HOUSE OF COMMONS

Work and Pensions Committee

Oral evidence: Disability employment gap, HC 975

Wednesday 10 March 2021

Ordered by the House of Commons to be published on 10 March 2021.

Watch the meeting

Members present: Stephen Timms (Chair); Shaun Bailey; Siobhan Baillie; Steve McCabe; Nigel Mills; Selaine Saxby; Dr Ben Spencer; Chris Stephens; Sir Desmond Swayne.

Questions 85 - 131

Witnesses

[I]: David Stephenson, Senior Policy and Campaigns Officer, Mind; Alex Kennedy, Head of Campaigns and Public Affairs, Rethink Mental Illness; and Dr Jed Boardman, Consultant Psychiatrist/Senior Lecturer in Social Psychiatry, Senior Policy Adviser, Centre for Mental Health, London.

[II]: Matthew Harrison, Public Affairs and Parliamentary Manager, Mencap; Jane Harris, Director of External Affairs and Social Change, The National Autistic Society; and Lorenzo Torre, Job Coach, Three CS.

Written evidence from witnesses:

Mind [DEG0084]

Rethink Mental Health [DEG0183]

MENCAP [DEG0167]

The National Autistic Society [DEG0121]

Examination of witnesses

Witnesses: David Stephenson, Alex Kennedy and Dr Jed Boardman.

Q85 **Chair:** A warm welcome, everybody, to this meeting of the Work and Pensions Select Committee. We are particularly grateful to the witnesses who have joined us for our two panels this morning. I am going to ask the witnesses on the first panel to briefly introduce themselves, starting with David Stephenson.

David Stephenson: I am David Stephenson. I am a senior policy and campaigns officer at Mind, the mental health charity.

Alex Kennedy: I am Alex Kennedy. I am the head of campaigns and public affairs at Rethink Mental Illness.

Dr Boardman: I am Jed Boardman. I am a retired consultant psychiatrist, and I am the lead for social inclusion at the Royal College of Psychiatrists.

Q86 **Chair:** Thank you all very much for being with us. Can I put a question to all of you first of all? The employment gap for people with mental health problems is wider than the overall disability employment gap, which is the focus of our inquiry. Can I ask each of you why you think this is, and whether we ought to be focusing on and measuring the mental health employment gap, or whether that is not necessarily a helpful thing to do? Can we start with David Stephenson?

David Stephenson: Something that people with mental health problems tell us is that fear of discrimination and negative attitudes when applying for work is off-putting. People are potentially worried that they will not be offered an interview or will not be able to access support when they are in work, if they are offered a role. There is also the challenge about accessing reasonable adjustments for mental health problems in work—for example, being able to access flexible work when you are particularly unwell. Then, there are long gaps on a CV. If you have a long-term mental health condition like psychosis, you may not have any work experience or you may have very limited work experience, which can make it harder to find and stay in work.

In terms of whether a metric would be a good idea, it would be useful to have better data on experiences of people with different mental health problems. For example, we know that people with conditions like psychosis are much less likely to be in work than people who might have what are termed mild or moderate mental health problems. There is definitely a need to better understand people's experiences with regards to different mental health conditions.

Alex Kennedy: I agree with all of what David said. Stigma has such an important impact on people. There is self-stigma—people not wanting to apply because they have those concerns themselves. There is also the fact that people might apply and then might not—because of often quite justified concern about how employers might react—disclose their mental health condition at the point of employment. They might be in relatively good mental health at that point, but if their mental health does take a turn for the worse, it makes it much more difficult to have that conversation about what reasonable adjustments are needed.

Particularly when you are looking at conditions such as psychosis, there is a lack of understanding among a lot of employers about what might be needed in terms of a reasonable adjustment. There are also other issues in terms of individual barriers that people face, such as a lack of skills. Often psychosis will first present in late teens, early 20s, when lots of people will be in training or at university. Some people might have a criminal record. There are all of these personal issues and, on a policy level, social issues that interlink with mental health that are very important barriers.

On the disability employment gap and the target, whether or not you have a single target, it is incredibly important to not just lump everybody into that "disabled people" group, because even within mental illness the individual barriers that people face are so much more nuanced and complicated than that. For people in touch with secondary mental health services, there is a 65 percentage point employment gap. Only around 5% of people with psychosis are in employment, so there are clearly some really particular issues there that need to be addressed in quite specific ways if you are going to have the sort of impact you want to have.

Dr Boardman: When we are thinking about these gaps in terms of disability, the one thing you have brought up there is the difference between people with physical disabilities and mental health conditions. You are dealing with a very heterogeneous bunch of people. When you are comparing across the generalities, you will find that, overall, there is a greater gap for people with mental health conditions. It is for the sort of reasons that both David and Alex have stated. It is about stigma, but it is also about people's expectations; people do not expect people with mental health conditions, particularly long-term, severe ones, to be in employment.

When you look at the nature of what we include in this category of people with mental health conditions, again, it is a very broad and heterogeneous group of people. David and Alex have both correctly said, "Let's look at a group of people with severe, long-term mental health conditions"—that is often people with schizophrenia and those sorts of psychosis diagnoses. But, of course, they are quite a small but significant group, compared to the much larger group of those people with what have been called common mental health conditions. They are called common because there is large prevalence of them—there are a lot of people about in the general population that have mental health conditions. Again, that is quite a broad group, but when we are talking about them, we are predominantly talking about people with anxiety and depressive disorders. Some of them will have short-term conditions; for others, it will be lasting or recurrent, and it is the same across all mental health conditions. I just think we should bear those subtleties in mind, because it is important as we talk about some of the bulk of people who, for example, are on ESA and so on.

The second thing that has been brought up is whether you should have a separate gap measure. Yes, that is okay, but, as I have said, it gets complicated, and it is complicated more by the fact that we often do not know the stats on this clearly. There is no regular group of statistics that is collected, where you can go and say, "What has happened to this gap over the last year?" and so on. The studies that we are often quoting are specific studies that have been carried out to look at, say, people with mental health conditions who are in or not in employment. Also, if you look at the national statistics on this, they often do not differentiate clearly between people who have a mental health condition or a long-term condition or a disability due to many other things.

What you really want in terms of measuring is the data available to create those metrics, and of course those metrics become important because they are a way of monitoring the outcome of any interventions or policy measures that you might make.

Q87 **Sir Desmond Swayne:** Do we have realistic expectations about the employability of people with mental health difficulties? Whenever I have been recruiting, one of the primary concerns I have had is, will I enjoy working with this person? Will my employees enjoy working with this person? You can therefore appreciate that there will be certain reservations about taking on someone with mental health difficulties. What could be done to allay the concerns and fears of employers?

David Stephenson: We know that tailored mental health support for people with conditions like psychosis can really work. Part of that is finding work that is consistent with people's preferences, but also working with employers and developing a trusting relationship with both the employee and the employer. Individual placement and support that can be accessed through the NHS for people with severe mental health problems, and it provides in-work support. Employment specialists can meet with employers regularly, address any concerns and make sure the person is well-supported and it has much better outcomes than DWP-funded programmes. People with mental health problems tell us that they find it really beneficial as well.

Alex Kennedy: A couple of things on that. One is that that attitude of employers and recruiters is quite typical, but I would challenge it a bit and say that there is no reason at all to assume that, because somebody has a mental health condition, they would not be somebody who could be an extremely good employee or fit very well within a team. That is not to say that that goes for every person with every mental health problem in every particular role or at every particular time—if somebody is very unwell, that will not be the case—but some of it is about breaking down some of those employer perceptions.

Speaking as an employee of an organisation where we both support employers to employ people who are living with mental illness, and also as an employer employing people living with mental illness, I have seen from both sides that it can work very well. It is just about making sure that that person is suited to that role and that, as much as possible, you can have that honest dialogue about what somebody needs. Often, it might be something really quite practical, like if somebody's medication means that for the first couple of hours of the day they are a bit groggy but they are absolutely fine after that point, and it works for the employer to have slightly different working hours, that can work really well for everybody. Obviously, for a job that has to be done at the beginning of the day, that would not be suitable. But empowering both sides of that relationship by working through those things on an individual basis—giving employers and employees the confidence to have conversations that can feel a bit difficult when you are disclosing something, or when, as an employer, you are saying, "Yes, that would work, but maybe that would not"—can work. We have seen it work from all sides—from the person living with mental illness and from speaking to employers as well.

Dr Boardman: One of the good starting points here might be to consider how many people with mental health conditions are actually in work. If you look at large workforces, you will find that about 20% of people working in those conditions have had, or are still suffering from, some sort of mental health condition. As I said earlier, our common mental health conditions are common.

You may ask, Sir Desmond, whether you can work with these people. You probably are working with them all the time. As you know from some of the debates in Parliament over the years, people have got up and said, "Look, I've had a mental health condition as well." In a sense, they are always the people next door.

We do recognise, and have to recognise, that people with mental health conditions across the board have, if you like, impairments that can make it very difficult to work. Of course, some of those impairments are particularly severe. Let us turn to our people with schizophrenia, for example. Those are a group of people who have very low open employment rates—round about 5% or 10% of that group of people—but given the right circumstances, you can support those people into work. There are 27 randomised control trials on that showing how that can be done more effectively and successfully.

