Written evidence from the College of Occupational Therapists (DEG0063)

This submission is made on behalf of the College of Occupational Therapists, the professional body and Trade Union for over 30,000 occupational therapists, support workers, managers and students across the UK.

The submission is made in response to the Commons Select Committee’s inquiry into the disability employment gap, and addresses each of the questions raised within the inquiry. Further information on any aspect of this response can be gained by contacting the College.

Executive Summary

Key points to note from this submission include:

- Occupational therapists are one of the key allied health professions involved in supporting people into and remaining within work. Occupational therapists focus on an individual’s functional abilities and the work task requirements to achieve a match between the two areas. Occupational therapists work in both vocational rehabilitation and occupational health services.
- A joined up approach across employment services, health and social care, working within an inclusive flexible, national vocational rehabilitation strategy, would enable adults with health conditions and disabilities to access rehabilitation. This would not only benefit the individual but also the wider workforce, employers and society.
- The Committee should signpost the Allied Health Professionals Advisory Fitness for Work Report which is a tool to benefit the individual employee, their GP and the employer. See: https://www.cot.co.uk/ahp-advisory-fitness-work-report
- Government should ensure that sufficient time is given to consulting with the appropriate stakeholder groups informing and implementing policy decisions. This might take the form of an additional ‘call for evidence’ ahead of future Department of Work and Pensions (DWP) commissioning.

Submission

To what extent are the current range of proposed measures likely to achieve the Government’s ambition of closing the disability employment gap?

1. New Work and Health Programme

The College of Occupational Therapists supports, in principle, the idea of a new Work and Health Programme to replace the current generalist Work Programme and specialist disability Work Choice programmes if it can deliver sufficient specialist and professional input, as required for individuals. It is crucial to note, however, that in terms of disability assessment and support, it is highly individual, very specific and requires careful and timely investigation. There also needs to be an appropriate amount of time to deliver suitable input to ensure successful outcomes. Therefore high quality input which is fair and ethical is necessary for the benefit of individuals with disability and health needs.

The new Work and Health Programme should provide individual and tailored support in order to achieve maximum impact, utilising the specialist skills of occupational therapists that are skilled in the assessment and treatment/rehabilitation of individuals with functional difficulties.

A national approach is required to enable people with disabilities to enter mainstream employment. There are several approaches such as Independent Placement Support and different companies’ currently delivering vocational rehabilitation. With this variation, there needs to be consistency across the UK in order to deliver effective services. A national pathway and framework which supports individuals at every level through their transition into employment is required. For example:
• A step up step down approach that supports recovery so that individuals’ can experience working in all of its potential forms from voluntary work to paid employment.
• Addressing relapse prevention and not expecting that everyone with a disability can go into paid employment. Alternative opportunities should be offered to enable an individual to develop occupational skills.
• A joined up holistic approach which involves health, DWP, employers and other stakeholders.

Occupational therapists have unparalleled experience and expertise to work with individuals and the environments they work within, supporting them into employment. Occupational therapists are dual trained across both physical and mental health and so can consider the totality of an individual’s needs. They are also skilled in prevention of ill health, the assessment of an individual abilities and work tasks in relation to specific job and skill requirements. Because of their dual training they are able to consider physical and cognitive abilities, mental health and social needs in the workplace during the process of rehabilitation back into a work role, whether a new job or returning to an existing job.

2. Access to Work

The College of Occupational Therapists supports the principle of a real terms increase in spending on the Access to Work Programme, which provides practical support for disabled people and advice around reasonable adjustments for the employer. It is crucial to ensure that key healthcare professionals are involved in this process such as occupational therapists. They are trained to assess individuals’ abilities and job tasks and then to make adjustments to existing equipment and environmental circumstances, recommending specialist equipment based on individual needs where needed. Occupational therapists will often find a solution where one has not been considered previously and can often “think outside the box” when faced with complex and challenging circumstances. This may take the form of liaising with organisations and employers to mediate, advocate and discuss the implementation of recommendations. Experienced occupational therapists should continue to be included within a wider roll out of this programme.

3. White Paper

The College of Occupational Therapists welcomes the development of a joint White Paper between the Department of Health and Department for Work and Pensions. It will be vital to ensure that the consultation for this White Paper is well published and allows for the input of a wide range of stakeholders, including occupational therapists, who have extensive experience in vocational rehabilitation and occupational health. It is highly important that any planned provision of health inputs include as a minimum standard the employment of occupational therapists to meet individual needs.

