Written evidence from the Vocational Rehabilitation Association(DEG0111)

The Role of the Vocational Rehabilitation Association

The Vocational Rehabilitation Association (VRA) [1] welcomes the opportunity to comment on this vital topic of reducing the Disability Employment Gap.

Vocational Rehabilitation (VR) is the service that supports people to stay in or return to work following an illness or injury and it is not the exclusive province of any single health profession. Its practitioners understand the central importance of work in people's lives, both personally and economically; helping people to stay in, or return to work is a core tenet underlying their work. Despite the evidence of its efficacy and cost-effectiveness, most people do not have access to VR as part of their routine healthcare when absent from work.

The VRA is the *only* UK organisation to represent Vocational Rehabilitation practitioners as a professional community; our role is to support our members' professional development, to set standards, and to promote the principles of vocational rehabilitation in health settings and workplaces, as well as in the development of public policy.

INTRODUCTORY COMMENTS

Many people with extensive impairments are gainfully employed. Their exclusion from the workplace is often not the result of their impairment, but due to the difficulties arising in accommodating the work and the workplace environment to enable them to contribute effectively. These difficulties may be experienced by employers and employees alike, but they may also be created and exacerbated by them.

Language is important in this field as it drives the benefits people receive along with the view of society as to their ability to fully contribute and participate. Disability is one such term, and in this paper we will restrict the use to describing those who meet the definition as laid out in the Equality Act 2010.[2]

The ability to work depends on a variety of factors which are not necessarily related to the extent of physical and mental impairment, for example, poverty, access to health and education services, and social deprivation[3]. By labelling those with significant physical and mental impairments with the single description of 'disabled', we may risk not seeing the other (societal, not medical/functional) drivers which lead to people being excluded from or nudged out of the workplace, and as a result may not focus on the best solutions.

Consequently, this paper will also refer to disadvantaged individuals, where disadvantage may lead an individual to effectively be 'disabled'.

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[1] https://vrassociationuk.com/

[2] "a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities

[3] http://www.instituteofhealthequity.org/the-marmot-review-10-years-on

Nearly 20,000 workplaces have signed up to the government's Disability Confident charter[4], which helps businesses recognise that structural and cultural factors in the workplaces, such as their recruiting processes and beliefs/attitudes about people with disabilities, can create barriers for those with disabilities and place them at a disadvantage. While there have been signs of significant improvement in awareness of this issue in the workplace, and significant progress in reducing the stigma of disability, there has been no evidence that such voluntary programmes improve the employment for people with disabilities.[5]

There are few, if any, incentives for employers to protect the employment of employees with disabilities, no obligation to do so, and few consequences for failing to do so. So it is little surprise that few employers give much attention to employees with a disability.

The lack of expert advice on accommodating disabilities continues to hamper the employment of people with disabilities. Few SMEs have access to traditional OH services; more often, if they **do** receive any help, it is from other sources including the 3rd sector whose services are chronically underfunded (e.g. charitable services).

The definition of disability is very much open to interpretation in relation to it being a 'substantial' degree of disability and has been fraught with problems.

The existing test of eligibility for benefits is based on the severity of impairment whereas each case needs to be assessed individually as to the impact of the impairment on employability and employment opportunities. [6] [7]

The professional best placed to help protect the employment of a person with disabilities is someone with field experience in **disability management[8].** While the limitations which result from the person's impairment must be understood, a disability management expert is able to pull together **all** the relevant factors (personal, social, and workplace issues, in addition to health concerns), to facilitate the best employment outcome for their client.

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[4] https://disabilityconfident.campaign.gov.uk/

[5] https://blogs.lse.ac.uk/politicsandpolicy/improving-disabled-peoples-employment/

[6] https://www.walesonline.co.uk/news/wales-news/young-man-brain-tumours-wins-17193849

[7] https://www.pulsetoday.co.uk/news/uncategorised/how-the-benefits-clampdown-is-undermining-the-gps-role/

[8] Disability management: a discipline concerned with reducing the impact of disability on individuals and employers. The term disability management commonly is used in three areas: work and work discrimination, symptom and condition management, and resource management. https://www.britannica.com/topic/disability-management

The Committee Questions:

1. What progress has been made, especially since 2015, on closing the disability employment gap

There has been an impressive improvement of 5.4% in narrowing the Disability Employment Gap, but it is clearly not enough, and more needs to be done to understand what has driven this improvement in order to achieve greater gains in the future. We hypothesize that these improvements may have arisen from a combination of factors, such as:

