Some recent policy approaches to health, disability, employment and support in the UK

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Positive effects of being in work

Recent evidence strengthens the belief that being in most kinds of work can be good for health, reversing the negative effects of long term unemployment or prolonged absence through illness. Broader government policy stresses 'being in work that pays', where possible. This is for several reasons: contributing to national productivity; reducing welfare dependency; promoting individual choice; work having positive impacts on other aspects of a person's life, so reducing the strain on other public services.

At the same time, for a number of people, it was inappropriate pressures at work – coupled with a failure of their own personal coping strategies – that led to the withdrawal from work in the first place. Simply encouraging those people back into the same work environment, with the same levels of personal resilience, will not be appropriate.

'Good work' is often reported as being associated with factors such as: employees are valued and trusted rather than micromanaged; a sense of job security; work being varied and interesting with a sense of purpose and social value; workers having some degree of autonomy, control and discretion over how tasks are done; where there are fair rewards (more than financially) for efforts; with supportive networks in the workplace; with appropriate and reasonable working hours. 'Poor work', characterised by the opposites of the above, can often lead to poorer health.

Wellbeing (linked to notions of resilience, contentedness, ability to flourish….etc) currently has an increased government focus. Research points to five areas of everyday life that act to promote wellbeing and resilience: (1) connecting to people around you; (2) being active at an appropriate level; (3) taking notice of things, being curious, noticing the moment etc; (4) keeping learning, taking on new challenges; (5) giving/volunteering, joining in with community. Other suggested ones are: having goals, things to look forward to; being positive about things; and being comfortable with who you are. There are ways of being in work that can reinforce or diminish any, or all, of these.

Good progress has been made in improving health and safety at work. A new approach is now needed to the broader issue of health and wellbeing at work. The 2009 Boorman Review(for the National Health Service) into health, wellbeing and work indicated that savings of more than £555m could be made nationally if healthier workplaces led to

reduced sickness absences for work. Employers would have a clear bottom-line gain from investing in healthy workplaces. For every amount spent on workplace programmes to improve the wellbeing of all employees, there are 2 or 3 times as much saved on increased productivity through reduced absenteeism, and similar savings to medical costs. A business health-check tool enables businesses to calculate the costs to them of, e.g. sickness absences (www.workingforhealth.gov.uk).

There are strong connections between disability, health and employability but these are not the same across all groups of people. Being in or out of work is closely connected with the particular situation of each individual in quite specific ways. Additionally, where the adult is a parent there may be intergenerational effects to health, work, and resilience. Families without an adult in work are likely to suffer persistent low income and feel directly the effects of poverty. This, in turn, may strongly connect to poor health development in children – with possible consequences in schooling missed, skills not learnt – and the reduced likelihood of their high skill/high wage employability as they grow up. Such transmissions across generations are, however, by no means automatic. Maximising the adults' chances of sustained work reduces the likelihood of such impacts on their children.

Changing perceptions and expectations

Dame Carole Black (as the UK's Director for Health and Work) was asked by the Department of Work and Pensions to do an Independent review ('Working for a Healthier Tomorrow', 2008) of what more could be done to enable adults with health issues to find and sustain employment. The Government has responded in its paper 'Improving Health and Work: Changing Lives' (2008) and, in 2009-10, trialled things such as a person with a health/disability issue getting more support with physio/occupational therapy, with debt/housing advice, with carer support etc. Of course, there is a big difference between the small-scale piloting of such support and designing it in as part of 'business-as-usual' support for all who need it – particularly at times of public finance constraints.

The same review looked at the use of the paper-based 'sick note' (for medical certification of temporary inability to work) which has been in place for the past 80 years. Replacing this with an electronic, more flexible, 'fit note' would focus on what people are able to do (and therefore stay in work, under certain conditions) rather than starting from assumptions about what people are not able to do (and therefore needing to stay away from work).

Once out of work for six months or more it becomes far harder for a person to move into work. Current pathways need speeding up, with

earlier recognition, earlier referral where needed, prompter responses by appropriate services, and faster movements into work or return to work. Some of this may need services to be redesigned. Certainly there is scope for much more crossover between health, welfare and employment services. Even within current models, however, there are likely to be things that can be done fairly immediately at low/nil cost to join work and health services up better and to speed up the responses that adults with disabilities/health issues are entitled to.

