1. Introduction

1.1. Diana Wright Solutions Ltd has been involved in supporting private and public sector organisations in the delivery of accessible products and services to employees and the general public since 2007. Diana Wright Solutions Ltd has significant experience in designing and implementing managed reasonable adjustment services in businesses.

1.2. Having worked in the field of implementing managed reasonable adjustment services I have insights into the things that work and do not work for employers and employees.

2. Executive summary

2.1. In considering Access to Work (AtW) my focus has been looking at the end to end process and the support that employees and employers need in order to deliver effective and efficient reasonable adjustments. At the heart of this is the need to consider a managed service model and recognise the need to support employers and employees through the Access to Work pathway.

2.2. There is a need for an assessment and case management process that coordinates the referral process, the assessment process and the implementation of adjustments and case management. This assessment and case management process needs to be designed around the needs of the employee and the employer

2.3. The end-to-end process is too long and steps need to be taken to reduce the length of the Access to Work pathway to meet the needs of the employer and the employee. Better use of technology and the way assessments are undertaken needs to be considered. Employers and employees should not have to chase DWP when there systems and processes are not working.
2.4. Assessments are not undertaken in the context of the reality of the job and results in inappropriate technology and training being recommended; and the six-week rule to get fully funded reasonable adjustments is leading to poor outcomes for disabled employees and their employers. A review of the assessment process in the context of fully funded reasonable adjustments should be considered.

2.5. Supporting people with learning disabilities and mental health condition require a different approach in delivering Access to Work funding and ongoing work support. There is a need to consider providing mentoring and coaching on a long-term basis; and in some cases in work support workers.

2.6. Access to "mental health support service" needs to be able to be accessed by an employer, and approved provider of employment services to the DWP, in order to improve the employment prospects of individuals with mental health issues.

2.7. Access to Work should consider providing a helpdesk to support employers and employees.

2.8. Access to Work has recently change the rule regarding funding of full-time at work support workers. Access to Work now take the position that if a support worker is required for more than 30 hours then the employer should employ the support worker, e.g interpreter. This rule is now becoming a barrier to people securing employment that need full-time support workers in work and this is in urgent need of review and reconsideration.

2.9. Access to Work has recently changed the way funding is released. There is requirement for the employee to sign off the assessment report and
return a signed copy to Access to Work within 28 days or the funding will not be available. 28 days is too short a cut-off period.

2.10. There is a need to develop a secure portal for transmitting information electronically in order to speed up the Access to Work pathway. The reliance on paper mail is significantly disadvantaging people with visual impairments; and seriously hampering the effectiveness and efficiency of the service for all parties in the pathway, i.e. employee, employer, DWP and assessment approved providers. The means and mechanisms for communication require long overdue updating: Access to Work need to consider introducing encrypted communication and web-based portals that serve the employee, the employer, the assessment approved providers, the suppliers and the DWP.

2.11. To ensure best value for money to the taxpayer, any assessment undertaken by an approved provide needs to be undertaken by somebody qualified in the particular health condition with a knowledge of technologies and support.

2.12. Suppliers need to be accredited in terms of the skills and knowledge about particular products and training and the delivery and implementation of products and training; as well as following particular standards with regard to terms and conditions of business.

2.13. The benchmark for marketing and the reach of the marketing campaign has to be compared against the Motability scheme: more people, nondisabled and disabled, know about Motability scheme than they do about Access to Work. Given that most people requiring Access to Work or in the health economy receiving treatment, it would seem sensible that part of the pack that the health economy handover to a
patient is a leaflet about Access to Work with information targeted at individual and information that the individual can share with their employer or perspective employer.

3. Detailed submission

3.1. There is a need for an assessment and case management process that coordinates the referral process, the assessment process and the implementation of adjustments and case management. This assessment and case management process needs to be designed around the needs of the employee and the employer and supports the employee in understanding the reasonable adjustments they need to undertake their role; and supports the employer in terms of understanding the needs of the employee, the reasonable adjustment’s, and the implementation of those adjustments. Currently, the Access to Work process and procedures are skewed towards the DWP, e.g. the pathway that an employee must follow to get the funding letter. Once the funding letter is released to the employee, Access to Work’s business case is completed for that employee and it is the employer’s responsibility to procure and implement the adjustments. This can be daunting for small businesses; and daunting for large global businesses. Despite publicity around disability and Access to Work, most line managers have very little experience of managing people with disabilities and have no experience of implementing reasonable adjustments.

