

Halving the Disability Employment Gap



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Summary

Across England and Wales, just 49% of those who are disabled or have a health condition are in work. For everyone else this figure is 80% —a 31 percentage point gap¹. The government has set out an ambitious aim to halve this disability employment gap, supporting over a million disabled people to move into or maintain work. Two fifths of Citizens Advice clients are disabled or have a health condition. Every day, we see the issues disabled people face with employment, benefits and a range of other issues. Many people have health conditions or impairments that make work impossible but others could work with the right support. We welcome the government's ambitions and set out here four key challenges that Government must tackle to achieve its aims.

- 1. A nuanced approach is needed which addresses a range of demographic and circumstantial barriers, and the diversity of impairments and health conditions people have.** Barriers to employment for disabled people vary across regions, employment sectors, qualification levels, conditions and other factors. Our analysis also shows that the disability employment gap tends to be greater for disabled people who face additional disadvantages such as living in a region with low employment rates or having low qualifications. Current Interventions often take a 'one size fits all' approach and don't take into account the range of underlying and compounding barriers people face. Any reforms must take account of the additional barriers individuals may face.
- 2. The benefit system needs to be reliable, responsive and Jobcentres need to be resourced adequately.** Disabled people and those with health conditions need to have reliable and timely access to benefits to support them with their extra costs and provide replacement income in periods of sickness. Citizens Advice helps people with 160,000 issues a quarter for ESA and PIP, mostly related to eligibility and poor benefit administration. These benefits need to be administered reliably so that people have access to some secure income and can focus on their health and employment. Delivery and design of services is often as important as the policy behind them. In order to deliver the government's ambitious aims, Jobcentres need to be adequately resourced. This means there will need to be an expansion in Jobcentre staffing beyond that currently planned. Work Coach capability and expertise will also need to improve

¹ Citizens Advice, [Working with a health condition or disability](#), 2016.

and expand. Evidence from our network suggests that Work Coaches aren't always able to determine a claimant's support needs or challenges with work. The government should ensure Work Coaches have access to appropriate training, knowledge of available support and tools to work with this new group of clients.

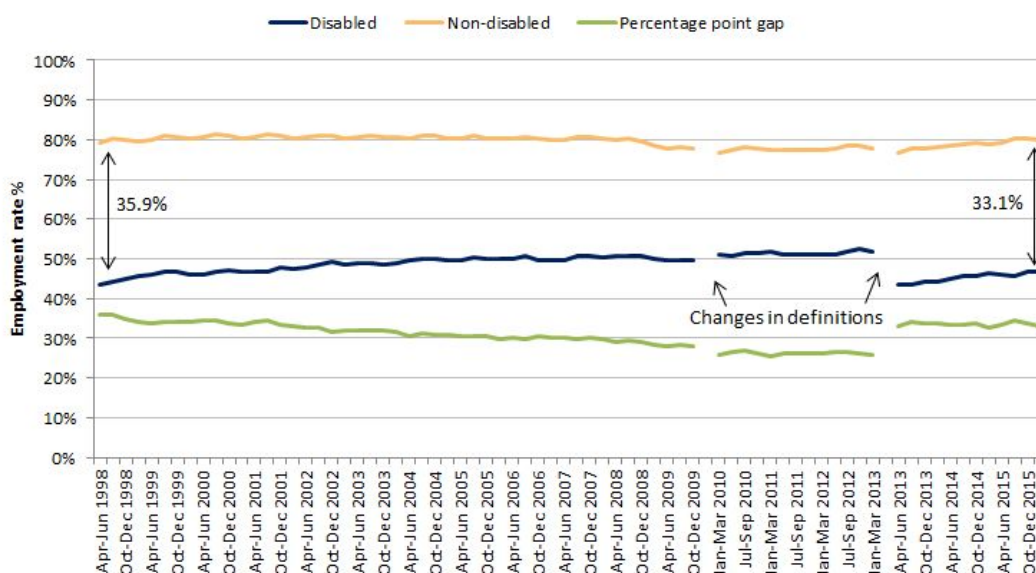
3. **Employers and line managers need to lead a significant shift in workplace culture and practice.** Employers hold many of the answers and levers required to halve the disability employment gap and ensure disabled people are supported to enter and remain in work. These answers will vary across sector, region, size of employer. The government should work with a range of employers to expand Disability Confident and invest in a significant public information campaign which reaches line managers and smaller employers. Support schemes like Access to Work and Fit for Work should be reformed, expanded and promoted so more people are aware of them and accessing them when they need to. Finally, the government should seek to make employers more aware of their responsibilities and work towards better enforcement of employment rights. A well resourced Fair Work Authority should be established which brings together existing labour enforcement bodies.

4. **Support systems need to be aligned and the burden on individuals needs to be minimised.** Disabled people and those with health conditions often need a range of support to help them manage their health, pay for their extra costs and maintain work. The systems people have to navigate are often poorly aligned, leave gaps in eligibility and frequently require people to submit duplicate information. The government should look closely at user journeys and align access to healthcare provision, sick pay, ESA, PIP, Fit for Work, Access to Work and the other services people rely on. Delivery and design of services is often as important as the policy behind them.

The Disability Employment Gap

The disability employment gap is too high and has not fallen significantly since the recession. Despite some progress in the late 1990s and early 2000s, it remains far too hard for disabled people to stay in or move into work.

Disability Employment Gap, 1998-2015



Source: Labour Force Survey

The challenge is enormous; one in ten of the working age population is disabled and out of work². There are 1.4 million out-of-work disabled people who would like to work. However, only a third of these people are actively seeking a job, suggesting that barriers to employment have a large impact on jobseeking behaviour. As the population ages and people work for longer, many more will be affected by the disability employment gap.

