Written evidence from The Work Foundation (DEG0094)

By The Work Foundation’s Health at Work Policy Unit

Our submission to the Inquiry is focussed on question 1\(^1\) and question 3\(^2\). More information is available upon request.

- The conditions of work and the human environment are major influences on health and wellbeing. The nature of work that safeguards and promotes health and wellbeing – good work – should be strongly reflected in policy and practice. Given the health benefits of good work\(^3\) and the positive role it has in many people’s lives\(^4\), we believe work should be viewed as a health outcome.

- We welcome the proposed Work and Health Programme’s explicit focus on the health-related barriers to work experienced by many social security recipients. Having one or multiple chronic health conditions is the norm and policy must be developed which reflects this reality, and supports and recognises a universal right to work.

- Detail on the Work and Health Programme is limited at present. As regards those elements which have been announced, our chief concern is the proposed reduction in Disability Employment Advisers, which we do not support due to the vital role such specialists have in supporting claimants with complex barriers\(^5\). Any clarification on these reported reductions would be welcome.

- We would welcome a more comprehensive development of the Work and Health Programme. It should be capable of addressing the multiple issues faced by many people whose employment is jeopardised by ill health or threats to health and wellbeing, by factors that arise through health conditions or by compounding social, educational, skills and employment and other conditions.

- We believe therefore that if real progress is to be made on reducing the disability employment gap, there needs to be a shift in focus towards retention of people with disabilities, addressing the too little assistance given to help people stay in work\(^6\). This would involve several phases:

---

\(^1\) Question 1: To what extent are the current range of proposed measures likely to achieve the Government’s ambition of closing the disability employment gap?

\(^2\) Question 3: What should support for people with health conditions and disabilities in the proposed Work and Health programme look like?


\(^5\) Dudley, McEnhill and Steadman (2016) Is welfare to work, working well? Improving employment rates for people with disabilities and long-term conditions.

\(^6\) Black and Frost (2011) Health at work- an independent review of sickness absence
1. Developing more opportunities for good work, in which all employees (including those with disabilities) can prosper;

2. Bridging the gap between sickness absence and job loss. Earlier intervention is required to reduce the likelihood of people falling out of work as a response to longer periods of sickness absence – or indeed falling out of work and onto ESA with no period of sickness absence at all[7]. The new programme must “turn off the tap”[8], the supply of people onto sickness benefits;

3. Engaging people in back to work support more quickly in the event of job loss.

- Key areas of focus must include:
  - Improving focus on the importance of work across a range of health, social and local partners[9], through raising the profile of work as an outcome.
  - Raising awareness of existing support among employers and employees, as well as health care professionals and a range of government and community links (such as Access to Work[10])
  - Recognise and take a constructive approach to the challenges faced by employers – large and small – in supporting the potentially considerable number of employees with chronic health conditions and disabilities. Many of these conditions will fluctuate in nature, with their lack of predictability difficult to plan around[11].
  - Improving access to occupational health and vocational rehabilitation support, particularly for small businesses whose size limits their ability to provide[12]. Indeed, there needs to be more considered focus on the challenges for small businesses and their employees, which can be very different from those faced by larger organisations.
  - Mental health problems and musculoskeletal disorders are the most commonly experienced conditions about working age. We need to see a dedicated focus on these types of condition, as well as when they occur comorbidly – 1 in 7 of the working age population has more than one long-term health condition[13].

---

The ageing population presents a considerable challenge. The complexity is added to when considering that by age 50, half the population have at least one long-term condition; by 2020, approximately one third of the labour market will be of this age.\(^{14}\)

- In terms of back to work support, the new Work and Health programme should be designed to meet the diverse individual needs of people whose working life is threatened because of health conditions. It should recognise that the obstacles to work may include factors related to health and wellbeing that are outside the normal boundaries of health care. These include social factors, housing, education, training and skills, the conditions of work and the systems and processes of welfare. We highlight the need for a range of collaborative specialised services.