3.2. The end-to-end process is too long: employers expect employees to be effective and efficient within 1 to 2 weeks of starting the job; when it comes to disabled employees it is taking up to 12 weeks to get the funding letters. Experience since Access to Work reorganised their systems and processes have not improved the situation. Employees and employers are getting the sense that DWP is not monitoring their own
SLAs with approved providers to make sure that assessments and 1st contacts are taking place once DWP has referred to an assessment approved provider. It is the employee that is having to chase DWP when 1st contact is not being made by DWP contact centre; or when 1st contact is not being made by an assessment approved provider. Employers and employees should not have to chase DWP when there systems and processes are not working.

3.3. As has already been mentioned, the Access to Work pathway is skewed towards DWP and takes no account when an employer recruits an employee they expect that employee to be working in the business within 4 working weeks; and when it comes to volume recruitment employers have a pipeline of employees that normally start work within 2 weeks of accepting a job: the employer’s business model in terms of volume recruitment is about getting bums on seats quickly. If an employee requires reasonable adjustments the Access to Work process is not responsive to the employers need to get the employee working effectively and efficiently in the shortest period of time, i.e the employee and the employer are forced to work to the timescales of the DWP. This creates tension between the employee and the employer and does not create a good experience for either the employee or the employer.

3.4. Normally, when an employee accepts a new job and contacts Access to Work within 6 weeks, reasonable adjustments are fully funded. The problem with this approach is that assessments are being undertaken “in a vacuum” with no understanding of the reality of the job. For example, employees with dyslexia who are assessed prior to starting their job but with a vague familiarity of what role entails, will often be recommended assistive technology and dyslexia strategy training which turns out not to be the correct adjustments. Experience has shown that the most effective
way to assess people with dyslexia is to undertake an assessment with a qualified dyslexia assessor after the employee has been working in the role for a week or so. It is only then that the right adjustments are identified. The six-week rule works against disabled people and the employer because everyone is told that reasonable adjustments are fully funded if the application is made within the 1st 6 weeks. The danger is Access to Work assessments are not delivering the right assessments or the right adjustments because of this six-week role. Access to Work should consider amending the six-week role to be one that says: for a new employee the request for funding should be registered with Access to Work within 6 weeks with the assessment being undertaken by a qualified person when the employee is in post and has begun to experience the role in the context of their impairment.

3.5. Supporting people with learning disabilities and mental health condition require a different approach in delivering Access to Work funding and ongoing work support. There is a need to consider providing mentoring and coaching on a long-term basis; and in some cases in work support workers.

3.6. Data from November 2013 showed: about 50% of the ESA individuals are classified as work ready (i.e. to start the work programme) have mental health issues. Many ESA individuals going onto the work programme are in the early stages of treatment so they could still be in shock/heavy dosages/developing mental health issues etc etc; and potentially hard to work with. 50% of ESA individuals came straight from employment (half of whom have had some sickness absence). 33% of ESA individuals have both physical and mental health conditions. There is a significant self reporting by ESA individuals of adjusting to a "sudden onset" of health conditions. Significantly, the work programme
is a mandatory programme and this is adding a further dimension of pressure affecting an already fragile mental health state for many individuals.

3.7. Access to "mental health support service" needs to be able to be accessed by an employer, and approved provider of employment services to the DWP, in order to improve the employment prospects of individuals with mental health issues. Referral to mental health support services is normally via an Access to Work referral, i.e. an employee contacts Access to Work because they have a disability or health condition causing mental health issues and the Access to Work adviser will then be referred to the "mental health support service". It should be possible to refer to access mental health support services directly; and if DWP need to have a gateway to control access to the service then it needs to be designed in a way that removes the redundancy of contacting the Access to Work referral, e.g. mental health support service becomes an Access to Work referral route and the provider should be able to take a referral from an employer or a provider of employment services.