- Some of the job coaches contracted to the DWP are OTs who may have a better grasp on the job market and how to engage persons with disabilities (PWDs) in suitable employment.
- Growth in the employment of vocational rehabilitation professionals in the private sector (primarily insurers). By finding suitable work solutions, this may have reduced the number of PWDs on long term sickness absence from exiting the workforce.
- There has been some increased awareness in the NHS of the importance of work as a clinical outcome. For instance the appointment of VR practitioners in a spinal cord unit reduced the loss of job/sickness absence[9].
- Sickness absence improved for patients in those GP practices which employed a vocational rehabilitation profession to support the physician, the employee and the employer, following the issuance of a Fitnote at the GP surgery[10].
- The DWP/DHSC strategy paper[11] proposal for 'work' as an 'essential health outcome' for those people attending healthcare is a promising concept, and should logically make a considerable difference to the rate of people staying off work sick, or falling out of work and onto benefits, because of health or disability issues. However, there does not, as yet, appear to be any systematic attempt to promote or support this concept in order to change practice; and there are many health professionals who have never heard of it or have no idea how to apply it[12].[13]

It's unclear if any of these will make a difference long term. In their report, "This Isn't Working: reimagining employment support for people facing complex disadvantage"[14] , the

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[9] The Multidisciplinary Association of Spinal Cord Injury Professionals (MASCIP). Vocational Rehabilitation Guidelines. Available at: https://www.mascip.co.uk/wp-content/uploads/2017/12/Mascip-vocational-rehab-guidelines-NOv-2017.pdf

[10] https://medium.com/social-finance-uk/five-ideas-for-tackling-sick-leave-83f0dd45e7a6

[11] DWP/DHSC. Health is Everyone's Business.: proposals to reduce ill-health related job loss, 2019. Available at: https://www.gov.uk/government/consultations/health-is-everyones-business-proposals-to-reduce-ill-health-related-job-loss

[12] Bartys S, Edmondson A, Burton K, Parker C, Martin R (2019) Work Conversations in Healthcare: How, Why, When & By Whom? Report for Public Health England and the Joint Work and Health Unit. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832876/Work_Conversations_in_Healthcare_How_where_when_and_by_whom.pdf

[13]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/923531/PHE__HWMC_Evaluation__2_.pdf

[14] https://www.newlocal.org.uk/publications/this-isnt-working/

authors argue that the DWP-led system of employment support for people facing complex disadvantages such as disabilities and health conditions, is not fit for purpose. They further recommend that, with millions of people at risk of losing their jobs, this group should be supported locally. The report features examples from across the UK where local services have helped people into work, some of whom had been jobless for decades because of issues such as mental health problems, social isolation, drug and alcohol misuse, and contact with the criminal justice system.

The report goes on to suggest that local authorities are best placed to convene their communities, services, and employers to design and deliver new approaches for supporting people facing complex disadvantage, and to do so, they would need to have more powers and resources devolved from DWP.

2. ***What is the economic impact of low employment and high economic inactivity rates for disabled people?***

Disabled people are 10 times more likely to leave work following long-term sickness absence than non-disabled people[15].

Both sickness and health-related worklessness have negative effects on quality of life and income for individuals and their families and loss of employment exacerbates health problems. Ill health which prevents people working also costs the economy an estimated £100 billion a year including £7 billion to the NHS. Disabled people who are unemployed are around three times less likely than non-disabled people to enter employment over the course of one year. In addition, disabled people are twice as likely to move out of work as non-disabled people[16].

The economic impact is not limited to the individual themselves, but has a domino effect within the family and the local community. The resulting poverty is detrimental to health and wellbeing, education and life chances of the immediate family, which reverberates into the next generation as well. It is therefore in the interests of the wider community to ensure that people with disabilities are helped to attain and retain meaningful employment, and are thereby able to avoid the poverty spiral of economic inactivity.

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[15] DWP/DHSC. Health in the Workplace – Patterns of sickness absence, employer support and employment retention, 2019. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/810840/interim-report-sickness-absence-and-health-in-the-workplace.pdf

[16] DWP/DHSC, The employment of disabled people, 2019. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875199/employment-of-disabled-people-2019.pdf

3. Are some disabled people (for example, young disabled people or people with different health conditions) more at risk of unemployment or economic activity than others?