Ensuring that disabled people who want to work can stay in their jobs is the other part of the puzzle. Disabled people are twice as likely to fall out of work as people who do not have a work limiting condition³. Of the 3.4 million disabled people in work - each year 225,000 stop working. Many people in this group are no longer able to work but a significant proportion (30%) move into unemployment, suggesting that employers need to do much more to retain their disabled employees who want to work.

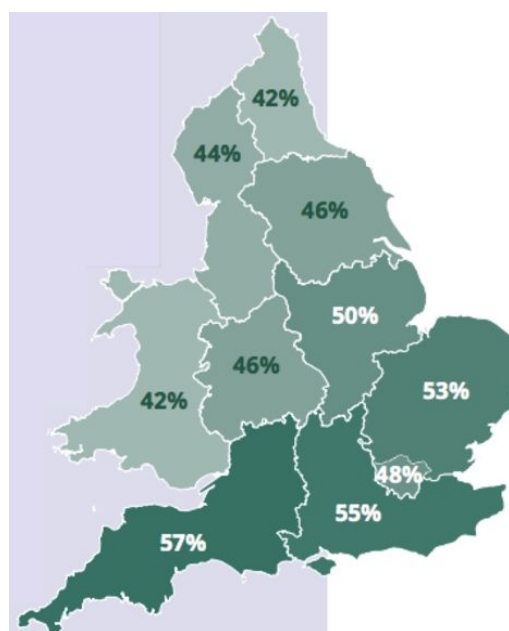
² Citizens Advice, [Working with a health condition or disability](#), 2016.

³ Ibid

1. Tackling diverse barriers

The stubbornly high nature of the disability employment gap is the result of the number of underlying and interlinked issues, all of which need to be tackled to ensure meaningful progress. A nuanced policy approach is needed, with an understanding of the multiple and compounding disadvantages that may be faced by disabled people. Solutions and policies must take into account:

Regional differences in the disability employment gap. The disability employment rate ranges from 42% in the North East and Wales, to 57% in the South West.⁴ Our analysis indicates that employment rates for disabled people are much higher in areas where overall employment rates are higher. For non disabled people, the difference in employment rates between areas with high employment and areas with low employment is around ten percentage points – 83% compared with 73%.⁵ For disabled people, though, the difference is 19 percentage points – 57% compared with 38%. The differences are even more stark at local authority level. In Liverpool, Redcar and Bridgend, the gap in employment rates between disabled and non-disabled people is over 40 percentage points, while in Windsor, Kingston and Bracknell it is under 20 percentage points.



The skills gap, and the differences in employment rate by skills. Disabled people tend to have lower level qualifications than the workforce overall. For example, 40% of disabled people have a qualifications equivalent to NQF3 or above (roughly A levels and above), compared with 55% in the overall workforce.⁶ This is important for two reasons. Firstly because it highlights the barriers that disabled people face in securing qualifications. In addition, it highlights that disabled people with low qualifications face a double disadvantage. The disability employment gap for those with NQF3 or above is 18%, compared with 39% for those with no qualifications.

⁴ Citizens Advice, [Working with a health condition or disability](#), 2016.

⁵ Citizens Advice, [A closer look at the Disability Employment Gap](#), 2016.

⁶ Citizens Advice analysis of the Labour Force Survey, 2015.

Differences in employment rates by health condition and the challenge for people with mental health problems. The government has rightly singled out and prioritised dealing with the increased barriers faced by people with mental health conditions. The employment rate for working age people who have a work-limiting mental health condition is just 36% compared to 49% for disabled people overall and 80% for non-disabled people without health conditions⁷. This makes people with mental health conditions one of the most disadvantaged groups in the labour market.

The challenges specific to particular employment sectors, especially low-wage, low-qualification sectors. Our analysis finds lower than average retention rates for disabled people in the health and social care industry and construction, which may be linked to the physical nature of many jobs in these sectors. Employers need to think creatively about redeployment, job redesign and retraining opportunities for their staff. Challenges in these sectors partly explain the significantly lower employer rates for disabled people with low or no qualifications.

The problem of long term unemployment among disabled people. Given the substantial problems related to finding and keeping jobs, it is unsurprising that just under half (48%) of disabled people who are out of work haven't been employed for five years or more, while one in five (21%) has never worked.⁸ Exclusion over a long period of time can also lead to mental health problems developing or worsening. Long-term unemployment is also correlated with lower desire to work, but even among this long-term unemployed group, a third of people would like to move (back) into work.

Next steps needed

Solving the disability employment gap will need to happen on several planes. Changes to national government policy must be accompanied by regional and subregional initiatives, policies to help disabled people improve their qualifications, sector and industry specific employer initiatives, and special programmes to support those who have been out of work for significant periods of time.

⁷ Citizens Advice, [Working with a health condition or disability](#), 2016.

⁸ Citizens Advice analysis of the Labour Force Survey, 2015.

2. The benefit system

Without a secure income to cover extra costs and a reliable financial safety net, many disabled people find it difficult to maintain work or focus on moving into work. People may struggle to cover the costs of getting to work or be left without enough income during critical periods such as temporary sickness or recovery following a medical procedure. At Citizens Advice we advise on 160,000 PIP and ESA issues every quarter. Fair, consistent and timely administration of disability benefits is a crucial first step in addressing the disability employment gap.

The government has set out plans⁹ to offer more support to all ESA claimants who want to work as part of its ambition to halve the disability employment gap. This means offering Jobcentre support to many more people with health problems and impairments. Delivering this ambition will require an expansion in Jobcentre staffing beyond that currently planned; and new specialist tools, support and training for staff so that they can work effectively with this new client group. Here we look at the challenges and changes needed across administration of assessments, accessibility of support, jobcentre capacity and expertise, conditionality and reforms to the welfare system. Getting the delivery and design of services right is as important as having the right policies.

