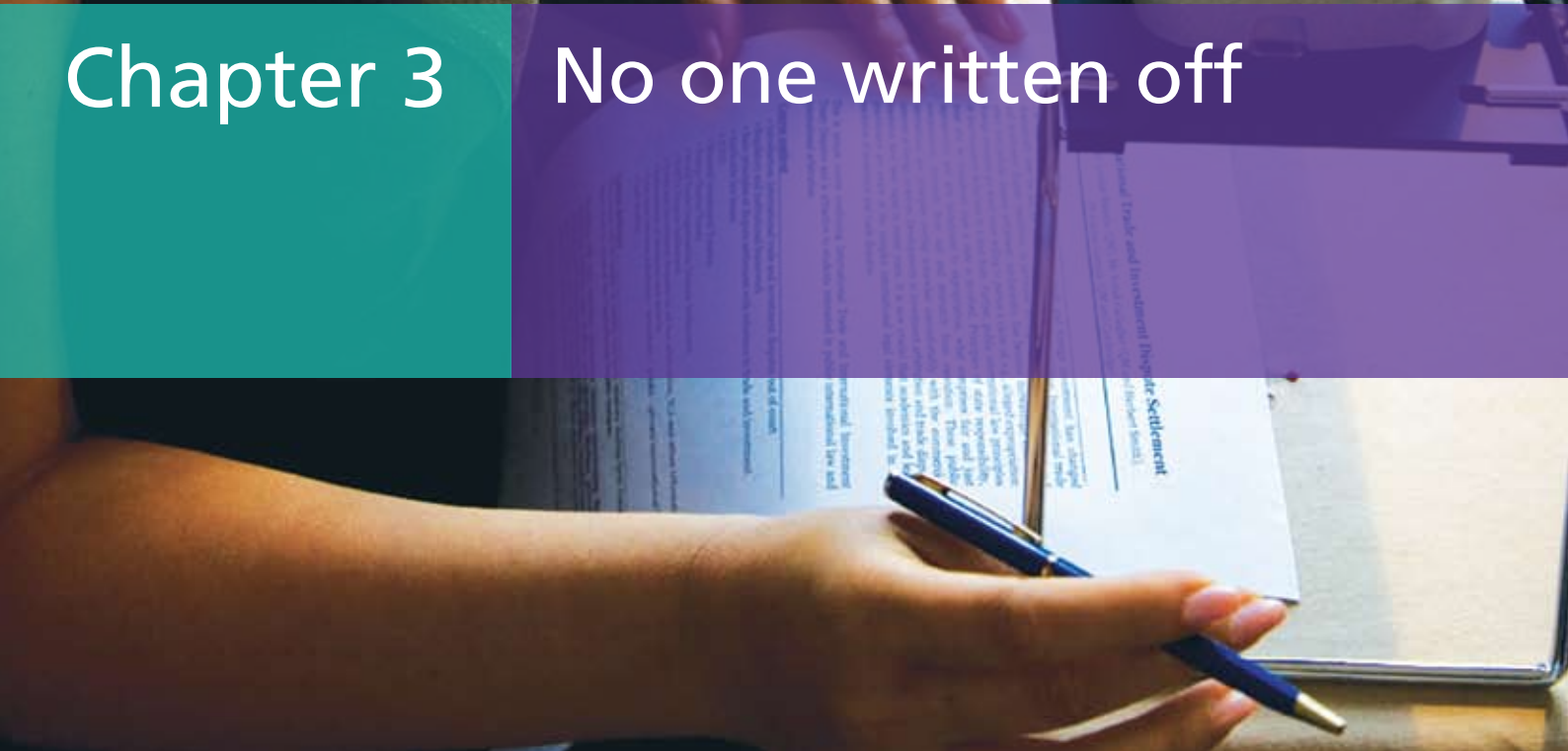




Chapter 3

No one written off



Chapter three – No one written off

Summary

Most disabled people or people with a long-term health condition either have a job or would like one. However, despite an increase in the employment rate of disabled people over the last decade, too many people are excluded from work and left behind on benefits for long periods. This is bad for their health and well-being, their risk of poverty and their independence and autonomy. It is also bad for the economy and for society as a whole, as too many people fail to reach their potential. That is why we reformed Incapacity Benefit (IB), which rewarded people the longer they remained on it. Our aim now is to complete this reform process so that no disabled people or people with a long-term health problems are abandoned to a life of dependency on benefits.

We will ensure everyone has the personalised support they need to help them address their particular barriers to work and move into sustainable employment. We will increase support and help for both new and existing claimants but, in return, most people on incapacity benefits will be required to take up the opportunities on offer to help them back into work, or face benefit sanctions. The most severely disabled people will receive extra financial assistance and will be able to access support on a voluntary basis.

We will deliver our vision by:

- using the new Work Capability Assessment (WCA) to re-assess all existing incapacity benefits claimants for eligibility to the Employment and Support Allowance (ESA) – to ensure people are receiving the right benefit and their personal needs are identified;
- making a universal offer of personalised back-to-work support for all new and existing claimants of incapacity benefits – building on the success of Pathways to Work. For the vast majority, ESA will be a temporary benefit as people recover from, or adapt to, their condition and prepare for a return to work;
- contracting with private and voluntary sector providers and paying them by results out of benefit savings – the funding mechanism recommended by David Freud;
- piloting Fit for Work services which will bring together health and employment support to help people in the early stages of sickness absence to stay in touch with work;
- doubling the budget for Access to Work and investing more in our supported employment provision so that we can move closer to realising our aspiration that this support should be available for everyone who needs help to fund the cost of essential workplace adjustments, beyond what is reasonable for an employer to bear;

continued

- reviewing the medical assessment in line with a capabilities approach to focus it on what people can do rather than what they cannot, with repeat assessments at more frequent intervals that take better account of changing circumstances; and
- seeking views on whether, in the future, we should move towards a system that makes an assessment of the types of work someone on ESA may be able to do on the advice of a doctor and asking people to look for work in these areas – recognising that there will be limitations to the types of work considered, based on the nature of the health condition or disability.