Should the Government set interim targets along the way to meet the commitment to halve the disability employment gap? What should they be?

4. Use of Targets

The College of Occupational Therapists supports the principle of encouraging employers and others involved in closing the disability employment gap but it is important that any targets set are not done so arbitrarily, and are based on tangible and beneficial outcomes. For example targets should include:

• A programme of active education and awareness raising about equality responsibilities and application of reasonable adjustments among employers that seeks to advantage individuals with disabilities to retain and find work.
• Greater measurement of compliance with equality responsibilities relating to employment practices through monitoring of and research on employer duties. This could come through the uptake of the recommendations arising from the recent report by the House of Lords Select Committee on the Equality Act and Disability published in March 2016.
• Recognition that a greater focus on patient outcomes and rewarding positive behaviours with employers which will elicit a more long-term and credible solution to the sometimes complex needs of disabled people.

• Use of interim achievable targets, such as SMART goals with examples of successful case study outcomes by geographical area so they can be applied to local communities and employers. This could help focus stakeholders on the progress being made and ensure motivation especially with employers who are crucial to achieving the final goal of closing the disability employment gap.

• Pilots of new services should include occupational therapists in service commissioning, delivery and research.

**How effective is the Disability Confident campaign in reducing barriers to employment and educating employers?**

5. Disability Confident Campaign

The College of Occupational Therapists supports the objectives of this campaign, but believe it does not go far enough. More needs to be done to support individuals with disabilities into work. The campaign needs to be in the mainstream, national media and promoted widely. Additional spin off campaigns by individual professions and employment/professional bodies could then also be encouraged. The College believe that celebrating diversity and individuality is beneficial to all of society.

Employers are one of the main stakeholders in this process and many are not currently aware of the benefits of employing individuals with disabilities. They often have the least information, support or motivation to help change the disability employment gap.

Work is an essential occupation to ensure good health and wellbeing. Specialist vocational rehabilitation can be effective for individuals with common health conditions and for more complex conditions, such as cancer. Evidence shows that most people prefer to be in work. With increasing survival rates people are returning to work who until recently would not have done so. Working is in itself therapeutic, aiding the recovery of people who have back pain, stress and depression or high blood pressure. This message should be more widely promoted and understood.

**What more could be done to support employers?**

6. Employer education

It is important that employers feel empowered and educated to meet the needs of employees with disabilities. This is a key recommendation from the recent House of Lords Select Committee report *The Equality Act 2010: The impact on disabled people* on the Equality Act and Disability. As part of this more should be done by the Government to promote the message that individuals with disabilities are a valuable addition to the workforce rather than a burden. Also, as occupational therapists often conduct their assessment and interventions with employees at the workplace they can help to educate the employer in reasonable adjustments and the benefits of employing individuals with disabilities.

Ambassadors across the UK who can promote the benefits to employers are required. This could be via employer based forums where case study examples from local geographical areas can be celebrated and used to educate employers. This may well be delivered with allied health professional such as occupational therapists who can promote the benefits. A media campaign should also be considered for the promotion of the Access to Work scheme as it currently it seems to be by a word of mouth process and more prompt delivery is required in some areas.
What should support for people with health conditions and disabilities in the proposed Work and Health programme look like?

7. Better utilisation of occupational therapy skills

It is clear that a whole systems approach and recognition of the inextricable link between health and work is needed in order to affect real change. The Health and Work programme has the potential to develop an inclusive vocational rehabilitation strategy, which is encouraged. It also has the potential to deliver equality of access to vocational rehabilitation for adults with health conditions.

The need for integration between services has been recognised by Government and more widely. A joined up approach across employment services and health and social care will be critical to ensuring a smooth and effective roll out of this programme. This should include public health prevention, early intervention, occupational health, vocational rehabilitation, employment services, disability employment services, benefits, etc.

Specific recommendations to be included within the Government’s Work and Health programme include:

- The involvement of occupational therapists in all occupational health and vocational rehabilitation/DWP services to help employers and employees become more productive, return to work or remain in work. This will help to remove pressure from GPs, a key policy priority for the NHS. It will also allow more contact with the workplace and the employer as occupational therapists will often visit the workplace.
- Occupational therapists should be involved as they are trained to adapt the environment and make modifications to work tasks and roles. They also provide equipment and work with individuals and employers to develop effective health strategies, such as the management of symptoms like fatigue, pain and stress/anxiety. This leads to increased participation in work, education and the community.
- Occupational therapists also focus their input on functional and practical abilities (rather than difficulties/inabilities) and use a biopsychosocial approach rather than a medical model which is beneficial for generating practical solutions. The involvement of occupational therapists allows standardized in depth functional capacity assessments or ergonomic assessments which may be required for some health conditions. This helps establish what physical and psychological demands are appropriate in a particular work role and to establish current functional level. The detailed information collected includes analysis of the organizational response to health needs and the human resources available to potentially support the person with ill health.
- The involvement of case managers to co-ordinate input, build rapport and advocate for the individual to ensure they access the required services is also beneficial. There are many successful examples of this often funded by insurance services, where more time and specialist health care delivery is required for complex situations.
- Use of the Allied Health Professionals Advisory Fitness to Work Report which can be completed by an occupational therapist and assists an individual to return or remain in work. This report is recognised by employers and GPs in all four UK nations. It is appropriate for a physical or mental health work-related issue to help employers and GPs understand practical modifications that may help an individual remain engaged with or return to work. It is designed to be clearly recognisable and easily read, with contact details for employers to follow up and recommendations if necessary. Other tools also used by occupational therapists to help those with mental health needs remain in the workplace include the Wellness Recovery Action Plan.
- For more information about the Allied Health Professionals Advisory Fitness to Work Report please go to: https://www.cot.co.uk/ahp-advisory-fitness-work-report
- Successful pilots for closing the disability employment gap should be nationally promoted with robust planning, infrastructure and recommendations rather than being left at the pilot stage. For example, occupational therapists have successfully worked in occupational health and...
also in Jobcentre Plus offices but this has been due to the pockets of local funding available which inevitably leads to post-code lottery initiatives rather than national availability.

- The Work and Health programme should link with employment for young adults leaving school or university/FE College, especially during the difficult transition from children's health care/educational services to adult health care/employment services. At this transition point young adults employment needs may be overlooked or are a token gesture without proper investment or incentives. The current Government apprenticeship programmes are struggling to take on students with additional needs and to support them. The Work and Health programme therefore needs to link to other pieces of legislation such as the Autism Act 2010 and the Equality Act 2010.

- The Work and Health programme should also liaise with occupational therapists who are currently developing and using new tools such as an Employment Passport that details what adjustments an individual is likely to need in a job role including information about what help is needed, when, where and from whom. The individual owns it and it is co-produced like a living CV. It includes health and safety information and supports the employer to support the individual in the workplace.

**How should providers be incentivised to succeed?**

**8. Tax breaks**

Currently, there is a clear lack of incentive for employers which, coupled with a lack of understanding and education around employing a disabled person, has resulted in the disability employment gap. Providing initial incentivisation may be a good way to kick-start the widespread employment of disabled people for example by providing:

- Tax breaks for disabled employees or employers who are required to make reasonable adjustments to a workplace.
- Promotion of the individuality, uniqueness and benefit of diversity that people with disabilities can bring to a work role or environment.
- An increased role for the Equality and Human Rights Commission (EHRC). The previously mentioned House of Lords Select Committee report makes this recommendation.

The economic burden of illness from both physical and mental health conditions is an estimated annual cost of over £100 billion. Worklessness affects the economy in many areas, including reduced productivity, reduced work force participation and burden for the welfare state. Vocational rehabilitation is a solution to alleviate these burdens. As such, a tax break should be viewed within the scope of a short term investment to address wider savings to the economy.

**What are the likely impacts on disability employment of the abolition of the Employment and Support Allowance Work Related Activity component?**

**9. Further consideration required**

The Employment and Support Allowance Work Related Activity component is designed to support those the Government has deemed not able to work right now, but where with changes this situation may alter. This is an important allowance for those who are not in a position to work, and any abolition of this benefit, with all possible impacts and outcomes should be seriously considered.

**What evidence is there that it will promote positive behavioural change? What evidence is there that it will have unintended consequences, and how could these be mitigated?**

**10. Whole system buy-in**

The College of Occupational Therapists believe that behavioural change requires buy-in from the senior management of businesses, rather than just the employees who would work with a disabled person. Wider packages of education for senior managers would help to encourage the required
whole system buy-in and behavioural change. Expert occupational therapists should be engaged in this process in order to increase the likelihood of successful behavioural change.

About the College

The College of Occupational Therapists is the UK Professional Body and Trade Union for over 30,000 Occupational Therapists, support workers, managers and students. Occupational Therapy enables people of all ages to participate in daily life to improve health and wellbeing. They are the only Allied Health Profession trained at a pre-registration level to work within both physical and mental health.

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