

# Work, health and disability consultation

## Caritas Social Action Network responses

The following questions were answered via the Department for Work and Pensions online form, drawing on evidence from CSAN members the Cardinal Hume Centre, Caritas Anchor House, Caritas Westminster (St Joseph's Pastoral Centre) and Nugent.

### 2.1 How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?

Evidence from a homeless charity based in Westminster, the Cardinal Hume Centre, suggests that the sanction system tends to be arbitrary, dismissive of individuals with less obvious needs, and seems to react to a profile of benefit claimants perpetuated by the media.

In the case of clients with disabilities or long term health problems, we believe the provision of personal support would improve if information were collected from health professionals, particularly where disabilities may not be immediately apparent. This might also be appropriate for JSA claimants as well as ESA claimants. Such information may inform a decision over a sanction in the sense that it might explain difficulties in accessing work that a claimant is not able to explain themselves.

For example, the Cardinal Hume Centre have been working with a homeless client who moves between hostels, very diligent in her work search, but having to constantly look for somewhere new to stay has taken its toll. She was on a work programme for which she was expected to travel on a daily basis. Although resilient, she's obviously suffering physically and mentally by the fact that she is homeless. Missing one or two days was sufficient to sanction her for attendance. She was then unable to afford a hostel and was out on the street. This did not motivate her or ensure that she had the tools, or the means to make the best of her difficult situation.

She is not identified as having specific disabilities, and had recently been taken off ESA and put onto JSA. She did not pass the test to show that she had depression.

The Cardinal Hume Centre have also had other clients whose chronic physical and mental health issues have not been accepted by the DWP as barriers to work, such as clients with AIDS who are being considered as fit for work, without full understanding by employers or work coaches of the barriers to consistent work attendance that such a condition involves.

Their clients that have difficulties accessing work coach appointments may be further destabilised by the DWP's plans to close the Job Centre in Westminster in 2018. Claimants who currently use this Job Centre will be required to travel to the Marylebone office. The 3.2 mile journey is a difficult one across central London and we are concerned that this may present barriers to the attendance of appointments, particularly for those with health conditions and disabilities. They are concerned that the information provided in the DWP consultation document does not take into account the reality of the stress and expense created by this change: the time it will take to travel to Marylebone and the worry of being late for an appointment, which increases their risk of being sanctioned, will not support their chances of employment.

We would therefore like to see, instead, the introduction of clear, concrete and defined sanctions that:

- are not administered by work coaches
- allow work coaches to adopt a more supportive role
- take into account individual circumstances
- clearly lay down the conditions for punitive actions
- include a warning system to allow claimants to resolve problems with attendance
- allow time for investigation into the circumstances of a missed appointments
- include an assessment to ensure that claimants are capable of abiding by the conditions and are able to understand the conditions.

## **2.2 What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?**

We would like to see significant changes in the training received by work coaches so that they have a greater knowledge and understanding of different health conditions and disabilities and the impact that they have on individuals. We would **not** expect work coaches to give health advice but much is often misunderstood regarding ways in which disabilities and health conditions present barriers to employment.

For example, the clients of the Cardinal Hume Centre would benefit if there was a greater awareness of chronic ill health and mental health conditions, but the Centre would especially like to see support through specialist providers who have skills and experiences of different conditions and disabilities. Both the Cardinal Hume Centre and Caritas Anchor House think that this would be more effective than expecting JCP Work Coaches to extend their role even further.

For example, one of the Cardinal Hume Centre's clients is a 29 year old trained chef with mental health issues, whose recently prescribed medication has altered his behaviour. He now presents different problems and needs to take different strategies for overcoming barriers to being able to work. It is unlikely that a Job Centre work coach will have the level of understanding to be able to offer appropriate support.

The Employment Officers at the Cardinal Hume Centre have come to recognise that it can take a long time to bring about permanent lasting change – experience has shown that it can take up to 2 years to support someone into work. Different techniques work with different people but everyone needs a back to work plan that charts their progress and recognises the small but important steps they are taking towards employment e.g. attending employability courses and workshops, volunteering, work shadowing and work placements.