The aim of these proposed reforms is to deliver a step change in support and expectations for people currently written off and trapped on benefits as a way of life. These reforms mark a radical shift towards a truly active and personalised welfare state, boosting employment and tackling long-term benefit dependency. They increase support and raise the expectations of disabled people – backed up by positive action by Government and employers to help them make a reality of their aspirations. They will go a long way to helping us achieve our goal of reducing the number of people on incapacity benefits by one million.

An active welfare state – focused on what people can do

- 3.1 Between 1979 and 1997, the number of people claiming incapacity benefits more than trebled to 2.6 million. At a time of few jobs and fewer prospects, these benefits were increasingly used as an early retirement pension. This wrote off the talents of far too many people, denying them the support to get back into work, and reinforcing a culture of low expectations and a belief that disabled people, and those with health conditions, could not hold down a job. Too many employers contributed to this situation, through being unwilling or feeling unable to recruit or retain disabled people.
- 3.2 This situation has begun to change. There are more disabled people in employment today than at any time in the past decade. We have begun to see a transformation in attitudes to illness as a barrier to work. There is a compelling body of medical evidence that work generally helps, rather than hinders, health and recovery,²⁰ as well as reducing the risk of poverty and increasing the control people have over their own lives and future. We also now know far more about what is effective in helping people move into work and then to stay there and prosper.

²⁰ Waddell G and Burton A K, 2006, *Is work good for your health and well-being?*, TSO

- 3.3 This is why we are undertaking a far-reaching programme of reform to change the focus of incapacity benefits to providing active support to the vast majority of incapacity benefits claimants who we know expect, or want, to return to work. Reforms so far include:
- **New Deal for Disabled People** (NDDP), which provides support and training tailored to the individual. It has helped over 170,000 people into employment since July 2001;
 - **Pathways to Work** (Pathways), a new, personalised approach to supporting disabled people or people with a health condition into employment. Under the programme, individuals can receive a Return to Work Credit of up to £40 a week, ground-breaking Condition Management Programmes and, in return, are required to participate in Work Focused Interviews. Independent research shows that Pathways improves the chances that new claimants will have a job after 18 months, by around 25 per cent as set out in **Box 3.1**;
 - **ESA, introduced from October 2008**, to replace IB, alongside a new medical test, the WCA which will assess entitlement to benefit based on what people can do, not what they cannot. In return for improved financial and employment support, ESA increases requirements that those receiving the benefit will take up opportunities to prepare for work; and
 - **stronger legal rights**, particularly through the Disability Discrimination Act, preventing discrimination in employment against disabled people and people with health conditions.
- 3.4 These policies have helped to reverse the long-term increase in the number of people claiming incapacity benefits. The numbers of new claimants coming onto incapacity benefits has fallen from one million a year in 1997 to around 600,000 today. But we need to go further and faster in helping the large number of existing long-term claimants on IB who want to get back into work.
- 3.5 Most disabled people or people with a health condition who do move onto benefits leave within two years. But for those who do not, skills, confidence and expectations diminish rapidly. After 12 months on benefit, 38 per cent of people say they never expect to return to work – a percentage that increases the longer people remain on benefit. There is a real danger that without active help, people will become trapped on benefits for the rest of their lives.
- 3.6 This is bad for the individual, bad for the economy, which loses their talents, and bad for the taxpayer who has to foot the benefits bill. That is why we have set ourselves the challenge of reducing those on incapacity benefits by one million.

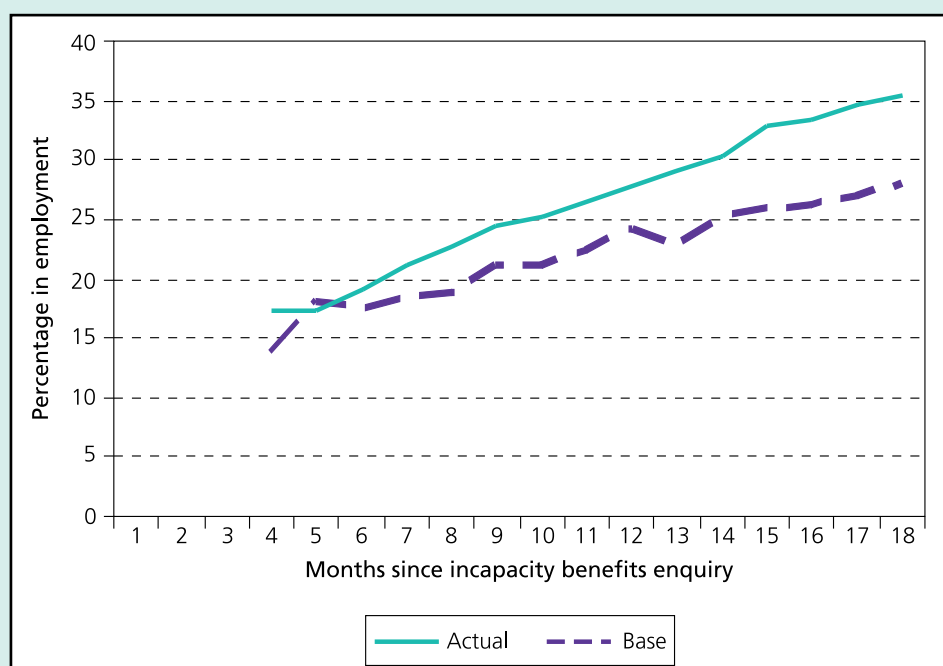
Box 3.1: The success of Pathways to Work