Of course, that does not mean that those people will not have problems themselves, and those problems are partly their conditions and the nature of the impairments that they face, but the thing is partly people's expectations and prejudices. Everybody has prejudices, but you can lower prejudices if you know and meet with people who you are prejudicial against. Once employers understand that, you are much more likely to get through and break through those prejudices.

Ignorance is another thing, and that is tackled with knowledge. Prejudice is tackled by introducing you to the very people who you think you have the prejudice against. Discrimination probably needs national laws and other regulations.

Q88 **Selaine Saxby:** Good morning, everyone. What impact has the pandemic had on the number of people with a mental health problem in work and their experiences of employment?

Dr Boardman: Goodness. In a funny way, what has been striking about the pandemic, or the reaction to the pandemic, is the amount of information that seems to be coming through from researchers looking at some of those effects. We also know from reading daily papers, and listening to the radio and TV, about the number of people who say the pandemic has affected their mental health.

What is coming through from the broader research is that people's mental health has generally deteriorated over this period of time. Whether that will show itself in an increase in mental health conditions, we simply do not know at the moment. What we do know is that people with mental health conditions have suffered more; their mental health problems have increased, and their levels of distress and sense of loneliness and so on have increased.

You also find that, of those people who have been in work, the ones who are affected most are the ones who have had problems with their work—they have been sent off work, they have had their hours reduced, they are earning less or they are finding it more difficult to make ends meet. That shows one of the great problems here, that mental health conditions and the effects of mental health conditions are not seen equally across society. Certain groups of people are more likely to suffer from mental health conditions than others. Women, for example, have much higher rates of common mental health conditions. People on lower wages, people in more basic jobs—working-class people—are also much more likely to suffer these problems. In other words, there is some sort of gradient in our social structure that is reflective of mental health conditions.

Alex Kennedy: On a practical basis, that can mean that, disproportionately, people living with mental health conditions are more likely to be in roles in sectors that have shut down or where hours have been lost and that kind of thing. If they are seeking work, it might otherwise have been in those sectors, but that is more difficult. They may also be in roles where it is more difficult to work from home, for example. There can be interlinkages between somebody's mental health condition and some of the issues around the pandemic. For example, you may suffer from anxiety, agoraphobia or those kinds of things in any case, but you may be managing your condition to be able to go out to work, and then you suddenly need to be in a shop with lots of people who may or may not be wearing masks when they come in. There can be a negative link there.

On the other hand, there have been some positives for some people. Being able to work remotely has made it easier for some of those who are able to to manage their condition. Some may find it isolating, but some have definitely found it helpful.

David Stephenson: I agree with both of those points. At Mind we have heard that frontline workers have been particularly impacted. Concerns about contracting coronavirus and spreading it to friends and family have impacted on mental health. People with mental health problems have also been disproportionately impacted by furlough because they are more likely to be on low incomes. You can imagine that if you are on minimum wage and you have a 20% cut, it can really impact on you financially but also on your mental health.

Our research has found that two thirds of people whose employment status changed during the pandemic—people who have been furloughed, people who have lost their jobs—experienced worsening mental health. We have also heard that people have been less likely to ask their employers for support around their mental health and are less likely to disclose mental health problems. One potential reason for that is that people have been worried about the economic downturn and losing their jobs in the middle of the pandemic.

Alex Kennedy: If the labour market changes, and an employer faces two candidates, one of whom they might have to make reasonable adjustments for and one not, there is obviously the concern that it becomes more difficult for those people who are further from the labour market to find work.

Q89 **Chris Stephens:** Following on from Selaine's excellent question, my first question is around the role of the Department itself. How effective are its employment support programmes, such as the Work programme, in supporting people with mental health at work? Have your organisations had any involvement in the design of that particular programme? Do you expect to be involved in the design of any future programmes?

David Stephenson: We know that only one in 10 people with mental health problems were actually helped into sustained employment through the Work programme. A big issue with the programme was the fear of sanctions and fear of losing benefits, which really impacted on mental health. Particularly in the period running up to an assessment and afterwards, when someone is waiting for an outcome, people have found it really distressing.

We have not been involved in designing the programme. I do not think we probably will be now. I am not sure whether we have been asked for input yet into any of the proposals for the new work programmes.

Can I just share an experience of someone called Richard, who told us about being on the Work programme? He found that there was a lack of understanding about his mental health, there was a lack of personalised support. He was hospitalised when he was receiving support from the programme, and he still went into his appointment a couple of days later, after being discharged from hospital, and that was really just because of the fear of losing benefits. Even if people are not losing benefits or being sanctioned, that fear really impacts on their mental health.

Alex Kennedy: As far as I am aware, we have not been involved in the design of the Work programme, but our concerns are those that David shared. Those programmes are often about volume and therefore often end up supporting those who are easiest to support. We are very much in favour of things like the IPS approach. It is a positive thing that that is being greatly expanded through the NHS long-term plan. That seems like the right approach. I know it is also being trialled. It is a much more personalised support offer that is not based on sanctions and conditionality. The model has been first-off tested with people living with more severe mental illness, but it has also now been piloted more with people with common mental health conditions. That, from our experience, is a much more positive, effective way of supporting people with mental illness into employment.

To pick up on the point about sanctions and conditionality, that is really key. So much of people’s interactions with jobcentres and all of these programmes is clouded by that fear of sanctions and conditionality. It stops people sharing that they need support, and then they do not get it. What you most need is a relationship of trust, and that is what you are most undermining.

There was a very unremarked good news story recently. I think it is widely known that last summer, in the first lockdown, there was a three-month suspension of benefit sanctions and conditionality. What has been less appreciated is the fact that the most recent data, which goes up to autumn last year, shows that sanctions have barely been brought back, and it is hard to overstate the significance of that change, given that the benefit system is one where just a few years ago a quarter of all people on JSA had been sanctioned. Even just before the pandemic, there 20,000 sanctions on universal credit, and that has gone down to just a few hundred.

The point I would put to Government, and that I would also emphasise to the Committee, is that we have been managing this already. The status quo is that we are not using sanctions. People are still being warned about them, but sanctions are not currently being implemented, unless something has changed since November. What is the learning from that?

There is a long-overdue DWP study, which has not come out, about whether sanctions are effective and how they could be reformed. If we can take forward some of what has been happening in recent months beyond the pandemic, I think it would help solve quite a lot of the negative side of DWP's engagement in the lives of people living with mental illness.

Q90 **Chris Stephens:** You mentioned jobcentre staff, Alex. Do you believe that Jobcentre Plus staff and other employment support advisers have a good understanding and awareness of mental health problems, or do you think that improvements could be made?

Alex Kennedy: It can definitely be improved. We hear a lot anecdotally through our services and from people who have come to us that they have sometimes had bad experiences. One thing that our employment services do is work with the local jobcentre to provide training—because of the growth in the number of claimants, there has been a lot of recruitment, so they are helping to train there.

I am sure it is patchy. It is better in some areas than others. That is not always through a lack of will; another thing is lack of time. It is not just about training. If you only have a few minutes with somebody, and if the whole model is not around producing individualised support, working with somebody with a mental illness and working with the employer, training is only part of the picture.

Q91 **Chris Stephens:** Dr Boardman, do you have any views on the employment support programmes and anything that the Department for Work and Pensions can do to improve?

Dr Boardman: The first thing to say is that none of the programmes, whether it is the Work programme or its predecessors, have been successful in increasing employment of people with mental health conditions. None have done terribly well for people with long-term physical conditions either. That comes from some of the DWP's own research. their research from about 2014-15, which was in the middle of the Work programme, showed many of the things that both Alex and David have brought up. The important thing that that showed was that people with mental health conditions who were in the Work programme or in the WRAG were people who wanted to work—they were not work-shy—but they understood some of the difficulties they would have in getting into work, particularly because of the nature of their conditions. Many of them had put off their aspirations for work because of those conditions. It was also found that they were not offered the support that they felt they needed. As both Alex and David have said, they did not receive the personalised support, and I think the consequence of that is that about two thirds of those people in those studies were not found work.

A quite separate study by Catherine Hale, which I would recommend reading, showed that over 500 people in the WRAG were really not given the sort of support that they needed, and that sanctions and the fear of sanctions came out as one of the top things that prevented them from engaging readily. I think that that is important.

The other thing that has been mentioned, and I think should be mentioned at this stage, is IPS.

Q92 **Chris Stephens:** I was just about to ask about that, Dr Boardman. I will allow you back in, in a second, but I want to ask David a question on this. For those watching, IPS is individual placement and support. David, I believe Mind has recommended that the Department invest in this to support people with severe mental health problems into work. Could you explain the benefits of IPS compared to the current approach, and then I will allow Dr Boardman back in to talk about IPS as well?

David Stephenson: I touched on this a bit earlier, but it finds work that is consistent with people's preferences. It is provided through NHS teams, secondary mental health teams, so people with severe mental health problems have an employment specialist who works with NHS professionals and has a good understanding of mental health problems. It is voluntary, so people are not forced to look for work or into roles that might not meet their needs. Time is taken to build that relationship with employers and have the connection with mental health services as well. The biggest difference is in-work support, and that is lacking a lot from DWP schemes. People tell us that that is what they really benefit from. It is not just finding the work but working to put support plans in place with employers, identifying early on what the issues are and taking action. We talked on a previous question about the understanding of mental health conditions, and that is something that IPS employment specialists really have.