For example, one of their clients experienced severe anxiety and did not believe she was capable of working full time. However, through engaging in a 12 week employability programme with one of the Cardinal Hume Centre's partnership organisations, her confidence has increased considerably and now she feels able to start applying for jobs.

The employment team at the Cardinal Hume Centre use the same tools with those identified as having physical or mental health disabilities as those they use with JSA claimants, who often face the

same challenges. We would like individuals with all disabilities, however apparently minor, to have the skills and the time to reveal needs at their own pace and to work out how to address these needs with work coaches.

An approach which takes into account the practical needs of the client, such as the physical or psychological support needed, will be more effective. Often problems with attendance do not arise from isolated de-motivators, but real difficulties that can be destabilising on the first step to re-entering the workplace. It is possible to identify surmountable, but often misunderstood, challenges when working on a one to one basis, and where a relationship of trust has been developed.

For example, a client of the Centre with diabetes was sanctioned, which resulted in him not being able to feed his electric meter hence his insulin was ruined.

At the Cardinal Hume Centre, work placements are facilitated and supported with corporate partners. These allow ESA claimants to begin work journeys and build experience in supportive environments rather than in isolation.

There is often not a level path into work: individuals need to access the expertise, such as medical support, but also it would be helpful for the mental health team, in this circumstance, to be able to offer information and advice to other support agencies in the client's life. A holistic approach to helping people with disabilities and other health issues into work is vitally important and we are worried that the DWP is not using sufficient expertise to make valid judgements about individual needs. Therapies such as CBT are tools that are accessible and often useful, but programmes must be tailored, the client has to be open to it, it has to be delivered by mental health professionals.

Many of the people who come to the Cardinal Hume Centre have needs that are greater than minor health concerns or acute episodic health problems. Many are dealing with long term chronic physical and mental health problems. Such vulnerable individuals need employment support beyond that which is available from work coaches, and which might benefit from including liaison between the healthcare system and employment services to support successful return to work.

### **3.1 What support should we offer to help those 'in work' stay in work and progress?**

Please refer to the answer to 2.2.

### **8.1 What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?**

According to the experience of the charities in the Caritas network, there are **three key knowledge gaps** which prevent employers for recruiting staff with learning disabilities.

The first is an **appreciation of what is required of the employer** to take on an employee with certain disabilities.

There are practical considerations - for example employers may not be aware they are able to access assistance to adapt their premises.

The employer would need to make sure that the individual knows how to perform their role, and also that they feel comfortable within the role and welcomed within the organisation. If the employer had any kind of retention initiatives, for example rewards or benefits, they must equally benefit disabled employees. Having a poor relationship with colleagues and/or managers could adversely affect disabled employees (as it does non-disabled employees).

There can also be difficulties around the interviewing process, when expectations of the employer and prospective employee are not in line. For example, the disabled applicant may not be able to carry out every duty in the job description and are then no longer seen as a viable option. Employers need to be able to compromise, sometimes, on what they expect from an employee in order to give disabled people the possibility of working for them.

For example, at Caritas Anchor House, a homelessness charity based in East London, an appropriate candidate applied for a position in the maintenance team. He was deaf and Lithuanian, and therefore needed a Lithuanian sign language interpreter and then, in turn a British Sign Language translator. They were willing to provide this at the interview, and in return gained a committed employee who does his job well.

Ensuring the retention of disabled employees requires patience and commitment can be hugely beneficial for the employee and employer.

The second is **training in how to deal with people with learning disabilities**.

An employer would need to have an member of staff dedicated to supporting disabled employees or at least one member of staff who has enough expertise to deal with the medical and pastoral needs of their employee with a disability (such as a nominated 'disabled employees' mentor). This would depend on the size of the organisation. Smaller organisation could use disability experts from charities, as suggested in our answer to question 8.3.

