

# Addressing barriers to work for disabled people and those with long term health conditions in Brighton & Hove

## Research report

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*In January 2016, NIACE and the Centre for Economic and Social Inclusion merged to form Learning and Work Institute*

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# Contents

Executive Summary .....	6
Key Findings.....	6
Experiences of employment support.....	6
Provision of support in Brighton & Hove .....	7
Experiences of employment.....	7
Support for employers .....	8
Recommendations.....	9
Increasing employment.....	<b>Error! Bookmark not defined.</b>
Proposed actions.....	10
Proposed actions.....	10
Maintaining employment.....	11
Proposed actions.....	11
Partnership working and information sharing .....	11
Proposed actions.....	11
Proposed actions.....	12
Employer engagement and support.....	12
Proposed actions.....	12
Proposed actions.....	13
Engaging with disadvantaged groups.....	13
Proposed actions.....	14
1. Introduction .....	15
Disability Employment .....	15
The research .....	16
2. Disability and Employment in Brighton & Hove .....	18
Support provision.....	19
Examples of local provision in Brighton & Hove for disabled people and individuals with long-term health conditions.....	20
Employment advice and support .....	20
Employment advice and support via Jobcentre Plus.....	20
Learning and Skills provision .....	20
Specific conditions .....	20
Health services .....	20
Sussex Mental Health Helpline .....	20
3. Increasing employment for disabled people and those with long term health conditions .....	21
Stakeholder consultation findings.....	21
Barriers to employment .....	21

What works in delivering support .....	22
Good practice in employment support.....	24
Individual Placement and Support (IPS) .....	26
Southdown Housing .....	26
Peer led group work: JobsII .....	27
No Boundaries!.....	27
4. Sustaining employment.....	29
Stakeholder consultation findings.....	29
Reasonable adjustments.....	29
Employer experiences of support.....	29
Support from line-managers and colleagues .....	31
In-work progression.....	31
Good practice .....	35
Workplace Mental Health Support Service .....	35
Fit for Work Service.....	36
5. Improving employer practices .....	37
Stakeholder consultation findings.....	37
Employer recruitment practices.....	37
Good practice .....	38
Raising awareness and engaging employers .....	39
Good practice .....	39
Disability Confident.....	40
6. Integrated delivery of support .....	41
Stakeholder consultation findings.....	41
Support services in Brighton & Hove .....	41
Key challenges .....	41
Gaps in provision.....	42
Good practice .....	43
The Community Navigation Service.....	43
USdI co-location .....	44
7. Recommendations .....	46
Leadership and Accountability .....	46
Ensuring a clear voice for disabled people.....	46
Increasing employment .....	47
Maintaining employment.....	50
Partnership working and information sharing .....	51
Proposed actions .....	51
Success measures.....	52

Proposed actions .....	53
Success measures.....	54
Employer engagement and support .....	54
Proposed actions .....	54
Success measures.....	55
Proposed actions .....	55
Success measures.....	55
Engaging with disadvantaged groups .....	55
Annex one – Data Analysis .....	58
Access to Work .....	61
Further Education participation .....	61
Employment by occupation .....	63

## Executive Summary

The Learning and Work institute (L&W) was commissioned by Brighton & Hove's Equalities and Inclusion Partnership (Equip) to conduct research into the barriers to employment, volunteering and skills development for disabled people and individuals with long term health conditions in Brighton & Hove, and to provide recommendations on how the council and their partners can remove such barriers, so that disabled people in Brighton & Hove are able to compete effectively for jobs and maintain employment and/or volunteering opportunities.

The mixed methods study involved:

- A. **A scoping stage** entailing:
  - i. a rapid review of local and national evidence on good practice in promoting employment for disabled people;
  - ii. analysis of data on disability and employment in Brighton & Hove, compared to the South East and nationally;
  - iii. mapping the existing provision of relevant support for disabled people and for employers in Brighton & Hove and identifying gaps.
- B. **Stakeholder research** – comprising interviews with disability support and advocacy organisations, employment and skills providers, health partners, employers and disabled people both in and out of work.
- C. **Consultation workshops** to discuss the findings and develop and appraise policy options with a range of stakeholders.

## Key Findings

### Experiences of employment support

- Disabled people and those with long term health conditions who were out of work reported that they wanted to work and desired more support to be able to do this. In particular, those further from work wanted more intensive and personalised employment support – including help to prepare for work, look for work and to apply for jobs.
- Disabled people's experiences of support often reflected the quality of their relationship with the adviser or staff who supported them. This reinforces findings from other research that positive adviser / participant working relationships, which facilitate the delivery of personalised support, are key to an effective intervention.
- Negative experiences of support tended to relate to instances where it was felt that staff understanding of the impact of specific conditions or impairments

was limited. This highlights the importance of well-trained staff with appropriate levels of skills and experience.

- Timing and sequencing of support is also key; interventions need to happen at the right time, and holistic support needs to be able to help individuals to overcome the range of barriers that they may face. This highlights the importance of effective referral routes into services.

### **Provision of support in Brighton & Hove**

- There is a range of provision available in Brighton & Hove, but a lack of awareness of such provision amongst employees and local residents.
- Amongst partners delivering services, there was a strong desire for more to be done to share information about services, support and different conditions, and to better co-ordinate activity, in order to reduce the likelihood of overlap between services and to facilitate information sharing.
- The support provided by the Council's Supported Employment Team, which operates using a model of Supported Employment (or a 'place, train, maintain' model – see p.16) was valued highly by those who had used it – both employers and individuals. It was felt to provide an effective bridge to employers for unemployed disabled people; had knowledgeable staff who were able to support employers when issues or concerns arose; and provided in-work support to ensure that opportunities could be sustained. However long waiting lists for receiving support from this service were a key challenge.
- Support for young people with mental health conditions was felt to be a key gap in the provision of support locally.
- Concerns were raised by participants about the 'parking' of individuals in unsuitable support, or in voluntary roles, without efforts to progress them into sustained employment. This points to a need for improved signposting and referral processes, to ensure that individuals are able to access support that is right for them. Having appropriate referral routes from disability specialist services into employment, health and welfare services is also crucial to ensure that support is received at the right time.

### **Experiences of employment**

- Experiences of all stakeholders suggested that the quality of the 'job match' is key for individuals to sustain, enjoy and progress in work. This reinforces a key finding from previous research.
- Reflecting this, employers were focused on ensuring that they appointed staff with the right skills and aptitudes for the role in question, rather than having a desire to appoint (or not to appoint) disabled people per se. However, some

employer interviews suggested that they held misconceptions about disabled people and individuals with health conditions, including the automatic assumption that disabled employees would have a physical impairment and therefore be unsuitable for certain roles. There was also a perception amongst disabled people that they did face discrimination from employers.

- Although many employers had flexible working policies, or were willing for staff to work flexibly if this was suitable for the role in question, they did not always convey this on job adverts. This reflects the findings of previous research that only a small proportion of jobs are openly advertised as being open to flexible working. This could act as a deterrent to disabled people applying for vacancies.
- Employers tended to see it as the applicant's responsibility to request reasonable adjustments at the interview stage if required and employees reported variable experiences of this – some requests were accommodated while others were not. These experiences at interview stage shaped individual's perceptions of the employer and the suitability of the job.
- Despite SMEs having fewer resources for supporting employees with disabilities, several stakeholders reported positive experiences of employment in SMEs, which related to job satisfaction and the provision of personalised support and adaptations in the workplace.
- It was common for individuals with disabilities or health conditions not to disclose this to employers or to support providers. This makes it critical to develop a culture of openness in businesses so that employees are able to disclose their conditions with confidence in order to be provided with appropriate support.

### **Support for employers**

- Employers were using various types of support to help them with the recruitment or retention of disabled employees, including the council's Supported Employment Team, Occupational Health support, employee assistance schemes and ad-hoc HR support. Unsurprisingly, larger organisations tended to have a greater amount of support at their disposal, whilst SMEs were often unaware of options such as Access to Work and had less resource to devote to recruitment and to Equality and Diversity policies.
- When employers did receive appropriate support, this was often key to their decision and ability to hire a disabled person.
- However, there was a lack of awareness of wider local and national support services amongst employers and employees. This included knowledge of



local provision, as well as national schemes such as Access to Work and the Fit for Work service.

- It was felt by stakeholders that the Disability Confident campaign did not yet have the level of awareness among employers and employees that its forerunner (the Two Ticks scheme<sup>1</sup>) had achieved, and in particular that it had not yet successfully engaged with SMEs and micro businesses.

## Recommendations

Our research findings identified two key objectives in improving support for disabled people and those with health conditions:

1. Increasing employment and
2. Ensuring that employment can be maintained

These are underpinned by three enablers – that is, the critical elements that will support partners in Brighton & Hove to achieve these objectives:

3. Partnership working and information sharing
4. Employer engagement and support
5. Effective engagement with disadvantaged groups

Below, we make one or two key recommendations in each of these five areas.

There are two key overarching principles that are vital in taking these recommendations forward:

- A. To ensure **effective leadership and accountability**, we recommend that the city management board and/or the Learning, Skills and Employment Partnership takes on responsibility for overseeing progress against these recommendations as part of their responsibility for the CESP action plan.
- B. We also emphasise the critical importance of **engaging disabled people** themselves in the design and oversight of policies and services that affect them. We therefore also recommend that disabled people in Brighton & Hove are engaged in the implementation of the objectives and actions set out here.

## 1. Increasing employment

**1.1 Prioritise disabled people within the City's target for 1,000 new apprenticeships in 1,000 days; and for 3,000 opportunities to develop skills,**

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<sup>1</sup> The two ticks scheme is a recognition given by Jobcentre Plus to employers based in Great Britain who have agreed to take action to meet five commitments regarding the employment, retention, training and career development of disabled employees. It has now been replaced by the Disability Confident symbol.

experience and careers, to ensure that disabled people benefit from the increased opportunities available.

### **Proposed actions**

- Skills Action Group to assess emerging guidance and consult stakeholders on the additional funding available for young apprentices with Education, Health and Care Plans.
- Develop case studies, good practice examples and appropriate tools and resources for prospective employers and providers on the employment of disabled people.
- Work with public sector bodies, employers, and Recruit Ability<sup>2</sup> to raise the profile of and champion the employment of disabled people.
- Regularly monitor management information on take-up of apprenticeships and employer pledges by disabled people and those with health conditions.
- Where take-up by disabled people is consistently below 11%, then consider the case for implementing a take-up target.

**1.2 Explore options for increasing capacity of intensive, specialist, adviser-based support for disabled people and those with health conditions** who are out of work to support the CESP objective of supporting 2,000 disadvantaged residents into employment. This is an ambitious target, which would likely require harnessing of resources in excess of those available through existing provision and plans.

### **Proposed actions**

- Services Action Group to assess in the coming year the potential impact on employment of measures set out in Objective 3 of the CESP and in this report.
- If a likely shortfall is identified against the target of increasing sustained employment by 2,000 over three years, Services Action Group to further scope out the commissioning of additional, specialist adviser-based employment support – building on the model described in this report.
- Funding avenues to be explored include the Work and Health Unit Innovation Fund, the Brighton & Hove Clinical Commissioning Group (CCG) commissioning, Jobcentre Plus Flexible Support Fund/ Dynamic Purchasing System and Public Health/ Council commissioning.

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<sup>2</sup> An innovative recruitment agency project run by Brighton & Hove Chamber of Commerce and Possability People that seeks to match local recruitment needs with talented disabled people.

## 2. Maintaining employment

**2.1 Develop a ‘resources pack’ for businesses, which signposts to existing services and sources of support for employers and employees** in managing health conditions and impairments in the workplace.

### Proposed actions

- Establish a Task and Finish Group to take forward this and recommendation 4.1 below, including the Chambers of Commerce, Possability People, Jobcentre Plus, Brighton & Hove City Council and business champions.
- Identify relevant existing city and national services – including Access to Work, Mental Health Support Service (MHSS), Fit for Work, Recruit Ability, Council Workplace Health Checks, ad hoc HR professional support.
- Develop a resource pack – describing service offers, eligibility/ target groups, how it is delivered, any costs or requirements, any evidence on impact, case studies of previous use and how to access it.
- Agree how resources pack will be owned and maintained.

## 3. Partnership working and information sharing

**3.1 Develop and maintaining a provision mapping tool**, to ensure that organisations working with disabled people and those with health conditions are aware of available support and can make appropriate referrals as a result. A well-designed provision mapping tool, which is widely used, could be transformative in improving access to disability employment and health support – ensuring that people access the right support at the right time for them.

### Proposed actions

- New Task and Finish Group, or Services Action Group, to take forward the provision mapping work.
- A mapping tool to be developed in partnership with VCS organisations, DWP, CCG and the Council, setting out: services available, service description, eligibility/ target groups, availability, costs or requirements, impact and how to access or enrol.
- Agreement on the hosting of the tool (either within the VCS or Council) and access to/ use of it (across VCS, Council, health and employment services).
- Task and Finish Group to explore options for funding the ongoing running of the tool – perhaps through subscription/ top-slice from key partners.

**3.2 Improve the ‘gateway’ into employment support for those with health conditions and impairments, from a range of services** including Jobcentre Plus, health services and VCS provision. In the short term, we recommend reviewing how this can be reflected in the new Community Navigator service.