Administration and accuracy of benefit assessments

Over the past 5 years, the most prevalent benefits issues for Citizens Advice face-to-face clients have been ESA and PIP. The need for advice has been exacerbated by persistent and wide-scale problems with assessments for both of these benefits. Claimants go through a process that can be onerous, lengthy and error-prone. Appeal success rates are currently 59% for ESA¹⁰ and 65% for PIP¹¹. Citizens Advice supported people with 46,000 issues related to ESA appeals and 42,000 issues related to PIP appeals in 2016. This approach is costly to the taxpayer, and means that some individual claimants endure long periods of uncertainty and drawn-out appeals processes.

There has been progress on timeliness, but quality of assessment and decision making remain as issues. Around 10% of ESA claimants ask DWP to revisit their decision through a process called Mandatory Reconsideration (MR).¹² MR

⁹ DWP & Department of Health, [Work, health and disability: improving lives](#), Green Paper, 2016.

¹⁰ Department for Work and Pensions, [Employment and Support Allowance: Work Capability Assessments, Mandatory Reconsiderations and Appeals](#), 8 September 2016.

¹¹ Ministry of Justice, [Tribunal Statistics](#), October to December 2016.

¹² Department for Work and Pensions, [Employment and Support Allowance: Work Capability Assessments, Mandatory Reconsiderations and Appeals](#), 8 September 2016.

success rates are low, with just over one in ten ESA decisions (11%) overturned at this stage. Over a third of those whose decision is upheld go on to appeal at a first tier tribunal. In contrast to the MR stage, success rates at the appeal stage are high for both PIP (65%) and ESA (59%).

Incorrect decision making can have a huge impact, leaving people stressed and anxious across the application and appeals process. During this time a disabled person may feel caught in limbo, unable to focus on looking for work, even if they are keen to enter the workplace.

Case study: Work Capability Assessment

Katie and her children had suffered 25 years of domestic abuse and violence. Katie's ex-husband was jailed for 11 years but she is now suffering PTSD, flashbacks and severe anxiety. Katie unsuccessfully applied for Employment Support Allowance and then Mandatory Reconsideration, which upheld the original award of 9 points. None of the domestic abuse and its consequences were covered at the assessment, and nor was the variability of Katie's condition. Furthermore, Katie doesn't have a driving licence, however the assessment states that she can drive, which indicates that the assessment was very superficial. A Citizens Advice adviser helped her to appeal with support letters from the police, her doctor and social worker which resulted in Katy scoring 32 points.

The Work Capability Assessment (WCA) for ESA means people are currently assessed on a series of measures which do not necessarily relate to an individual's ability to find appropriate work. The assessment is done at a point in time and does not adequately address fluctuating, hidden or mental health conditions and the impact these can have.

Next steps needed

The government should explore replacing the WCA with a real world test designed with claimants, employers and health professionals. This should assess real world barriers to employment and ensure that those with fluctuating, hidden or mental health conditions are not put at a disadvantage. The output of the WCA should be useful not just for checking financial eligibility but also for providing guidance, advice or recommendations to support the health and work conversation.

Accessibility and transport

Our disabled clients - including many who feel capable of some work and would like to work - often report great difficulty accessing benefits assessments or medical appointments. This is particularly true in rural areas, and other parts of the country where public transport may be insufficient. There may be numerous other barriers, from the physical (inaccessible buildings, materials etc) to the psychological (anxiety making it difficult to make appointments).

Next steps needed

Any employment support on offer needs to take these real world barriers into account, and ensure that disabled people are not penalised for them.

Reforms to the welfare system

ESA payments for new claimants placed in the work-related activity group (WRAG) are being reduced by £30 a week. The savings from this measure are being redirected into employment support through the new Personal Support Package. This will affect people who have been assessed as not fit for work and it is important that this change is monitored closely to see how it impacts on their health and likelihood of entering work. The government should evaluate the impact of the new support package alongside the cut to people's benefits, and seek to measure the separate impact of these changes. This should include robust piloting and evaluation of the Personal Support Package both with and without the WRAG cut, so the impact of these different measures is understood.

People who receive ESA-WRAG currently gain access to reduced conditionality compared to Jobseekers' Allowance and can also get other passported benefits. Under Universal Credit, this group gain access to increased work allowances. It is important that people continue to get this support but there is a risk that people will be put off going through the Work Capability Assessment. The £30 a week cut brings ESA-WRAG payments into line with Jobseeker's Allowance payments, removing the immediate financial incentive of applying for it. The government should monitor whether fewer people are applying for ESA as a result and whether this means people are inappropriately claiming Jobseekers' Allowance instead. In particular, it is important to measure whether these changes lead to more long-term JSA claims, more people receiving long-term sanctions, and people leaving the benefit system who then lose access to their financial and employment support.

Within Universal Credit (UC) it is important that disabled claimants and those with health conditions can access additional financial support through higher work allowances regardless of whether their initial claim was made when they were in or out of work. The current design potentially makes it harder than in the Tax Credit system for those with a disability or health condition who are in work to get support for the additional costs of working associated with a disability or health condition. We will be exploring this in more detail in upcoming Citizens Advice research work.

Unconditional employment support must also be married to strong financial work incentives. While these exist in the current welfare system, under the Universal Credit system a disabled person will gain far less from moving into work than they would currently, with the loss of Working Tax Credits Disability and Severe Disability elements, and the Severe Disability Premium for those who do not have a carer claiming Carer's Allowance. Wider cuts to Universal Credit work allowances for all claimants have worsened work incentives still further for disabled people.

Next steps needed

The DWP should look again at work incentives for disabled people, and consider how they can be lined up with the health and work agenda.

