

Newcastle CVS response to Improving Lives: The Work, Health and Disability Green Paper

Newcastle CVS held a focus group and other discussions with voluntary organisations working with people with disabilities in Newcastle and Gateshead about the issues in Improving Lives: The Work, Health and Disability Green Paper. The organisations included

- Arcadea
- Citizens Advice Gateshead
- Deaflink
- Leonard Cheshire Disability
- Newcastle CVS
- Percy Hedley Foundation

General comment

We welcome the government task group that worked with voluntary sector organisations and others to produce the Green Paper and the recognition of the work, expertise and campaigning role of the voluntary sector. We would note that a great deal of the focus and work flowing from the review is about national organisations while it is the smaller and local groups that offer support and which in turn require local infrastructure support.

We welcome the vision that speaks to having a more effective earlier employment support system, inclusive employers and job creation, and a more effective health service where work is a positive outcome.

We note though that the Green Paper focus is mainly on supporting those who are claiming ESA to become capable of work; less clear is the long term ongoing support to enable people to remain in work, and a focus on real change by employers.

There is concern that several of the proposals throughout the paper will bring more people within conditionality and the sanctions regime who are not currently subject to it. We are concerned about proposals that increase conditionality, or result in a loss of benefits and sanctions or other punitive measures for vulnerable people, people who are disabled or have long term health conditions. For example the proposals to extend Claimant Commitments to most people in the ESA Support Group.

We welcome recognition of The Marmot review: Fair society, healthy lives focus on health inequalities. But the statistics quoted show that disadvantage is the greater underlying cause of unemployment for people with health conditions or disability, at 16% employed compared to 80% of people with disability who are in good jobs. Therefore, we ask, shouldn't the focus of efforts to tackle unemployment be focused on tackling disadvantage?

It is a stark statistic that only 8% of employers report they have recruited a person with a disability or long term health condition over a year; should there be more focus on the role of employers and of access to discrimination tribunals? Should there be more use of the Equality Act as only 48% of people with a disability are employed, compared to 80% non-disabled people. Whilst the Green Paper makes the case to employers, legislative change has always been required to tackle discrimination.

The proposals recognise the current and future shortage of health professionals such as Occupational Therapists but do not suggest solutions.

If health is to address the need for work as a health clinical outcome with a focus on prevention, NHS England and the current STP proposals would need to move the payment system away from payments for episodes and volume of acute and secondary care by NHS Foundation Trusts to incentivising and rewarding prevention and jobs retained.

We are concerned that the proposals are to create a movement by claimants out of the ESA Support Group onto ESA WRAG or JSA itself without addressing the many difficulties that people find in complying with the demands of JSA and ESA WRAG assessments, full time job search, responding to email alerts and claimant's commitments. Like poor work conditions, a negative experience of the Jobcentre and JSA can exacerbate mental health illness. Whilst the paper asks employers to make work flexible and appropriate to the needs of people with mental ill health issues, depression, anxiety, and musculoskeletal conditions, it does not ask that JSA does the same. We are equally concerned that the changes to the conditions for ESA Support Group will be implemented rather more rapidly than societal change and the ending of discrimination by employers.

We welcome increased resources for Employment Support. There is a need to ensure it addresses long term support needs after an individual finds employment. If it is provided by national organisations at scale it will omit smaller local organisations and their expertise.

In addressing systemic issues, the only issues noted are about individuals. Wider social issues include direct and indirect discrimination by employers, which goes beyond the risk adverse attitude the paper outlines, and a lack of expectation and aspiration in the education system for children with disabilities.

Response to specific questions

1.2 What evidence gaps have you identified in your local area in relation to supporting disabled people or those with long term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?

While the paper recognises that appropriate work is good for physical and mental health, that worklessness links to poor health, and that the workplace can be unsupportive. We believe that in-work precarity, or poor work, is not good and can

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exacerbate or cause ill health, as can the demands of the JSA system; this requires more evidence.

Do employment outcomes vary due to different employment markets? Is there any correlation with the type of local employment and growth and the employment of disabled people and people with health conditions?