For too many people the outcomes are shaped by the expectations held by the professionals with whom they have close contact. At the moment healthcare professionals tend to take a cautious approach when giving work-related advice. Health intermediaries may see the immediate removal of health symptoms (e.g. via medication) as the sole aim. Key intermediaries need to more often consider employment as a valued outcome and incorporate it into the design of recovery-development programmes. Public service intermediaries' attitudes are key, but so are the attitudes of a range of employers.

Tackling the assumptions of employers around ill health and disability is key to enabling more people with disabilities, or with limiting health conditions, to find work and to stay in work.

Where employers have taken a robust attitude to the increased, sustained employment of people with disabilities they have been able to bring about large scale changes in practices. There have been specific examples of employers going beyond the inclusion of small numbers in short-term placements, or on special conditions. There is still considerable way to go before this becomes a widespread assumption that all people will be equitably employed in regular work, earning the rate for the job, in a supportive environment, with any needs for adaptations being mutually discussed rather than assumed or ignored.

Similarly, for the general public, there is more to be done to raise overall awareness of the health benefits of work, to raise expectations of what counts as good employment and what employees should be able to expect to enable them to remain in work or return to work. This will all need to be underpinned by a fundamental change in the widespread perception about fitness for work eg. that people need to be 100% fit to be at work, or that being at work can 'automatically' impede recovery from illness.

<u>Adults with mental health difficulties</u>

Around 40% of all incapacity claimants cite mental health problems as their main barrier to work; and 61-73% of adults with severe mental illness are unemployed. Most want to work productively. Adults with

mental health problems are three times more likely to be unemployed than any other group of long-term ill/disabled people.

Government-funded programmes have shown some overall success in assisting more adults with disabilities to sustain employment, but they have had limited effect for those whose main health concern is a mental illness. If progress is to be made there is a need to better integrate specialist mental health provision into employment support programmes.

There is evidence from USA to suggest that up to 50% of health service users with severe mental health issues can be helped into paid employment if they get early support, if they are not likely to be worse off financially in work, if they receive ongoing support in the job, and if they have worked before and are positive about the benefits of working.

The situation for those who are already in work can have its own difficulties, but these difficulties are resolvable. It has been estimated that between 20 and 30 per cent of all employees may experience mental health problems in any one year and that anxiety and stress conditions account for half of all days lost through mental health. Much of an organisation's sickness absence and long-term work incapacity is due to mild and treatable conditions: depressions, anxiety, stress-related mental health problems. Most of these workers are able to move up or down the risk spectrum for such mental health difficulties, yet employers take a much more fixed, determined view of the capacity for change, with 20% of workers who declare that a mental health difficulty may affect their work are removed from their job (by means that can range from the subtle to the overt).

People with mental health conditions such as clinical depressions, anxiety, low self-esteem or confidence are amongst the groups to whom in-work support provision has been found to be most effective. A UK review estimated that around 78% of people with a mental health condition require some support during the first six months in work (falling to 35% after 12 months and less than 18% after 24 months). Employers need to feel confident that such support is easily available.

Low level depression at work is increasingly being treated by encouraging changes in diet, exercise and lifestyle, and less by prescribed anti-depressants. For more persistent work-related depression and stress an appropriate response is the availability of structured strategies that allow people to think through and adapt their beliefs about themselves, to build their resiliences and capabilities etc.. This involves far more than a simple 'chat' with a line-manager or the person from HR. The more complex and multifaceted the person's

situation the less it is likely to be resolved by single solutions. In such cases there may often be deeper sets of issues that need to be professionally dealt with.

Understanding the behaviours and interventions necessary to keep people in work is likely to be increasingly expected as part of any manager's professional skills set – not only in terms of recognising the need for adaptations but also in terms of managing stress in other people and in themselves. At the moment, what is listed in managers' job descriptions is often in the more limited terms of managing reductions in employee sickness levels and staff turnover.

In-work anxiety levels are often compounded by things that are not directly health/disability issues. Even before the current global financial crisis, it was estimated that 8% of the population had serious financial problems and another 9% showed signs of financial stress. There is potential for debt advice interventions to alleviate financial problems, and thus reduce the mental stress resulting from debt. Whilst interventions are not always needed (around one-third of problem debts get resolved without any intervention), face to face debt advice is associated with a 56% likelihood of debt becoming manageable, while telephone advice has achieved 47% success.