#### **Proposed actions**

- The CCG, Council and VCS to identify options and agree proposals, if appropriate through a Task and Finish Group or the Services Action Group. This should include the following:
  - Exploring how increasing access to employment support can be reflected in the commissioning of health services. In the short-term, the forthcoming commissioning of the Community Navigator (social prescribing) model could include some focus on onward referral to employment support services.
  - Identifying options for raising awareness among GPs and health professionals of employment and health support services and promoting the social prescribing service – for example through engagement with GP clusters, co-location of navigators and developing and promoting additional guidance, case studies and good practice.
  - Exploring the scope for top-slicing small contributions from key partners to fund the development and maintenance of the provision mapping tool set out above.
  - Exploring the scope for funding or contributing to the funding of additional commissioned employment support, as set out in recommendation 1.2.
  - In the longer term, considering the case for developing a ‘single gateway’ to employment and health support, along the lines of the approach being developed by the Scottish Government.

## **4. Employer engagement and support**

**4.1 Champion the role of effective, inclusive businesses through a campaign** that involves ‘business to business’ dialogue and prominent business voices as champions. This should include the dissemination of case studies and ‘myth busting’ to challenge preconceptions about disabled people and their employment.

#### **Proposed actions**

- Establish a Task and Finish Group to take forward this and recommendation 2.1 – including the Chambers of Commerce, Possability

People, Jobcentre Plus, Brighton & Hove City Council and business champions.

- Identify potential business champions through existing networks and employers engaging with Recruit Ability.
- Develop myth-busting resources, case studies and best practice on inclusive employment – working with business champions. This should include:
  - Best practice to increase employment opportunities for disabled people, such as providing work shadowing and volunteering opportunities, job carving and simplified application processes.
  - Best practice in retaining disabled people and people with health conditions in employment, including through flexible working opportunities, use of occupational health provision, informal peer support mechanisms, clear progression pathways and learning and development opportunities in the workplace.
- Identify opportunities for promoting these resources, and engagement with Recruit Ability, for example through Chamber of Commerce networks, local trade associations, business breakfasts and business awards.
- Explore the potential for engaging with city employers through the targeted growth support for small and micro businesses identified in the CESP.

#### **4.2 The Council and anchor institutions promote best practice and lead by example on disabled people's employment**

##### **Proposed actions**

- Brighton & Hove City Council, the CCG and other public and voluntary sector employers to lead by example by signing up for the Disability Confident campaign, offering opportunities including apprenticeships to disabled people and equipping staff to better support disabled colleagues and/ or service users (including, for example, through the provision of Mental Health First Aid training).

## **5. Engaging with disadvantaged groups**

**5.1 Improve support for public and voluntary sector staff engaged in outreach on identifying, engaging and triaging for employment and health needs** – in particular using the proposed new provision mapping tool - so that residents who do not currently come into contact with employment services can be referred to appropriate support. Making substantial progress on the employment of disabled people and those with health conditions will require a far

greater focus than thus far on identifying and engaging with residents who do not currently come into contact with employment services.

### **Proposed actions**

- Task and Finish Group or Services Action Group to explore options for improving identification, engagement and triage for more disadvantaged and non-engaged groups.
- Encourage outreach organisations to adopt the proposed provision mapping tool, so as to increase the reach of the tool for use with more disadvantaged groups.
- Work with the CCG, the Council and other commissioners of outreach and engagement activity so as to prioritise onward referral into employment support, where that is appropriate, drawing on the provision mapping tool.
- Explore scope to offer training to frontline staff in the public and voluntary sectors in identifying and triaging for health conditions and impairments – for example through Mental Health First Aid training.

# 1. Introduction

This report presents findings from research conducted by the Learning & Work Institute (L&W) into the barriers to employment<sup>3</sup>, volunteering and skills development for disabled people and individuals with long term health conditions residing in Brighton & Hove. Building on the research findings, it then outlines recommendations for Brighton & Hove City Council and their partners to take forward in their efforts to increase the employment chances of disabled people and individuals with long term health conditions. The proposals will form part of Brighton & Hove's City Employment and Skills Plan.

The research has been commissioned by the Equality and Inclusion Partnership (EqIP) of Brighton & Hove and was jointly funded by Brighton & Hove City Council and the Brighton & Hove Clinical Commissioning Group (CCG).

## Disability Employment

6.9 million people in the UK aged 16-64 have a long-term health condition or disability, the equivalent to one in six of the 'working age' population. However, **disabled people are much less likely to be in work than non-disabled people.** Only 49.7% of disabled people are in employment compared to 79.5% of those who are not disabled, a gap that has remained stubbornly wide for the past two decades. Employment rates are lowest for those with more significant impairments, for older disabled people and for those with mental health conditions. For example, the **employment rate for people with a mental health condition is just 39.9%.** Moreover, nearly half of all new Employment and Support Allowance (ESA) claims are now due to mental health or a behavioural condition.

Furthermore, **disabled people who are out of work are only half as likely to be actively looking for work as their peers who are not disabled.** For example, of the 3.6 million disabled people who are out of work, nearly half (47%) are neither looking for work nor available for work, three times the rate for those who are not disabled. Disabled adults are also nearly three times as likely as non-disabled adults to have no formal qualifications: 30% and 11% respectively.

There is evidence that employers can have an unconscious bias in favour of seeing people with a disability as less valuable at work when compared to people without a disability.<sup>4</sup> This puts disabled people at a disadvantage in the recruitment and selection process, in training and development opportunities and in communication and engagement by managers.

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<sup>3</sup> The focus of this research was on exploring disabled people's experiences of and barriers to 'open employment' and did not include a focus on the benefits and challenges of supported businesses.

<sup>4</sup> Employers Network for Equality and Inclusion (enei), Disability: A Research Study on Unconscious Bias, 2014

Despite the Conservative Party's pledge to halve the disability employment gap by 2020 in their 2015 manifesto, **the gap has only reduced by 0.1 percentage points since the General Election; a rate of progress which means that it would take 200 years for the employment gap to halve.** Halving the gap in employment rates within one Parliament would require 1.12 million more disabled people in work and increasing the employment rate of disabled people by 16.4% over five years.

Furthermore, funding for the new national Work and Health Programme will be less than half of the amount spent on supporting disabled people through the previous national programmes: Work Programme and Work Choice – £450 million compared to £1.02 billion. L&W estimate that this funding level will enable the programme to support around 250,000 people, equivalent to just 7%, or one in fifteen, of all disabled people out of work. If performance is in line with previous programmes, this would close the employment gap by less than one percentage point. Therefore, new approaches to supporting disabled people into work need to be transformational.

## The research

This research consisted of three stages.

1. A scoping stage, which mapped existing provision of support for disabled people and employers at a local level in Brighton & Hove to identify gaps; analysed the existing data on disability and employment in Brighton & Hove; and reviewed the national and international evidence on the effectiveness of support to highlight good practice and identify areas for improvement.
2. Stakeholder consultation to explore views on the barriers to participation in employment, volunteering and training for disabled people in Brighton & Hove, how these differ by impairment type, and how they can best be addressed. This included interviews with disability support and advocacy organisations, employment support and skills providers, health partners, employers and disabled people.<sup>5</sup> Focus groups were also conducted with individuals who were further from the labour market to learn more about their experiences of preparing for and looking for employment, volunteering and training opportunities.
3. Consultation workshops with stakeholders to develop and appraise policy options. Stakeholders included Council staff, employers, employer bodies, training and employment support providers, health providers and disability support groups.

The remainder of the report is structured as follows:

- **Chapter 2** outlines the local context in Brighton & Hove, presenting an analysis of local data on disability and employment in Brighton and an overview of local support provision.

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<sup>5</sup> It should be noted that supported businesses were outside of the scope of this research.



Chapters 3-6 present findings from the stakeholder consultation followed by examples of good practice from both Brighton & Hove and wider literature.

- **Chapter 3** presents findings on labour market barriers and increasing employment opportunities for disabled people and individuals with long term health conditions.
- **Chapter 4** presents the findings on in-work support, considering what needs to be done to reduce the likelihood of individuals leaving employment due to their health condition or disability.
- **Chapter 5** focuses on how to better work with employers to engage them in the disability employment agenda and raise awareness of local and national support.
- **Chapter 6** focuses on effective support and partnerships in Brighton & Hove.
- **Chapter 7** presents our recommendations – broken down by the objectives and enablers.

## 2. Disability and Employment in Brighton & Hove

Brighton & Hove's City Employment & Skills Plan (CESP) for 2016 -2020 focuses on actions to eliminate long term unemployment in the city by supporting those who are most marginalised from the labour market. By 2020 the CESP aims to deliver at least 1,000 new apprenticeships, 2,000 long term unemployed residents into sustainable employment and 3,000 opportunities from the business community (such as jobs and work experience).

**People with a disability or long-term health condition in Brighton & Hove are a key target group for these CESP actions.** Research conducted by the Public Health intelligence team found that 16% per cent of Brighton & Hove residents have their day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months. **These individuals are older than the population whose activities are not limited** (42% are aged 65 years or over compared to 7% of those not limited); **much less likely to be in employment**, with only 48.1% of disabled people in employment compared to 80% of non-disabled people, **and more likely to be in routine occupations** than those whose activities are not limited (12% compared to 6%).

Our analysis shows that there are 12,350 ESA claimants in Brighton & Hove. The majority of these claimants are unlikely to be receiving structured employment support as they are in the support group<sup>6</sup>. Two thirds (66%) of ESA claimants in Brighton & Hove are in the support group (66%), a higher proportion than in the South East as a whole (63%).

The proportion in the work-related activity group in Brighton & Hove is the same as for the rest of the South East and England. However, in Brighton & Hove there is a higher proportion of the WRAG group with a mental health condition than in the rest of the South East or England as a whole (58% in Brighton & Hove compared to 42% in the South East and 50% in England). As noted previously, the employment rate of people with a mental health condition is just 39.9%.

More detailed data analysis and charts can be found in Annex One.

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<sup>6</sup> If an individual is placed in the **support group**, it means that the Department for Work and Pensions (DWP) has decided that they cannot work and they are not expected to do anything to find work. (However, they can take part in work-related activity if they would like to.) If an individual placed in the **work-related activity group** (WRAG), this means that DWP has decided that the individual's disability or health condition does not currently limit their ability to find work. The individual will be expected to attend a work-focused interview and completed work-related activity to improve their chances of finding employment in the future.

## Support provision

The table below provides an overview of the range of provision for disabled people and individuals with health conditions in the Brighton & Hove area, covering employment support services, learning and skills provision, health-related services and specialist disability provision. More detail about the organisations and services listed can be found in Annex Two.

Our analysis shows that overall, 3,280 people with a disability have been referred to the **Work Programme** in Brighton & Hove. This comprises 44% of all referrals, which is slightly higher than the figure for the South East as a whole (42%) and well above the proportion for Great Britain as a whole (36%). Performance wise, Work Programme providers covering Brighton & Hove achieved a 20% job outcome rate for disabled people, about half that for non-disabled people (39%). These rates are higher than those for Great Britain as a whole (18% for disabled people and 35% for non-disabled people), although the gap between outcome rates for disabled and non-disabled people is similar.

Statistics for the **Work Choice** programme are only available at the level of the contract package area (CPA). In CPA25, Kent, Surrey and Sussex (which covers Brighton & Hove), 6,330 people have been referred to Work Choice since 2010/11. Of these 4,720 started the programme: an attachment rate of 75%, slightly below that for the programme as a whole (at 78%). Nearly 2,000 participants on Work Choice in CPA25 found a job, representing a job outcome rate of 42%, compared to 44% nationally.

## Examples of local provision in Brighton & Hove for disabled people and individuals with long-term health conditions

Employment advice and support	Employment advice and support via Jobcentre Plus <sup>7</sup>	Learning and Skills provision	Specific conditions	Health services
Supported Employment Team	Disability Employment Advisers	City College	Mind	IAPT
Southdown Housing Employment Services	Work Programme	Friends Centre	Mind Out	Expert Patient Course
Possability People	Work Choice	DV8 Centre	Speak Out	Pain management services
Active Lives	Roots to Success	Preston Park Recovery Centre	Assert	Community Navigators
Grace Eyre Foundation	No Boundaries!	Brighton & Hove Recovery College	Deafcog	Brighton & Hove Wellbeing Centre
	Discover Yourself	The Platform	Bluebird Society for the Disabled	Turning Point
	Access to Work funding	Plumpton and Netherfield College		Sussex Mental Health Helpline

<sup>7</sup> The standard Jobcentre Plus offer also includes IT support, guidance from the National Careers Service, CV and other employability advice, work experience and pre-employment training programmes.

## 3. Increasing employment for disabled people and those with long term health conditions

### Stakeholder consultation findings

#### Barriers to employment

A range of barriers to employment were identified by research participants, including:

- perceived employer attitudes to hiring disabled people,
- job requirements that excluded people with certain impairments,
- inaccessible recruitment procedures and
- physical accessibility issues.

A lack of skills and confidence also compounded these issues for some people.

Wider evidence suggests the two most common reported barriers to work amongst adults with impairments are a lack of appropriate job opportunities (43%) and difficulty with transport (29%).<sup>8</sup> This was reflected in the stakeholder research as participants explained that they had struggled to find suitable jobs to apply for in Brighton & Hove. Reasons given for this included that they wanted to work in a particular sector or that they wanted to work within particular hours, where it was felt local opportunities were limited.