Much of the focus of the paper is about the individual and their responsibility rather than using the social model to address the disabling features of society, and the huge culture change that is needed for society to become fully inclusive. This evidence needs to be presented.

2.1 How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?

Unacceptable variation now in attitude and support from individual work coaches within Jobcentres and between Jobcentres has been reported and should be removed. But we are unconvinced that more training alone will remedy this; much is also about attitudes and inherent personality, and changing systems and organisational culture.

Jobcentres should recognise the inbuilt stress of the work capability assessment as a major problem for individual claimants.

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

Specialist tools are required that create the skills to work with people with paralysing depression, stress and anxiety which is known to inhibit learning and memory retention, learning disabilities where people may say they understand but do not, autism, memory loss, people with limited capacity...

“When told the claimant whose first language was British Sign Language (BSL) couldn’t understand the complex questions, the assessor asked if they should use Braille. This is for someone deaf!”

An ability to work with people who have a lack of agency and motivation, caused by poverty, deprivation, past abuse, and disability or unpredictable health conditions – which means they find the system impossible to navigate, respond to and cope with.

The paper presupposes that carers are well and the cared-for are the people with the long-term condition. There are increasing numbers of people with disabilities becoming carers, often in a co-caring position, facing a double disadvantage and discrimination.

Mental Capacity Act training, and recognition of the skill and expertise required to recognise and to work with people with different capacity, whether due to more

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people surviving brain injury, growing into adulthood with learning disabilities and complex needs, substance misuse, memory loss and early dementia or other cognitive disability.

3.1 What support should we offer to help those ‘in work’ stay in work and progress?

We welcome a conversation with a health professional, the work coach and people about how to better manage their health condition – if it is a condition and not a disability. But we are not at all sure how health professionals (which one) will be engaged and committed?

Earlier access to OT support before someone is off sick

Easier and quicker access to Access to Work

4.1 Should we offer targeted health and employment support to individuals in the Employment Support Allowance Support Group, and Universal Credit equivalent, where appropriate?

The Green Paper states its aim is not to change the conditions of entitlement, yet it also says that the requirement to stay in touch with Jobcentres might become mandatory (paragraph 114). This is a cause of great concern.

The Green Paper proposes to make the Work and Health Programme available to disabled people receiving ESA or Universal Credit on a voluntary basis. We do not believe it will be truly voluntary. What will happen to the voluntary nature if people find they cannot continue, are erratic, do not attend, have no phone credit, forget or are in a puddle and don't get out of bed?

The Green Paper proposes to extend the use of claimant commitments to people in the ESA Support Group maintaining it will be voluntary; unwell people are likely to feel unable to refuse, and the immense anxiety caused by current assessments for those with mental health illnesses and other conditions is unlikely to be removed. On page 31 there is a statement of the new required Health and Work Conversation (HWC), voluntary actions before the Work Capability Assessment, and then a new ESA Claimant Commitment.

- What if the decision that going to the HWC is appropriate is flawed?
- How do people who are depressed, or with learning disability or autism, poor memory or other limited cognitive capacity ‘voluntarily agree to actions within a conversation?’ How will they understand the implications if they cannot comply with their agreed actions?
- This echoes the discredited children’s social care ‘contracts’ agreed with parents.

4.3 How might the voluntary sector and local partners be able to help this group?

We welcome the recognition of the role of VCS, its expertise and reach, and local contribution. Many local and national voluntary organisations are led by people with disabilities; others work closely with people with disabilities and long term health conditions. Voluntary organisations specialise in certain conditions, are expert in employment support, and are local accessible and innovative.

Most voluntary organisations are grappling with the unprecedented increase in need for help and support from people affected by the welfare reforms, in a situation of decreasing resources and funding.

There should be specific consideration of the role of volunteering in creating meaningful activity, skills development, peer support, recovery and building confidence. Volunteering can increase employability and is good for building a CV. In the past there have been many successful volunteer schemes moving people closer to being capable of work, for example supported volunteer placements for people with mental health conditions.