One example identified by St Joseph's Pastoral Centre is that of a young man with learning difficulties who secured a job at a supermarket. His employers were not able to explain (in a way he would understand) what he had to do, why he had to do it, or what he was doing wrong – so although the will was there, his employment was terminated. Better training and knowledge could have ensured the retention of this staff member who was capable of fulfilling the role.

Caritas Social Action Network would be happy to provide further examples of difficulties retaining employees with disabilities and how these have been, or should have been, dealt with.

The third knowledge gap is the **misconception that a person's disabilities would deem them unable to perform job adequately**.

## **8.2 What expectation should there be on employers to recruit or retain disabled people and people with health conditions?**

The charities in the Caritas Social Action Network stressed that expectations should depend on the nature of both the role and the disability. All respondents were wary of quotas.

Nugent, a large charity and employer of disabled staff in Merseyside, recommended that the focus be on educating employers, rather than imposing quotas – guidelines are more effective than quotas. They suggested using a similar approach to that being used relating to gender pay: the employer could be required to publish how many disabled people they are employing and what type of roles and if there is a gap, the employer would be required to state what they are doing to close the gap.

Caritas Anchor House, a homeless charity in the network who employs disabled staff also suggested that there be a 'soft quota' without any punitive measures attached.

The centre manager at St Joseph's Pastoral Centre (trains people with learning disabilities) warned against quotas and box-ticking exercises, as this would lead to employers looking to recruit people

with learning disabilities without due preparations or training. Rather, they suggested the question be not “How many people with learning disabilities should I employ?” but “What work can I offer would be meaningful and fulfilling for somebody with learning disabilities?”

*“They should be saying, ‘I love my job’. They have had enough robbing of their experience in their lives. Our experiences shape us, and if you take away experience they don’t grow as people.”* – Centre manager at St Joseph’s Pastoral Centre

### **8.3 Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions?**

Nugent, a large charity based in Liverpool found that being a two-ticks/Disability Confident employer was beneficial:

*“It ensures recruitment processes encourages disabled people to apply. Any disabled applicant that meets the job’s essential criteria will get an interview. This is communicated to managers throughout the organisation, HR departments have a great role to play in spreading the attitude that qualified disabled people should be given fair opportunity during recruitment process.”*

Caritas Anchor House, a homeless charity based in East London, suggested that there be a specific organisation which provides targeted support to disabled people searching for work, further than JCP and the work-related activity groups. This organisation would have the expertise required to train both employers in disability recruitment and disabled people in interviews, CV-writing and finding suitable jobs.

Ultimately, employers would need to have training, external support and knowledge of their employee’s disability. They would need to be informed of the reality of employing somebody with a disability, to ensure they have the required energy, drive and commitment.

Regarding employees with learning difficulties, one-to-one support is necessary whilst the employee is settling in, and employers must have a support system. Without this support, the placement may well breakdown after six months or one year.

Employers would need to be very informed of the medical needs of their employee and the effect this might have on their work and mental wellbeing. This could include finding out about the employee’s medication regime, training on how to deal with fits and training on how to administer certain emergency medication. Employers would also have to review sick absence policies: if someone has a chronic condition they may need longer period of sick leave, and if an employer applies their standard procedure this may seem punitive.

The staff at St Joseph’s Pastoral Centre (trains people with learning difficulties) who work to get people with severe learning disabilities ‘employment-ready’ proposed this model for disability employment in general:

- A disability expert would train a workplace mentor (organisations such as St Joseph’s could provide such training) in areas such as clear communication, awareness of potential problems and ‘what to expect’
- A disability group/charity would support the employee for 3-6 months
- An employer would have patience, energy, drive and most importantly commitment
- The workplace mentor would have the expertise to organise the position to take into consideration the disabled employee’s needs

For example, St Joseph's currently have an administration assistant working in their reception. For the first few months of the placement, they had to continually emphasise that he is not to leave when he wants - he is to work his assigned hours, or else ask to leave early and give a reason. There was a tantrum and he wanted to leave. It was explained to him that if he wanted to leave, he would have to give notice, stay for the notice period and train his replacement. He then decided it was not worth that hassle. He now works his allotted hours to the minute each day, or else requests permission to leave early for a specific reason. Employers must be prepared for this kind of occurrence. People with learning disabilities need consistency and this continual discipline can be lengthy but fruitful.