Q93 **Chris Stephens:** Dr Boardman, sorry, I stopped you mid-flow about IPS, so I will hand back to you.

Dr Boardman: No problem. What David said is important. There are three things that are important about IPS—the individual placement and support. One is that it has eight principles, and David has touched on some of those, but the important one to consider at this stage is the fact that it is very personalised and it is very person-centred. It looks at the person and says, "What do you want? What are your needs?" That is exactly what a system based on sanctions does not do.

The second thing that is important is that it is evidence-based. I think there are 27 RCTs on IPS, and nearly all of those are working with people with psychoses—it is predominantly people with schizophrenia—and that is a difficult group of people to place in open employment. All those studies are successful—that is, the people randomised to the IPS were more likely to find a job than those people who were given business as usual, which is basically the older schemes of vocational rehabilitation. That is worldwide—it is not just in this country. That is the second important thing.

The third important thing about IPS is it tells us that the system needs to be integrated. That means that your IPS worker, your vocational worker, who is not a health professional, should be working within your health teams. Also, that person should be assisting the people who are being rehabilitated vocationally to search for jobs very quickly and support them in the job, but also provide them with the necessary access to advice on welfare benefits and so on. Those are the three key things about it.

I must admit that we have known about this for a long time now—20 years ago, I chaired a Committee on this—and it has taken a long time for this to get into practice. It is not the fact that you have something that works now that is the problem; it is the problem of implementing this across the country and, secondly, asking the question whether that sort of system—its principles—can work with people who do not have the long-term severe mental health conditions, like schizophrenia, but the common mental health conditions, like depression and anxiety.

Chris Stephens: Thanks, Dr Boardman. Very comprehensive answers from all three of you and certainly food for thought for the Committee. I will hand you back to the Chair.

Q94 **Dr Ben Spencer:** I refer the Committee to my entry in register of interests and to my membership of the Royal College of Psychiatrists. Thank you for the really interesting and informative responses so far. I wanted to pick up on a bit of the last point about the benefit system supporting people into work. A couple of answers have pointed out the heterogeneity of people with mental illness, but then referred to drawing on different specific approaches for people with different types of illnesses. Do you think there would be a benefit for the Department to have different systems and procedures in supporting people with mental illness, depending on what their diagnosis is, over and above the individualised approach that you have discussed, which is a very bespoke, one-on-one service? Do you think it would be useful to have different programmes for people with different types of mental disorders or different categories of need?

Dr Boardman: The answer, Ben, is no. The issue here is not just the fact that you have heterogeneity. I am pointing that out partly because you have a whole different approach to treatment for those people. We know that is important. You do not treat somebody who has a psychosis in the same way that you treat somebody with anorexia or an anxiety state.

But if you want to think in terms of vocational rehabilitation for any of those people, getting them into work, the same principles apply across the board. While there are problems with IPS, in the sense that it can prove very difficult to roll out because of its approach that says you have to have a long-term follow-up—if you could change that, it would make life much easier—the principles of it are the things you need to grab hold of and keep. Also, you need to learn from those principles, not only in the way we are looking at people with mental health conditions, but perhaps that is actually the way to treat people with all sorts of health conditions, particularly long-term health conditions. It might be quite useful to have some of those principles taken up by the DWP as a set of principles for the way they work.

Q95 **Dr Ben Spencer:** Has there been any research done on extending IPS in terms of psychosis and, more broadly, a range of mental and physical health disorders?

Dr Boardman: Yes, there has, but most of those trials that I mentioned earlier do not look at that. You have had specific projects looking at it. Colleagues of mine from South West London and St George's have done this with people without psychosis conditions, and it is also, I think, being used in people with, for example, brain injuries.

Alex Kennedy: I think there are also trials under way in Sheffield and the west midlands, but they have not yet reported. I would agree that, because it is a personalised approach, it is not a condition-specific approach, or it should not be. We are waiting for those big trial results, but in terms of using a much more personalised approach and following a lot of these principles—it might be that, for some people with common mental health conditions, some of those principles might apply in a slightly different way; I think that would need looking at, and hopefully we will have some good research evidence on that—I see no reason why those general things about it being person-centred, voluntary, based on somebody with experience of mental health conditions who is giving that support, would not read across.

If you do not do that, there is a risk that if you only funnel people through secondary mental health services—it should be improving with the long-term plan, but there has been a problem of barriers to getting into, or getting early discharge sometimes from, secondary mental health services for people who, by any normal definition, are severely affected by mental illness—you end up saying that that person cannot have the personalised employment support that they clearly need, because they happen to have been discharged from secondary services or have found it hard to get a referral.

Opening those doors a bit to personalised support as a wider approach would be really positive.

David Stephenson: I echo the point that IPS can be used effectively for people with other mental health conditions. It should not be viewed as specific to people who experience psychosis.

Q96 **Dr Ben Spencer:** We have had evidence that the process of going through the benefits system and applying for benefits essentially causes psychological distress. I know you have touched a bit on the issue of sanctions and conditionality, but can you talk a little bit about whether you think there is a problem with the benefits system having an impact people's mental wellbeing and causing psychological distress? Do you think there are measures that can be taken to improve that?

David Stephenson: As we have mentioned, sanctions and conditionality huge issues. The fear of losing benefits undermines the system’s effectiveness. It also makes it more difficult to build trusting relationships with jobcentre staff and assessors. An end to benefit sanctions would help with that.

There is also an issue around repeated assessments and people having to repeatedly recount really traumatic experiences of self-harm and suicide in face-to-face assessments. Mind is calling for a route to longer-term awards, so that people do not have to repeatedly talk about distressing experiences.

There is also something to say about the choice of method of assessment. Remote assessments work really well for some people. For other people, face-to-face assessments work well. Having a choice in the system about assessment would make a big difference. There is also something around empowering people with disabilities and giving people with disabilities, including people with mental health problems—people who know the system and have experienced its challenges—a role in shaping and reforming it.

Mind is also calling for an independent regulator for the benefits system to hold the Government to account and address some of the issues that we have talked about today.

Dr Boardman: With the benefits system, it is sometimes a question of where you start. From one’s experience of working in community mental health teams for many years—in the latter part of my career I worked exclusively with people with long-term psychotic conditions—what has changed, particularly in the last 10 years, is the enormous anxiety that many of our patients felt when they were faced with a reassessment for their ESA and now as part of universal credit, but also of course with reassessments for the movement into PIP, the longer-term disability benefit. It is quite remarkable how those people have reacted to that—their levels of anxiety and also, of course, the numbers of people who relapsed in those states.

I think it is very important that we in community services help those people and support them through that process. Of course, that puts an enormous burden on teams, and that burden has increased over the last 10 years, predominantly because of the changes to the benefits system, but also because many of the support systems for people who want benefit advice were dwindling locally or were never enough to manage the increasing loads that have happened over that period of time.

Q97 **Dr Ben Spencer:** Would it be possible for you to send us some more information if you do not have it to hand on the work impact for CMHTs and people working in the mental health profession in terms of supporting people with mental illness going through the assessment process and the impact it has on the service? Also, particularly on the very concerning statement that you have made, which is that you are seeing relapse as a result of assessments, is there any more information you can send us on this? I think it would be very helpful for us.

Dr Boardman: There is. There have been two recent reports from independent organisations and another one that I was involved in with the Centre for Mental Health. They are available.

Chair: Thank you. We would be very interested to see those. A quick point here from Siobhan Baillie.

Q98 **Siobhan Baillie:** I was involved with adolescent mental health services for a council when I was a councillor, and the thing that came up an awful lot from parents and children, which is different from a diagnosis of psychosis or other condition, is that they wanted to understand how to cope with difficult times, how to get through tough days and how to understand the difference between when they are tipping into serious mental health conditions or going through a difficult period. Do you think job coaches are equipped to support or signpost, and do your organisations assist with that?

David Stephenson: We have heard that sometimes DWP staff do not necessarily have an empathetic and understanding approach to mental health problems. That is probably something that is partly to do with the system and the way it is set up, with people being assessed and having to talk about potentially distressing experiences in a busy, open-plan office with security guards present, which can be pretty unwelcoming. While sanctions are in place, it is hard to build a trusting relationship where someone is able to offer or signpost effective mental health support.

Alex Kennedy: There is a risk of placing too much expectation on a job coach, who might have quite a short appointment with somebody, to make a judgment call on that person. A condition may or may not have been diagnosed. Is it serious? Is he just having a bad day? That is why it is important to have services to signpost on to that are more personalised and can work with people and where there is the specialist knowledge that can work through things individually. It cannot be reasonable to expect a work coach in a short session—obviously, they cannot diagnose—even to fully understand all the barriers that somebody might be facing and all the ways that support can be personalised. I think it is about having an easy route for those people to get that personalised support if it seems from those initial conversations that they might need it.