This section has looked at mental health and work in isolation from other disabilities. Similarly, most research has focused on single issues but the reality is that a number of employees and potential employees can have a variety of disabilities and limiting health conditions in relation to employment; and that decisions need to take account of the person's whole context rather than involving them in unnecessarily disconnected, piecemeal responses.

Adults with learning difficulties/disabilities

65% of UK adults with learning disabilities would like a paid job. They have not benefited to the same extent from the overall employability progress being made for disabled people generally. The employment rate for disabled people has risen steadily to 48% of the cohort but remains at 10% for adults with learning disabilities. There needs to be a more dedicated employment strategy for this group. The current recession makes this more urgent, as people with learning disabilities are at risk of moving even further from the job market.

If real disability equality is to be achieved by the government, then work no longer needs to be viewed as optional for adults with moderate/severe learning difficulties. This group would need to have a comparable chance of getting a job for at least 16 hours/week; a real job in the open labour market, paid at the prevailing wage, or self-

employment, not volunteering/work experience. Delivering this will require leadership at all levels.

One of the single most effective things to improve employment pathways for this group is to change, from an early age, their expectations about work. Government, schools and families too often assume that there are no choices available. When asked what they want to do when they grow up too many young people with learning disabilities think in terms solely of being an adult with learning disabilities.

What is needed to get and keep people into work; what helps?
Reference has already been made to the way that assumptions and attitudes are the major barrier to employment. Experiences seem to suggest that awareness courses – whilst valuable in themselves – do not significantly change behaviours of employers, advisers, etc. Behaviour change, building on attitude change, comes more effectively from real-life practical experiences. Getting on with the task of ensuring that people with disabilities are employed has more effect than any number of preparatory courses about what the workplace might look like if more people ever were to get employed.

Personalisation is a key policy thrust at the moment. Each person's context will be different, and this points to the need for customised responses that are best worked out with (or by) the person involved. One strong current national health policy mantra is 'no decision about me, without me'. Coupled with the shift towards personalised budgets this could, if taken seriously enough, lead to a significant shift in outcomes for the employment of people with disabilities.

In most cases employment is made possible simply by reasonable adaptations in the workplace. Where a wider range of actions are needed and the individual needs support with packaging together some or all of these, it helps to have a single coordinating contact, trusted or selected by the person who needs the support, who can ensure that the processes act to the benefit of the person and are not simply in the best interests of service providers.

At the moment it remains the case that pre-vocational training is the widespread response to increasing employability of people with disabilities in the UK, on an assumption that there is a need for a significant period of preparation before being able to enter the competitive job market. This can be stand-alone training or can be linked to sheltered workshop or to 'social firm' arrangements. At the same time, there are signs that supported regular employment is increasing. In these cases adults are placed in competitive jobs without extended preparation, but with strong on-the-job support, e.g.

from job coaches who may shadow the employee during their first week or two of employment to enable them to adjust to the job, and the job context be adjusted to them. Certainly there is a recognition that taking part in 'real work' is the outcome to be worked towards.

Current changes within the UK system

The UK government is committed to achieving equality of all disabled people by 2025. This includes the chance to get a job, together with a policy shift away from current supported employment models to more open-market employment – increasing the job options available to people with disabilities and ensuring that as people change jobs any required support moves with them.

A proportion of disabled adults not in work are on specific training programmes for people with disabilities and a number are on more generic training programmes open to all unemployed people but, up to now, a much larger proportion have not had effective routes to employment.

The rate of employment for disabled adults has shown some increase (from 41% in 1998 to 47% in 2010) but at the current rate of progress it will take until 2070 for the employment rate of disabled people to catch up with that for non-disabled people. Fulfilling the equality commitment by 2025 will entail much faster progress being made on a broad set of related aspects: Increased access eg to Apprenticeships across a range of employment sectors; increased ease of self-employment; use of flexible working hours; use of in-work coaching; better transport; clearing up welfare benefit confusions etc. All are part of the necessary agenda along with tackling employer attitudes, specific reasonable adaptations and stronger support mechanisms in all workplaces. This is a complex set of policy changes that will need a concerted drive forward, and may not be simple to implement within the context of other current changes being proposed.

In November 2010 the coalition government set out its plans to introduce legislation for the reform of the welfare system by creating a new single universal credit to replace a wide range of benefits that have been put in place piece-by-piece over the years. This aims to simplify the system both for those that claim from it and for those that have to administer it. The universal credit will provide a basic allowance with additional elements for children, disability, housing and care.