Jobcentre capacity

The government's plans to offer more support to all ESA claimants who want to work are welcome. It is only with a reasonable caseload that Work Coaches will be able to spend the time needed to support people with complex health related barriers to work. There are currently 11,000 Work Coaches with caseloads of around 100 people each, seeing 10 to 20 clients a day.¹³ Overall caseload is also set to grow over the coming years with more people brought into Jobcentre remit through in-work conditionality. The government has announced plans to hire an additional 2,500 Work Coaches¹⁴, which will go some way to alleviating this challenge but it will need to expand Work Coach numbers further to maintain and bring down caseloads.

¹³ House of Commons Work and Pensions Committee, [A personalised in-work service](#), May 2016.

¹⁴Department for Work and Pensions, [New streamlined Jobcentre Plus network with more support for jobseekers](#), 26 January 2017.

Next steps needed

To deliver the ambitions set out by the government there will need to be an increase in the number of Jobcentre staff beyond that currently planned.

Jobcentre expertise

Work Coach capability and expertise will also need to improve and expand. Evidence from our network suggests that Work Coaches aren't always able to determine a claimant's support needs or challenges with work. This means they do not always offer appropriate support or set achievable claimant commitments for JSA claimants with health conditions. This suggests they are also likely to struggle to support ESA claimants. Work Coaches need sufficient training, strong guidance, management support and feedback to equip them with the new skills and the experience they need to deal effectively and sensitively with this new group of claimants. Work Coaches need access to new training and guidance and will need employment and health specialists to help them provide appropriate support. This should come through relationships with local specialist organisations, Community Partners, DEAs and the provision of a helpline or webchat service Work Coaches can use when needed.

DWP should work with experts to develop specialist tools to help Jobcentre staff work with their new clients. Work Coaches should be able to input information about how a claimant's impairment or health condition affects them and get suggestions on appropriate interventions and jobsearch activities. This tool or a similar one could also provide information about local specialist provision people can access or be referred to and be maintained by Community Partners.

Next steps needed

The DWP should work with health professionals, disability organisations, advice and support organisations, employers and disabled people to develop resources for Jobcentre staff. This should include training, guidance and dynamic tools to help Work Coaches tailor their support.

Benefit conditionality for disabled people

Benefit conditionality requires claimants to fulfill specific commitments in order to access their benefits. Failing to comply with these measures can result in a sanction which removes the benefit payment for a specified period of time. There is little evidence for the effectiveness of sanctions for disabled people and those with health problems. International evidence shows that conditionality

generally increases short-term job entry but reduces long-term job quality¹⁵. This means sanctions carry a high risk for those with health conditions as they can lead to inappropriate work with detrimental health impacts. Additionally, 17% of current decisions to apply a sanction to somebody are overturned as a result of a mandatory reconsideration or appeal.¹⁶ This suggests that there are significant challenges to effectively applying conditionality.

Given the extra costs those with a disability or health condition face plus the limitations they may face in increasing their income quickly it is hard to see how sanctions could have a positive impact on a claimant's work related activity. Conditionality for people with health conditions or disabilities carry heavy risks and impact both for the individual and for wider goals of halving the disability employment gap.

The experience of being sanctioned can mean that people don't focus on job seeking or other work-related activity, and it can reduce people's trust in the JCP and employment support providers. Consultation with our network suggests that our disabled clients - which includes many who receive JSA - are fearful of the DWP, and see engagement with it in negative terms, particularly as their experience is often in relation to assessment of disability benefit eligibility. People who are fearful of engaging with the Jobcentre are unlikely to take up support that is accessed there, or engage constructively with a Work Coach. Building an open, effective and supportive relationship between a Work Coach and a claimant can be difficult if the Work Coach has the power to recommend a sanction. It is crucial that the design of any health and employment support offers takes this into account.

Next steps needed

In light of this we do not feel that sanctions are appropriate for this group of people. Before further consideration of conditionality and sanctions, the department must first test the effectiveness of the wider health and work policy programme in getting people closer to the labour market where appropriate. To test the effectiveness of support before sanctions the department needs to pause conditionality for the ESA work related activity group.

¹⁵ JRF, [Welfare sanctions and conditionality in the UK](#), 2014

¹⁶ DWP, [Job Seekers Allowance and Employment and Support Allowance sanctions: decisions made to June 2016](#), November 2016

We do not feel it is appropriate but if conditionality were to be introduced for this group it is crucial that:

- It is based on evidence and multiple approaches are tested with people with different conditions.
- The reduction level and length of sanction should be robustly tested.
- It contains a grace period of at least 6 months before any conditionality starts.
- Reporting channels for 'good cause' for failure to attend or undertake work related activity are significantly improved - particularly between the jobcentre and work programme.

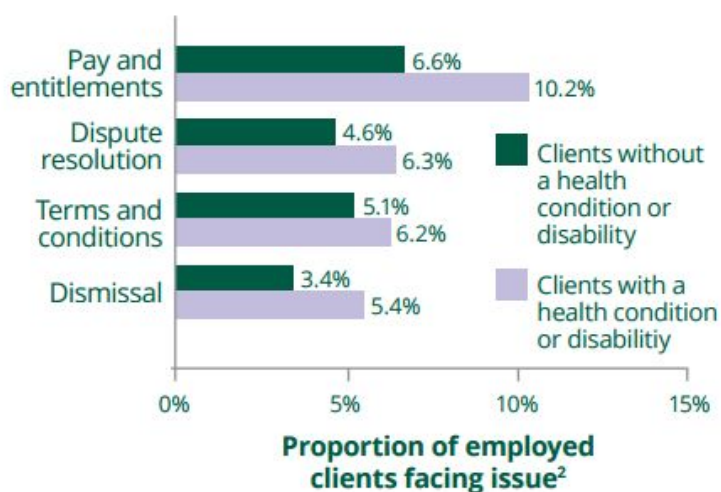
3 Employers and line managers

Employers hold many of the levers required to halve the disability employment gap and ensure disabled people are supported to enter and remain in work. This requires a significant cultural shift and improved understanding among managers and employers about how to support employees. The government also has a role to play and will need to promote and expand existing schemes like Disability Confident, Fit for Work and Access to Work. For disabled people whose employers fail to deliver on their responsibilities, there should be clear accessible routes to enforce employment rights and seek redress. In this section we set out some of the problems our disabled clients face at work, and look at how workplace culture, better line management and in-work support can contribute to halving the disability employment gap.