Participants were also put off from applying for roles because the job specification or requirements were not felt to be suitable for their impairment:

*"When they say things like good communication skills, good social skills, confident personality - and I struggle with those things, so right away I think, well, they don't want me."* (Employee Interview)

Sometimes applicants were put off if the opportunity was not with a 'Two Tick employer' (now known as disability confident).

Participants expressed frustration with applying for numerous jobs and regularly getting rejected, and some people expressed a belief that they were rejected because they had disclosed their disability or health condition. For example, there was a widespread belief that employers saw hiring a disabled person as a cost. Indeed, one individual reported that they had had a job offer withdrawn after disclosing a health condition:

*"I've had one that was offered to me and when they found out that I had depression issues they were just like, "Oh, maybe this isn't right for you," and*

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<sup>8</sup> Office for Disability Issues, 2011, ODI Life Opportunities Survey Wave One results, p10,

*they kind of backtracked and back pedalled, and then I just didn't feel there was really a lot I could do because it would be my word against theirs."*  
(Employee Interview)

Another barrier identified was around skills required, particularly the importance of IT skills in securing employment. For several participants, especially older service users, this was a barrier to employment, as they struggled to use computers and the internet independently. Limited literacy and numeracy skills were also raised, with complex application forms perceived to be a significant obstacle to individuals who lacked basic skills.

Finally, the physical accessibility of premises was also reported to be an issue, as was the high cost of travel, both to use services and to access employment.

### **What works in delivering support**

Individuals that participated in the research had received employment support from a range of statutory and voluntary organisations, including Jobcentre Plus, the council's Supported Employment Team, Scope (who delivered the Work Choice Programme), Possability People (previously The Fed) and Assert.

Their experiences suggested that effective support involved:

- skilled and compassionate advisers or support workers,
- personalised support that could address multiple barriers and issues, with appropriate signposting to other services where necessary,
- practical help with job applications and job brokerage and raising awareness of labour market opportunities,
- activities to develop soft skills, for example through training or education and volunteering opportunities, with appropriate support to ensure progression.

Linked to this, there was a consensus among stakeholders that effective support was holistic and flexible, so that service users were able to choose from a range of activities or support options (e.g. one to one, group sessions, online advice) that suited them. Other important features included support that enabled people to live independently and support themselves appropriately and services that were able to respond to requests for support and demand where possible.

Reflecting wider research<sup>9</sup>, people's experiences of support often reflected the **quality of the relationship they had established with the adviser** or staff who supported them. An understanding of conditions or disabilities and a trusting relationship were highlighted as key to effective support:

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<sup>9</sup> Dobson, B., Pickles, C., and Tittley H., (July 2016), Stepping up, breaking barriers. Transforming employment outcomes for disabled people, Reform

*“She was just very helpful. She seemed to have a genuine concern and a genuine sort of “I want to help”. But the others, somehow they just weren’t at all interested”* (Employee Interview)

Participants also found it beneficial where advisers were able to liaise with employers on their behalf and could help them with their CV and covering letters. Those who were further away from the labour market expressed a desire for more intensive and one-to-one support, to help with looking for and applying for jobs.

Providers reported that journeys towards work were often stalled due to inappropriate support, for example they reported seeing clients who had participated in a range of services that were too generic in the support they offered. **They felt it was important for programmes or activities to be personalised in order to address the complex and multiple barriers that people faced.** For example, some participants needed to overcome issues such as housing and debt before they could think about employment:

*“I think there’s a certain perception around people not wanting to work, it’s absolutely false, but there is an issue around genuinely not being ready to think about work just yet, and if you get the support after that stage [it] becomes a lot shorter.”* (Intermediary Organisation Interview)

This raised issues about **the appropriate timing and sequencing of support** and the importance of providers being able to refer on to the appropriate range of services required.

The complexity of user-needs was related to increasing dual diagnosis and greater numbers of people being diagnosed in mid to late adulthood. This presented an additional barrier for individuals, with some requiring a long time to adjust to their diagnosis and understand its implications. Multiple conditions also presented complications in terms of eligibility for services, which sometimes resulted in individuals not receiving the necessary support. For example, some intermediary organisations reported difficulty in deciding which services individuals were eligible for as a result of primary and secondary conditions.

**Participation in training or education and volunteering were identified as important in the journey towards work.** Being able to signpost learners to appropriate courses that were linked to their interests and which would be beneficial to their prospects was seen as vital, as was ensuring that they were given a sense of community whilst participating in their course, to enable them to enjoy their learning experience, feel comfortable and want to attend.

There was a belief that learning can help with mental health conditions and can lead to soft outcomes such as improved confidence, motivation, time-management skills and commitment that are beneficial for employability, however the importance of

linking up with wider health-focused support to sustain participation was also emphasised.

**Volunteering was acknowledged as an important route towards work for some disabled people and individuals with long-term health conditions**, as it enables people to experience different environments and build their confidence before entering the workplace. It was also described as a means for people to get their ‘foot in the door’ and develop transferable skills. However, it was emphasised that volunteering should be viewed as a stepping-stone and not an end goal, with service users encouraged to progress further where this was possible:

*“So they get quite comfortable with volunteering, I think it serves a purpose but it’s a very false environment for them.”* (Intermediary Organisation Interview)

Providers also saw better-off calculations, which are used to assess whether there is a financial benefit of an individual moving into work, and raising awareness of options such as part-time and flexible working, as important for encouraging service users to consider working.

## Good practice in employment support

### Supported Employment

Supported Employment, otherwise known as the ‘place, train, maintain’ model, has been found to be an effective approach in a number of international studies, including a thematic review on sickness, disability and health conducted by the Organisation for Economic Co-ordination and Development (OECD).

Supported Employment was originally developed in the United States to support people with learning disabilities enter and maintain employment. The European Union for Supported Employment (EUSE) has developed a best practice model of Supported Employment that is supported by quality standards and a number of ‘how to’ guides and toolkits. This model is endorsed by the British Association for Supported Employment (BASE), and has previously been used by the Government to define and agree standards for Supported Employment in England.

### Brighton & Hove Supported Employment Team (SET)

Brighton & Hove City Council’s Supported Employment Team works with up to 285 individuals each year, throughout the city. It is funded through Adult Social Care services, and seeks to assist service users to find and maintain employment. Individuals with a range of disabilities and health conditions are supported, with the majority of service users having a learning disability. Service users must be eligible for adult social care services, and can access SET through internal, external or self-referrals.

The key stages of **support for service users not in employment** are:



- **Participant engagement** to raise the employment related expectations of individuals, their families and relevant professionals;
- **Vocational profiling** to identify aspirations, skills, needs and job preferences to inform the job search;
- **Job match and application support** to increase the likelihood of suitable and sustainable employment;
- **Employer engagement** to establish relationships with employers and overcome traditional recruitment barriers;
- **Referrals** to external health and support organisations.

**Support for individuals who are about to enter or are currently in employment** is concentrated on maintaining the opportunity through appropriate support for both the employer and employee, including:

- **Job coaching** to prepare service users for the duties and commitment of employment;
- **Supported training** including inductions to the workplace and supervised learning and development;
- **In-work assistance** that is individually tailored, and acts to ensure that employees are fully supported in their roles;
- **Guidance and advice** for both employee and employer to manage expectations and support the relationship;
- **Referrals** to external health and support organisations.

The SET also supports service users into volunteering and community engagement, to encourage progress amongst those for whom employment is not the first or most suitable option.

In 2015, the SET supported 196 service users in paid jobs, whilst an additional 41 service users were supported in holding voluntary positions.

In the context of limited resources and long waiting lists, the SET has employed a number of means to maximise the effectiveness of the service:

- It prioritises individuals who are about to begin or are already in employment over unemployed service users.
- In order to maximise the reach of the service to unemployed individuals, the service provides job search and application training and support to organisations that have a strong pre-existing support network with SET applicants. This allows the SET to indirectly support a larger number of people through training external support staff.
- The service sets clear boundaries regarding the level of support they will provide to job-seekers over time. If it has been agreed that all opportunities and methods of support for a client have been exhausted and no progress has been made sessions are limited. Conversely, if the team is confident the individual is able to

look for work independently, and has the right support network available to them, regular engagement is replaced with less frequent catch-ups.

### **Individual Placement and Support (IPS)**

Individual Placement and Support (IPS) is a form of supported employment that has been found to be successful in supporting people with severe and enduring mental health conditions back into work.<sup>10</sup> It was developed in the 1990s in the United States and is primarily offered in the UK through mental health services rather than through employment provision.

The key principles of IPS are:

- A goal of competitive employment
- Individualised and rapid job search
- Co-location and joint working between employment and clinical specialists
- Unlimited support
- Employers are approached based on the client's preferences

### **Southdown Housing**

Southdown Housing follow the IPS approach in all of their employment services across Sussex and are the largest provider of specialist IPS support in the UK, having been recognised by the Centre for Mental Health as a full partner in the IPS Centre of Excellence Programme.

The service is delivered in collaboration with Sussex Partnership NHS Foundation Trust. Alongside small caseloads, the integration with mental health teams is seen as key to successful support, since participants view the employment guidance as part of their care package, rather than as a separate issue.

An evaluation of a DWP and Department of Health (DH) funded mental health pilot delivered by Southdown Housing found that IPS service users experienced an increase in confidence and motivation as a result of their participation. Consequently, they were encouraged to seek employment and to take up work opportunities in a way that they previously did not feel ready for.<sup>11</sup>

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<sup>10</sup> Sainsbury Centre for Mental Health (2009) Doing what works, Individual placement and support into employment. Briefing 37.

<sup>11</sup> Steadman, K .and Thomas, R. (March 2015), An Evaluation of the 'IPS in IAPT' Psychological Wellbeing and Work Feasibility pilot, The Work Foundation

### **Peer led group work: JobsII**

JOBSII is a peer-led group intervention programme developed by the University of Michigan in the United States. It has two goals: to facilitate jobseekers' return to work and to prevent the negative mental health consequences of unemployment.

Although designed to support recently unemployed individuals at risk of developing mental health conditions, it was also found to help people who were long-term unemployed and individuals who had been previously diagnosed with mental health conditions.

JOBSII is based on theories of active learning, social modelling, and gradual acquisition of skills and practice through role playing. It aims to increase jobseekers' sense of job search self-efficacy and improve their ability to deal with setbacks during the job search process. It involves six weeks of intensive group sessions, which last around four hours a day, four days a week.

There is evidence to suggest that JOBSII has a significant effect on re-employment and decreasing psychological distress. For example, a follow-up study of participants two years after attending JOBSII workshops found noticeably higher levels of reemployment and monthly income, lower levels of depressive symptoms and better emotional functioning when compared with the control group.<sup>12</sup>

### **No Boundaries!**

No Boundaries! is an education and employability programme delivered in Brighton & Hove by Sussex Cricket in the Community and funded through the DWP's Flexible Support Fund.

The course is free, and all benefit groups with a health-marker are eligible to participate. It runs for two days a week, for eight weeks and participants receive a non-fail NCFE Level One Award in Job Search and Interview Skills.

It is a flexible programme that has a person-centred approach. It aims to address issues including confidence, motivation, financial and digital inclusion and social media skills through using interests such as sport and cooking. By attending the course, participants get the chance to improve their work skills, computer skills and cookery skills and take part in recreational activities.

In addition, participants get the opportunity to work on their CVs and LinkedIn profiles and attend a presentation by a recruitment agency. There are also two and

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<sup>12</sup> Vinokur, A. D., Schul, Y., Vuori, J. and Price, R. H. (2000), *Two years after a job loss: Long term impact of the JOBS program on reemployment and mental health*, Journal of Occupational Health Psychology, 5, (1),

five-day volunteering opportunities at Sussex Wildlife Trust and Raystede Animal Centre available.

## 4. Sustaining employment

### Stakeholder consultation findings

#### Reasonable adjustments

Both employees and employers reported a range of 'reasonable adjustments' that had been made in the workplace to enable employment for disabled employees - although there were also examples of disabled employees and employees with a health condition that had not required any such adjustments. Examples of adjustments included:

- specialist equipment, such as keyboards and desks and
- specialist software, such as voice recognition or mind mapping software.

Some examples of reasonable adjustments that had little or no cost implications for the employer, for example:

- adjusting role descriptions to make them more suitable for the employee,
- adjusting hours or shift patterns to enable employees to manage their conditions better,
- allowing employees to sit in quieter areas of the office, and
- allowing employees to print on coloured paper so that they could read documents better.

#### Employer experiences of support

##### Access to Work

There was only limited awareness of national schemes such as Access to Work amongst the employers interviewed, and there were examples of employers paying for specialist equipment themselves. It tended to be the larger employers that had greater awareness of the scheme and who had experience of receiving this support.

Where employers had used Access to Work, this was either to purchase software or equipment. In some cases, respondents described a slow and frustrating process, in which employees had to remain off work until the funding came through.

Nonetheless, employers stated that they would use Access to Work again, where suitable, as they felt that it had enabled employees to remain in work.