  - Innovative approaches such as peer support\(^{15}\) and social prescribing\(^{16}\) should be explored to understand their value in holistic employment support;
  
  - Greater local collaboration among a wider range of partners - including health, social care, employers, local government, housing and the voluntary and community sector - needs to be facilitated to drive the development of integrated, innovative and locally appropriate solutions to these complex challenges. There are good examples of such arrangements. We urge that they be carefully evaluated to guide the development of best practice and serve as exemplars.\(^{17}\)

  - The unique needs of young people with chronic health conditions or disabilities should be taken into account – intervening earlier to ensure life chances are maximised, and applying the theory of ‘proportionate universalism’\(^{18}\) into careers education and guidance, work experience, vocational education and other health related initiatives\(^{19}\).

- We believe that the welfare system, and particularly practice and process surrounding ESA claims, is in need of reform. Measures must be taken to both improve the way the system works and increase fairness, but also to restore trust between the disabled community and those administering the assessment process. We call for\(^{20}\):

  - A new assessment process for ESA that is co-produced with people with disabilities;
  
  - Separation of testing for benefit eligibility from assessment of barriers to work;

\(^{14}\) Taskila, Shreeve, Laghini and Bevan (2015) Living long, working well: Supporting older workers with health conditions to remain active at work.


\(^{16}\) Donnaloja, Thomas and Steadman (2016 forthcoming) Social prescribing and employment – awaiting publication

\(^{17}\) Shreeve, Steadman and Bevan (2015) Healthy, Working Economies: Improving the health and wellbeing of the working age population locally


\(^{19}\) Bajorek, Donnaloja and McEnhill (2016) Don’t stop me now: supporting young people with chronic conditions from education to employment.

\(^{20}\) For more details on these recommendations, see Dudley, McEnhill and Steadman (2016) Is welfare to work, working well? Improving employment rates for people with disabilities and long-term conditions.
- Maintenance and enhancement of specialist health-related support in Jobcentre Plus;

- Changes to the rules surrounding how long people with disabilities can work whilst still claiming benefits would help improve employment rates;

- Removing the 16 hour rule, which has been a barrier to accessing support through Work Choice, could allow businesses to employ disabled people for a smaller number of hours, which could help those whose conditions mean they cannot commit to 16 hours each week;

- Removing the 26 weeks an employee must wait to get flexible working would allow people with health conditions to enter the workplace (or remain in work when disability supervenes more easily);

- Commissioning should protect and support subcontractors/smaller providers by improving their understanding of their rights, and reforms made to the payment structure to better reflect the cost of helping claimants with complex needs. Limited, isolated employability support is not effective for many individuals with multiple needs.

The development of the new Work and Health Programme is a good opportunity to introduce new measures that will help people with health conditions get into work. But alongside this, The Work Foundation strongly suggest that more support and encouragement be given to employers to increase retention of employees with a health condition. Doing so will allow the increasing number of people in the UK with a long term health condition to remain in employment; ‘turning off the tap’ of people falling out of work and requiring state support.
Who we are: The Work Foundation

The Work Foundation transforms people’s experience of work and the labour market through high quality applied research that influences public policies, organisational practices while empowering individuals. Through its rigorous research programmes targeting organisations, cities, regions and economies, now and for future trends, The Work Foundation is a leading provider of analysis, evaluation, policy advice and know-how in the UK and beyond.

The Work Foundation addresses the fundamental question of what Good Work means: this is a complex and evolving concept. Good Work for all by necessity encapsulates the importance of productivity and skills needs, the consequences of technological innovation, and of good working practices. The impact of local economic development, of potential disrupters to work from wider-economic governmental and societal pressures, as well as the business-needs of different types of organisations can all influence our understanding of what makes work good. Central to the concept of Good Work is how these and other factors impact on the well-being of the individual whether in employment or seeking to enter the workforce.

The Work Foundation’s Health at Work Policy Unit (HWPU) provides evidence-based policy recommendations and commentary on contemporary issues around health, wellbeing and work. It draws on The Work Foundation’s substantial expertise in workforce health, its reputation in the health and wellbeing arena and its relationships with policy influencers. The HWPU aims to provide an independent, authoritative, evidence-based voice capable of articulating the views of all stakeholders.

The HWPU is supported financially by grants from the British Safety Council, Bupa and Napp Pharmaceuticals Limited

Summaries and full text versions of the above cited reports of the Health at Work Policy Unit are available on The Work Foundation website: www.theworkfoundation.com

September 2016