Dr Boardman: Just to add to that, it goes back to something I said earlier. You are not expecting a group of people like job coaches to be mental health specialists. You are not expecting them to be counsellors. But you are expecting them to have within their job role the knowledge and skills to deal with the people in front of them. That means that if you are training them, you need to do two things. First, you need to provide them with the knowledge and awareness of the nature of the mental health conditions that the people in front of them are suffering from, and, secondly, you need to provide them with the interpersonal skills that are required in order to interact with those people, interview them and so on. Those interpersonal skills are not done by sitting people down in a room and giving a lecture. They are done by teaching people those skills and observing their interaction with others. If we do not grasp hold of that within that job coaches' training role, then we will not be able to improve the experience of people with mental health conditions and other disabilities going through that system.

Q99 **Steve McCabe:** I want to ask about local commissioning of employment support versus the national approach the Department tends to use. We have heard from a number of witnesses who say that it would be much more effective if there was local commissioning. Is that your view, and could you explain why?

David Stephenson: We know that a one-size-fits-all model does not always work. Going back to IPS, a big part of that is knowing employers locally and potentially also having a good knowledge of local mental health services and building that relationship with the person with the mental health problem. That is one reason why localised commissioning can work.

There are some great examples. WorkPlace Leeds is one. It offers specialist employment support and job retention services to people with mental health problems. It can work really effectively if people have that knowledge of local employers, knowledge of local mental health services and also a good relationship with the people they are supporting.

Q100 **Steve McCabe:** It does not seem to be about money, because I read somewhere that the Department spent about £3 billion on this over the last few years. What is different about localised commissioning? Is it that it gets more people into work, or does it sustain more people in work? What is the major difference?

David Stephenson: Programmes like IPS help people into work. They have better outcomes. There is international evidence to back that up. I did touch on it earlier, but some of the models that have been used for localised commissioning sometimes offer better in-work support. I think that is about trust as well; if it is voluntary, which a lot of the DWP teams aren't, that means people have better relationships with the person who is offering them employment support.

Alex Kennedy: I would echo a lot of that about the importance of understanding the local employment market and building those relationships with individual employers. That way, you can train up employers as well so that other people can be placed in future. Also, local employment markets do differ a lot from one place to another. That is specialist support. Whatever the decisions about wider commissioning are, if there is a route by which people with mental health conditions can get a more individualised offer, it would inevitably have to be one that links in with employers and local clinical services as well if it is going to be effective.

Dr Boardman: The one-size-fits-all model is the one that, in a sense, we are criticising here. We know rather well the effects of that during the pandemic. I mentioned those vocational workers that work in the IPS system, but even if we did not use that method, you need somebody, an individual, to help you and to support you into work. One of the important things that they have to do is to engage the person, but not only that; they need to know the local job market. That is one thing. That cements the relationship to your local job market.

The second thing is that a successful system to assist people with any sort of health condition into work does not just involve your local job market and support into work. Across the board—particularly between NHS, social services, employment services and Jobcentre Plus—that integration is very important locally. That differs up and down the country, as do your local populations—diversity in those local populations can be extremely local for anybody who works in a large city area.

Those things are very important. You can also probably learn from some of the other models. I am thinking of the lessons that they have been learning in public health about the importance of having local systems. That, again, was raised during this pandemic. The second thing is things like the Preston model of trying to procure local services. That has a double knock-on effect because you are not using nationally contracted services; you are using local services. It feeds into your local economy, and it also gives the possibility of jobs for people in your local area. That local system should and theoretically could win in all ways.

Q101 **Steve McCabe:** One of the things that I noticed in one of the reports I looked at on this was that it said not only that having a big, one-size-fits-all, generalist provider means that the individual has to fit into their system, but that the design of the commissioning means that it absolutely squeezes out small, specialist providers. Is that your own experience?

Dr Boardman: Yes, I think that is true. That is what I was getting at with the Preston model.

Q102 **Steve McCabe:** I was trying to clarify if that was exactly the point you were making.

Dr Boardman: It is also that the business is then very monolithic, both from the design of it structurally, but also the individual contact, which, as I think we have learned from all the work that has been done on trying to support people into work, has to be flexible as well as individualised.

Q103 **Dr Ben Spencer:** Just on the back of Steve's point, and going back to localised commissioning, I wonder where community health teams fit into all this. You talk about the skills that are needed for IPS and for job coaches. In terms of CMHTs, where do you see their role as part of the pathway of providing support for employment?

Alex Kennedy: There have been some positive developments with the community mental health framework as part of the NHS long-term plan, which is much more about integration. This is about how community mental health services are delivered, and the idea is that it should have the community mental health services, the NHS services, working much more closely with local authorities and social care and with the voluntary community sector, ideally in alliance rather than in competition, which sometimes can be the case, to bring in not just clinical services but all the services people need around the person, to break down some of the barriers between all those different types of services, as well as between primary and secondary care.

I think all of that is the context in which IPS is being expanded, and that is a really good thing, but let us drive that further. It is the direction of travel on the NHS side, with the other services in the ambit of that, but I am not sure how far the DWP side has got with that programme in terms of realising that there is a really wide group of people who could be helped by that much more linked-up, individualised model. The more that we can strengthen that, the better we will do.

Dr Boardman: Ben, what you are bringing up there is really important, but it is possibly important for a reason that you might not have thought of. What we have been talking about today—and this is why I have stressed this idea of common mental health conditions—is that the economic problem for the job market is to do with that large number of people who are on benefits but cannot access work. They cannot get the right support to go into that work. That is a large number of people in the population.

The other end of that, which is very important for very different reasons but also overlapping reasons, is that group of people who see secondary mental health services. We all know—I think it has got through now—that people with mental health conditions who see secondary mental health services are a relatively small group compared with the number of people with mental health conditions who see GPs. But that group in secondary services are a very handicapped, impaired group of people. They have long-term problems and often very complex problems.

The question for those people is, how do you provide improved rehabilitation services? The possibility of getting open employment and improving vocational rehabilitation, which can be done easily through IPS, is very central to that. It is not the only thing, because we recognise that many people with mental health conditions are going to find it extremely difficult to ever get back to work, for numerous reasons. The trouble is that when those folk are in front of me, I do not really know which ones will end up in work and which ones could possibly end up in work. That is for the reasons that the best thing to predict who, of that group of people, is going to get a job, is whether they want to go into work, which a vast majority do, and whether they have had a past experience of working in the open labour market. What we are looking at, at the secondary care level, is the quality of services that we can provide—quality not just of treatment but of opportunities for people to live better-quality lives. Those are often linked with material matters like housing, jobs and social networks and so on.

Chair: Thank you very much. We have one more question we want to squeeze in if we can to this panel.

Q104 **Shaun Bailey:** I want to touch on the Access to Work programme and the funding around that. Do the panel think that, particularly for those with mental health requirements, it is adequate in its current form? I did an anecdotal search today, and the Access to Work programme focuses quite heavily on providing mental health support more in terms, it seems, of counselling. Do you think there could be broader scope with that and that that programme could be improved and the scope of the support it offers widened?

David Stephenson: The issue with Access to Work is that there is a huge lack of awareness among employers and people with mental health problems. Uptake is also very low; even though it has increased to 6,000 people a year, on the latest data, there is much more to be done around promoting awareness. There is also the fact that it is under-resourced. Even if we improved awareness, does it have the capacity to provide enough support to people with mental health problems who need it? I do not think it does.

Alex Kennedy: I agree that, at the moment, it is not very well known about, with 5,000 or 6,000 people with mental health conditions taking up that offer. When you consider, as we heard earlier, how many people in the workplace do have a mental health condition, it is a tiny number. Sometimes the process—people have to refer themselves and then go through a lot of processes—ends up being at a point where some of the support that you might get is the sort of thing that, if you just directly asked your employer and had a good relationship with your employer, might be able to come anyway. If you do not have a good relationship with your employer, then you might not be doing the Access to Work stuff anyway.

It might be the promotion, but that would need the funding. There is also a question of making sure what kinds of support people living with mental illness need, and are all of those the ones that are being met through Access to Work.

Dr Boardman: What Alex and David have said is quite right, but it does remind me of the problem we always had when we were asking the question of what reasonable adjustments people with mental health conditions need in the workplace. Of course, most of the reasonable adjustments that people could think of were allied to people with physical health conditions. The question that people often used to ask was, what was the mental health equivalent of a wheelchair or a ramp and so on?

It took a while to get that sorted. I do not think we have sorted it yet, but we have grown in realising the types of reasonable adjustments you can make in work. My guess is if we are looking at Access to Work, which is very much based on the material, concrete things you can do, we do need to think of it in terms of those more interactive, relational things that might help people with mental health conditions. If we are going to make any changes, it has to be on that sort of basis. I am afraid I do not know the answer to the question I have posed, but it is a question worth posing.

Q105 **Shaun Bailey:** You have all made the point about knowledge of the scheme for employers and take-up. We touched earlier in the session on the hidden mental health crisis as a result of the pandemic—that combined with other factors. Do you think that the scheme in its current form is robust enough to withstand the need that is probably out there?

The point I suppose I am trying to make in a very roundabout way is, is the scheme fit for purpose? It sounds at the moment, with the reduced knowledge about it, that it kind of, sort of, maybe works, but if there were an increase in uptake, hypothetically, would it withstand the need that, by the sounds of it, is truly out there?

Chair: Briefly, if you would.

David Stephenson: I would say that the evidence would suggest it does not. It is not well enough resourced to meet mental health needs, but it is potentially a very useful scheme.