##### Occupational Health Support

Employers commonly used occupational health support to support employees with their impairment or health in the workplace. Except in large businesses which had in-house occupational health support, this was usually provided by an outsourced service. (See Box 4.1 for a case study of occupational health support in a large business.) Occupational health services provided advice and guidance to employees in managing their impairment or condition in the workplace, and in some cases carried out workplace assessments to identify reasonable adjustments. Other

examples of support received from occupational health providers included staff training on disability and health in the workplace, employee referrals to more specialist support (such as pain management services) and guidance on phased returns to work following long-term absence.

Employers generally found the support from occupational health providers useful as receiving advice from health professionals gave managers confidence that they were supporting employees appropriately:

*"I think it has great benefits and you can feel much more reassured about the advice that you get from a health professional." (Employer interview)*

Employers also valued advice that was specific and tailored to the employee's job role and that gave practical help in managing situations at work.

However, one employee expressed concern about receiving occupational health support in the workplace, due to a fear of being judged by colleagues:

*"I worry that we're not quite there in a lot of workplaces, where you can access occupational health without people thinking "Oh that means she's rubbish then", or will produce a bit of gossip." (Employee interview)*

This highlights the need for a range of support options for employees and the importance of raising awareness of local support services in addition to those that may be provided by employers.

### **Employee Assistance Programmes and ad-hoc HR support**

Another service that some employees had access to for health and wellbeing support was Employee Assistance Programmes. These offer personal or work-related support, usually in the form of telephone advice and access to online self-help resources. One employer who provided such a scheme reported a misconception among some employees that the employer would monitor interaction with the programme, which could discourage take-up:

*"Some people, for example, don't always like to be guided through to our kind of employee assistance programme, they reluctantly believe that we collect all the data or that we might monitor their calls..." (Employer interview)*

This again points to the need for access to wider support outside of the workplace.

Lastly, ad-hoc HR support was sometimes used by smaller organisations on an issue-by-issue basis, for advice and guidance on supporting employees to remain in work. However there were no reported instances of employees being able to access this type of support.

### **Support from line-managers and colleagues**

Relationships with line-managers and colleagues were cited as crucial determinants of an employee's experience of work. Where participants felt supported by their line manager and had good relationships with other members of staff they tended to recall positive experiences of employment. One employee, for example, appreciated her line manager's enthusiasm to find out more about autism to better understand the condition so that he could manage this more appropriately in the workplace:

*"My manager is really good, he said he doesn't know a lot about autism so he asked me to find him some information that would be useful...he wants to kind of understand, he wants to manage me in a way that's appropriate to me."*

(Employee interview)

Flexibility within the role also appeared to be key to job satisfaction and maintaining work. When employees were able to conduct tasks in a way that suited them and their condition, they reported feeling more confident about their abilities and more productive. In contrast, one participant explained that her learning disability was viewed as a hindrance by a previous line manager, who had very rigid views about how tasks should be completed. This was felt to be down to a lack of support for the line manager in enabling her to manage the situation:

*"It was a smaller organisation than here. ... They didn't have as much knowledge and resources, and possibly she didn't have the support to turn round and say "This is right", or to make that decision, "We need to be doing something in a different way"."* (Employee interview)

Some participants also reported that colleagues had limited understanding of their impairment or health condition, and thought negatively of them. In some cases, this was because individuals chose not to talk about their condition and its impact in the workplace:

*"They just know that I've got what they call "a bag" and that I'm not allowed to lift things because I'm not going to give myself a hernia. I think they think that I use that as an excuse and am being lazy"* (Employee interview)

These examples highlight the crucial importance of providing effective support for line managers to effectively manage teams with disabled employees.

### **In-work progression**

There was limited discussion of in-work progression in employee interviews, but there were some examples of disabled employees who had experienced progression at work. In both cases, this had been facilitated by employers who enabled employees to take up external training courses to develop their skills. Progression of

disabled employees is likely to be facilitated by practices that facilitate in-work progression in general<sup>13</sup>, such as:

- 1) Management and support systems, including:
  - a. a commitment from senior managers to staff progression;
  - b. strengthening internal labour markets through mapping lower level job roles and linking them to learning/development opportunities and progression pathways;
  - c. a systematic approach to HR (e.g. assessments and annual reviews to provide opportunities for staff to discuss progression); and
  - d. employer support for staff learning and development (e.g. paid time off for training).
- 2) Staff culture and behaviour, including communication of opportunities to all staff; informal peer support mechanism (e.g. coaching and mentoring), and workplace champions to develop, implement and sustain progression; and
- 3) Company factors (e.g. business size, growth, staff turnover, etc.), which influence the structural opportunities for internal progression.

Some of the barriers to progression reported in interviews were also common to disabled and non-disabled employees, including limited opportunities for progression in temporary work, a lack of resources for external training and small organisations with limited opportunities for new job roles. In addition, some interviewees also felt that progression opportunities were limited by employer or manager judgements about the impact of their health or disability. For example, one participant was concerned that her previous sick leave would rule her out of promotion opportunities, and others felt that they would be viewed as less capable than a non-disabled person or someone with no health conditions.

#### **Box 4.1: Large Employer Case Study**

This is a case study of a large employer in the Brighton & Hove area that has over 3,000 employees. Approximately 8% of the workforce having declared a disability or health condition. The large employer has a vast organisational structure, which is utilised as part of its commitment to inclusion. This effort is mainly comprising of Human Resources, Occupational Health and the Equality and Diversity team.

##### **Structure**

Three departments play a role in contributing to the organisation's effort to promote an inclusive working environment for disabled employees and individuals with long term health conditions, both shaping and implementing policy across the organisation.

The Equality and Diversity team has strategic responsibility for organisational equalities work, covering all relevant areas including gender, race, disability and sexuality; and support the implementation of equality and diversity policy across the organisation. The team also engages and supports the staff network regarding equality-related issues, and conduct training.

<sup>13</sup> Green, A., Sissons, P., Ray, K., Hughes, C. and Ferreira, J. (2016) *Improving progression from low-paid jobs at city-region level* JRF



The Human Resources department is responsible for the development and implementation of HR policies and procedures, including recruitment, employee management and staff development. The HR team play an active role in maintaining equal opportunity for all staff members. This includes ensuring equal opportunities during the recruitment stage, the provision of mandatory disability awareness training for all new staff, overseeing employee sick leave and ensuring employees are being supported effectively.

Occupational health is a nurse-led service which operates to promote the provision of a healthy working environment that maintains the physical, mental and social well-being of its employees. The team works to provide an independent voice to advise the employer as to the best methods to support staff to fulfil their roles whilst maintaining their health, via reasonable adjustments.

### **Organisational Processes**

Recruitment is led by the HR department, with the involvement of the recruiting department/manager. The majority of recruitment is conducted via external adverts using a variety of methods, including disability-friendly mediums. The recruitment process has recently been integrated across the entire organisation, via the online e-Recruitment system. It is a 'Two-Tick' employer and guarantees to interview all disabled applicants who meet the minimum criteria of the vacancy. Once at the interview stage, HR aim to identify and resolve any barriers that may prevent an individual from completing the interview to the best of their ability. As a result, all applicants are asked to detail any adjustments which may be needed for the interview, for example an accessible location, specific materials or bringing an accompanying individual.

Once recruited, all new staff members are required to complete a confidential health questionnaire for Occupational Health. This is used to assess an employee's fitness for work, and determine whether an individual should be assessed for workplace adjustments or additional support. Assessments are available to all staff, regardless of their tenure length, and can be accessed via line-management, HR or self-referral. Once an assessment is complete, Occupational Health make recommendations for the necessary adjustments to be enacted.

### **Support Options and Policy**

A range of support options and policies are enacted by the organisation to ensure employees can meet their full potential, whilst aiming to reduce sick leave and staff absence, the majority are provided via the Occupational Health team. These include:

- **Absence Management** – e.g. phased returns
- **Workplace Adjustments** – e.g. reasonable adjustments
- **Specialist Training** – for disabled employees and those with health conditions, and their colleagues.
- **Working Arrangements** – e.g. flexible working. Options are considered by line managers on a case-by-case basis. The decision rests largely on the job role, with requests declined if any of the set business reasons are applicable.
- **Return to Work** after prolonged sickness absence. Effort is made to integrate with the employee's GP and health service to include them in the decision process.
- **External Organisations** –such as disability bodies or health organisations in order to inform their decision making process, assist with employees and provide better support. Or for employees to receive further support in relation to their condition disability or condition, such as CBT or counselling.

### **Staff Outcomes**

Employees discussed a number of outcomes as a result of the organisational structure and policies

set up to ensure they were supported in their roles, regardless of disability or health condition. The main outcomes discussed included:

- The involvement of Occupation Health meant that employees benefited from their recommendations, which reduced the barriers they faced and benefited the wider team.
- Employees also found that Occupational Health's involvement and organisational training meant that the organisation and employees were better equipped and informed as to how to sustain productive working relations with disabled people and individuals with health conditions. Consequently, employees felt better supported by colleagues who were more aware of their disability or health condition and a valued member of the team.
- In addition to adjustments, support provided by line managers and HR, particularly around working arrangements, were really beneficial for employees.
- Overall, employees felt confident that working for a large organisation meant there was the necessary resources and organisational knowledge to support individuals, particularly in comparison to previous smaller employers.

However, some employees noted that they did not always receive effective and sustained support, with unsuitable policies and procedures leading to limited results.

- Employees were confident that the consistency and quality of support received, alongside their motivation to request assistance, were reliant upon the relationship between the employee and their line manager. Some employees found they were unable to access support or necessary changes as a result of their line manager's lack of awareness and subsequent decision. Others were put off from applying for further support, as they did not feel confident discussing sensitive issues with line managers and were unaware of any alternative routes to seek in-house support.
- Employees described significant differences in the application of support between different teams. Some departments and teams were effective at supporting colleagues, whilst others were almost reluctant to engage with Occupational Health and their recommendations as they viewed them as bureaucratic and inefficient.
- Participants explained that whilst Occupational Health were committed to making introductory changes and following these through, it often felt as though support was not sustained. Employees found that this practice was particularly damaging when their condition fluctuated, as they felt unaware of any additional support options.
- Whilst employees did recognise the organisation's commitment to inclusion, they did not always feel that all procedures and policies were as simple and inclusive as possible. For example, employees described how overcomplicated policies and a lack of understanding, sometimes led to confusion between employees and their line managers. Furthermore, employees noted how the e-Recruitment system was not fully accessible for individuals with learning and sensory conditions.
- Some staff were simply unaware of the support options available to them, due to a lack of employee engagement and communication. For example, staff were seemingly unaware of the disability awareness training opportunities for colleagues.

### **Recommendations**

In order to support the organisation's commitment to being an inclusive employer, whilst delivering all the associated benefits of aiding individuals to fulfil their roles regardless of their disability or health condition, we recommend that:

- Policy setting departments have limited experience of how the application and utilisation of these policies works in practice. Instead of concentrating on 'trickle-down' policies, the organisation should promote better integration amongst HR, Equality & Diversity and Occupational Health teams, employees with disabilities and health conditions and their managers and colleagues. Integration and shared decision making should promote mutual understanding, and ensure that key decisions well informed and practiced.

- Equality and diversity team should develop specific policies in regard to disability, which should be tracked using key performance indicators.
- Disability friendly options should be immediately available during the application process, rather than operating an opt-in approach, to encourage applications from disabled people.
- The simplification of procedures and policies, making it easier for both employees and managers to use and understand.
- Ensuring that support options are well-advertised and inclusive of all disability types and do not concentrate solely on visible, well-known conditions.
- Better integration with local services and support organisations to increase support opportunities for employees and provide an additional, independent voice. Better links with local organisations could also prove beneficial in engaging employees with community health and activity groups.

## Good practice

### **Workplace Mental Health Support Service**

The Workplace Mental Health Support Service is a national, free, confidential service, delivered in partnership by Remploy and Access to Work. Fully-trained professional advisers with expertise in mental health provide personalised, work-focused mental health support over a period of six months. It is intended to support individuals with conditions such as depression, anxiety, stress or other mental health conditions that affect their work, or cause them to be absent from work. Participants must be in work, either permanent or temporary (although they may be signed off sick), and must be registered with Access to Work.

Employees complete an initial telephone assessment before meeting an adviser for an in-depth needs assessment (with or without their employer). The adviser develops a support plan, which is agreed by the individual and employer (where relevant), including suggestions for adjustments in the workplace, or in working practices, to help individuals to fulfil their role. The plan is implemented and reviewed through telephone and face to face meetings. At the end of the support period, there are referrals to further services if required.

Employers can also receive advice and guidance on understanding mental health conditions and how they can support employees in the workplace. A similar service supporting apprentices has also recently been developed that follows the same structure.

To date, the Workplace Mental Health Support Service has supported 5,000 people across Britain and has achieved a 93% success rate in terms of people retaining their employment six months after joining the programme.

### **Fit for Work Service**

The Fit for Work Service is a government funded initiative designed to support people in work with health conditions and to help with sickness related absence.

There are two elements to Fit for Work:

- Free, expert and impartial work-related health advice online and by telephone
- Voluntary referral to an occupational health professional for employees who have been, or who are likely to be, off sick for four weeks or more.

Referrals can be made by GPs or by employers if the employee has not yet been referred by their GP after four weeks of absence. The occupational health professional completes an assessment to identify obstacles preventing the employee from returning to work and produces a Return to Work Plan tailored to the employee's needs. Employees must give consent for the plan to be shared with their GP and employer.