Pathways to Work is a ground-breaking programme that has been developed in partnership between the Department for Work and Pensions (DWP), the Department of Health and the National Health Service. Customers have access to a wide range of support including Condition Management Programmes, employment support and financial information.

More than 64,000 people have now been helped into employment through Pathways to Work:

- 18 months after the start of a claim Pathways was found to:
 - increase the chance of a new claimant being in employment by around 25 per cent, as shown in the chart below; and
 - reduce the probability of respondents reporting that they had a health condition or disability that limited their ability to carry out their everyday activities 'a great deal' by 11 percentage points;
- following attendance at Work Focused Interviews more than half (53 per cent) agreed to look for work or undertake research into jobs, while others agreed to undertake activities such as exploring training or other voluntary support elements; and
- almost all claimants (93 per cent) were happy to carry out the actions agreed with their adviser, and in the majority of cases (81 per cent) they did so.

Pathways to Work: impact on employment over time



Ensuring people receive the right benefit and the right support – the Work Capability Assessment (WCA)

- 3.7 We need to make sure that people who can work do not get trapped on benefits. It was for this reason that we overhauled the process of assessing people's capacity to work. There was strong evidence that the old system – the Personal Capability Assessment – was identifying too many people as incapable of work who, with the right support, would be able to work. There was too much emphasis on whether they could still do the jobs they had previously done rather than looking at what jobs they could do in the future. This consigned far too many people to a life on benefits.
- 3.8 That is why we will introduce a new WCA for all those applying for ESA from October this year. Between 2009 and 2013, we will also re-assess all existing IB claimants using the WCA, to ensure people are receiving the right benefit and their individual needs are identified. From this point, all IB claimants will be subject to the ESA regime.
- 3.9 For both physical and mental health conditions, the WCA focuses far more on what an individual can do rather than what they cannot. Individuals judged eligible for ESA will either be assigned to the Work Related Activity Group (and expected to take active steps to prepare for a return to employment) or the Support Group (where the most severely disabled people will receive a guarantee of a higher basic rate of benefit and can still volunteer for back-to-work support if they wish).
- 3.10 In the light of the growing consensus that work is good for people's health, we will further review the WCA to ensure that the right people receive ESA, with those able to look for and work in a wide range of jobs straight away being placed on the more active JSA regime. We will explore how the WCA could take better account of the degree of adaptation to a health condition or disability – reinforcing the focus on ability rather than disability. We will also look again at some of the measures of impairment we use in making the assessment, to check that they are consistent with the real capability of individuals in a modern labour market.
- 3.11 Currently, many people leave benefit during the first three months of a claim because they have recovered or adapted to their illness or disability, because they are able to work, or because other circumstances have changed. We expect that, following the planned review, the proportion of ESA claimants who will be assessed as able to look for a wide range of jobs straight away and eligible for JSA by the time they complete the WCA at around the three-month point, will rise by around 10 percentage points.