3.8. Access to Work should consider providing a helpdesk to support employers and employees. The provision of a helpdesk would help employees and employers by way of providing advice, mentoring and coaching. This would improve the effectiveness of Access to Work to help people secure a job; stay in a job and to develop their careers. Employers need to be included in this support and help because sometimes employers need mentoring and coaching when they are new to managing a person with a disability. Despite an employer’s requirement to suitably trained line managers, the type of mentoring and coaching that is provided by employers does not get fulfilled by the equality and diversity training.
3.9. Access to Work has recently changed the rule regarding funding of full-time at work support workers. Access to Work now take the position that if a support worker is required for more than 30 hours then the employer should employ the support worker, e.g. interpreter. This rule is now becoming a barrier to people securing employment that need full-time support workers in work. Employers are now having to take on a support worker as a full-time employees with all the implications of employment law and regulations. Employers are receiving legal advice not to engage support workers on the terms that Access to Work are insisting upon because of the employment law/ regulations consequences that would accompany having to employ a support worker, e.g. who is the line much of the support worker and who manages their performance, maternity leave regulations, flexible working regulations, redeployment regulations if the disabled person leaves the employer, redundancy regulations.

Local employers.

3.10. Access to Work has recently changed the way funding is released. There is requirement for the employee to sign off the assessment report and return a signed copy to Access to Work within 28 days or the funding will not be available. 28 days is too short a cut-off period. There are many reasons why people cannot comply with this 28 day rule, e.g. health issues, holidays. Access to Work do not send out reminder notices that individuals may be in breach of the 28 day rule and consequently funding is lost. Access to Work need to send out reminders to people that are in danger of breaching the 28 day rule.

3.11. There is a need to develop a secure portal for transmitting information electronically in order to speed up the Access to Work pathway. The reliance on paper mail is significantly disadvantaging people with visual impairments in terms of their ability to live
independently and access communication independently and easily, e.g. having to wait for 3rd parties to read the information, and consequentially compromising the individual’s right to confidentiality because 3rd parties are having to read the most private and intimate details of an individual’s case. Paper mail is also seriously hampering the effectiveness and efficiency of the service for all parties in the pathway, i.e. employee, employer, DWP and assessment approved providers. The reliance of paper mail at every point through the pathway between the employer/DWP, employee/DWP and employee/employer can lengthen the pathway by 20 days and this can be even longer when the employee, the line manager and the central office are dispersed across the UK, e.g. employers head office in London with employees working through out the country and abroad. Access to Work need to consider introducing encrypted communication and web-based portals that serve the employee, the employer, the assessment approved providers, the suppliers and the DWP.

3.12. Access to Work provide funding letters for the employer but fail to provide the list of suppliers of the equipment that has been recommended. The reliance on the employee to provide this information to the employer can delay the process of implementation of reasonable adjustments.

3.13. To ensure best value for money to the taxpayer, any assessment undertaken by an approved provide needs to be undertaken by somebody qualified in the particular health condition with a knowledge of technologies and support. Some form of accreditation needs to be in place for assessors and approved providers before they can undertake assessments for particular conditions, e.g. mental health, dyslexia, learning disabilities, neuromuscular, musculoskeletal.
3.14. Suppliers need to be accredited in terms of the skills and knowledge about particular products and training and the delivery and implementation of products and training; as well as following particular standards with regard to terms and conditions of business. Where suppliers require payment of invoices before they will deliver items, one has to question the viability of their business and the consequences should the business ceased to trade, i.e tax payers money lost.

3.15. Access to Work works to the lowest funding for reasonable adjustments. This means that on a very regular basis suppliers change, e.g. within 3 months an employer with 2 employees having the same assistive technology may have to go to 2 different suppliers because the price offered by a supplier last month has now been superseded with a new suppliers price. This makes it incredibly difficult for businesses to automate their internal Access to Work systems and processes which lengthens the implementation of reasonable adjustments.

3.16. The benchmark for marketing and the reach of the marketing campaign has to be compared against the Motability scheme: more people, nondisabled and disabled, know about Motability scheme than they do about Access to Work.

3.17. DWP need to extend their reach beyond large cities and public sector organisations to get the message across about Access to Work and the support it can give their employees and employers. Most people with acquired long-term health conditions do not belong to help specific support organisations or disability lead organisations: they consider themselves to be members of the dominant role and don’t classify themselves as disabled. Therefore, the message has to be targeted to the dominant norm in order to widen the knowledge about Access to Work.
3.18. Given that most people requiring Access to Work or in the health economy receiving treatment, it would seem sensible that part of the pack that the health economy handover to a patient is a leaflet about Access to Work with information targeted at individual and information that the individual can share with their employer or perspective employer.

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