The Fit for Work website also has a live chat service and advice hub, with information on health conditions, health at work, employment guidance and health and wellbeing outside of work (including caring responsibilities and money worries).

## 5.Improving employer practices

### Stakeholder consultation findings

#### Employer recruitment practices

The main method employers used to recruit staff was through advertising jobs online on the company's website and sometimes through other local and national jobs websites. Sometimes employers also welcomed applications over the phone or with paper CVs, which they felt made their recruitment more accessible. Some employers solely used recruitment agencies to hire staff. This could be beneficial for the hiring of disabled people, as one employer explained:

*“They know what kind of employer we are, their focus is all our benefits, all our ways of working. They do quite a good job in actively promoting our policies as well, that has a real advantage I think because where people are just sometimes looking at job boards or internet ad search, they haven't got that person selling the job. It's really pushing that.”* (Employer interview)

However, other employers did not monitor the practices of the recruitment agencies they used.

The **key barriers** to disabled people identified within employer recruitment practices included:

- limiting recruitment to online channels;
- complicated application forms;
- lengthy and complex job descriptions or requirements; and
- not advertising jobs with the option of flexible working or job sharing – even though this was an option for employees.

Several employees and individuals looking for work explained that they struggled with completing application forms, particularly people with dyslexia and those with limited IT and literacy skills. The nature of job requirements was also a common barrier, for example if the role was physically demanding or involved manual labour.

Employers tended to see it as the applicant's responsibility to request reasonable adjustments at the interview stage if required and employees interviewed had variable experience of this – which influenced their ability to obtain work. For example, one individual explained that his request for a reasonable adjustment was rejected since the employer felt it was unfair to other applicants, so he chose not to pursue the application. In contrast, employees who had reasonable adjustments made at interview stage spoke positively about their application experience and the employer.

Although numerous employers had flexible working policies or were willing for staff to work flexibly if this was suitable for the role in question, they did not always advertise jobs in this way. This issue has previously been highlighted by the Timewise Foundation, whose Flexible Jobs Index identified a large gap between flexible working - which is now widely accessible to employees - and flexible hiring - which is still relatively rare.<sup>14</sup> In some cases, employers listed flexible working as a benefit of working for the organisation, but did not explicitly refer to this in job adverts. However, Timewise Foundation research previously found that 52% of people seeking a flexible job feel nervous to ask for flexibility when the word is not used in the advert and 43% fear it will damage their chances of getting the job.<sup>15</sup>

In some cases, flexible working was not possible due to the nature of the role, and in other cases it was decided on a case by case basis, sometimes depending on the advice of occupational health teams where this resource was available. One employer found that when they advertised a role that they were struggling to fill with the option of job-sharing, they found two suitable candidates for the role and so were now more open to advertising jobs this way in the future.

Other barriers that employers recognised within their recruitment processes included not using a diverse enough range of recruitment channels to hire staff and the use of lengthy person specifications.

### **Good practice**

Good practice identified within employer recruitment practices included:

- guaranteed interview schemes for disabled people,
- accessing external support for advice when recruiting, and
- ‘carving’ up job roles to make them more suitable for disabled people or individuals with health conditions.

Several employers had a policy whereby applicants who met the essential criteria and who considered themselves to have a disability were guaranteed an interview, but only a few employers explicitly referred to the possibility of making ‘reasonable adjustments’ for a job interview. Access to Work funding is available for this, but is limited to ‘communication support’ at interviews.

Some employers interviewed had used external forms of support in their recruitment. This included advice from the Council’s Supported Employment Team around job-carving, tailoring staff training and support with the interview process. All employers that had used this support found it to be beneficial and would recommend it to others. One employer who recognised that people were struggling with their application forms conducted a day of recruitment and interviews at Jobcentre Plus, which was considered to be successful. There were also instances of employers

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<sup>14</sup> The Timewise Foundation (2013), The Flexibility Trap – a report on how flexible working helps career progression

<sup>15</sup> The Timewise Foundation (2015), The Timewise Flexible Jobs Index

using accessibility guides to ensure their website was accessible to disabled people. One organisation had recently joined the Employers Network for Equality and Inclusion, which they hoped would be a means of receiving advice and guidance on recruitment.

### **Raising awareness and engaging employers**

Additional support needs identified by employers included:

- more information about support available for recruitment,
- help to raise awareness of opportunities to individuals who are out of work and
- support to promote the business as an inclusive employer.

Employers emphasised that it was key for information about programmes or support to reach the right people in the organisation – such as employment coordinators or HR teams. Suggestions for information dissemination included maintaining an employer-facing website with all the necessary information in one place and dissemination through events hosted by local employer-focused networks. These included the Chambers of Commerce, local trade associations, and Local Action Teams. Case studies with success stories (for both the employer and employee) were seen as helpful to raise awareness of the benefits of hiring a disabled person or individual with a long term health condition.

### **Good practice**

#### **Recruit Ability**

Possability People, an independent charity based in Brighton & Hove, are working in collaboration with the Brighton & Hove Chamber of Commerce to support businesses to hire a disabled member of staff. This innovative recruitment agency project has been funded by the Department for Work and Pensions. It is the only pan-impairment project for supporting disabled people into work (and supporting retaining existing employees), as most other projects currently focus on service users with learning disabilities and/or individuals with mental health conditions and high-level support needs.

The project is targeting businesses in Brighton & Hove, particularly SMEs, that have an active recruitment need and it offers support with finding talented, qualified candidates, that they may have not considered otherwise. Consequently, it also aims to explore the employer's potential barriers to recruiting a disabled person to the post, and to demonstrate the positive impact that disabled people can have in the workplace and the benefits of diverse work teams.

It offers help for employers to set up a work trial for the individual, to ensure that the job match is suitable, as well as support to organise work experience placements or taster days if preferred. In addition, it provides support for employers to apply for Access to Work funding to help to cover the costs of equipment, software or other

support that might be necessary. Hence, it is a light-touch intervention, especially when compared to the support intensive IPS model.

Finally, businesses that take part also receive support to become Disability Confident accredited in order to set an example to other employers in the Brighton & Hove area, as part of a wider culture change around recruitment in the city.

The first work placement has commenced, and several others are in the early stages of matching. Furthermore, the project itself created a vacancy for a disabled team member, who was able to use a work trial to demonstrate her skills for the post and ensure it was right for her.

### **Disability Confident**

Disability Confident is a government scheme for employers that also provides guidance and resources about employing disabled people. It is voluntary and has been developed by employers and disabled people's representatives.

The Disability Confident scheme has three levels that have to be completed before moving on to the next: Disability Confident committed employer, Disability Confident employer, Disability Confident Leader. It is free to sign up and use the guidance.

The scheme aims to challenge attitudes towards disability, increase understanding of disability, remove barriers to disabled people and those with long term health conditions in employment, ensure that disabled people have the opportunities to fulfil their potential and realise their aspirations.

Employers can become Disability Confident by recruiting and retaining disabled people and people with health conditions for their skills and talent. By building a reputation as a Disability Confident employer that actively seeks out and hires skilled disabled people, organisations will be helping to positively change attitudes, behaviours and cultures, not just in their organisation, but in networks, supply chains and the community.

More information can be found [here](#).



## 6. Integrated delivery of support

### Stakeholder consultation findings

#### Support services in Brighton & Hove

As shown in Chapter 2, there are a range of support services and partnerships currently operating in the Brighton & Hove area, which provide support for disabled people and individuals with long-term health conditions on increasing employment, learning and skills, and health and wellbeing more generally.

The eligibility criteria for services in most cases is relatively broad and based around the aims of the service, without need for an official diagnosis nor an assessment of health needs. Eligibility was stricter on some programmes or courses, often due to funding requirements.

Joined up working and linking up provision was seen by stakeholders as key to avoiding the duplication of services and ensuring that support services complement one another. It was also felt that the experience for individuals could be improved if there was greater awareness among providers of the available support options so that appropriate referrals could be made at the right time.

*"I think it's finding what's going on and finding out about the organisations that are delivering those things...to know how that works and how you could link that possible organisation up with other people so that they're aware as well."*  
(Learning provider interview)

Referral routes into support services were wide ranging and included self-referrals, referrals via Jobcentre Plus, via council teams such as Adult Social Services, through local employment projects, mental health providers and disability charities. Community outreach and events were also seen as vital to engaging the hardest to reach and vulnerable groups.

#### Key challenges

Unsuitable referrals to support services were a key issue raised by stakeholders, for example referrals of individuals who were not ready or not interested in employment provision or who had more pressing needs before the organisation could effectively support them. Therefore, it was felt that referral routes needed to be improved, particularly from disability specialist services into employment, health and welfare support. Better awareness of the support services available would also enable referring partners to better manage expectations during the referral process and so reduce the likelihood of inappropriate referrals.

A key issue was the need to effectively sequence support so that interventions occurred at the right time for individuals. For example, there was agreement that disabled people or those with long term health conditions need to be able to

understand and manage their conditions in order to be able to job search with confidence, and that the journey through support should be person-centred.

However, long-waiting lists for services (such as the Council's Supported Employment Team and IAPT services) sometimes prevented well-timed interventions. Some intermediary organisations also explained that their resources were being increasingly squeezed and that they did not have the capacity to develop additional services to meet needs:

*"I would say the opportunities that exist currently in the city are not enough. We have a Supported Employment Team and we know loads of people with learning disabilities want to volunteer and want to work. There is no doubt that there is a desire there but... somebody was sitting on the waiting list for 18 months."* (Intermediary organisation interview)

Peer support was suggested as one means to help overcome capacity issues, but some organisations appeared to struggle with service-user involvement. Similarly, volunteers were vital for organisations to run effectively in the context of reduced funding.

### **Gaps in provision**

Gaps in provision identified by stakeholders included:

- support for young people with mental health conditions;
- support for individuals with a mental health condition and a learning disability; and
- support for clients with a hearing impairment as their secondary condition (since long waiting lists for sensory organisations meant that they were not prioritised).

It was also felt that there was unmet demand for legal employment advice, housing advocacy and debt and welfare support. Furthermore, provision in more rural areas of Sussex and in areas on the outskirts of the city was identified as limited, in comparison to the city centre.

Some service providers identified that they struggled to engage with the deaf community, individuals with profound and multiple learning disabilities and also individuals with milder learning disabilities who may not be eligible for statutory services. Some mental health service providers said that they found it more difficult to engage with some BME communities, partly due to cultural perceptions around mental health conditions. Some providers struggled to support residents with ESOL needs, as they did not have resource to translate their materials or pay for interpreters.

## Good practice

### Community Outreach

Throughout the research, community outreach was widely recognised as a successful and important method to engage the hardest to reach and most vulnerable residents with support services, who are unlikely to self-refer.

To this end, a community hub, The Bridge, operates in the Brighton & Hove area that works closely with VCS organisations throughout the city to inform people about their services. Advisers go out into the community, make their presence known and run taster sessions to inform people about the support available. They also regularly attend food banks and specialist organisations in order to build trust and develop relationships with potential service users. This then enables 'warm handovers' to the community hub services.

### The Community Navigation Service

The Community Navigation Service is a one-year social prescribing pilot, based on Age UK national templates. The model was designed as part of Brighton & Hove Integrated Care Service's Extended Primary Integrated Care (EPIC) Programme, which aimed to improve access to primary healthcare services, based within 16 GP practices across the city.

The service was designed to increase the capacity of GP practices to meet the non-clinical needs of patients with long-term conditions and other vulnerabilities, such as depression or financial difficulties through linking patients with relevant groups, services and activities that could improve their health and wellbeing and promote self-management.

During the first 12 months of the service, 322 patients were seen by volunteer Community Navigators who worked from GP surgeries. Navigators had a background in helping people meet their social or support needs and were recruited, trained and supported by a volunteer co-ordinator at Brighton & Hove Impetus.

The Community Navigation 'journey' offered up to six one-to-one appointments for individuals, either in the GP surgery or the participant's home, dependent on needs. Navigators form facilitative and empowering short-term relationships with patients, rather than create dependence on the service. They work with patients to assess their non-medical support needs via a 'guided conversation' and then work with patients to find solutions to these. Navigators obtain information about services, groups and activities from a regularly updated referrals directory and support people to attended services that meet their need and to reduce social isolation.

After the case is closed, a summary of the Navigation journey is given to the GP to place on their medical record, with patients' consent. A follow up telephone interview is provided 3-6 months after the case closed and re-referrals can be made where necessary.

The evaluation of the pilot found that 84% patients reported improvements to their health and wellbeing and 93% reported improved access to information to help address their issue.