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

Ensuring that the offer of contact does not lead to sanctions or other punitive measures;

Ensure the benefits of contact and help offered are clearly communicated through whichever accessible routes the individual prefers;

Ensure that communication can happen in places outside the Jobcentre

Be aware that people are intimidated going to assessments, 'conversations' and interviews. If people are required to be there, who are already ill or are not functioning well due to disability (by definition if they are not work ready), then how can the resulting action they agree to possibly be entirely voluntarily as the Green Paper states? And once the actions are 'captured' in the new ESA Support Allowance claimant commitment, how will a system respond to those who cannot keep it up?

If people are in a panic, cannot speak for themselves, or have unrealistic self-image of their capabilities, will people end up drawn into thing they cannot do?

Issues of communication must be addressed – such as for deaf people whose first language is BSL, other people with communication issues and people with English as a second language. Currently the DWP sends benefit letters to the claimant even when they do not have capacity to understand – need provision to agree a trusted recipient.

7.1 How might we share evidence between assessments, including between Employment Support Allowance/Universal Credit and Personal Independence Payments to help DWP benefit decision makers and reduce burdens on claimants? What benefits and challenges would this bring?

Assessments for PIP are not about an individual's work capability, but about the needs for help with the extra costs of a disability or long term health condition and so the evidence is likely to be different.

7.2 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?

Ensure that the assessment involves an advocate for the claimant and takes place outside the Jobcentre; be aware that people are intimidated.
Ensuring the process uses whichever accessible communication route the individual prefers; issues of communication must be addressed – such as for BSL users, other people with communication issues and people with English as a second language. Currently the DWP sends benefit letters to the claimant even when they do not have capacity to understand – need provision to agree a trusted recipient.

8.1 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?

Direct and indirect discrimination
Access to Work takes too long for employers who want to recruit quickly
Lack of knowledge of the support available
Zero hours culture and growth of jobs that use self-employed people

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

Providing employers with best practice information will not on its own shift attitudes and the 8% statistic – there needs to be clear legislative guidance. Expectations should include:
Complying with the Equality Act and proactively seeking to end discrimination
Increased use of Access to Work
Consideration of job carving – segmenting job roles into parts suitable for people with disabilities

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

In work support for at least a year once someone has gained employment.

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8.3(d) How can government support the development of effective networks between employers, employees and charities?

Councils for Voluntary Service and similar local infrastructure support organisations are expert in developing effective networks between charities, communities and other local partners including employers. The government could fund the development of such networks in local areas.

8.3(f) What role can government play in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles?

Ensure that all children with disabilities and those from disadvantaged areas complete an inspirational and comprehensive education.

13.1 How can occupational health and related provision be organised so that it is accessible and tailored for all?

We would like to see more in the proposals for Occupational Therapy (OT) to make it available whilst people are still employed and before they go off work sick. There needs to be a step change in the numbers of people becoming Occupational Therapists; incentives such as offering bursaries to students to take up training with a five year commitment to practise could be developed.

14.4 How can government and local partners best encourage improved sharing of health and employment data?

We are concerned about proposals to link health and employment data as how informed and how freely given would consent be, by people with anxiety, depression, in pain, or with limited capacity?

14.6 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?

We welcome support with NHS – especially for people on a recovery path, who plan on returning to work after brain injury, stroke, and mental illness. But it's inescapable that the same pathway may not be a positive journey for someone who might be already unemployed / in poor work and the paper does not really incentivise that. It is unclear where the additional jobs for those recovering will be created.

We welcome the involvement of health services in supporting people to retain employment or to retain positive relationships with the benefits agency, but hospital wards, for both physical and mental health conditions could routinely ensure they are in contact with employers and with the Jobcentre to retain work opportunities and benefits; currently there is variable practice.

15.2 What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?

There is an important role for government in removing the ongoing public narrative that people making welfare benefit claims are fraudulent, or not hard working, or not entitled.

The welfare benefits system, established to support people with disability, the sick, the unemployed and the vulnerable, is not designed to be easily accessible for its customers. Changing this culture will also bring about positive change to society's attitudes to disabled people and people with health conditions.