We would be happy to organise a visit to St Joseph's Centre to further show how careful management can lead to people with learning disabilities flourishing in work.

### **8.3(a) What information would be reasonable for employers to be aware of to address the health needs of their employees?**

Employers should find out about the employee's medication regime and the possible side effects of this. For example, Caritas Social Action Network member charity Nugent reported that they tend to seek advice from specialists when they hire somebody with health needs, for example information about how the employee's condition may change in time.

If their employee has epilepsy or a similar condition, at least one other member of the team should receive training on how to deal with fits and training on how to administer certain emergency medication.

It was suggested that an occupational health provider could be made available, providing assistance and support to help the disabled employee stay in work.

### **8.3(b) What are the barriers to employers using the support currently available?**

It was noted there is a lack of awareness of the current support available, it was recommended further investment should be made concerning awareness raising initiatives.

### **8.3(d) How can government support the development of effective networks between employers, employees and charities?**

Staff who work with people with learning disabilities suggested that employers should have at least one 'workplace mentor' whose job it is to support disabled employees. Particularly in the case of employees with learning disabilities, this workplace mentor would require training. Charities who develop the skills and experience of disabled people, such as St Joseph's Centre Pastoral centre in Hendon, would be ideally placed to deliver this training, thus creating a fruitful exchange of expertise and an effective information network.

We found that employers of disabled people in the Caritas Social Action Network were very positive about the networks they were part of, and that local charity contacts should be the Government's first port of call. They also reported that funding for these networks from local government would be helpful.

### **8.3(e) What role can information campaigns play to highlight good practices and what they should cover?**

The key role of an information campaign must be to soothe people's fears around employing disabled people.

One such fear is that if the person is not up to the job, the employer cannot terminate their employment in case they "cry disability" (employers accused of/prosecuted for discrimination). A campaign could highlight cases where problems have arisen but then been resolved. This would also serve to inform employers of what is required of them in order to hire somebody with a certain disability.

A second key function of a campaign highlighting best practice would be to make employers aware of what can be done to ensure disabled people receive sufficient levels of support. Such a campaign should acknowledge the barriers and difficulties that may arise so as not to overly criticise employers – it is expected and that employers need support with making the necessary adjustments for disabled employees, and with challenging and changing perceptions.

Finally, new disabled employees would be an asset and employers need to be aware of the benefits of hiring people with disabilities.

It was suggested that a campaign with high profile figures with disabilities would highlight the skills and expertise of disabled people and the fact they are capable of achieving and maintaining senior roles. This campaign could also encourage people to come forward and announce their disability – two of our member charities has found that some staff with disabilities kept them hidden out of embarrassment or fear of stigma

### **8.3(f) What role can government play in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles?**

Employers must consider the CPD of disabled people. Whilst employing them in the first place could fulfil an organisation's commitment to disability employment, the question should be whether the position represents meaningful employment for the individual.

Employers who consider this aspect of disability employment could be awarded a 'gold standard' of disability confidence under the Disability Confident criteria. Generally there needs to be a rise in the overall threshold of the expectations placed upon employers, provided that it takes into account affordability and individual employer's capacity.

There is a misconception that because senior jobs tend to come with longer hours and more intense periods of work, a person with disability might not be able to fulfil such work. It cannot always be assumed that this is the case.

It was suggested that a campaign with high profile figures with disabilities would highlight the skills and expertise of disabled people and the fact they are capable of achieving and maintaining senior role.

We have noted that the majority of current mainstream employer awards take into account pay and benefits, working conditions, training and development, career progression and company culture. We recommend that disability be incorporated into these awards, for example The Queen's Awards for Enterprise or the Investors in People standard.