Suggestions for improvement to the service included:

- Updates on patient progress for those who have been referred for Navigation
- To understand when patients are likely to be discharged from Navigation
- A Community Navigator to attend clinical meetings to share information
- Training opportunities on Community Navigation for new staff at surgeries

### **USdI co-location**

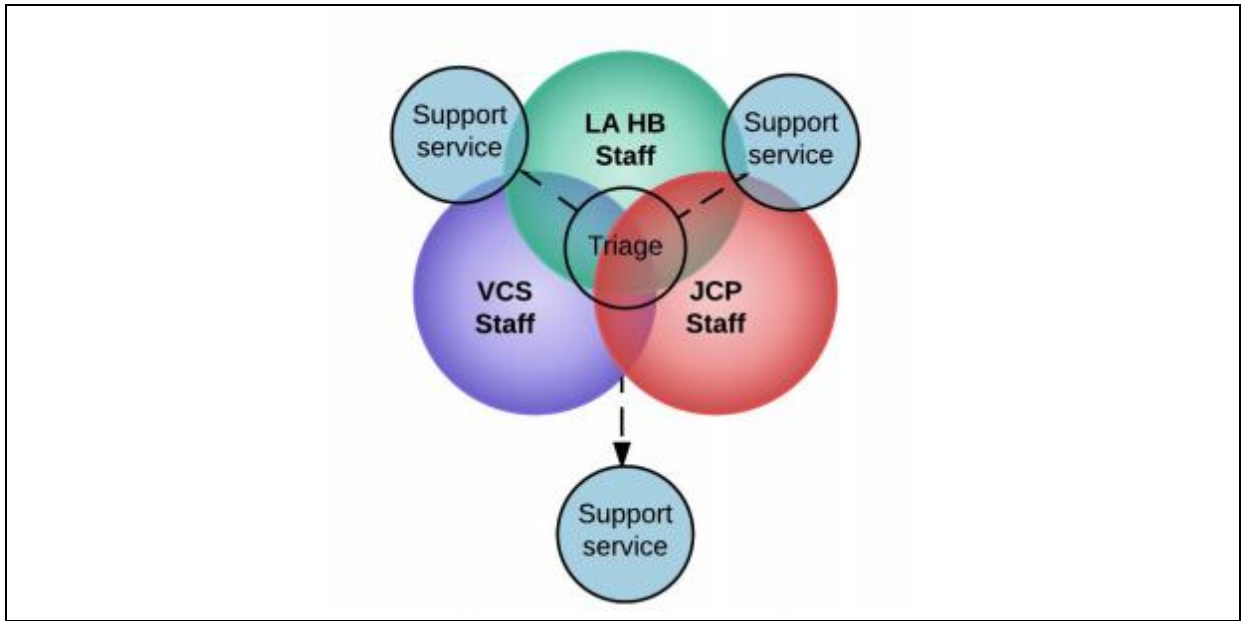
Co-location of services is a potential method to facilitate partnership working and information sharing. The 'Universal Support delivered locally' (USdI) trials provide learning around models for effective partnership working and co-location of services, which support disadvantaged residents with a range of needs, that other local authorities can build on.

The trials involved eleven partnerships between local authorities, Jobcentre Plus and third sector providers, who worked together to identify, engage and support local residents to manage their transition to Universal Credit.

The evaluation of the trials found that across all models of integration, the management and co-ordination of services was critical. Co-location of support services within single 'hubs' was an especially useful model which led to better communication and sharing of information between teams, and the ability to resolve issues quickly as information and expertise was easily accessible.

Co-location was also viewed as a way to streamline claimant access and engagement points and to provide claimants with 'warm handovers' between support services. In addition, working within the same space enabled providers to better know one another's support services – increasing the likelihood that they could 'sell' different support services to claimants.

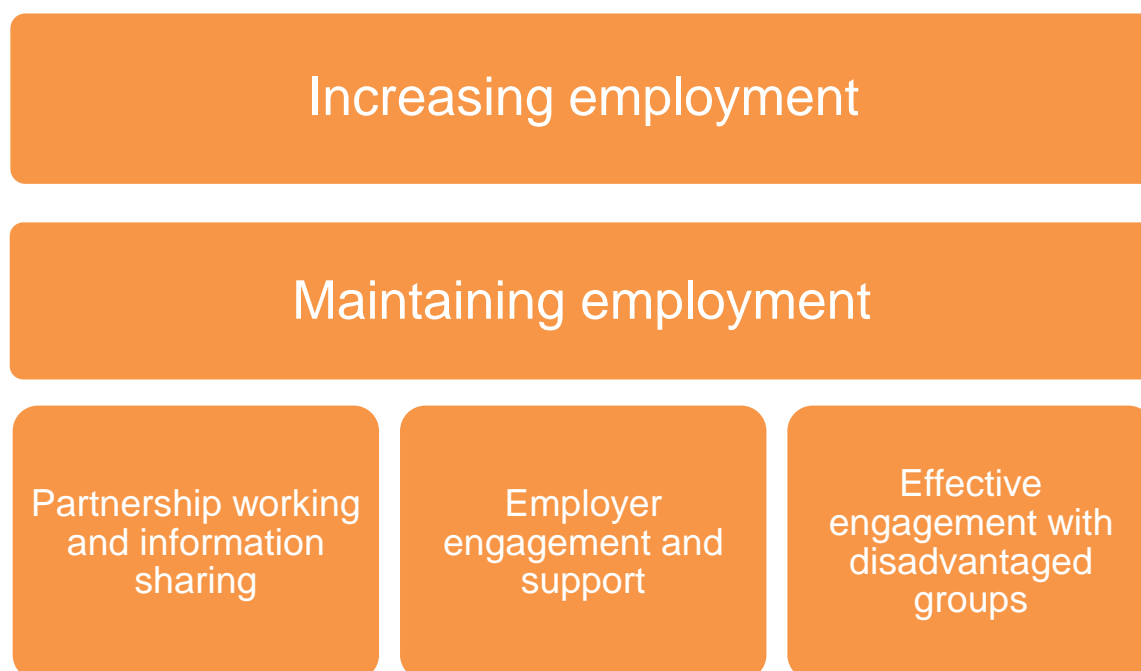
The model of the co-located hubs is demonstrated in the figure below.



## 7. Recommendations

Our research findings identified two key objectives in improving support for disabled people and those with health conditions, underpinned by three enablers – that is, the critical elements that will support partners in Brighton & Hove to achieve these objectives. This is set out in Figure 1 below.

**Figure 1 – Objectives and Enablers**



Below we outline one or two key recommendations in each of these five areas, along with proposed actions and success measures. Before doing so, we set out two overarching principles for taking these recommendations forward, on leadership and accountability and involvement of disabled people.

### **Leadership and Accountability**

We echo the finding in the draft City Employment and Skills Plan that there is a clear need for effective leadership and accountability for delivering on employment and skills ambitions in Brighton & Hove. To this end, we recommend that the City Management Board and/or the Learning, Skills and Employment Partnership takes on responsibility for overseeing progress against the objectives and actions that we set out below, alongside the CESP recommendations. We also recommend that either the existing CESP 'Action Groups', or where appropriate new task and finish groups, are accountable for progress on individual actions that are set out in the following sections.

### **Ensuring a clear voice for disabled people**

We also emphasise the critical importance of engaging disabled people themselves in the design and oversight of policies and services that affect them. We were very

fortunate to have the participation of a range of service users, disabled employees and support organisations in conducting this research and it will be critical to continue that engagement as objectives and actions are developed.

We therefore also recommend that disabled people in Brighton & Hove are engaged – directly and through their user-led organisations – in the implementation of the objectives and actions set out here.

## 1. Increasing employment

### 1.1 Prioritise disabled people within the City’s target for 1,000 new apprenticeships in 1,000 days; and for 3,000 opportunities to develop skills, experience and careers

The City Employment and Skills Plan sets key ambitions to increase apprenticeships by 1,000 starts in 1,000 days and to secure 3,000 opportunities to develop skills, work experience and careers through a new ‘employer pledge’. In both of these objectives, it will be important to ensure that disabled people and those with health conditions are able to fully benefit from the increased opportunities within the city.

On the latest available data, 11% of young people in education at key stage 5 (effectively, 16-19 education) are either school pupils with a Statement of Educational Need or are college pupils with a learning difficulty and/ or disability.<sup>16</sup> Broadly, employment outcomes for these groups are in line with those for their non-SEN or LDD peers. This 11% figure is likely to under-estimate the prevalence of disability and ill health amongst young people leaving education, but in our view it would be a reasonable and conservative proxy for setting ambitions for the engagement of disabled people in apprenticeships and in employer opportunities.

We have considered, but ruled out, the case for setting hard targets for participation of disabled people. However, we would recommend revisiting this if take-up by disabled people is consistently below this 11% level.

### Proposed actions

- Skills Action Group to assess emerging guidance and consult stakeholders on the additional funding available for young apprentices with Education, Health and Care Plans.
- Develop case studies, good practice examples and appropriate tools and resources for prospective employers and providers on employment of disabled people (see also Objective 4.1).
- Work with public sector bodies, employers, and Recruit Ability to raise profile of and champion employment of disabled people (see also Objective 4.1).

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<sup>16</sup> *Destinations of key stage 4 and key stage 5 pupils: 2014*; Department for Education

- Regularly monitor management information on take-up of apprenticeships and employer pledges by disabled people and those with health conditions.
- Where take-up by disabled people is consistently below 11%, then consider the case for implementing a take-up target.

### Success measures

- At least 110 new apprenticeships taken up by disabled people in Brighton & Hove.
- At least 330 employer pledge opportunities taken up by disabled people.

## 1.2 Further explore options for increasing intensive, specialist, personal adviser-based support for disabled people and those with health conditions who are out of work

The CESP sets an ambition of supporting 2,000 disadvantaged residents into employment by 2020. This figure includes an assumption that around 1,500 residents with a health condition or impairment will be supported into employment, predominantly those claiming Employment and Support Allowance in the Work Related Activity Group. This is a highly ambitious target – for example by comparison, over the last five years the government’s Work Programme has successfully supported just 307 ESA claimants into employment in Brighton & Hove<sup>17</sup>, while overall numbers claiming ESA have remained virtually unchanged.

The CESP sets out that the 2,000 target will be achieved through a combination of measures, including improved information sharing between agencies and partners in the city; the development of a new integrated case management approach for those who are more disadvantaged; additional support through the government’s new Work and Health Programme (although it is now clear that funding will be cut substantially compared with the Work Programme); and other supporting measures such as the Jobcentre Plus Flexible Support Fund and new European funding.

We strongly support the ambition set out in the CESP, and the proposals around information sharing and case management. In addition, our research identifies significant and diverse provision available across the city to support disabled people, which could contribute to achieving the CESP ambition. However, achieving the ambition of supporting 2,000 disadvantaged residents into employment (with around 1,500 residents a having health condition or impairment) would likely require harnessing of resources in excess of those available through existing provision and plans. Most likely it would require delivering support to around 6,000 residents over the period, or up to 2,000 residents a year.

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<sup>17</sup> Source: Stat X-Plore



We therefore recommend making a realistic assessment of the extent to which current plans will be able to meet the objective of supporting 2,000 disadvantaged residents into employment, and the likely scale of any shortfall. Assuming that there is a shortfall, we would recommend developing options for additional commissioned support (which might extend or build on existing provision).

### **What might extended provision look like?**

Our research identified that the key priority in terms of additional provision should be intensive, specialised adviser-based support to disabled people and those with health conditions, to prepare for and move into work.

Based on our analysis of 'what works' and best practices in the city and elsewhere, this provision would have the following key features:

- Targeted at those out of work and who want to work
- Voluntary to engage with
- A strong emphasis on outreach to and engagement with disadvantaged groups – through housing, health, Council services, etc. – engaging those who may not be actively seeking work and may not otherwise volunteer for employment support
- Specialist employment advisers operating with small caseloads (typically between 20 and 50 per adviser), with appropriate training on health conditions and their impact and access to specialist health professional support where needed
- Regular and intensive contact – typically meeting at least fortnightly and for at least half an hour, based on developing, agreeing and reviewing an action plan
- Using Supported Employment principles – vocational profiling, employment-focused, job matching and brokerage, aligned with health and rehabilitation support
- Well networked into other provision to address holistic needs – including health, skills, housing, family
- Able to support diverse groups – by age, impairment, combinations of disadvantage – but underpinned by personalised support

### **Fit with other services being commissioned**

Such a programme has a strong fit with the Work and Health Programme, but this is likely to be relatively small scale, with the contract package area covering the whole of Southern England. So while the WHP may not be an opportunity to fund a new support service in Brighton & Hove, a new service could help to target WHP

provision from the Southern area CPA in the city – by developing a co-funding deal with prospective providers.

### Proposed actions

- Services Action Group to assess in the coming year the potential impact on employment of measures set out in Objective 3 of the CESP and in this report.
- If a likely shortfall is identified against the target of increasing sustained employment by 2,000 over three years, Services Action Group to further scope out the commissioning of additional, specialist adviser-based employment support – building on the model described here.
- Funding avenues to be explored include the Work and Health Unit Innovation Fund; CCG commissioning; JCP Flexible Support Fund/ Dynamic Purchasing System; Public Health/ Council commissioning.

### Success measures

- Disability and health employment support programme designed, funded and commissioned during 2018.
- Employment programme contributes to achievement of CESP target of supporting 2,000 disadvantaged residents into employment by 2020.

## 2. Maintaining employment

### 2.1 Develop a ‘resources pack’ which signposts to existing services that can support employers and employees with managing health conditions and impairments at work

Our research has identified a range of existing support available through the city and nationally, but limited awareness. The key priority, therefore, should be to improve access to these resources for Brighton & Hove employers. We recommend therefore both the development of a resources pack, and identifying the right place for owning and maintaining this pack.

However, more action is needed than simply awareness raising. So further recommendations below, in particular under Objective 4 (employer engagement), also set out how employers can be better supported to keep disabled people and those with health conditions in work.

### Proposed actions

- Establish a Task and Finish Group to take forward this and Objective 4.1 – including Chamber of Commerce, Possability People, JCP, Council and business champions.