Alex Kennedy: There is clearly a big resourcing issue. There are also some questions about far what most people need is about paying for a thing and whether there is another intervention that, potentially alongside that, or through Access to Work, could help more with some of those relational things than Access to Work has done, at least in the way it has been promoted and understood by people? There might be something to add to it, and that might lead to more take-up, but in a good way.

Dr Boardman: The only thing I would add to that is that some of the knowledge about this may come from people’s experience with personal budgets, because Access to Work is trying to provide something very similar to personal budgets. This, again, is no answer, but maybe some of the lessons from personal budgets might be helpful there.

Chair: Thank you all very much indeed. That concludes our time with this first panel. Thank you very much for the very interesting and thoughtful answers that you have all given to us, which will be very useful to our work.

Examination of witnesses

Witnesses: Matthew Harrison, Jane Harris and Lorenzo Torre.

Q106 **Chair:** We move on now to our second panel, who I think were with us through our first session. Thank you for joining us. I am going to start, as I did with the first panel, by asking each of you very briefly to tell us who you are and introduce yourselves.

Matthew Harrison: I am Matthew Harrison. I am the public affairs and parliamentary manager at Mencap. We are a learning disability charity and we are an employment training provider as well.

Jane Harris: I am Jane Harris. I am director of external affairs and social change at the National Autistic Society. We are the largest autism charity in the country, and we do run a couple of pilot employment schemes.

Lorenzo Torre: My name is Lorenzo Torre, and I am a job coach at Three Cs. We are a medium-sized charity in London, and we run employability skills services all around the city.

Chair: Thank you all very much for joining us. Shaun is continuing the questions.

Q107 **Shaun Bailey:** Thank you, Chair. My first question might seem a bit of an obvious one. Could the panel talk through what barriers people with learning disabilities and autism face getting into and staying in work?

Jane Harris: There is a range of different barriers. The first is the barriers that come from being autistic. One way of thinking about autism is that you can end up feeling totally bamboozled by too much information. An unexpected change can throw you off. A bus that is late in the morning might not phase any of us in the morning. If you are autistic, it could feel like the sun not coming up, and it can totally throw your routine off.

The other part of that is the social skills. Somebody asking you an unexpected question, or there being an unexpected change to your working day, can be very, very difficult. It can just seem like a catastrophic change, whereas somebody else might just take that in their stride. All of those challenges can be overcome if someone gets the right employment support and if an employer has the right attitudes and understands what they need to do.

The second set of barriers are about the employment support. Do you get employment support that really understands what your skills are and what your abilities are, as well as what your challenges are? At the moment, we do not think that that is happening, particularly through the prime contractor model.

We run a service in Scotland—it has run now for 20 years—which has been really successful in getting people into work. We have had people from Jobcentre Plus visit there, and we have had people from the Scottish Government visit. They all say that our outcomes are better than a lot of the other funded programmes, but that is because the people there are specialists and really can understand how autism might affect somebody in the workplace and support the employer to understand that.

The third area is around employer attitudes. We know that about 68%, over two thirds, of employers say that they would worry about getting support wrong for an autistic person. The competence to do that just is not there. About a third, unfortunately, have a worse attitude than that, where they say that an autistic person would just need too much support. But that is not true, because there are some jobs where autistic people can focus really well; that is where being bamboozled or discombobulated by too much information comes from, because autistic people see things in so much detail sometimes that they take in much more information than a neurotypical person might do. In some roles, you need that focus—people talk about IT and data roles, but it is not just those, and it could be an artist who draws in extreme detail. Where you need to be really methodical and really focused, an autistic person can thrive in that role and sometimes be far better than someone who is not autistic. You need employers who understand which roles might work best for an autistic person and what support they can put in place.

The final thing is that about two thirds of employers say they do not know where to get help and support on how to employ autistic people. There is a gap in terms of information provision for employers so that they can fulfil their function and get better value. Some of the roles we are talking about are the ones that our economy is going to rely on in the future. Some of those data roles are really important for a modern, growing economy. If employers do not understand this, our economy is going to suffer and businesses are going to suffer.

Shaun Bailey: That is very helpful, thank you. Matthew, do you want to come in with your perspective too.

Matthew Harrison: Definitely. Thank you for having us. I would echo a lot of what Jane has said. There is still a large element of stigma attached to disabilities and in particular learning disabilities. That is definitely having an impact on employment rates.

I would also say, around learning disability specifically, that there is a general lack of understanding about what a learning disability is. For some, if they have no knowledge, it could lead to a bit of a fear of the unknown—"How do we provide support? Where do we start?" Also, there is sometimes a confusion between a learning disability, a learning difficulty or a mental health condition. A learning disability has a very different impact on an individual than other conditions. That is the foundation that people are having to fight against from the very start.

Then we are seeing very much a lack of that specialised support to help people move closer to the labour market and then move into a sustainable, paid job. That is very much back to the DWP's model, which I am sure we will come on to.

The third part is around employers. We know that a lot of employers do want to hire more people with disabilities and learning disabilities, but they are sometimes not sure where to start, they do not know where to go to get information and they are not sure what reasonable adjustments to put in. There needs to be more done to support employers and encourage them to do more.

Q108 **Shaun Bailey:** Lorenzo, I appreciate you are working with younger people, but would you echo the comments that Jane and Matthew have made as well?

Lorenzo Torre: Yes, I agree with both of them on all the points. I would like to bring another contribution to this question. It is about the gap between the rural areas of the country and big cities. In rural areas there are fewer supported employment services available for people. This is something that does not help to overcome these barriers to employment.

Also, in the employment project, quite often the ratio between job coaches and people we are supporting, the client, is not good enough. I worked for two charities supporting adults with learning difficulties into employment, and the ratio has been one job coach for 80 people in the first organisation and one member of staff to 72 people in the charity where I am working at the moment. As you can see, the ratio is not good enough.

Also, there are other barriers to employment. In fact, the education system is not supportive in terms of people with disabilities having a career pathway. There is a lack of curriculum around supporting people having ambition and equality in getting a job. There are also low expectations of their talents and their abilities from tutors, families and even teachers.

Something else that sometimes I have come across with people I support is their fear of losing their benefits. Even if we know that they are allowed to work less than 16 hours a week under the permitted working scheme, some of them prefer unpaid employment or volunteering rather than paid employment. There is a sense of fear from families and clients.

Q109 **Shaun Bailey:** That is great. Thank you for that, Lorenzo. Jane, you talked specifically about the challenges facing people with autism. Matthew, you may want to come in on this as well. What is the difference in the rate between people with autism and the broader spectrum of specific learning needs? Is there a difference there, and what is the gap?

Jane Harris: Do you means in terms of employment rate?

Shaun Bailey: Yes, employment rates.

Jane Harris: It is worth saying, for some context, that about a third of autistic people have a learning disability. There have been various pieces of research, but we think that is the most reliable figure at the moment.

This Committee hearing is so well timed, because it is only two weeks ago that we finally got the first national stats on how many autistic people are employed, which is brilliant. The ONS brought out some new research in the Adult Population Survey, which said that 22% of autistic people are in any form of work, both part time and full time. That is the worst of any disability group there is. The reason I think that is particularly shocking is because there is a benefit to being autistic in some jobs. It is not just the absolute difference; it is also the fact that we are not benefiting from the talents that that group of people can bring to our economy and to our businesses if we make sure there is support to overcome that group's challenges in the workplace.

Chair: Can I butt in? I know you have another question to raise. Can I ask you to hold on to that just for a short time, because Siobhan has the next question and she is a bit constrained on time? Can we take Siobhan's questions first and come back to you?

Q110 **Siobhan Baillie:** Sorry for that. You have already dealt with quite a lot of this. What does the evidence suggest are the best ways of supporting people with learning disabilities and autism to get into work and while they are in work?

Matthew Harrison: What we know works is specialised support. I know the previous panel talked quite a bit about this as well as other panels. It is very much that provision of specialised support. For example, we have moved very much away from using DWP programmes towards the Department for Education's programmes, the three "ships" of traineeships, supported internships and apprenticeships, because they better provide, and are designed to provide, that specialised support. The DWP's programmes just do not do that, simply because they are focused on outputs alone, so it is about moving people as quickly as possible into work, and that is not really appropriate for people with learning disabilities who need that support to find an appropriate role for them and then to receive that support to move into that role and make it a success. It is very much about that individualised, personalised support.

I should also say that, for some people with a learning disability, it is about moving them closer to the labour market first, about giving them the skills to then succeed in the workplace. That is where those DfE programmes really pay off, as well as getting people into work.

Jane Harris: I absolutely agree with that and with everything the previous panel said about the one-size-fits-all approach not working for people with mental health problems. It is exactly the same here. We can see that there is a tension for DWP, in that the more you do specialist stuff, the fewer economies of scale you have. The problem is if you go for the economies of scale, you might not get the outcomes. You think that you are saving on your costs, but you are not in the long term because you are not achieving your objectives.

The other bit that is worth adding for autism is there is something also about the recruitment process. There is general evidence in the employment market that interviews are not always the best way to test out someone's skills, but for autistic people that is particularly true. Autism is not a mental health condition, and it is not a cognitive disability; it is a social disability. If you try to test someone's skills in a social environment, it is almost like not having a ramp for a wheelchair user. It is the worst possible way to test out whether somebody can do a job. If there are ways where people can have work experience, or if people are given a project rather than going through that usual interview process, that helps.