Yes! However, since the level of employment is so low across the board, there may be little value in partitioning this group by age or diagnosis to see who is *most* at risk; the current situation is severe for all sectors.

4. Where should responsibility for improving disabled peoples' employment rates sit?

To minimise sickness absence, all parties have to be working collaboratively. This includes not just the employee and their doctor, but the workplace (HR and line manager), insurer where relevant, government services, and other health care professionals. This is frequently not a straightforward process when addressing the employment of people with disabilities, and should not be left to chance, but should be coordinated by professionals with expertise in vocational rehabilitation and disability management[17], whose focus is on the biopsychosocial factors which impact on the individual's capacity to stay at, or return to work.

Our experience is that whilst the NHS could in principle contribute by promoting work as part of the rehabilitation process and as an important health outcome, their current approach creates systems-related obstacles[18] which prevent this from being implemented. Most practitioners in routine healthcare report that they do not have the time or resources to engage with the workplace and lack the confidence to do so. They are also unsure where to direct their patients for further support and so many will avoid raising the subject. In general, the NHS is not currently set up to support people into work and does not create a positive expectation of making the transition back to work, which research demonstrates is an essential requirement for success. .

In 2019, the National Audit Office assessed the DWP's efforts to help disabled people into work.[19] Their report observed that despite its long experience in helping disabled people to work, the DWP acknowledged that it still did not know enough to frame a full implementation strategy for helping more disabled people to work, nor to understand what works and for whom.

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[17] Disability management: a discipline concerned with reducing the impact of disability on individuals and employers. The term disability management commonly is used in three areas: work and work discrimination, symptom and condition management, and resource management. https://www.britannica.com/topic/disability-management

[18] Bartys S, Edmondson A, Burton K, Parker C, Martin R (2019) Work Conversations in Healthcare: How, Why, When & By Whom? Report for Public Health England and the Joint Work and Health Unit. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832876/Work_Conversations_in_Healthcare_How_where_when_and_by_whom.pdf

[19] https://www.nao.org.uk/report/supporting-disabled-people-to-work/

The role of the employer has not been sufficiently investigated and we believe that employers can make a profound difference. There are some examples of this in practice[20]. Employers could be incentivised to take a lead, or be mandated to take more responsibility for employing people with disabilities. They could also be required to ensure they employ people with disabilities and that their employment is retained at the same rate as that of their non-disabled workforce.

The culture of a business is absolutely crucial in supporting an individual with ill health or disability to stay in or get back into the workplace[21].

Creating the environment for success requires significant psychological and personal skills which are not always present within the mainstream health services or the workplace. This is where skilled VR practitioners can make a difference in the likelihood of someone making a successful and sustained transition back to work. If healthcare practitioners had the facility to refer their patients to VR specialists either in the NHS (as happens in Scotland)[22] or in community commissioned services, they may engage more with the concept of work as an important health outcome and do so more readily.

IOSH[23] has identified the need for employers to provide tailored RTW plans which take account of individual situations and conditions, rather than a one-size-fits-nobody approach. Their findings also suggest that individuals will benefit from more frequent communication with their employer and more joined-up support from employers, co-workers, stakeholders and the wider community.

Government should retain overall responsibility to produce policy and leadership in this area, and to co-ordinate and evaluate its implementation. Their role should be to encourage, incentivise, support and facilitate the efforts of those who can make a real difference in practice, to stimulate innovation and not to acquiesce to the current gaps in service provision nor the low employment rates that result from this.

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[20] Making Disability Everyone's Business in the Workplace. https://www.peoplemanagement.co.uk/voices/case-studies/making-disability-everyones-business-in-the-workplace?utm_source=mc&utm_medium=email&utm_content=PM_daily_16122020.Opinion%3a+Making+disability+everyone%e2%80%99s+business+in+the+workplace&utm_campaign=7295441&utm_term=8187052

[21] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

[22] http://www.knowledge.scot.nhs.uk/ahpcommunity/ailp-priority-workstreams/vocational-rehabilitation.aspx

[23] https://iosh.com/more/news-listing/tilburg-mental-health-research/

5. **Are "reasonable adjustments" for disabled people consistently applied?**

The answer is clearly no. The professional press reports on high profile cases such as "Disabled fire station manager dismissed for 'unacceptable' attendance was discriminated against, tribunal rules"[24], but there are undoubtedly many more which go unreported.