Improving the focus on work – ESA as a temporary benefit for the majority

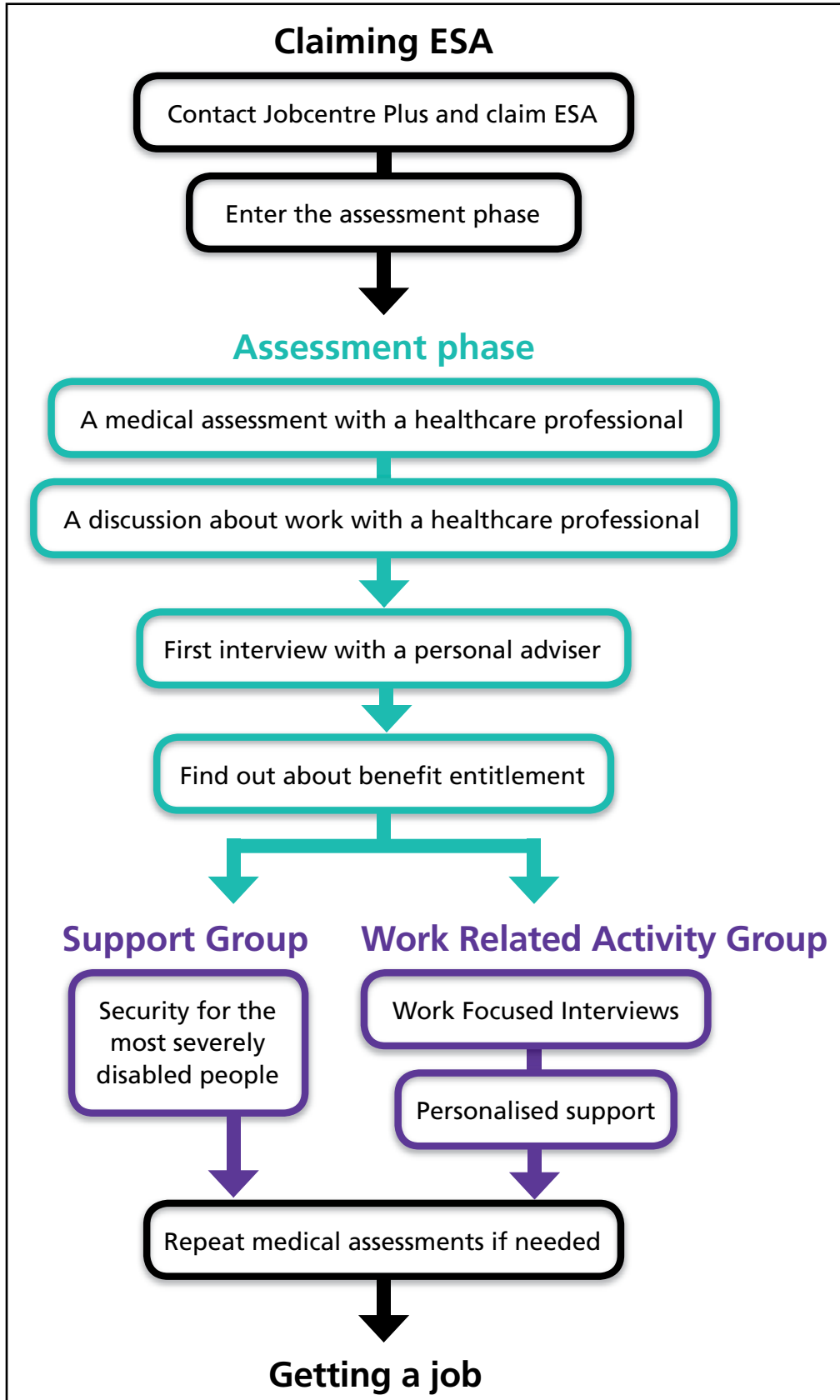
- 3.12 We want to make sure that people on ESA do not remain on the benefit longer than they need. Only the most severely disabled people or those people with health conditions – those in the Support Group – should see ESA as a long-term benefit.
- 3.13 During the initial WCA, healthcare professionals will advise when the individual being assessed might be expected to return to work. This period may range from a few months to several years for conditions that need a longer period of treatment or adaptation to the disability. A date will be determined for a follow-up assessment.
- 3.14 For new ESA claimants, from 2010, we will extend the engagement we require and the support we offer, to ensure that the majority move into work within the first two years of a claim, supported by up-to-date and relevant medical advice.
- 3.15 This will be facilitated by the new Work-Focused Health-Related Assessment (WFHRA), which will follow the WCA. This will provide an opportunity for individuals to discuss, with a health professional, the type of work which might best suit them when they have recovered or adapted to their condition – as well as the steps they could take towards this goal. The information from the WFHRA will be shared with the individual's personal adviser and used to develop a plan of action for an eventual return to employment.
- 3.16 To underpin the message that we expect ESA to be a temporary benefit for the vast majority, we will ensure, in future, that the maximum interval between medical assessments is two years. At the same time, we will also ensure that each claimant has the opportunity to discuss steps to get back to work with a medical professional, not just at the start of their claim but also in the event that their return to work takes longer than expected. We propose that WFHRAs will also be repeated at key points in the claim so that the personal adviser has access to the best professional advice and information about a claimant's work prospects in drawing up a back-to-work plan.

Question 14: Do you agree that the WCA and WFHRA should be re-focused to increase work-related support?

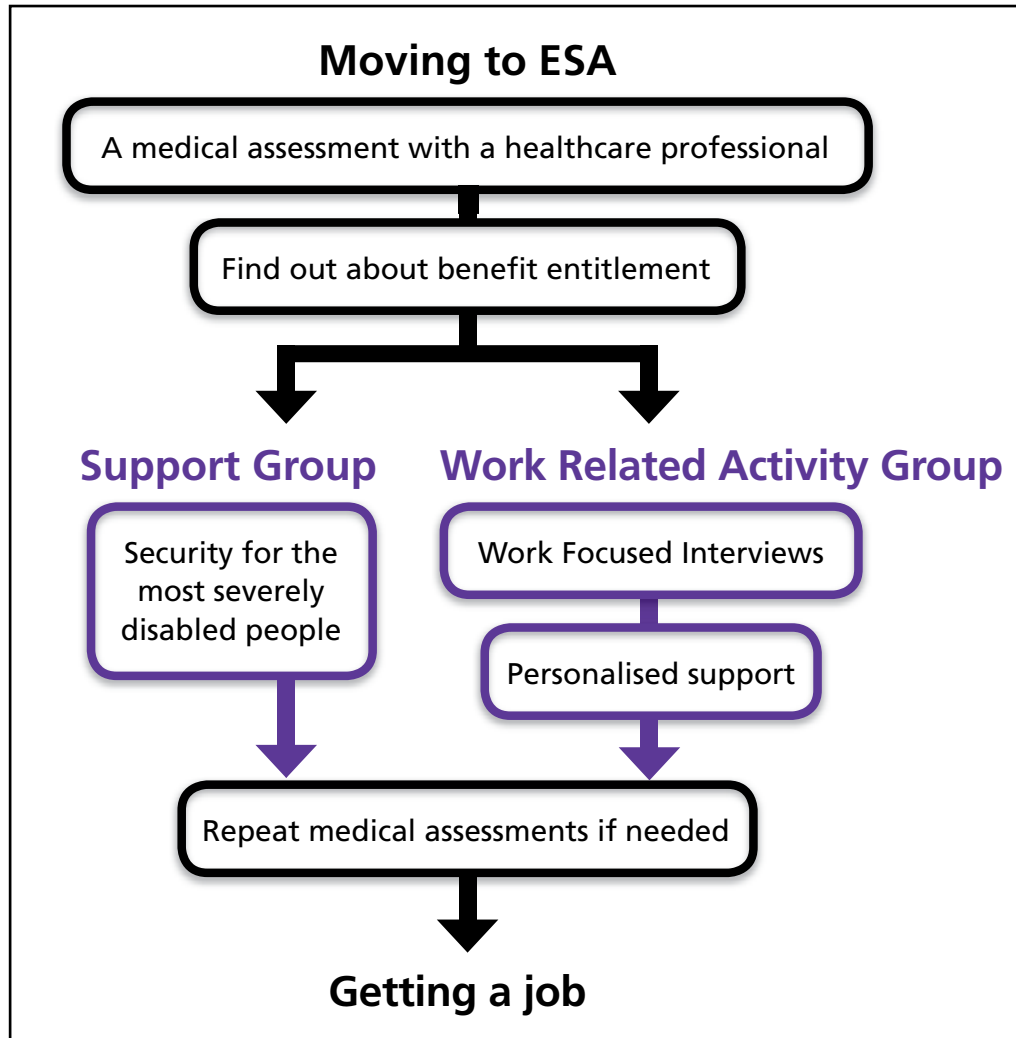
More support: a universal offer of personalised back-to-work support