Problems at work

At Citizens Advice, we see around 55,000 clients with around 90,000 employment issues every quarter. There are over 2,000,000 visits to the employment pages of our website over the same period. Our disabled clients and those with health conditions are more likely than those who are not disabled to come to us about employment issues, and over twice as likely to look for advice on discrimination.

Employment issues by disability¹⁷

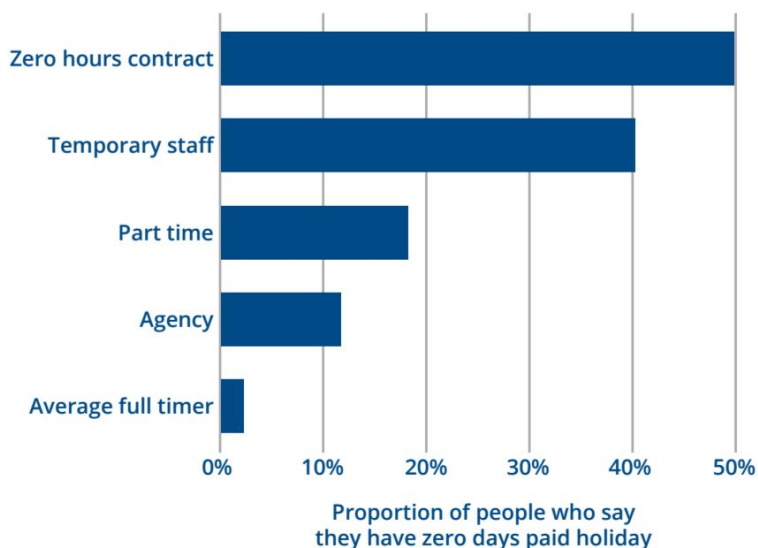


Sick pay, sick leave and holiday leave account for 1 in 10 of the reasons people came to us looking for advice about an employment issue in 2016. Our research

¹⁷ Citizens Advice, [Working with a health condition or disability](#), 2016.

with people in insecure work has found a widespread lack of understanding of sick pay and sick leave rules, with many on non-traditional contracts wrongly assuming that they are not entitled to either.¹⁸ For example, our analysis shows that half of those on zero-hours contracts and two fifths of those on temporary contracts wrongly believe they are not entitled to paid holiday.

People wrongly believe they are not entitled to paid holiday¹⁹



Source: Labour Force Survey

Workplace culture and line management

A significant shift in workplace culture is needed to address the disability employment gap. Employers and managers need to think about innovative ways they can redesign jobs, design their sickness policies, redeploy employees and deal with different types of health conditions, particularly mental health and fluctuating or hidden conditions. It is also vital that line managers and employers are better informed and trained on both their duties under law, and how to support employees appropriately and empathically.

We conducted in-depth interviews²⁰ and a survey²¹ of employers and line managers. We found that employers broadly want to do the right thing but can find it difficult to understand how best to support disabled employees and those with health conditions. Our interviews suggests that employers conceptualise employee illnesses as short in duration and temporary, after which they expect

¹⁸ Citizens, Advice, [Out of hours](#), 2015.

¹⁹ Citizens Advice, [Working with a health condition or disability](#), 2016.

²⁰ Citizens Advice, qualitative interviews with a range of employers and line manager, 2016.

²¹ Citizens Advice, polling of 1,108 line managers in England and Wales, ComRes, Oct-Nov, 2016

the employee to recover and take on their usual duties again. While some of those we spoke to have redesigned jobs for the short-term to suit employees recovering from an illness, they felt that job redesign in the longer-term would be more difficult to achieve.²² Strikingly, over three quarters (78%) of employees and line managers tell us that they would find it very or fairly difficult to support an employee with a fluctuating health condition such as depression or MS.²³

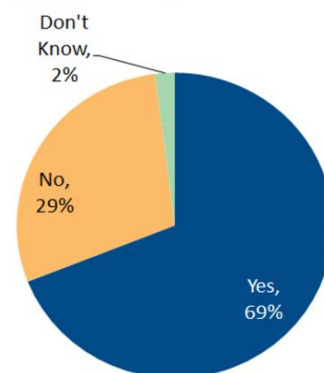
Employer policies in practice

Some employers have a long way to go before they can deal with employees' complex health issues and disabilities. This is not just a matter of putting sound workplace policies in place, but how policies translate to behaviour towards disabled (potential) employees. Some employers do not have policies in place, while others do but managers struggle to implement these consistently. This is especially challenging when companies operate through multiple sites and departments.²⁴

The scale of this challenge is huge: there are at least 6 million people in the UK with management duties, which will include line management in many cases.²⁵ Our previous research on insecure work found that line managers' attitudes and behaviours are one of the most important factors when helping people balance work and their wider lives, including any health conditions.²⁶ Being disabled or having a health condition can be particularly hard to balance with work, and people need to feel able to speak to their line managers about this. They need to be confident that their line managers will respond openly and imaginatively to make the changes to their hours, duties or workplace conditions that will help them to stay in work in the long term.