### **8.3(g) What impact did the previous financial, or other, incentives have and what type of**



### **incentives would influence employer behaviour, particularly to create new jobs for disabled people?**

The charities in the Caritas Social Action Network reported positive experience, by and large, with the Access to Work scheme, and felt that promoting this scheme and the support it can offer would be an incentive to hire disabled people or people with long-term health needs.

However, it was felt there is a need for an increase grants for specialised equipment for disabled employees to support employers – more in-kind support such as grants to adapt the premises would serve as a further incentive to consider disabled people before roles.

In the case of organisations with external funding, we believe that linking funding to disability employment could be fruitful; for example, strongly recommending that somebody with a disability or a long-term health issue is employed as part of a contract. We would encourage the Government to assess the potential impact of such a scheme.

However, we believe that more than financial incentives, the realisation of the gifts disabled people have to offer would encourage employers to engage them in meaningful work:

*“Every company should have one [a person with learning disabilities on their staff] because they’re missing out – they are gifted and talented and fun to be with.”* – Centre manager at St Joseph’s Pastoral Centre (training centre for those with learning disabilities)

### **8.3(h) Are there any other measures you think would increase the recruitment and retention of disabled people and people with health conditions?**

Promoting the idea of both disability charities providing support for the first 3-6 months of employment, and workplace mentors trained by disability charities/experts.

### **8.4 How can we best strengthen the business case for employer action?**

Disabled people have a lot to offer. They are currently often either un- or under-employed, and therefore represent an untapped resource.

### **9.1 How can existing government support be reformed to better support the recruitment and retention of disabled people and people with health conditions?**

In the experience of the Cardinal Hume Centre there is insufficient support to help clients stay in work once they have a job. Once employment is achieved the DWP response is rarely, “Congratulations you have a job!” Instead, there is a drop-off of support which feels punitive rather than congratulatory.

Instead, a congratulatory and supportive package could be offered to ensure the client retains the job, in the form of one to one sessions of support to cover topics such as balancing the budget, planning for future issues, and helping to settle into new routines. Communication skills support is often needed with employers and co-workers. Holiday entitlement, Pension schemes, childcare issues are all areas that often present problems in the first few weeks of employment. Some disabilities may present barriers, for example, with regard to IT skills, and individuals may need extra training to acquire what are now almost pre- requisite skills.

To some extent there may be an initial, varying time frame within which resilience develops. Minimum wage workers may face difficulties with future prospects, they need to have a sense of there being a light at the end of the tunnel. Onward, ongoing support to encourage staying in work



and a sense of succeeding in work would make a real difference to employees continued working. The Cardinal Hume Centre run drop in sessions for clients returning to work. Sometimes their clients do not attend for up to a year after being employed, over which time difficulties sometimes develop.

Work can raise issues that are new, unfamiliar, scary, and, unforeseen. To illustrate what it is like for people returning to work after long periods of absence, our employment adviser uses the analogy of driving a new car for the first time without someone in the passenger seat to offer reassurance or advice.

We would like to see more encouragement of employers to engage in supporting employees with disabilities and long term health problems such as the awareness campaign around inclusiveness in the workplace. We would like to see the enrichment of the worth of what it is to be employed. Mental health could be brought much more into the open and addressed as part of the employment support package for all employees. We would like recruitment and retention in the workplace to be supported within the workplace. Employment opportunities could be part of any bid of any contract that is offered by private business.

### **15.1 How can we bring about a shift in society's wider attitudes to make progress and achieve long lasting change?**

The evidence from our member charities strongly suggests that a culture, not of competing for jobs, but of supporting each other in work would benefit all employees, not only those with specific difficulties. We would like to see an extension of support and commitment that makes it true that you are better off in work. Whilst financial support is important (and our members have found that for clients with additional needs, the London Living Wage may not be enough), in the long term it is wellbeing that will sustain them in work.

The reality is that the majority of our charities' clients want to work. It would be helpful to look to dispel the negative stereotype of people who claim benefits, and adjust the perspective to take in additional understanding of people with complex needs. We have many stories to tell of people who have faced serious challenges and who have overcome adversity and show that they are entitled to help.