And the medical profession is not immune to the difficulties of applying reasonable adjustments for its own people. A recent British Medical Association report[25] shows: "Just over half (55%) of disabled doctors and medical students who require reasonable adjustments say they have obtained them. Improving access to adjustments was another top priority for action identified by respondents. 69% said it was a priority for them. Difficulties securing adjustments included: lengthy and complex processes, slow or only partial implementation, lack of engagement in the process by employers and schools, perceived costs and impacts on others, and fears about asking in case of negative career consequences. The most common adjustment requested was flexible working. The majority of respondents (57%) said they had requested an alteration in their hours of work, training or study. Only one in ten (11%) had sought changes to buildings or premises and a third (34%) specialist equipment. "(p4)

Identifying appropriate reasonable adjustments is a core skill for VR practitioners who work in partnership with employers and their disabled/ disadvantaged employees to identify effective and reasonable accommodations for that individual. Unfortunately, many employers are unaware of this support or how to access it.

6. **What would you hope to see in the Government's National Strategy for Disabled People?**
    a) One of the most powerful interventions is to intervene early. The evidence for this is described in this Work Foundation review.[26]
    b) We would hope to see the DWP and DHSC provide funds for VR Specialist roles and interventions to be delivered in the NHS (and not just in outpatient clinics; VR is needed in A&E; in community rehab teams; on inpatient wards) – most especially in psychological and MSK[27] services where the current level of delivery of VR is notably deficient. The above-mentioned Scottish model may be useful in this regard.
    c) The level of benefits needs to be calibrated against people's ability to work rather than on their impairment per se.

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[24] https://www.peoplemanagement.co.uk/news/articles/disabled-fire-station-manager-dismissed-unacceptable-attendance-discriminated-against-employment-tribunal?utm_source=mc&utm_medium=email&utm_content=PM_daily_11122020.Disabled+fire+station+manager+dismissed+for+%e2%80%98unacceptable%e2%80%99+attendance+was+discriminated+against%2c+tribunal+rules&utm_campaign=7295441&utm_term=8187052

[25] https://www.bma.org.uk/media/2923/bma-disability-in-the-medical-profession.pdf

[26] Bevan S. Exploring the benefits of early interventions which help people with chronic illness remain in work. (accessed 10 12 2020 https://moodle.adaptland.it/mod/data/view.php?id=15886)

[27] Tindle, A., et al., *Understanding the provision of occupational health and work-related musculoskeletal services* 2020, London: Department for Work and Pensions

d) That employers be obligated to provide a meaningful, (and signed by both parties) RTW plan after 6 weeks absence and every 6 weeks thereafter up to 6 months, in order for the employer to receive reimbursement for SSP or some other financial benefit, and for the employee to be eligible to receive such payment, and to subsequently be eligible for disability benefits, should the return-to-work plans not succeed in a reintegration to work by that time.

e) That employers be incentivised to engage VR professionals to support their disabled/ disadvantaged employees in their efforts to attain and retain meaningful employment and manage their own health for sustained participation in the workplace. This could be through tax incentives or engagement with the insurance industry.

7. What has been the impact of the coronavirus pandemic on disabled peoples' employment rates?

The Institute for Employment Studies[28] advises that the main risk now is not further mass redundancies but a lack of support for people moving into work - especially those furthest from the labour market, and that the disability employment gap has started to widen since lockdown started.

Leonard Cheshire[29] reports on the impact of COVID-19 on disabled adults in accessing good work, finding that employers are hesitant to employ a disabled person, in part because of concerns around supporting them properly during the pandemic. Nearly 75% of disabled people in work in March have had their jobs affected by Covid-19

ERSA[30] has identified inadequacies of Kickstart for people with disabilities, highlighting that disabled employees have been furloughed because adjustments could not be made to their role.

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[28] https://www.employment-studies.co.uk/news/next-week-we-need-spending-review-jobs-%E2%80%93-here%E2%80%99s-how?utm_source=IES+emailing+list&utm_campaign=b5b0282b2a-EMAIL_CAMPAIGN_2019_05_10_10_39_COPY_03&utm_medium=email&utm_term=0_f11585705b-b5b0282b2a-372111260

[29] https://www.leonardcheshire.org/our-impact/our-policy-and-research-work/our-publications/reports

[30] http://www.ersa.org.uk/media/blog/kickstartaccesstowork