If that is impossible—we are not too idealistic that we think that can be done in every case—there specific adjustments that can be made in the interview process. Giving people some notice of the questions—whether you give them to them an hour before the interview or a day before, so that they can prepare, so that they can use all of their skills rather than being totally shocked by something unexpected—helps a lot.

Also, you can do things about the environment. If you can send, in advance, photos of the people who are going to be interviewing you, that takes away an element of the change and an element of the unexpected. If you take a photo of the front of the building, someone will know what it is going to look like when they get there—the reception area where you will wait and the room you are going to have the interview in.

These are simple, practical things, and they are done in lots of other environments. Gatwick airport, for example, has those photos of what it is like to go through security, so that people can know what it is going to be like at an airport and not panic in that instance. Pre-pandemic, we worked with lots of theatres on autism-friendly performances. You could see the front of the theatre; you could see the T-shirt that an usher would be wearing.

These are totally practical things—they are not ideological points in any way—but the problem is that employers don't know about them. It feels like such a waste that these practical, simple solutions exist out there but they are just not used as the standard.

Siobhan Baillie: Chair, I will have to go. I will pass to Selaine to pick up my other question.

Chair: Understood. Thank you, Siobhan. Let's go back to Shaun for the question you were going to raise.

Q111 **Shaun Bailey:** I actually have two quick questions to raise. Jane, you picked up on co-operation between different levels of government. In 2006 the British Association of Supported Employment highlighted that one of the big issues about bringing in people with additional learning needs was the lack of co-operation between the different levels of government. I am keen to hear, very briefly, given how things have changed now—in the English context, we have had devolution, and in the west midlands, where I am from, the WMCA leads on the employment support element of things—how you find those relationships now, more broadly speaking? Do you think they are more effective? Do you think there is room for improvement there? How, in your experience, are those different agencies working with each other to support people with additional needs into work?

Jane Harris: To be honest, it is hard to answer that question, because there is such poor data collection for autism. As I said, it is only two weeks ago that we even got a national employment rate. We do not have that kind of data for any of the specific programmes. We do not have that for the Work and Health programme, we do not have that for Pathways or any of the previous programmes.

Taking that to a wider level, there is a real issue that autistic people rely on a whole range of services. People rely on the health service to give them a diagnosis. Unfortunately, a really large segment of autistic adults who are employable do not realise they are autistic. They have an employment experience where they go into one job, it does not work out and, after six months, they are fired. They may be doing something socially inappropriate in the office, but it is never directly related to being autistic. They go into another job, and that lasts for a year. It is cycle, and, unfortunately, this has happened six or seven times to some of those people and they give up. It is totally understandable that you would give up. Why would you keep doing the same thing when you do not get a different outcome? So we have to make sure that the NHS is resourced to give people a diagnosis in the first place, or they will never understand the root of those social issues that they are facing.

There is also an issue in terms of education. We know that autistic children are twice as likely to be excluded from school as non-autistic children. Obviously, if you are excluded from school, that massively affects your future employment.

The final area is around social care. Some people might be able to work if, say, they had somebody who could accompany them to the job each day, but that is not provided consistently within the social care system. About two thirds of autistic people say they are not getting the social care support they need. There are some practical things, as I mentioned earlier, that we can deal with just with employers or just with Jobcentre Plus, but some of these issues do go across government. We know that, in every instance, when there is an issue that goes across government, it is far, far harder to tackle.

Matthew Harrison: I should touch on the data question from before with regards to learning disability. The data around learning disability is poor in general. That includes employment. There is the often quoted 6% of people with a learning disability are in employment. We need to be careful when we use that, because that is just referring to those known to the social services, which we suspect tend to be people with more profound or severe learning disabilities, who are therefore a bit further from the market.

So we carried a survey out back in 2019, with a section on employment. That produced a figure that was closer to around 25% of people with a learning disability in employment. That is quite a discrepancy between the two, and it shows that a lot more work needs to be done on collecting reliable data. The last bit on that is that an issue comes up with DWP data because sometimes learning disabilities can be grouped together with learning difficulties or categorised under neurological conditions. That makes understanding what is happening to this specific group incredibly difficult.

I echo a lot of what Jane has said. In terms of localised support, we do some very good work with LEPs, but it very much depends on that individual LEP itself. Yes, taking a more localised approach builds that trust with employers, which is crucial in helping programmes succeed.

There is also the point that Jane was making around cross-departmental work. I would strongly make the point again around social care support and the importance that that plays in helping people develop skills, such as using public transport or even developing financial independence methods. That really helps with employability.

It is about the interaction of those systems. Once again, this is where the welfare system plays its part. It is not working at the moment, and it does move people further away from employment, as good as a programme to help someone into work could be.

Lorenzo Torre: Regarding data, we know that just 5.6% of people with learning disabilities were in work in 2019-20 and 7% were in employment in London. Sometimes it is hard to find specific stats relating to different difficulties. Perhaps we know that 29% of young people completed a supported internship, so they have been offered a sort of contract, but we do not have data about having part-time or full-time jobs, or if it is a permanent position or something that is going to last for less time. There are some issues around data and how accurate the information is. As I said, we can find a lot of information regarding disabilities and employment, but not for specific types of disabilities.

Q112 **Shaun Bailey:** Just a brief final point from me to Lorenzo and Jane. Lorenzo, in the work that you do you must be sat on an awful lot of data about the needs that young people have and where they are going. How are you finding feeding that in? You have touched on it in your response there. It sounds as if you have having real difficulties. How is that being fed in and how are you finding that?

Jane, to you very quickly, we have heard the Government's commitment to adding questions to autism on their ONS Labour Force Survey. What more can the Government be doing? I am thinking particularly around employment data on other impairment groups. How should they go about collecting this data?

Lorenzo Torre: Young people, at the end of their educational path, sometimes struggle to move to employment. This is what usually happens. BEIS found out that if someone with a disability has not had employment when they are 25 years old, it makes it difficult for them to have a job in the future.

Something that they are thinking about is creating employment healthcare plans so that people after 25, when they complete their education, can be supported in employment, or transitioning mostly from education to employment, which is something that is not happening at the moment, because they do not receive support after their education, health and care plan comes to an end.

Jane Harris: I want to say that we really welcome the fact that the Government have started tracking autism employment rates in the Adult Population Survey. We are hopeful that that does happen in the Labour Force Survey. It has not happened yet, but, as you say, there is a commitment to trying it.

The bit that needs to change is the data on the individual programmes at Jobcentre Plus. Whether it is the Work and Health programme or the kickstart programme that is coming up, we need to track that by impairment group. The issue is that, in terms of people in different impairments groups—sorry, some people hate that term, but that is the term that is used in the forms—autistic people have different barriers to employment to people with other disabilities.

The real issue is that, at the moment, there is a lot of Government funding going into supporting a whole range of people. Until we track the outcomes by disability group, we are not getting the learning from that. There may be excellent practice in some areas of the country, and it is just hidden from view. We need to make sure that there is that transparency within individual programmes, because, otherwise, we could be doing something brilliant in one place and something awful in another place, but we will never know and we will keep spending in the same way. It is a bit like that old thing about advertising: "I know half of my advertising does not work, but I do not know which half it is." We do not want that to be the case for Government-funded programmes where there is significant public expenditure going in.

Q113 **Selaine Saxby:** The Work and Health programme was launched by DWP in November 2017 to provide employment support to disadvantaged groups and the long-term unemployed. In your views, how successful has this programme been in supporting people with learning difficulties and autism into work?

Matthew Harrison: I alluded to it before. We have found the Work and Health programme to not be very successful in terms of moving people with learning disabilities into work. We can see that nationally because the disability and employment gap has not shifted since the programme started. In fact, as a provider, we have moved away from using that programme towards the more DfE programme model. It is because the basis of the Work and Health programme is about output alone. It is about moving people as quickly as possible into work. Our concern is that people with disabilities are not getting the right specialised support during that process, because it is all about just moving someone into work as quickly as possible.

We can imagine that many people with a learning disability were being placed into an inappropriate setting or inappropriate job, and therefore falling out of that job and ending up back at square one. In other circumstances it is having inappropriate conditionality attached—for example, full-time job searching when that people needs support to access a computer, let alone to undertake an inaccessible recruitment process, therefore leading to sanctioning.

So we are not big fans of the Work and Health programme but we want, as Jane said, to see some more data about whether there are areas where, perhaps, a bigger difference is being made than in others. What is that difference? Is it work coaches alone who are making that difference? Is it relationships with employers? That we do not know, but what we do know is the programme does not work for people with learning disabilities.

Jane Harris: I would say something similar. The data that we have on the employment rate for autistic people, which predates the recent Government one, does not show a difference in a decade, so something just is not working. It is difficult to totally attribute that to the Work and Health programme, but it does not seem like it helps.

The other bit of data that is important is when we asked autistic people in general how they felt different parts of the public sector understood autism, Jobcentre Plus staff came lowest. Only 4% of autistic adults said that Jobcentre Plus staff understood their condition. That is really shocking, when that included teachers, it included social care staff, it included health staff—it included a whole range of different public sector professionals. There is a real issue there with the basic understanding.