However, our research suggests that this is rare in practice. Almost a third of the workforce (29%) doesn't have access to a line manager.²⁷ Where they do, stigma and social norms may play a part in inhibiting conversations: 17% would not feel comfortable talking to their line manager if about their rights at work. This rises to 24% when it comes to talking about physical health issues that affect ability to do a job, and 40% when it comes to talking

Do you have a line manager in your main job?²⁷



²² Citizens Advice, [How can Job Security exist in the modern world of work?](#), 2017.

²³ Citizens Advice, polling of 1,108 line managers in England and Wales, ComRes, Oct-Nov, 2016.

²⁴ Citizens Advice, qualitative interviews with a range of employers and line manager, 2016.

²⁵ Citizens Advice analysis of the Labour Force Survey.

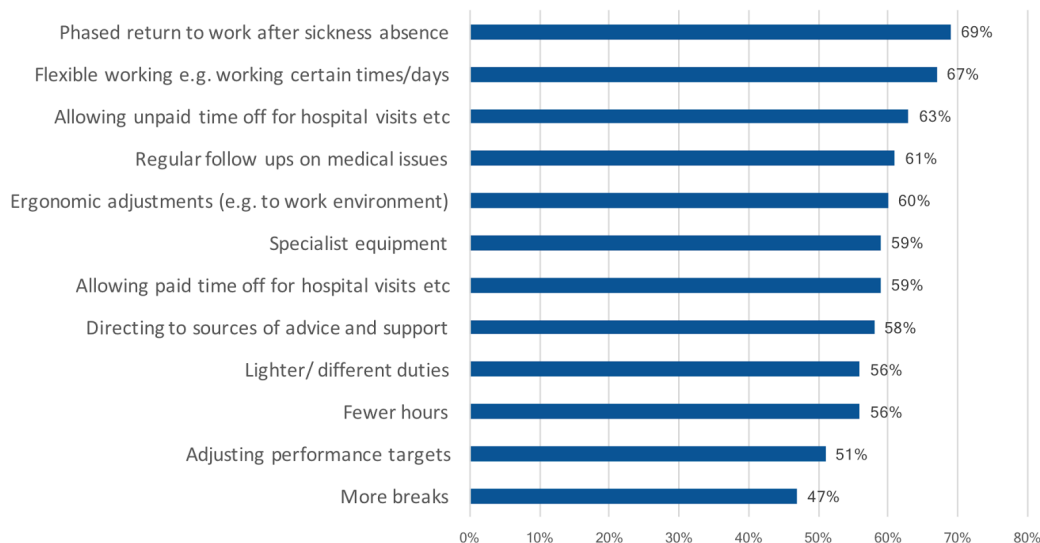
²⁶ Citizens, Advice, [Out of hours](#), 2015.

²⁷ Citizens Advice, polling of 2,158 working people, Populus, March 2016.

about mental health issues. People may also be inhibited from speaking because they do not think it will lead to any change. For example, fewer than half think that their line manager would be able to make changes to their working hours (42%), make changes to the tasks they undertake (47%), or make changes to the equipment they use (49%).²⁸

From line managers' perspectives, our research found that they tend to see themselves as open to conversation and change. That said, only half (53%) think that their role includes taking responsibility for staff health & well-being in the workplace. Only two in five (41%) line managers don't know if any of their staff are disabled. Of those who do know that one or more of the staff they manage is disabled, the majority have made a range of changes to working practices.

Changes made to working practices to support the retention of disabled people or people with health conditions²⁹



This is encouraging, but there is a long way to go. Our qualitative research with employers reveals that standards of treatment of employees may not be consistent, with reasonable adjustments sometimes placed in the same category at being allowed to work from home and extra pay - a "perk" given to those who showed themselves to be worthy. There was little difference in how many employers considered their duties towards disabled people under the Equality Act, and how they thought of other non-standard working arrangements.

²⁸ *ibid*

²⁹ Citizens Advice, polling of 1,108 line managers in England and Wales, ComRes, Oct-Nov, 2016.

Next steps needed

Employers and line managers need to lead a significant shift in workplace culture. They will need to be better informed on what they can do to support disabled people in the workplace and will need to think about innovative ways they can redesign jobs, design their sickness policies, redeploy employees and deal with different types of health conditions, particularly mental health and fluctuating or hidden conditions.

Sharp practice and rogue employers

Across our network, we see what happens when employers do not properly support disabled people. Among a small minority of unscrupulous employers, we know that discrimination and illegal practice is common. To tackle cases like these, better enforcement of employment rights is needed.. Detailed evidence³⁰ from our network describe the sharp practice that our disabled clients encounter in the workplace:

- Use of disciplinaries in cases of ill health
- Refusal of lighter duties indicated on Fit Notes
- Workplace bullying
- Reductions in hours
- Poor line management e.g. agreed adjustments being removed when new managers take over
- Unfair redundancy processes
- Not allowing staff sufficient time to recover from periods of ill health

We have found particular problems with relation to access to sick pay³¹. Some employers avoid paying Statutory Sick Pay (SSP), particularly for employees who work fluctuating hours. In some cases these staff are simply 'taken off the rota' when they are sick, rather than being paid the SSP they are entitled to. In other cases, employees have been dismissed or otherwise unreasonably forced out of their job, or financially disadvantaged by employers trying to avoid SSP liabilities.

Enforcement of existing legislative rights is currently too complicated to access and under resourced. The redress landscape is usually too complex for people to engage with on their own, and even with support from advice agencies the process can be long, complex and exhausting.³² In addition, employment

³⁰ Analysis of Citizens Advice evidence collected by our network of local offices, 2016-2017.

³¹ Citizens Advice, [Sharp practice at work: sick pay](#), February 2017.