- 3.17 Our reforms so far have focused largely on new claimants of disability benefits. From this October, those applying for ESA will undergo the new WCA assessment to determine their eligibility for benefit. Those placed in the Work Related Activity Group will receive back-to-work support through Pathways to Work. Those in the Support Group will receive extra financial help and voluntary access to Pathways.
- 3.18 We have built up a strong base of evidence about what works. But until now we have not been able to extend the successful Pathways model to large numbers of existing claimants. This has meant that around two million people – the vast majority of those on IB – have not received the support they need to prepare for a return to work and to achieve sustainable employment. People on benefit for a long time risk losing confidence and contact with the labour market – exacerbating their disadvantage.
- 3.19 Many may also lack the skills they need to get back to work. These are major barriers to helping them back into employment and may be contributing factors to the low numbers of people who come forward for voluntary support.
- 3.20 But there is now welcome evidence that barriers such as these can be overcome. The initial findings from a pilot which extended Pathways to Work to existing IB claimants showed that it substantially increased their prospect of getting a job, even if they had been on benefits for several years. By 18 months, the employment rate for existing claimants doubles from around three per cent to around six per cent for those who have a WFI in the first six months.
- 3.21 So we will now step up help for this group so that they can also gain from the individual support on offer and make sure that no one is abandoned to a life on benefits. As people are transferred from IB to ESA, we will ensure all those placed in the Work Related Activity Group are given a personalised programme of back-to-work support based on Pathways to Work.
- 3.22 Building on our current plans to deliver Pathways support to existing claimants aged under 25, we will now extend this to all existing claimants under the age of 50. For those over 50, who are more likely to have been on benefit for a longer period and, therefore, face greater barriers to work, we will introduce a lighter-touch approach. However, we will continue to gather evidence on what is most effective for this age group, piloting a more intensive model in some districts.
- 3.23 Boxes 3.1a and 3.1b set out the journey for existing IB and new ESA claimants.

Box 3.1a: The new ESA customer's journey



Box 3.1b: The existing IB customer's journey



Harnessing the innovation of the private and voluntary sectors

- 3.24 A key component of extending personalised support to existing IB claimants as they are re-assessed and transferred to the ESA Work Related Activity Group will be a radical new approach harnessing the innovation and expertise of the private and voluntary sectors.
- 3.25 In his March 2007 report to the Department for Work and Pensions,²¹ David Freud set out a vision for funding upfront investment in helping individuals with complex needs to get back to work through future benefit savings (the so-called 'AME-DEL' financing mechanism). The model he proposed involved paying providers for achieving sustainable employment outcomes but allowing them freedom in how they achieved these goals.
- 3.26 We believe this approach has the potential to deliver improved outcomes for significant numbers of those currently excluded from back-to-work support – while also achieving long-term savings for the State. We recognise that this constitutes a big shift, in both the potential scale and nature of back-to-work support. Therefore, we plan to run a number of pathfinder projects in various regions of the country. This will enable providers gradually to build their capacity, while enabling everyone to learn what works best.
- 3.27 The contracts with providers will be underpinned by a new and innovative financing arrangement between the Department for Work and Pensions and HM Treasury, which will allow the Department to directly capture the benefit savings, out of which providers will be paid, but offset by increased obligations. The pathfinders will allow us to test:
- new types of outcome-based contracts – encouraging providers to focus on those with more complex barriers to work and the achievement of sustained employment;
 - the degree to which innovation by providers can improve employment outcomes for this group of benefit claimants;
 - the market price for supporting people into sustained employment;
 - the ability of providers to invest upfront to increase support and reduce benefit expenditure; and
 - the risks and rewards of the innovative financing arrangement between the Department for Work and Pensions and HM Treasury.