The final point is that any model that replicates the prime contractor model probably is not going to work for people with specific conditions. It also makes it harder for people with expertise in those conditions to engage with. That was certainly our experience. We had a programme in Scotland that ran for a decade, and in 2010 we had to stop that—I know that is way before the Work and Health programme. But the real issue is not these specific programmes, because they are tweaked in some ways; the basic idea that you have a one-size-fits-all model is the problem.

Lorenzo Torre: I agree with Jane and Matthew. I would like to say once again that it has been difficult to find data regarding the access of these programmes, especially when most of the time we find stats for disability in general and not specific stats for learning disabilities or other disabilities.

Q114 **Selaine Saxby:** Thank you. One quick follow-up: are there any programmes that we should be learning things from, such as the predecessor programme—the Work programme—or supported internships? Are there some successful projects? I recognise the issues you have already described with collecting the data, but are there any nuggets that we should be making sure we hold on to or look back to?

Jane Harris: There are small-scale projects that are definitely worth looking at. I would be happy to send a list of a few. I do not think, though, that there has been any Government programme at wide scale that has really helped. That is because things have been dealt with on such a generic level over and over again that they have not worked for autistic people.

Matthew Harrison: Can I come in quickly on that point? There is an interesting contrast to be made, and perhaps the Committee could look at how the Work and Health programme works compared to the previous Work Choice in terms of specialist providers. As you know, the Work and Health programme only provides a fraction of the contract value upfront, so that encourages cherry-picking of the easiest to place in the labour market, and that tends to squeeze out specialist providers, who perhaps need to spend extra time and more intensive support to help people get into work.

We found there is added financial pressure on specialist providers, and the Work and Health programme squeezes them out, whereas the previous Work Choice programme provided more around the 70% mark, so it made specialist provision more viable. We are seeing a lot of people moving into providing supported internships because that funding model is more about providing day-one support to the provider, as well as the person on the programme.

Q115 **Steve McCabe:** I do not know if you had the opportunity to hear my colleague Shaun Bailey's question to the first panel about the Access to Work programme. What has your experience been of people with learning disabilities and autism in trying to make use of the Access to Work scheme?

Jane Harris: I am happy to say there have been some improvements recently. One of the most simple and most practical, that has really helped, is that you can do your initial inquiry online rather than phoning somebody up. That may sound like the tiniest barrier, but for an autistic person who does not know who is going to pick up the phone, it is so reassuring to be able to do that, so that has been welcome. It has also been welcome that the funding for that has continued and has grown, which has been great.

There is a similar issue about specialisms there. There was a hidden disability team within Access to Work. That, in itself, is a welcome specialism. Unfortunately, it was purely run from a mental health perspective. Again, it is that issue of how you can specialise enough that you get enough expertise. We felt that, sometimes, the right advice was not being given, because autism was grouped within that mental health grouping, which is not quite right. A lot of autistic people do have a mental health problem as well as being autistic, but autism is not a mental health problem.

The other issue, and Jed might have picked this up in the previous session, is disabled people in general but autistic people specifically being able to identify what they might need Access to Work funding for. There has been some small-scale research on this, but nothing from Government. It would be a great investment for the Government to try to find out what it is that helps people in the workplace, because otherwise you could have people applying for Access to Work funding and not spending it on the thing that would help them, because they have not thought of it yet. That is a fundamental piece of the jigsaw that is missing, because you do not get advice on what might help you. If you have never done a job before or, conversely, you have never done a job successfully, how are you supposed to be able to work that out by yourself?

Q116 **Steve McCabe:** Can I ask about the online initial inquiry you raised there? Is that a fairly recent innovation?

Jane Harris: It is the last couple of years. I cannot remember exactly when it started, but I can double-check that for you. That is a really simple thing.

Q117 **Steve McCabe:** I was asking that because one of the criticisms that we have received previously was about the call-centre approach, which people said was not very effective and quite discouraging, and which then led to quite a bureaucratic process. Are you telling us that, for people with autism and perhaps other disabilities, the online approach is the favoured one or the one that is likely to have most success with people? Is that right?

Jane Harris: The absolute key is to have a choice. Every autistic person is different, and how autism affects people is different, but if you did have to choose one or the other, you probably would go for online for autistic people, but obviously there are other groups for whom that is not the right approach. So we need to make sure there are multiple options so that people can pick what works for them.

Matthew Harrison: I would characterise Access to Work as almost like a bit of a Jekyll and Hyde situation, where it is a brilliant scheme when it works, and it does have a huge impact on helping people stay in work—we see that with colleagues. But making a claim through Access to Work is incredibly difficult, incredibly bureaucratic and—even though there is an online initial inquiry—the process is still paper-based. That causes huge issues for us when we are trying to support someone to stay in a job, get settled and get the right support, which is the crucial phase.

You can have forms flying around between us, an employer and perhaps the employee in some circumstances, but there is no way of tracking where forms are. The process can take months, and we are seeing forms being sent to the wrong Mencap office, and then no one knows what is going on until you have called the call centre.

We are very much in favour of the introduction of an online option where we can track and people can track their application and find out where it is, how long it is taking and when they can expect a decision to be made. At the moment, those couple of months where you are waiting for a claim to kick in are really crucial in helping someone settle into a role, and helping support the employer as well, to navigate that world of Access to Work and settle themselves.

Q118 **Steve McCabe:** That is very helpful. I noticed that in evidence from a previous witness, the head of policy at Disability Rights UK said: "There are too many forms…and they have not moved with the times." I guess that is what you are telling us as well: it is still a bit of a 19th-century administration system, is that right?

Matthew Harrison: Yes, it is very much along those lines. There is paperwork going everywhere, and it is very difficult to track. What that does is discourages employers from using Access to Work because it is an administrative burden. We are seeing that first hand. We are very keen on the scheme, but we just want the administration side reformed to make it easier for everyone, including the Department.

Q119 **Steve McCabe:** Lorenzo, we heard Matthew say that the bureaucracy discourages employers. We have also heard that not enough employers know about the scheme at all. Is that your experience?

Lorenzo Torre: Yes, our experience is that it is a bureaucratic system to apply for. We found that Access to Work could be more responsive if managed locally. This will encourage employers to apply for this. There are colleges that are running supported internships without applying for Access to Work, just because of the bureaucratic system. I am glad that now it is moving online, but it has been very difficult in the past for many types of people we support to have access to this funding.

Q120 **Chair:** Thank you. We are running a little bit behind now, so I am going to put this to Matthew, if I can. You were positive a few minutes ago about Work Choice. One of the points that has been made to us is that, for employment support for disabled people, local commissioning is more likely to work than national commissioning. Given the positive point you made about Work Choice, which was nationally commissioned, what is your view about the relative merits of local versus national commissioning?

Matthew Harrison: We think that, probably, working on a local level is easier and more effective because you can understand the needs in that local area better. For example, there is the dynamic purchasing system that has been used by the DWP. That has taken away what we used to be able to do, which was talk to the local Jobcentre Plus staff, understand what the needs are in that local area and put forward a proposal to meet those needs. The new dynamic purchasing system is very much automated, so you would put a proposal in and then it spits out whatever the system thinks is appropriate.

For one example, we put in a proposal to work across five Jobcentre Plus areas with 30 people in each area. What we got back from the system was to work with 30 people across the five areas in total. That makes it not a very viable scheme because of the geographic issues there. So while working local is the way forward, the DWP is very much looking at the national issue. We would say, definitely, working local is better.

Chris Stephens: I am conscious of time, so we may ask the Clerks to write to the witnesses. The two points I would want to get the witnesses to answer on are their views on the work capability assessment and whether that is not fit for purpose, which was Mencap's view, and also whether they believe there is a poor understanding among Jobcentre Plus staff on issues like autism. Could I start with Matthew on the views of the work capability assessment and what the Department could do?

Matthew Harrison: Yes, sure. As you said, we think it is not fit for purpose. It does not accurately assess the impact of someone's disability on their ability to work. The combination of employment support and the financial element together is concerning. Also, there is the inaccessibility of the assessment process itself. For someone initially undertaking it, the forms, the gathering of evidence, the assessment itself and then the outcome and whether you want to challenge or not is incredibly inaccessible and takes months. That leads to stress and anxiety. If you do not have the right support, it can be a very daunting process. That breaks down trust in DWP, so when you look at moving in to the Work and Health programme or other lines of support, those bonds of trust have already been damaged or broken.

Q121 **Chris Stephens:** Thanks, Matthew. Jane, I know your own organisation has had some criticisms or some bad experiences in relation to how the people that you represent have been treated. Could you tell us what more the Department could do to improve understanding of autism and other neurodiverse conditions?

Jane Harris: The context of this is that autism only went into diagnostic manuals in the 1990s, so in some ways it is not surprising that we have not got to a point where public sector staff in general understand what autism is. The simple thing is to make training mandatory. We would love autism training to be mandatory for all Jobcentre Plus staff, but even if we could just start with disability employment advisers, that would help.