³²Responsibilities for employment rights enforcement are currently spread between various different bodies - including the employment tribunal service, HMRC, Acas, the Gangmasters and Labour Abuse Authority (GLAA) and the Employment Agency Standards Inspectorate (EASI).

tribunal fees have reduced access to justice for those on low incomes, with a 70% reduction in single claims to employment tribunals since the new fee system started.³³

Next steps needed

To simplify the enforcement landscape the Government should consider introducing one combined enforcement agency - the Fair Work Authority - that is readily recognised by the public. This could encourage more individuals to challenge illegal practice, and allow more targeted enforcement against employers who are repeat offenders. It would also allow for greater coordination and targeting at sectors and types of employers where discrimination is more prevalent.

How employers treat mental health

Across our research, we repeatedly found that employers struggle to support people with fluctuating or hidden conditions, and especially those with mental health conditions³⁴. This is reflected in our survey³⁴ of people with and without mental health problems. We asked those who are working whether they had experienced any of the below employment issues over the last three years. For all of the employment issues we asked about, people with mental health problems are significantly more likely to experience a work related problem compared to people without mental health problems.

Employment Issues	Mental Health problem (%)	No MH problems (%)
Found it hard to go to work	32%	4%
Relationship with boss/manager deteriorated	19%	7%
Relationships with colleagues deteriorated	16%	5%
Had to leave my job	11%	4%
Needed to reduce my hours	11%	1%
Had to take unpaid sick leave	9%	2%
Faced discrimination at my workplace	8%	2%
Disciplinary action was taken against me by employer	7%	2%

³³ Ministry of Justice, Tribunal statistics, 2016

³⁴ Citizens Advice, polling of 1,000 people with a mental health problem and 1,000 without, ComRes, Jan-Feb 2017

Employment was terminated by my employer	5%	1%
Did not receive the sick pay I was entitled to	3%	2%
Involved in an employment tribunal	2%	1%

A third (32%) of people with mental health problems said their condition made it hard for them to attend work, compared to 4% of those without a mental health problem. Those with a mental health problem are more than twice as likely to leave their job than those without, and four times as likely to say they faced discrimination in the workplace. These statistics also reveal that people who have mental health problems are over 5 times as likely to have their employment terminated by their employer than people without mental health problems, and twice as likely to be involved in an employment tribunal.

Next steps needed

The government has rightly singled out and prioritised dealing with the increased barriers faced by people with mental health problems. Employers should be informed about how they can better support people with mental health problems and the support on offer to help them with this. Employers and line managers should think innovatively about ways they can adjust their workplace environments, redesign jobs, design their sickness policies and redeploy employees when necessary.

In-work support

The government currently provides in-work support to disabled people by providing funding for things like adaptations, transport and support workers through its Access to Work scheme; and access to occupational health through its Fit for Work scheme. Provision of this support is welcome but In-work support is currently not well linked up to other provision and take up is low.

Access to Work provides funding for practical support in the workplace or when job seeking. It is accessed by the disabled person rather than directly by the employer. Our research tells us that people who use it often consider the support to be effective and crucial to their employment.³⁵ Currently, only a third (33%) know a great deal or a fair amount about Access to Work, a key source of financial support when making adjustments for disabled employees.³⁶

³⁵ Citizens Advice, qualitative research with working disabled people and those with health conditions, 2016.

³⁶ Citizens Advice, polling of 1,108 line managers in England and Wales, ComRes, Oct-Nov, 2016

The Fit For Work service provides people with free work-related health advice and access to an occupational health service funded by the government. It takes referrals from GPs and employers once an employee has been off work for 4 weeks. It cannot be accessed before this point, which means it struggles to act as a preventative intervention. The Fit for Work occupational health service has been underused to date, and indeed almost all of the employers we interviewed had not heard of it, or confused it with Fit Notes. The feedback from employers who have used it is that it can be overly bureaucratic, and not fit for purpose.³⁷

Next steps needed

Knowledge and take-up of existing government schemes like Access to Work and Fit for Work needs to improve, and more people should be referred into these schemes through their employers, healthcare providers and disability benefit claims. Access to Work is considered to be effective by many who use it, and should be expanded so that it can support more people to maintain employment. Fit for Work should be reformed so that it is more targeted towards prevention, is easier to access and provides adequate support. People should be able to access Fit for Work as soon as they are signed off sick and beforehand while they are managing an existing condition. All of this in-work support should be offered with as little administrative burden as possible for disabled people.

³⁷ Citizens Advice, qualitative interviews with a range of employers and line manager, 2016.

4 Simplifying the support system

Disabled people and those with health conditions often need a range of support to help manage their health, pay for extra costs and maintain work. The systems people have to navigate are often poorly aligned and some are not well publicised. This leaves gaps in take-up and eligibility. Services place a heavy burden on users and frequently require people to submit duplicate information. The time and energy required to navigate and access this support can put a heavy burden on disabled people and makes it more difficult to focus on entering or staying in work. The government should look closely at user journeys and align access to healthcare provision, sick pay, ESA, PIP, Fit for Work, Access to Work and the other services people rely on. Here we look at the overall burden placed by these services on their users, and two examples of where support could be simplified - health services and sick pay.

The administrative and time burden on disabled people

Disabled people and those with health conditions - who want to stay in or move into work - often need a lot of support, financial and otherwise. For example, a person with severe anxiety disorder may need access to several different health-related benefits and services, including:

- Sick pay or ESA when unable to work
- Specialist employment support services when looking for a job
- Ongoing medical and psychiatric care from several health practitioners including their GP, district nurse and community mental health team
- Advice from an Occupational Health specialist on how to manage at work and discuss their health with their employer
- Personal Independence Payments to cover the additional costs of having a health condition or disability
- Funding from the Access to Work service for support or equipment at work
- Carer's Allowance for their partner
- Social care support

In addition, any other benefits they claim (Housing Benefit, Child Tax Credit) are likely to be affected by any time off work or changes to work hours. Navigating

this number of systems requires strong literacy, a large amount of time, organisation skill, persistence and resilience.