²¹ Freud D, 2007, *Reducing dependency, increasing opportunity: options for the future of welfare to work*, Corporate Document Services

- 3.28 The initial pathfinders will run for three years, starting in the 2010–11 financial year. The regions in which they will take place are:
- Greater Manchester;
 - Norfolk; and
 - Lambeth, Southwark and Wandsworth.
- 3.29 In the following financial year, we will establish a further two three-year pathfinders.
- 3.30 This choice of regions will allow the Government to test what works in different parts of the country, as well as any differences in price and outcomes between cities and less urban regions. It will also ensure that sufficient numbers of providers are given the opportunity to build up their experience and knowledge. On the basis of the lessons and learning from the initial pathfinders, we aim to expand this approach. Our goal is simple: to maximise the innovation and expertise of the public, private and voluntary sectors to become world leaders in back-to-work support for disabled people and people with health conditions.

Higher expectations: increasing the requirement for back-to-work activity

- 3.31 Our plans for a universal offer of personalised support for all new and existing claimants of incapacity benefits constitutes a revolution in back-to-work assistance for disabled people and people with health conditions.
- 3.32 To match extra support with higher expectations, we will introduce further requirements for claimants to undertake work-related activity. The Welfare Reform Act 2007 already provides powers to require ESA claimants to undertake general work-related activity. We will bring this requirement into force from 2010 for all new ESA claimants who are assessed as being in the Work Related Activity Group.
- 3.33 But we want to go further. The current ‘all or nothing’ system, where people on JSA are required to look for and take a wide range of jobs whereas people on incapacity benefits and, in future, ESA are not required to look for work at all does not accurately reflect people’s aspirations and capabilities. Many people on IB do look for work, and apply successfully for jobs.

- 3.34 We recognise that although increasing numbers of disabled people are in work, job options may be more limited for disabled people and people with health conditions a health condition, and this will be fully taken into account. In addition, our reforms to Access to Work will make it easier for employers to employ disabled people. We invite views on what the expectations should be of people undertaking the personalised support we will now be offering to everyone in the Work Related Activity Group and whether this could include specific job search.
- 3.35 Raising the expectations of disabled people or people with a health condition to prepare for work requires the Government to go further than making a universal offer of personalised support. We must also take proactive steps and make smart investments to tackle barriers and increase individuals' capabilities. The rest of this chapter sets out our plans to do exactly this.

Question 15: What expectations should there be of people undertaking the personalised support we will now be offering in the Work Related Activity Group? Could this include specific job search?

Increased support from Access to Work

- 3.36 Access to Work is a popular and effective programme which helps disabled people move into work and stay in employment. It provides funding to remove the practical barriers which can prevent a disabled person working on equal terms with a non-disabled person – where it is unreasonable to expect an employer to fund these costs.
- 3.37 Help can be for continuing support such as meeting the cost of sign language interpreters or support workers and subsidising the use of taxis for those people unable to travel by public transport. It can also be used to buy specialist technological equipment for visually or hearing impaired people and to help adapt work premises to make them more accessible. In addition, one of the most valued aspects of the service is the ability for employers to use expert advice on adjusting the workplace or work practices. Indeed, these often turn out to be much simpler and have lower cost than employers expected, leaving them willing and able to fund the adjustments themselves.

- 3.38 Funding for the Access to Work programme has increased from £15 million in 1997 to £69 million in 2008–09. This funding will help around 24,000 people to gain employment or to stay in their job this year. In addition, we estimate that around 16,000 people are continuing to benefit from special aids and equipment paid for by Access to Work in the last two years alone.
- 3.39 A recent consultation found that Access to Work was both highly regarded and seen as effective by users, employers and disability groups. Indeed, respondents believed that, despite the four-fold increase in funding over the last decade, there was a clear need to expand the service to help more people and reassure employers that support is there if required. As we place greater responsibilities on people to look for work, it is right that we offer greater help.
- 3.40 We will, therefore, double the Access to Work budget. This will enable us to expand the reach of the programme, enabling us to reassure employers, benefits claimants and people seeking help to retain their jobs, that support will be available to all those that need it. We estimate that this would expand the programme's capacity to around 48,000 people by 2013–14.
- 3.41 As well as helping more people, the extra resource also provides an opportunity to improve the way the Access to Work support is delivered. An independent evaluation of the programme is due to report shortly and we will use these findings, together with responses to our specialist disability employment consultation and this Green Paper, to make sure the additional funding is spent in the most effective way. This will include a close look at the delivery of the provision to ensure that it is delivered in a personalised, flexible and timely way for our claimants and employers.
- 3.42 The additional funding will also enable us to examine the scope of the programme. For example, we are keen to explore how we can make Access to Work more responsive to the needs of claimants with fluctuating conditions – including mental health conditions.

Question 16: How can we make Access to Work more responsive to the needs of claimants with fluctuating conditions – including mental health conditions?

Question 17: What additional flexibilities in the system or forms of support would claimants with multiple and complex problems need to enable them to meet the new work-focused requirements proposed in this Green Paper?