We have had a bit more of a positive experience with one of the areas that is running one of the health model pilots in Jobcentre Plus. That does feel like it is much easier to engage with the disability employment advisers and get them up to speed. I do not understand why there is not just an online mandatory training course on autism. It is not an expensive thing to put in place. It might not need to be a whole day—it could a couple of hours—but just something, so that people have a taster of what it is like to live with this condition, would really help.

I want to echo what Matthew said about the WCA. Everything he said would also apply to autistic people. Our data say that about 60% of autistic people find the form very difficult to fill in, and only 19% think the location of their assessment was suitable. If you are autistic, your environment is very important. If you go somewhere with really bright lights and loud noises, with different people moving in and out of the building, that can be literally physically painful for some people. We need to work on the basics of those buildings and those locations being accessible to people with a wide range of disabilities.

Q122 **Chris Stephens:** Thanks, Jane, and that is certainly coming across. One last quick question. You mentioned Scotland quite a lot, which is pleasing, and you have mentioned excellent work. You will aware that, in Scotland, there is a move away from private firms carrying out assessments. Do you believe that the profit motive and target-setting is a factor in the level of trust with DWP and processes among a number of your clients?

Jane Harris: There is certainly some public debate for some autistic people. Some people might say that, but I do not feel that we have a position on whether this should be contracted out or stay within the state. We do not have data to support a position one way or the other on that.

Chris Stephens: Thanks, Jane. I have a number of other questions, but I will get the Clerks to write to the organisations, Chair.

Q123 **Selaine Saxby:** What impact has the coronavirus pandemic had on employment prospects for people with learning disabilities and autism?

Jane Harris: There are two areas. One is that, often, and particularly with some of the young people we are trying to support into work, they are trying to get into entry-level jobs in all of the industries that we all know have been most affected by the pandemic, so there is a much lower supply of jobs for those people, and that is really difficult.

The other bit that is different from people with other disabilities is that there is such anxiety among autistic people about any kind of change. I gave the example of somebody waiting for a bus and it being late. If you compare that level of change with the changes we have all had to deal with in the past 12 months, from how we get our shopping to whether we are meant to wear a mask in public, to who we are allowed to go out with, to when we can exercise and so on, that has been very traumatic for autistic people.

Almost all autistic people say that unexpected changes are exceptionally hard to deal with, and that has had an impact on whether people feel they can plan for the future. People are so caught up with the changes now that they do not want to start planning a change in their life like getting a new job.

So it is in terms of the actual practicalities of getting a job and the sectors that might have a job for you, but also there is a psychological trauma there that probably is going to last quite a while until people feel more settled in their daily routines.

A lot of autistic people rely on very fixed routines in order to stay safe. That can things like what food people eat. Obviously, that was challenged in the beginning of the pandemic because of things running out in supermarkets. People might have very, very fixed routines in terms of where they go each day, and that has been totally disrupted. It is very difficult for people to then think, "I'll cope with another change on top of that."

Matthew Harrison: I would echo some of the points Jane made. Of people with a learning disability, quite a significant number work in the areas hardest hit by the pandemic—hospitality and retail. It is difficult to judge the scale of impact because of programmes like furlough, but that data will start to come out as the programme wraps up later this year.

I would also say that a lot of people with disabilities are on the clinically extremely vulnerable list or have seen numerous reports around the mortality rates from covid among people with learning disabilities, so I think there is going to be a lot of work done as well about reassuring people that it is safe to go back to work, when it is. Obviously there are then other points. If somebody has been furloughed for almost a year now, they may need extra training to get back to where they were before the pandemic.

I would also like to point out there has been a slight positive area we have seen in terms of employment, in particular areas of growth such as logistics, which we have all come to rely on more. There are greater vacancies in that area, and we are starting to have some success in helping people with disabilities find a job in that sector. It is about assessing where the economy is and where the opportunities are once things start to return to normal as well.

Q124 **Selaine Saxby:** Thank you. Lorenzo, the Government is launching its Restart programme this summer. Are you confident that that scheme will help people with learning disabilities and autism?

Lorenzo Torre: Yes, I am pretty confident that this scheme will help people with learning disabilities and autism to access work, because after the pandemic it is very important to make sure that this category of people can have access to the same opportunity as other citizens. I think this scheme can help people returning into employment.

Selaine Saxby: Thank you. Jane and Matthew, did you have anything to add on Restart?

Jane Harris: To be honest, I do not quite share Lorenzo's confidence, because I do not think the lessons have been learned enough from other programmes. I also have not seen any commitment that there will be data specifically tracking the experience of autistic people through that programme. What I am worried about is more money going in without us understanding who this has worked for and who it has not worked for. With any Government programme across the board, it works for some segments of people and works less well for other segments, and we really need to understand that in much more granular detail.

Matthew Harrison: I probably agree with Jane on this one. We were disappointed to see what seems to be a lack of consideration given to disabilities and particularly people with learning disabilities in these programmes. What we know is that, in these generalist programmes, people with disabilities and learning disabilities tend to be the least benefited group out of them. We would like to see some more from the DWP about how the programme can make reasonable adjustments or be modified to work for disabled people.

Q125 **Nigel Mills:** The Government are due to publish their national disability strategy some time shortly. Do you have any particular views or suggestions for things that you would like to see in that around the area of employment for people you represent?

Matthew Harrison: The strategy seems to be a good opportunity to tackle one of the issues we have been seeing, which is almost a competition between the various programmes that are happening, whether that is DfE or DWP. It is about joining the dots between what is currently on offer, understanding there is an educational offer, there are DWP programmes, there are other programmes like Access to Work and Disability Confident, and ensuring that they work in a co-ordinated pattern rather than just going off and doing their own thing.

It is also a chance to join the dots between cross-departmental working—looking at the impact of social care employment, looking at the role of accessible transport in assisting employment and looking at how we can help people move from education into the workforce in a more sustainable and smoother way.

Q126 **Nigel Mills:** That is a lot of joined-up working from the Government, joining up various different ideas from different Departments, I suppose. That is a good use for Government strategy. We will see whether they can manage that. Does anybody else have any comments on that point—anything they would particularly like to see?

Jane Harris: To be honest, we are not going to object to any of the stuff I have said today being included in there. There is real consensus across the disability sector on three points, though, one of which is about Access to Work funding and making sure that that keeps pace with demand, as well as the specific suggestions you made about the changes to the application process.

There are some issues about statutory sick pay—I am sure that other witnesses have gone into those—and making sure there is more flexibility there. Particularly for somebody who suddenly gets a condition, or somebody who is diagnosed and realises they are autistic—they might have been autistic all their life, but they suddenly have a diagnosis—they might need some more time to adapt to that.

There is also something about workforce reporting and making sure that—until we know who is employing disabled people, including autistic people, in different areas, we cannot know what is successful and what is not. We need to have much more visibility and transparency.

Q127 **Nigel Mills:** Have the Government engaged with you on this strategy, or is this something you are going to see for the first time when it comes out?

Jane Harris: We have had pretty good engagement on this. We are keen that it comes out rather than try to do more engagement at this point. We think that the engagement has been good enough.

Matthew Harrison: Yes, we have engaged with the Minister and officials on the strategy, and we welcome that engagement. We particularly want to reinforce engaging with disabled people as we move forward, because it is about that co-production and co-design of the strategy, where it will have the biggest impact.

Q128 **Chair:** Can I raise a final point? Given what you said a minute ago about Restart, are you seeing any opportunity for the people who you are working with, the young people, in kickstart? Jane, are autistic young people finding opportunities in kickstart?

Jane Harris: We have not particularly seen that. Can I quickly say one other thing I really do need to say, which is related? In relation to supported internships, one of the gaps there is that only people who have an education, health and care plan—young people with an education, health and care plan—can engage in supported internships. The level below that in terms of support that people get is called SEN support, special educational needs support. It seems silly that those who are probably closer to working cannot engage in that. I know it is separate to kickstart, but we have not had any experience in that yet.

Q129 **Chair:** Thank you. Matthew, you made the point about the three ships working well for people. Is kickstart in the list there?

Matthew Harrison: I would say it is probably less successful so far, mainly because of its limited eligibility. I am not aware of what particular success we are seeing through kickstart. It echoes those points made about generalised programmes, where people with learning disabilities and other disabilities tend to be less benefited by them.

Q130 **Chair:** Lorenzo, you are working with young people, are you not? Are you seeing kickstart providing any opportunities there?

Lorenzo Torre: I started tracking vacancies for kickstart back in September 2020. To be honest with you, it has been very difficult to find vacancies around this programme. Perhaps there are websites, the Government website, where you can find apprenticeships very easily, but there is no website, there is no poster, where you can go and find information on vacancies under kickstart.

I found a lot of information to register employers, but I did not find—and the students I supported in their job search did not find—many vacancies under kickstart. I started seeing something recently, but it has been very difficult to find vacancies under this scheme. Hopefully, this can change.

Q131 **Chair:** There is perhaps a need for a more central place where you can look for that information that would be more helpful.

Lorenzo Torre: Yes, that would be very helpful.

Chair: Thank you all very much indeed. That concludes our questions for this morning. You have all given us very helpful and interesting answers that will be very useful as we pursue this inquiry further. If there is anything else that occurs to you afterwards that we did not ask you or that you were not able to answer, please email us. We will be interested to pick up any additional points you want to make to us.

That concludes our meeting. Thank you to everyone who has taken part.