We spoke to disabled employees about how they manage at work³⁸. They tell us that it's too difficult to balance work, health problems and the hard work of accessing support and services. People often describe it as exhausting to manage a complex impairment or health condition while working. Disabled people and those with health conditions told us that they spend hours every week managing their condition: through meetings with HR, line managers, in-work support services, financial support from the state, and NHS services. Managing this support can be hugely draining and time consuming.

Janet was recently diagnosed with a chronic back condition. She is in her 40s and working as an academic and lecturer, a role in which she did a lot of standing. She began to lose her mobility and was away from work while she underwent an operation. She did not receive any contact from HR and had to proactively contact them. On her return she has not received any reasonable adjustments and has a new line manager who has admitted he does not know how to support her. She is in contact with a range of health specialists regarding her treatment, and is having to chase an unresponsive HR department. This is putting a lot of strain on her and she feels she will be forced out of employment as a result.

Janet, recently developed back problems

Next steps needed

People spend too much time navigating bureaucratic processes that are not focussed on their needs, but often the needs of the support provider, whether it's the DWP or NHS services. With this in mind it is important that any improvements to the health, social care, benefits and support services on offer should look at ensuring their design is led by user needs. For example, people should be able to carry evidence and information between assessments for benefits such as PIP and ESA, in-work support such as Access to Work and Fit for Work, and medical assessments. It is also crucial that any reforms take account of the interactions of the multiple services that an individual may be getting.

³⁸ Citizens Advice, qualitative research with working disabled people and those with health conditions, 2016.

Health services

We support the government's aims³⁹ to better align the priorities of the DWP and the Department of Health (and the devolved equivalents) with relation to the employment of disabled people. However, our research with GPs shows that dealing with non-health issues in medical settings means there is less time for other patients' health issues⁴⁰. Instead, where GPs and other medical professionals can add most value is in ensuring that advice is signposted and accessible, and that health services place as little burden on patients as is possible.

The administration of health service support impacts on people's ability to work. Basic errors, such as the late arrival of a hearing aid, can have knock-on consequences. We interviewed people with complex health problems and impairments who told us that it can take a day a week of management time just to organise their medical care, let alone other services such as social care⁴¹. They also described low levels of signposting from the NHS to other services such as employment support.

GPs have seen the level of non-health demand on their services increasing. Our research⁴² shows that 19% of GP time is spent dealing with non-medical issues, leaving less time for other patient's healthcare. The problems our clients have with charges for medical evidence for PIP or ESA are indicative of pressures faced by GPs in meeting non-medical demands. GPs generally do not have time or resources to support their patients in the workplace or in their jobsearch - they often have to refer patients to advice provision in the community.

Our experience as an advice provider suggests that medical professionals see the long term value of non-medical support for their patients, and are keen to make sure it is provided. We also know that ensuring that that support is directly accessible in healthcare settings can help disabled people access it in a timely and straightforward way. This also takes pressure off healthcare professionals and allows them to focus on their patients' medical treatment.

³⁹ DWP & Department of Health, [Work, health and disability: improving lives](#), Green Paper, 2016.

⁴⁰ Citizens Advice, [A Very General Practice](#), May 2015.

⁴¹ Citizens Advice, qualitative research with working disabled people and those with health conditions, 2016.

⁴² Citizens Advice, [A Very General Practice](#), May 2015.

Next steps needed

Health services should make sure that non-medical advice is signposted and accessible, and that health professionals are encouraged to make referrals. Health services should minimise the administrative burden put on patients so that they have more space to focus on work, if it is appropriate for them.

Financial support during sickness absence

Timely and accessible financial support is vital to ensure disabled people have a secure income replacement for when they are sick. The main sources of financial support people get when they are unable to work are **Statutory Sick Pay (SSP)** and **Employment Support Allowance (ESA)** but these systems are not well aligned and leave gaps in eligibility. SSP covers short term sickness absences but is only available to people classed as employees, who earn enough to qualify. For those who are long-term out of work or not eligible for SSP, the main financial support is ESA. However, for most people this entails a mandatory seven-day waiting period where a claimant is not entitled to financial support. There can be additional delays as claimants get a sick note from their GP meaning it can be several more weeks before they receive any money. These systems are not responsive enough to deal with the needs of disabled people in the modern labour market, particularly those with fluctuating conditions.

Next steps needed

The government should look carefully at SSP and ESA, and consider how they can be better coordinated so that they support everyone through periods of sickness absence.

Conclusion

We welcome the government's aim to halve the disability employment gap.⁴³ With disability rates rising, more people working later in life and one in five of the working age population living with a mental health condition, it is time for an ambitious policy programme to tackle this issue.⁴⁴ In order to achieve this ambition, the government and employers will need to support more than a million disabled people to move into or stay in work. This will require a significant shift in government policy and workplace culture, as well as an improved understanding of the diverse experiences of disabled people. The support people rely on needs to be delivered effectively and designed around user needs. This is often as important as the policy behind these services.

Based on the experience of Citizens Advice clients and advisers, along with new primary and secondary research, we recommend an approach focussed on the following four areas:

- A nuanced approach is needed which addresses a range of demographic and circumstantial barriers, and the diversity of impairments and health conditions people have.
- The benefit system needs to be reliable, responsive and Jobcentres need to be resourced adequately.
- Employers and line managers need to lead a significant shift in workplace culture and practice.
- Support systems need to be aligned and the burden on individuals needs to be minimised.

It is only by delivering change in these areas that progress will be made towards halving the disability employment gap.

⁴³ DWP & Department of Health, [Work, health and disability: improving lives](#), Green Paper, 2016

⁴⁴ Citizens Advice, [Working with a health condition or disability](#), 2016.

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