This should make entitlements to financial support much more transparent, rapid to put in place for new claimants, and more equitable.

Since 2008 there has also been a national shift away from the old system of welfare benefit for those unable to work because of long-term health/disability problems (claiming Incapacity Benefit) to an expectation that those able to work will be supported into work (claiming a newer Employment and Support Allowance). People receiving incapacity benefit are being invited in for an assessment of their capability for work. This is currently taking place at the rate of around 11,000 assessments per week and the whole process may take two or three years.

These new Work Capability Assessments will reclassify adults with disabilities or ill-health as being unable to work and therefore needing appropriate long-term support; or as being potentially able to undertake some work but needing support to move progressively towards that; or as being able to work fairly immediately and therefore ready to move onto JobSeeker status with potentially reduced levels of benefit. All of this is intended to not leave people 'abandoned on welfare benefits' when they might wish to do work at some level. For those unable to work it will confirm the need for long-term health/care support and how that support might best be made.

The brief assessment is undertaken by a doctor or nurse using an on-screen set of prompts. An average assessment might take around 45 minutes. It uses a mix of simple tasks, conversation around the person's normal daily routines, a series of yes/no questions as well as recording the person's aspirations. The intention is to focus on what people can do not what they are unable to do.

Early use of the assessments with new claimants indicates that more than 33% of people moved off Incapacity Benefit before their assessment took place; 39% of claimants are being assessed as appearing to be entirely fit for work; 17% are assessed as able to undertake some work but not without a period of help and support; and 7% are too ill or disabled to do any work and so are entitled to claim the full benefit in the long term. Where such judgments have been subsequently challenged around 40% are being reversed on appeal.

Presentation of such figures in the press and TV has not been overly-helpful. Rather than the positive acknowledgement that a large proportion of people will move towards productive employment the media have focused on the interpretation that only 25% are assessed as not immediately able to work, implying that 75% have been 'welfare cheats/benefit scroungers' etc with the danger, according to a disability consortium, of a hardening of general public attitudes against people with disabilities.

There are criticisms that the assessment tool is only able to record particular issues, and does not ask about others. The benchmark has, in the view of some disability organisations, been set at an inappropriate level. There are particular concerns that the assessment process and content needs to be more sensitive in the case of adults with mental health difficulties. There have been complaints about the mechanistic nature of parts of the assessment. Of course, any screening process is only as good as the people administering it and some disabled people have felt that the assessment has been rushed, been done with little respect for the person being interviewed, or taken place in locations that do not have appropriate access.

Getting these work-suitable assessments right is clearly of great importance. The government has accepted that there are some flaws in the system as originally designed, that significant changes have already been made following a review and that further changes are likely to be made over the next few months. The overall intention of supporting those able to work to gain employment has, at the same time, very broad support if the mechanisms within the system can be made more suitable.

For many people with disabilities, understandably, there are currently high levels of anxiety or anger about what the current, and planned, changes may mean in each person's life. Simply calling someone in for an assessment interview can heighten the stress of those already having to deal with a number of issues. These may then be compounded further by anxieties about potentially having to move onto different levels of income; issues about whether current support services will still be available in future; issues connected with housing entitlements; and so on. The actual scale and nature of the impacts of these proposals in reality is not yet known, but it is clear that the process needs careful management and monitoring, needs to take account of the realisms of people's lives and needs a willingness to implement changes where it becomes clear that things are not producing the outcomes anticipated.

At the much broader level the government has signalled that it wants to supplement national economic measures with an index of national wellbeing. This will try to capture, via the regular national household survey, people's self-rating of their sense of happiness/anxiety and report this against various aspects of wellbeing such as health, connections to other people, employment rate, job-satisfaction, education and training etc.. Once a national set of measures have been determined it would be relatively easy for national disability consortia to use these same measures to establish the level of wellbeing of adults with disabilities and to publicise the gap between this and the national average – challenging the government to

undertake actions to close the gap. Where this means increasing the employment rate, appropriately, into regular jobs (whose stability, quality and wage levels produce the wellbeing effects that go with being in good employment) the challenge will then be to private sector employers to change their employment practices.

All of this represents a complex and somewhat difficult set of policy shifts but behind them there are a number of underlying moral imperatives, especially where these are driven by a rights-based approach, that can substantially move things along for the better where there is the real will for change.

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