there be a different approach for different sized organisations and different sectors?

Tailoring the approach based on the size and sector of the organisation would increase the likelihood of success. For example, working with larger employers to encourage organisational cultural changes and to open-up job or progression opportunities involves building strategic relationships and is time-consuming. One method tested by the Timewise Foundation was to adapt an 'agency' approach to provide employers with a pool of candidates to fill job-roles, however this requires having a constant pipeline of suitable clients, and proved difficult with their small caseload.

Instead, case-by-case job matching and job brokerage, usually with local small and medium enterprises, proved much more successful for their small-scale project. Methods of engaging with smaller employers that worked well included reverse marketing of candidates, bypassing formalised application processes and negotiating with employers on flexibility.

As well as different approaches to different sized organisations, different kinds of employer engagement approaches are also needed according to the skills/aptitudes profile of clients, to ensure that appropriate roles are sourced. Thus, where relevant employer engagement teams should be working with frontline advisers.

How can we best strengthen the business case for employer action?

The case for change has to make financial sense and fit with wider organisational priorities. As mentioned previously, employers will look to other organisations within their sector and/or local area, to see what they are doing, and how and why; hence case studies that are widely distributed would be a useful tool.

An evidence base of the business benefits of healthy workplaces and recruiting disabled people should be established to strengthen the business case, and this will help to create clear messaging: outlining what we want employers to do, how this can be done, and the benefits it will have.

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?

As outlined in Section 2 we believe that there needs to be more support for disabled people and individuals with health conditions, and that the quality of such support needs to be improved. Considering that the funding for the Work and Health Programme is considerably lower than previous programmes, there is a need to build the evidence base for an invest to save approach –whereby employment

support is invested in upfront, on the assumption that getting people into work will lead to both public-sector savings and increased tax revenue.

Furthermore, there needs to be noticeable improvements to the methods of outreach and engagement. This should be done using VCS and DWP data, to support the large number of people who do not have regular contact with Jobcentre Plus, and who are not actively seeking employment.

There is also a need to improve service delivery, to ensure that interventions are both flexible and personalised – and good quality training for Work Coaches and partnership working is vital to this.

Although we welcome that all of government has signed up to Disability Confident, we think that the public sector can do more considering that there have been no hard commitments on recruiting disabled people into apprenticeships, traineeships, supported internships or work placements.

We also recognise the need for more guidance for employers on this issue, and for the need for good practice to be more widely advertised. The Employer Toolkit – designed to support accessible and inclusive Apprenticeships, and the Equalities Toolkit, which promotes quality and diversity policy and practice in education and training – are examples of the types of resources that should be developed. As previously mentioned, we think that LEP Growth Hubs can play an important role in collecting information and distributing resources.

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?

Flexible work opportunities are key to enabling disabled people and individuals with health conditions to feel confident to apply for roles and to remain in-work. Too often employers are open to such options, but do not advertise this.

As with support to find work, remaining in or returning to work also requires personalised support, in recognition of the diverse needs of this group. Preventing ill health escalating is also necessary to reduce conditions deteriorating and extended periods of absence. Staff need to have the confidence to talk to their employer about any health concerns and have access to the necessary support and guidance to address these.

Good examples of support available include the government funded Fit for Work Service that supports people in work with health conditions and can help with sickness related absence; and the Workplace Mental Health Support Service, which involves six months of in-work support from a fully-trained professional. The

internationally recognised Mental Health First Aid course, which can sometimes be accessed for free, also provides a useful means for staff to learn about identifying, understanding and helping someone in the workplace who may be developing a mental health issue.

Recruit Ability is a good example of a project that is promoting and supporting inclusive recruitment in Brighton & Hove. It is being delivered by Possability People, an independent charity, who are working in collaboration with the Brighton & Hove Chamber of Commerce to support businesses to hire a disabled member of staff. It has adapted an innovative recruitment agency approach, by matching disabled people with employers who have an active recruitment need. Participants complete a work trial or taster day to ensure that the job-match is suitable, and employers are then supported with applying for Access to Work funding and becoming Disability Confident accredited.

What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?

We have previously conducted research for the Association of British Insurers on Income Protection, and found that for the lowest paid the benefit system often provides a reasonable safety net; for the highest paid there is generally good access to occupational insurance or other means; but for a very large group in the middle – often with household earnings of not much more than £20,000 a year – neither social nor private insurance is providing a safety net.

However, it is not clear that the insurance market is currently able to meet these needs. Products are geared around higher earning staff; the costs are often high and opaque; the benefit system often penalises income from these sources (and this will get worse under Universal Credit, due to the treatment of unearned income); and for many people on low-moderate earnings, this combined with the costs of contributions means that the products are unlikely to be suitable.

One way around this could be to explore models that are more common in continental Europe, based on large mutual or social insurance schemes which are tightly regulated but also underwritten by government.

What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

The barriers are extensive, and as noted include: weak financial incentives, as the benefits system penalises unearned income; problems with the product market, with this geared around different groups; a lack of transparency in pricing; a lack of evidence on the effectiveness of rehabilitation services; and a lack of interest from employees themselves, driven in large part by myopia but also a lack of understanding of the sick pay and benefits system.

If there is appetite to explore income protection, then the government would need to work closely with the industry on product market reform; but would also need to change how unearned income is treated in the benefits system.

5. SUPPORTING EMPLOYMENT THROUGH HEALTH AND HIGH QUALITY CARE FOR ALL

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?

There are a range of models to learn and build from, and in particular we would recommend looking at the learning from the City Strategy Pathfinders in the 2000s, and from the government's more recent Universal Support trials. Key to this, however, will be funding the networks, innovation hubs and capacity building tools that will enable local areas to learn from each other.