- Identify relevant existing city and national services – including Access to Work, MHSS, Fit for Work, Recruit Ability, Council Workplace Health Checks, ad hoc HR professional support.
- Develop a resource pack – describing service offers; eligibility/ target groups; how it is delivered; any costs or requirements; any evidence on impact; case studies of previous use; how to access it.
- Agree how resources pack will be owned and maintained.

### Success measures

- Resources pack developed and made available to employers by end of 2017.

## 3. Partnership working and information sharing

### 3.1 Develop and maintain a provision mapping tool

Our research has found extensive and diverse provision focused on employment support for disabled people and those with health conditions. Primarily this is support for those out of work, but also includes some in-work provision, and/ or support for those at risk of leaving work.

However, the research has also found that there is often only a very partial awareness of the availability of provision amongst organisations working with disabled people, and that the map of provision is changing frequently. We found good examples of efforts to map these – most notably the Opportunities Diary in JCP and the [My Life Directory](#)– but even these only captured a small fraction of what was available.

We believe that a well-designed provision mapping tool, which is bought into by partners and widely used, could be transformative in improving access to disability employment and health support – ensuring that people access the right support at the right time for them. However, the development and maintenance of such a tool would require clear ownership and direction, and likely have a resource requirement.

### Proposed actions

- New Task and Finish Group, or Services Action Group, to take forward provision mapping work.
- A mapping tool to be developed in partnership with VCS organisations, DWP, CCG and the Council, setting out: services available; service description; eligibility/ target groups; availability; costs or requirements; impact; and how to access or enrol. The existing JCP Opportunities Diary would be the best starting point for developing this tool.

- Agreement on hosting of tool (either within the VCS or Council) and access to/ use of it (across VCS, Council, health and employment services).
- Task and Finish Group to explore options for funding the ongoing running of the tool – perhaps through subscription/ top-slice from key partners.

### Success measures

- Provision mapping tool designed, developed and implemented by late 2017.
- Funding and ownership for ongoing management and maintenance agreed.

### **3.2 Improve the ‘gateway’ into employment support for those with health conditions and impairments, from a range of services including Jobcentre Plus, health services and VCS provision.**

The CESP has existing recommendations and actions to improve information sharing and case management between organisations. This research recommends a further focus on co-ordination between health, employment and VCS services. We found promising initiatives here, but real scope for further improving the joining up of support.

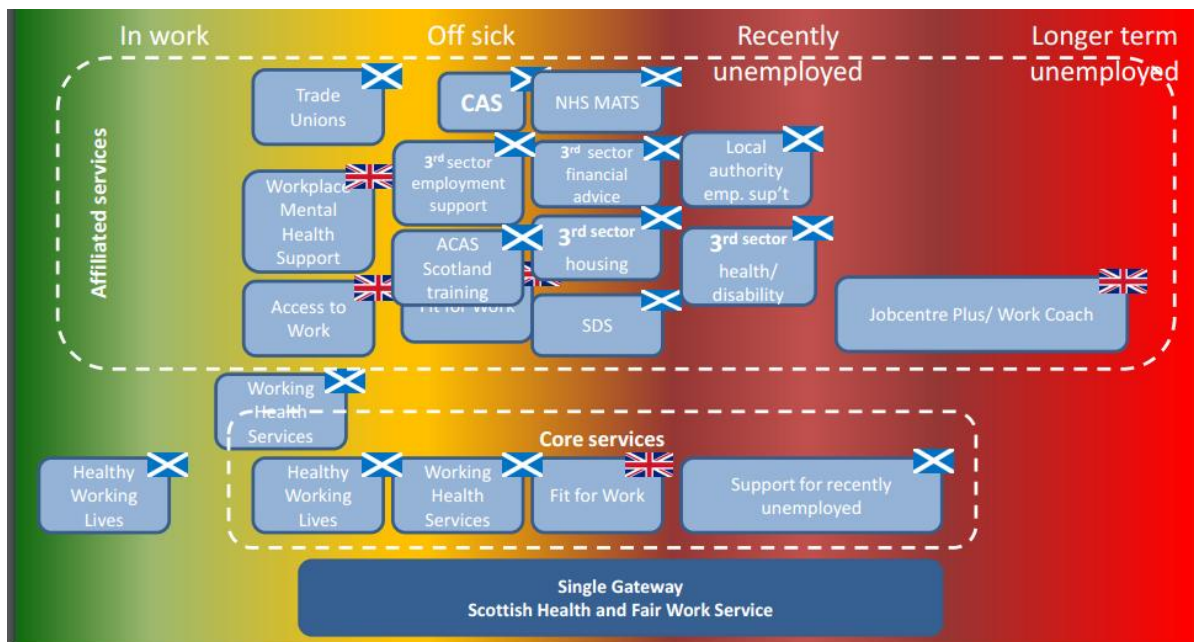
In particular, the importance of employment is recognised within CCG priorities – particularly within the city’s mental health and wellbeing strategy<sup>18</sup> and its commissioning of services including recovery services and supported employment.

In the short term, there may be a particular opportunity to reflect this focus on employment support in the re-commissioning later this year of the Community Navigator service – which will provide volunteer support to access non-medical, community based provision for individuals referred on from primary care. In combination with the development of the new provision mapping tool, a recognition of the importance of accessing employment support for Community Navigators could improve the gateway into employment support from health services.

In the longer term, there would be value in exploring the scope for developing a ‘single gateway’ to employment and health support, which is a model currently being developed by the Scottish Government and for which funding is being sought from DWP. An outline of the single gateway is set out below.

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<sup>18</sup> <http://www.brightonandhoveccg.nhs.uk/file/409/download?token=fmYOqUMF>



## Proposed actions

- The CCG, Council and VCS to identify options and agree proposals, if appropriate through a Task and Finish Group or the Services Action Group. This should include the following:
  - Exploring how increasing access to employment support can be reflected in the commissioning of health services. In the short-term, the forthcoming commissioning of the Community Navigator (social prescribing) model could include some focus on onward referral to employment support services.
  - Identifying options for raising awareness among GPs and health professionals of employment and health support services and promoting the social prescribing service – for example through engagement with GP clusters, co-location of navigators and developing and promoting additional guidance, case studies and good practice.
  - Exploring the scope for top-slicing small contributions from key partners to fund the development and maintenance of the provision mapping tool set out above.
  - Exploring the scope for funding or contributing to the funding of additional commissioned employment support, as set out in recommendation 1b).
  - In the longer term, considering the case for developing a ‘single gateway’ to employment and health support, along the lines of the approach being developed by the Scottish Government.

## Success measures

- Social prescribing model reflects importance of access to employment support
- Additional employment support (part) commissioned through health services
- Increased awareness of, and referral to, support services by GPs and other health professionals

## 4. Employer engagement and support

### 4.1 Champion the role of effective, inclusive businesses

Our research identified as a high priority the need to engage better with businesses to challenge preconceptions about disabled people and their employment. This should be through 'business to business' dialogue involving prominent business voices, case studies and 'myth busting'.

Brighton & Hove has a strong track record of taking similar, business led approaches to social issues – most notably through the Chamber of Commerce-led campaign to promote Living Wage employment within the city. Taking a similar, business led approach, with strong business leadership, could be transformative in changing attitudes to the employment of disabled people and opening up opportunities.

A number of current initiatives also provide opportunities to extend this approach – most notably the recent launch of Recruit Ability, and the proposals in the CESP for new growth support for small and micro businesses in the city.

### Proposed actions

- Establish a Task and Finish Group to take forward this and Objective 2.1 – including Chamber of Commerce, Possability People, JCP, Council and business champions.
- Identify potential business champions, through existing networks and through employers engaging with Recruit Ability.
- Develop myth-busting resources, case studies and best practice on inclusive employment – working with business champions.
- Identify opportunities for promoting these resources, and engagement with Recruit Ability – for example through Chamber of Commerce networks, business breakfasts, business awards.
- Explore the potential for engaging with city employers through the targeted growth support for small and micro businesses identified in the CESP.

## Success measures

- Myth-busting and case study resources available and promoted to businesses
- Increased engagement by employers with Recruit Ability
- Increased engagement by employers with the new Employer Pledge

### 4.2 Promote best practice and lead by example

The Council and CCG have already taken leadership roles in supporting disabled people and those with health conditions – notably through signing up to ‘Time to Change’, work to take on supported interns, providing workplace support to disabled employees and commissioning Supported Employment and Individual Placement and Support services. However, there is scope for the Council and other public employers in the city to do more to really set the agenda on disability employment, and more could be done to publicise the good work already taking place in the city.

## Proposed actions

- Council, CCG and other public and voluntary sector employers to lead by example, in particular by signing up for the Disability Confident campaign; offering opportunities including apprenticeships to disabled people; and equipping staff to better support disabled colleagues and/ or service users (including through the provision of Mental Health First Aid training).

## Success measures

- Council, CCG, other public bodies and voluntary sector employers signed up to Disability Confident
- Increased take up of Disability Confident among private sector employers

## 5. Engaging with disadvantaged groups

### 5.1 Support public and voluntary sector staff in identifying, engaging and triaging for employment and health needs

Making substantial progress on the employment of disabled people and those with health conditions will require a far greater focus than thus far on identifying and engaging with residents who do not currently come into contact with employment services, and being able to triage those residents and refer them on for the right employment and health support.

In particular, as noted, there are 8,500 residents who are in the ‘Support Group’ for ESA and therefore not receiving any employment support through Jobcentre Plus or

other mainstream employment services. More than half of those in the Support Group are claiming primarily due to a mental health condition or behavioural disorder.<sup>19</sup>

Many of those not in contact with employment services will nonetheless be in contact with other support or services – for example their landlord, Council housing or council tax officers, local community groups or children’s centres. In addition, a range of provision is already funded and commissioned to provide outreach support to disadvantaged groups. Therefore, the priority should be to explore how these existing outreach services and provision could be better supported to refer individuals on to appropriate employment support – in particular using the proposed new provision mapping tool.

As part of this, there would be value in exploring the scope for providing ‘Mental Health First Aid’ training to key frontline staff. This is intended, among other things, to support staff to spot the signs of mental ill health, feel confident in supporting those with mental health conditions, and guide people to the right support.<sup>20</sup>

### Proposed actions

- Task and Finish Group or Services Action Group to explore options for improving identification, engagement and triage for more disadvantaged and non-engaged groups.
- Encourage outreach organisations to adopt provision mapping tool (in Objective 3.1), so as to increase the reach of the tool for use with more disadvantaged groups.
- Work with CCG, Council and other commissioners of outreach and engagement activity so as to prioritise onward referral into employment support, where that is appropriate, drawing on the provision mapping tool.
- Explore scope to offer training to frontline staff in the public and voluntary sectors in identifying and triaging for health conditions and impairments – for example through Mental Health First Aid training.

### Success measures

- Increased take-up of disability employment and health support among the most disadvantaged groups – in particular those in the ESA Support Group, those living in the most disadvantaged areas, and those with multiple disadvantages including caring responsibilities, low or no qualifications, those in black and minority ethnic communities, LGBT service users and older people. (We recognise that for this to be possible, the capacity of existing services would need to be increased, as described in Objective 1.2).

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<sup>19</sup> Source: NOMIS

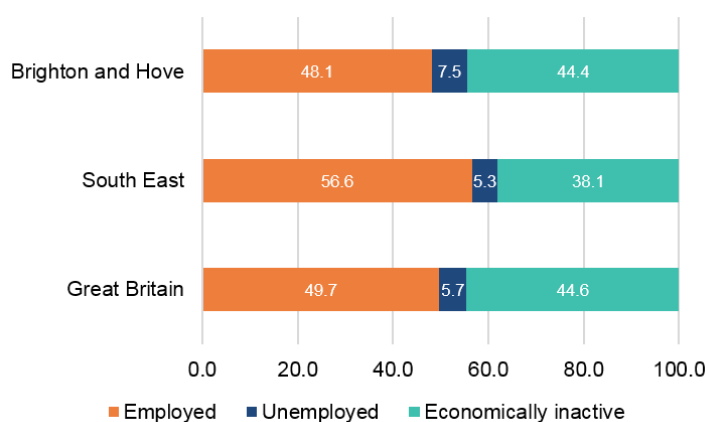
<sup>20</sup> <http://mhfaengland.org/>



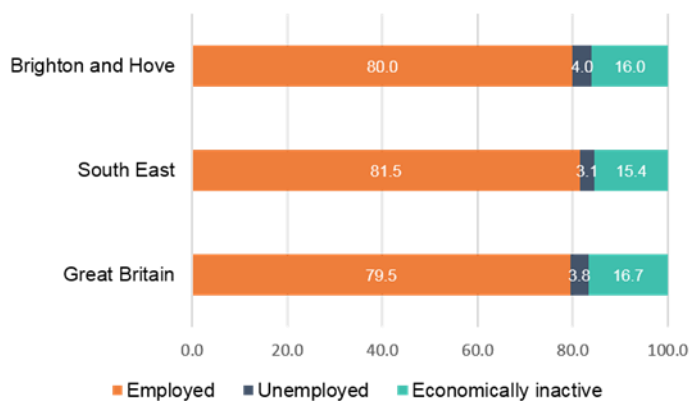
- Clear reflection of employment support as a priority within commissioned outreach services.
- Increased awareness among frontline staff of health conditions including mental health, and skills to engage and triage those affected.