New specialist disability employment provision

- 3.43 Claimants with complex disability-related barriers to work sometimes require more specialist support, for example specialised job entry help and longer-term job coaching once they have entered employment. This support is currently provided under a range of different Government programmes. These can include:
- Work Preparation – which helps people with complex disability-related barriers move closer to the labour market;
 - WORKSTEP – which provides specialist tailored support for people in paid employment – primarily in a wide-range of mainstream businesses;
 - Job Introduction Scheme – which provides small amounts of initial financial support directly to employers of disabled people; and
 - Jobcentre Plus Disability Employment Advisers – who coordinate a range of services for the people with the greatest disability-related barriers to work and provide specialist one-to-one, back-to-work support.
- 3.44 These services improve the lives of thousands of disabled people every year but we know we can do better. For example, we wanted to offer greater clarity of service and support for disabled people and offer more help to employers to create accessible workplaces and increase their confidence to make greater use of the skills of disabled people.
- 3.45 We are clear that the new specialist disability employment programmes must meet the specific needs of those furthest from the labour market. We recognise that people with moderate to severe learning disabilities, for example, may need specialist support; and may need this support to continue at some level for as long as the individual is in work. We are clear that the new contracting arrangements must allow for this specialist provision.
- 3.46 Earlier this year we consulted customers and employers on the benefits of bringing this support together to provide a more comprehensive and seamless service. This new provision is designed to ensure that we meet the specific needs of those furthest from the labour market.

- 3.47 The consultation responses were overwhelmingly positive on our proposal to merge this provision and, as with Access to Work, there was also a clear desire to see an expansion of the services. In light of this strong support we will now press ahead with the reforms with a view to awarding contracts to the public, private and voluntary sector providers in late 2009 – contracts that deliver for those with specific and high support needs. These reforms will help drive progress towards a number of Government priorities including the Public Service Agreement on adults at risk of social exclusion. A fuller summary of responses to the consultation will be published over the summer.
- 3.48 We will also expand our supported employment budget to help with the introduction of the new service and enable us to help more disabled people to get and keep a job.

Engaging employers

- 3.49 We know that to take this important agenda forward, it will be essential to work with employers to encourage good recruitment and retention practices and address issues locally, where day-to-day recruitment and retention decisions are made. The Local Employment Partnerships (LEPs), referred to in **Chapter 2**, will encourage employers to increase the diversity of their workforce including disabled people and those with long-term health conditions.
- 3.50 In addition, we have put in place specific activity to improve the recruitment and retention of disabled people. We have asked key committed employers, disability-focused employer groups and other stakeholders to help us establish an employer-led campaign to promote good corporate and delivery practices. There will be a series of events to give committed employers the opportunity to share good practice and develop an employer 'agenda for change' to increase employment opportunities for disabled people.
- 3.51 These events will build on the existing 'Employ ability' media campaign which is engaging directly with employers and talking to them, in business terms, about the wider talent pool they might be missing out on. Key messages include:
- people identified as disabled or having long-term health conditions should not be defined by their clinical diagnosis;
 - equal treatment – each person should be judged as a unique individual, on the basis of their capability, characteristics and potential; and
 - disabled people and people with long-term health conditions are an under-utilised pool of talent with skills and abilities of value to their business.

Keeping people in work – an active partnership

- 3.52 The best way to prevent the long-term exclusion of disabled people and those with ill-health from the labour market is to help people remain in work or to return to their jobs quickly. This is not a role for Government alone but needs a partnership between Government, employers, healthcare professionals and private and voluntary sector providers.
- 3.53 The need for greater emphasis to be given to supporting the health and well-being of the working-age population was central to Dame Carol Black's report to the Government in March 2008.²² We are currently working across Government to consider the detail of her analysis and will respond formally to her recommendations later this year. However, in a number of key areas we are already able to indicate our direction of travel.

Making the case for employers investing in health

- 3.54 Dame Carol's review found that the business case for health and well-being among their workforce is not adequately understood by many employers. She recommended that Government should work with employers and representative bodies to develop a robust model for measuring and reporting on the benefits of businesses investing in the health and well-being of their staff and that employers should use this to report progress to their boards and in company accounts. A pilot of such a model was launched in July, in partnership with Business in the Community; and a number of organisations across the private and public sector have already indicated they are intending to pilot the tool. We will also explore how to provide appropriate incentives for employers that might further encourage investment in health and well-being programmes.

Case study – Employers supporting staff to remain in work

Ginsters

Ginsters, the Cornish pasty manufacturer, has invested in an active workplace project.

The project has provided an on-site fitness suite and around 15 fitness-based activities. Healthy options have been added to the staff canteen menu and free fruit is available. Advice is also offered on slimming, giving up smoking and avoiding heart disease and cancer.

Around 90 per cent of the 500+ staff employed by Ginsters have been involved in the project and Ginsters report that average days lost to sickness absence each week have fallen from over 50 days to 30 days during the last 18 months.

²² Black C, 2008, *Working for a healthier tomorrow*, TSO

Reforming the sicknote

- 3.55 We also need to ensure the medical certification system helps, rather than hinders, recovery and a quick return to work. Dame Carol found that this was not always the case with the present sicknote system which could leave people with the impression that you have to be 100 per cent fit or well to be in work. But there is an increasing consensus that, for many people and for many conditions, staying in work can actually help recovery.
- 3.56 We need a change of emphasis to ensure patients are getting the best possible advice about the benefits of staying in, and returning to, work – preventing the risk of people becoming detached from the labour market. Together with medical bodies and employer representatives, we are reforming the statutory medical certificate or ‘sicknote’ to get the balance right. We will be consulting on a new certificate in autumn 2008, with the intention to introduce the new form during 2009.

New back-to-work action plans between employers and employees

- 3.57 We know that people are more likely to get back to work when they and their employers talk about their plans for returning to employment. So we intend to encourage employers to agree action plans with staff who face long absences with health conditions. Action planning is a proven technique to help people focus on positive outcomes and establish specific goals. It will also help employers consider the steps they can take to enable an employee to make a swifter return to work.
- 3.58 We think that ‘light-touch’ action plans, agreed between employers and employees, could be a powerful tool to help people keep their job when they become ill. We will be working with key stakeholder organisations to see how we can support this approach.

Question 18: What are the key features of an action planning approach that would best support employees and employers to take the steps for the employee to make a swifter return to work?

Helping people return to work quickly

- 3.59 At the heart of Dame Carol's review was her recommendation for a Fit for Work service, providing timely access to a wide range of back-to-work support for people in the early stages of sickness absence to assist their recovery and to consider how they might be helped when they return to work.
- 3.60 Dame Carol emphasised that such a new model of early intervention would support General Practitioners (GPs) with new options for referral. It would provide a minimum level of work-related health support to all employees, especially important for those in organisations without any form of occupational health provision. A prompt, holistic assessment of individuals' needs would be followed by an individualised action plan for achieving recovery, with a focus on staying in work or returning to appropriate work at the appropriate time.
- 3.61 We are accepting her recommendation to pilot the Fit for Work service. The Government will be looking at opportunities to challenge successful City Strategies to develop innovative proposals to run some of the pilots as part of the broader pilot programme for the Fit for Work service.

Joining up our services

- 3.62 We are also currently piloting a Pathways Advisory Service with Jobcentre Plus advisers located in GP surgeries to offer advice for patients looking to return to work and signposting provision offered under Pathways to Work. The initiative has been running for two years and has had over 1,000 referrals to advisers working from surgeries in six Jobcentre Plus districts. This is just one example of the ways in which Jobcentre Plus staff work closely with NHS staff in delivering more joined-up services to our customers.
- 3.63 Research shows that GPs are enthusiastic and positive about the approach, which they value for giving them direct and easy access to employment and social security expertise, enabling them to support their patients in more constructive ways than before. Patients also commented upon high levels of satisfaction regarding the meeting with the adviser, with 91 per cent rating it as either 'very' or 'quite' helpful. Because of these successes, we are currently developing plans for an expansion of the service.

Improving employment retention

- 3.64 For those at risk of losing their employment when they become disabled, or when an existing impairment worsens, we will work with key stakeholder organisations as we develop our commitment to deliver the Independent Living Strategy. As part of this, we will explore, with stakeholders, the effectiveness of Employment Retention Assessments in helping disabled people stay in work. The expansion of our Access to Work provision will play a critical role here.

Improved support for people with a mental health condition

- 3.65 Mental health conditions are now the single biggest cause of absence from work and of claims for incapacity benefits. Less than a quarter of people with mental health conditions are in employment, compared with around half of all disabled people.

Case study – Best practice examples of employers providing support for employees with mental health issues

BT

In October 2006, BT launched a major programme to tackle problems such as anxiety, depression and stress in its workforce. The company worked with its trade unions to create the Work Fit – Positive Mentality campaign which provides practical guidance to its 104,000 employees across the globe on how to improve their mental health at work and at home. This was the first time a UK company had launched a health awareness programme on this scale to tackle mental health issues.

Abbey

Abbey's commitment to providing a healthy workplace has led to the adoption of a formal Health and Safety Management System, supported by a broad range of initiatives to promote the physical and mental health of its staff. The company provides clear guidelines on managing pressure and stress across its business, training for its line managers and, where required, a formal stress risk assessment procedure.

- 3.66 People with mental health conditions move off benefit more slowly, with only 15 per cent leaving incapacity benefits within the first three months, compared with 20 per cent of other claimants. And evidence on the effectiveness of Pathways to Work for people with mental health conditions is mixed.
- 3.67 Dame Carol's review stressed the importance of improving support for people with mental health conditions. There is a need to tackle stigma and discrimination in the workplace, to help individuals better manage their condition and to give practical support to managers. The aim should be to enable people with mental health conditions to stay in, or return to, work quickly.
- 3.68 The Government is committed to improving support for people with mental health conditions. Over the next three years, recurrent funding, rising to £173 million, has been allocated to improving access to psychological therapies. Further funds will be made available to test the impact of employment support advisers working within the Improving Access to Psychological Therapies programme. Working alongside the therapists, these advisers will support people to stay in work, find new, more suitable job roles or return to work after sickness absence or from welfare benefits.
- 3.69 We will be building on this progress over the coming months by setting out a National Strategy for Mental Health and Employment. For the first time we will co-ordinate, across Government, a response to the employment challenges faced by people with mental health conditions. This will provide an unprecedented opportunity for Government and its partners to consider options for improving support within a coherent strategic framework.
- 3.70 We have asked a steering group of specialists, chaired by Dame Carol, to oversee the development of the strategy. They will be assisted by members with business and third sector backgrounds to advise on all aspects of mental health and employment. In particular, they will focus on how mental health provision can be better tailored and integrated to help people find, stay in or return to, work.

Conclusion

- 3.71 The aim of these proposed reforms is to deliver a step change in support and expectations for people currently written off and trapped on benefits as a way of life. These reforms mark a radical shift towards a truly active and personalised welfare state, boosting employment and tackling long-term benefit dependency. They increase support and aim to raise the expectations of disabled people – backed up by positive action by Government and employers to support them to make a reality of their aspirations. They will go a long way to helping us achieve our goal of reducing the number of people on incapacity benefits by one million.