## Annex one – Data Analysis

**Figure 1: Labour market activity of disabled people**



**Figure 2: Labour market activity of non-disabled people**

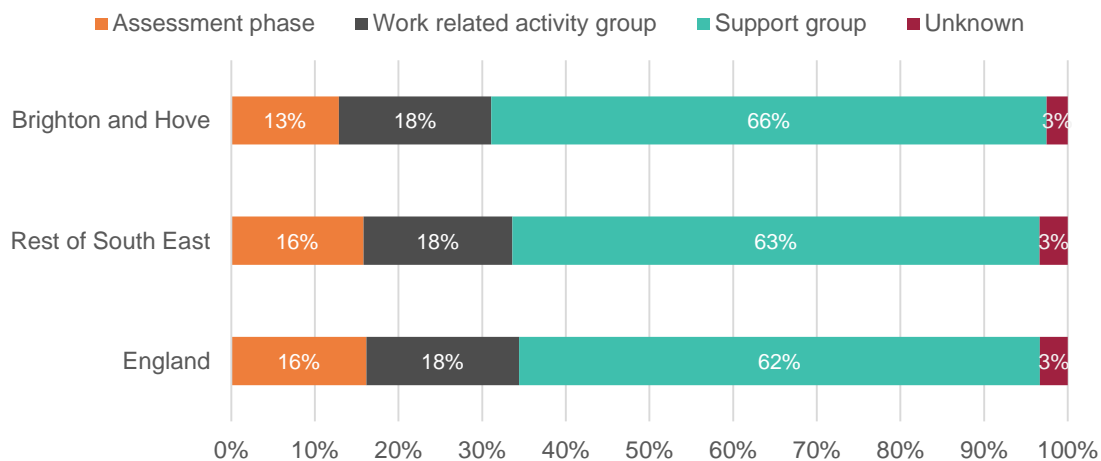


**Table 1 ESA claimants by phase and condition, Brighton & Hove, November 2015**

ICDGP condition	Total	Assessment phase	Work related activity group	Support group	Unknown
Total	12,350	1,590	2,250	8,200	310
Mental and behavioural disorders	6,970	870	1,300	4,670	140
Other conditions	5,380	720	950	3,530	170

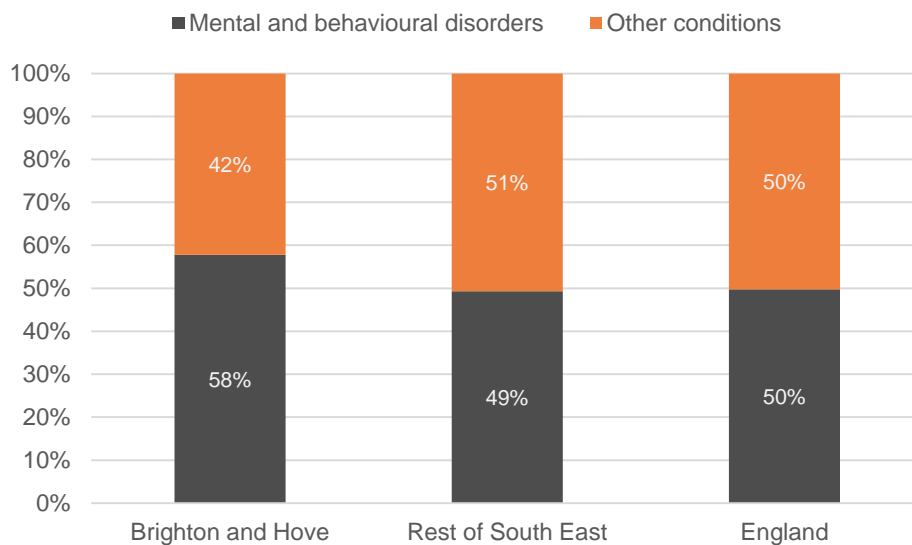
Source: DWP benefit statistics, NOMIS

**Figure 3: ESA claimant proportions by phase, November 2015**



Source: DWP benefit statistics, NOMIS

**Figure 4: ESA WRAG claimants by condition, November 2015**



Source: DWP benefit statistics, NOMIS

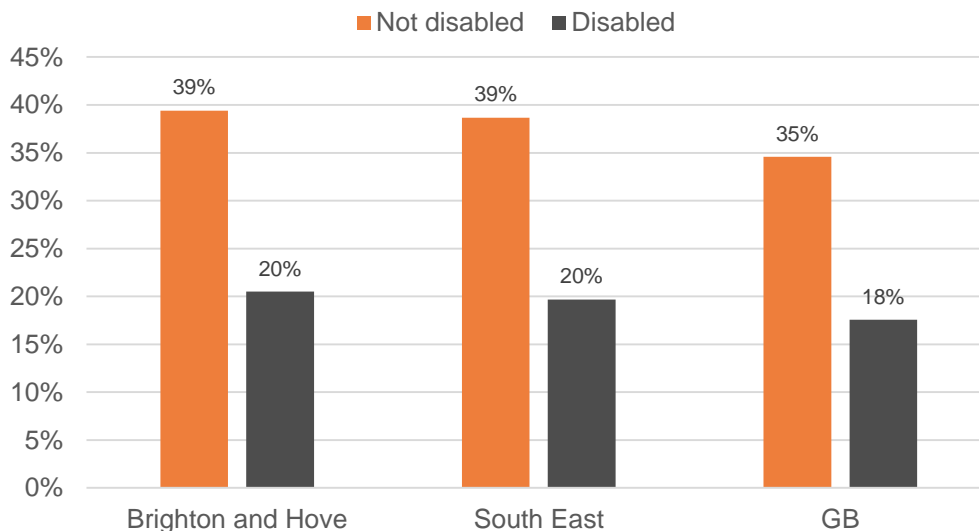
**Table 2: Work Programme, cumulative figures up to and including December 2015**

	All	Not disabled	Disabled
	<b>Referrals</b>		
<b>Brighton &amp; Hove</b>	7,410	4,130	3,280
<b>South East</b>	159,910	92,410	67,500
<b>GB</b>	1,810,000	1,147,430	658,950
	<b>Attachments</b>		
<b>Brighton &amp; Hove</b>	7,280	4,060	3,220

<b>South East</b>	157,830	91,170	66,650
<b>GB</b>	1,776,600	1,125,440	648,070
<b>Job Outcomes</b>			
<b>Brighton &amp; Hove</b>	2,260	1,600	660
<b>South East</b>	48,380	35,260	13,120
<b>GB</b>	503,160	389,230	113,750
<b>Attachment rate (% of referrals)</b>			
<b>Brighton &amp; Hove</b>	98%	98%	98%
<b>South East</b>	99%	99%	99%
<b>GB</b>	98%	98%	98%
<b>Job outcome rate (% of attachments)</b>			
<b>Brighton &amp; Hove</b>	31%	39%	20%
<b>South East</b>	31%	39%	20%
<b>GB</b>	28%	35%	18%

Source: DWP WP statistics, DWP Tabtool

**Figure 5: Work Programme, Job outcome rates (proportion of attachments), cumulative figures up to and including December 2015**



Source: DWP WP statistics, DWP Tabtool

**Table 3: Work Choice statistics**

		CPA25 - Kent, Surrey and Sussex	National
<b>Total</b>		6,300	121,700
<b>2010-11</b>	<b>Q3 and Q4</b>	1,450	23,520
<b>2011-12</b>	<b>All four quarters</b>	850	17,190
<b>2012-13</b>	<b>All four quarters</b>	1,100	21,780
<b>2013-14</b>	<b>All four quarters</b>	1,280	27,280
<b>2014-15</b>	<b>All four quarters</b>	990	20,860
<b>2015-16</b>	<b>Q1, Q2 and Q3</b>	640	11,070
<b>Of which have started Work Choice</b>		4,720	94,350
<b>Of which have achieved a job outcome</b>		1,990	41,140

<b>Attachment rate</b>	75%	78%
<b>Job outcome rate</b>	42%	44%

Source: DWP statistics: <https://www.gov.uk/government/collections/work-choice-statistics-number-of-starts-and-referrals--2#work-choice-statistics>

### Access to Work

Access to Work statistics are only available at the national level, but offer some interesting findings. 133,000 people have been helped since April 2007, a rate of roughly 30,000 a year. Of these, 3% had a mental health condition and another 5% had a learning disability. The others had physical disabilities or other illnesses. Nearly 60% of those helped were aged between 35 and 54. Of the awards for actual support and adaptations, 38% were for travelling to work, 36% for a support worker and 20% for special aids and equipment.

### Further Education participation

During the academic year of 2014/15, 2,406 learners with disabilities were studying with FE providers in the Brighton & Hove area, 19.5% of all learners. This is slightly higher than the rate for England at 17%.

**Dv8** is a private provider with two centers in Brighton and Bexhill, offering training programmes in music, fashion, digital media, live events and apprenticeships, combining accredited skills training with employability, work experience and mentoring. Nearly half of their learners had a learning difficulty or disability.

**Friends Centre** in Brighton claims that 39% of all its learners are resident in disadvantaged postcodes in Brighton. The highest proportion (67%) of all learners are resident in BN1 and BN2. 29% of their Adult Skills Budget learners are referred from agencies with Mind being one of their main referrers. Overall, nearly 40% of their learners had a learning difficulty or disability.

The main FE college in Brighton & Hove is the **City College**. Nearly a quarter of their learners had a learning difficulty or disability.

**Table 4: Participation by FE and Skill Providers in Brighton & Hove, by Learning Characteristics, 2014/15**

Provider Name	Total students			% of total		
	Total	Learning Difficulty and/or Disability	No Learning Difficulty and/or Disability	Learning Difficulty and/or Disability	No Learning Difficulty and/or Disability	Not Known
BRIGHTON & HOVE CITY COUNCIL	740	138	452	18.7%	61.1%	20.2%
BRIGHTON HOVE AND SUSSEX SIXTH FORM COLLEGE	2,400	77	545	3.2%	22.7%	74.0%

CITY COLLEGE BRIGHTON & HOVE	5,330	1,317	3,950	24.7%	74.1%	1.2%
DV8 TRAINING (BRIGHTON) LIMITED	120	57	60	47.5%	50.0%	2.5%
FRIENDS CENTRE	630	249	348	39.6%	55.3%	5.1%
PORTSLADE ALDRIDGE COMMUNITY ACADEMY	920	135	765	14.7%	83.1%	2.2%
ST JOHN'S SCHOOL AND COLLEGE	70	70	-	100.0%	-	-
VARNDEAN COLLEGE	2,120	363	1,755	17.1%	82.8%	-
Total	12,330	2,406	7,875	19.5%	63.9%	

Source: Skills Funding Agency, based on ILR records

**Table 5: Apprenticeship starts, by disability and learning difficulty, South East, 2014/15**

	Number	% of total
<b>Total</b>	<b>60,220</b>	
Learning Difficulty/Disability	5,970	10%
No Learning Difficulty/Disability	53,330	89%
Not Known	920	2%
<b>By Disability</b>	<b>Number</b>	<b>% of total disabled</b>
Visual Impairment	220	4%
Hearing Impairment	200	3%
Disability Affecting Mobility	80	1%
Other Physical Disability	110	2%
Other Medical Condition (For Example Epilepsy, Asthma, Diabetes)	1,210	20%
Emotional/Behavioural Difficulties	120	2%
Mental Health Difficulty	200	3%
Temporary Disability After Illness (For Example Post-Viral) or Accident	20	0%
Aspergers Syndrome	120	2%
Multiple Disabilities	80	1%
Other	490	8%
Not Known/Information Not Provided	4,200	
<b>By Learning Difficulty</b>	<b>Number</b>	<b>% of total disabled</b>
Moderate Learning Difficulty	420	7%
Severe Learning Difficulty	10	0%
Dyslexia	2,710	45%
Dyscalculia	90	2%
Other Specific Learning Difficulty	100	2%
Autism Spectrum Disorder	90	2%
Multiple Learning Difficulties	60	1%
Other	310	5%
Not Known/Information Not Provided	3,260	

Source: Skills Funding Agency

**Table 6: Activity 6 months after leaving University, 2013/14**

Domicile	Brighton & Hove			Rest of the country			Total
	Activity marker <sub>1</sub>	Disabled	No known disability (including unknowns)	Total	Disabled	No known disability (including unknowns)	
Working or due to start work	240	1,290	1,535	32,575	270,045	302,620	304,155
Studying	55	225	280	7,330	49,790	57,120	57,400
Other	10	90	100	2,655	15,450	18,110	18,210
Unemployed	20	60	85	3,085	15,175	18,260	18,345
<b>Total</b>	<b>325</b>	<b>1,670</b>	<b>1,995</b>	<b>45,650</b>	<b>350,465</b>	<b>396,110</b>	<b>398,105</b>
<b>% of total</b>							
Working or due to start work	74%	77%	77%	71%	77%	76%	76%
Studying	17%	13%	14%	16%	14%	14%	14%
Other	3%	5%	5%	6%	4%	5%	5%
Unemployed	6%	4%	4%	7%	4%	5%	5%

Source: HESA Destinations of Leavers Survey

1 Activity marker is defined as follows:

Working or due to start work:

- \* Full-time work
- \* Part-time work
- \* Primarily in work and also studying
- \* Due to start work

Studying:

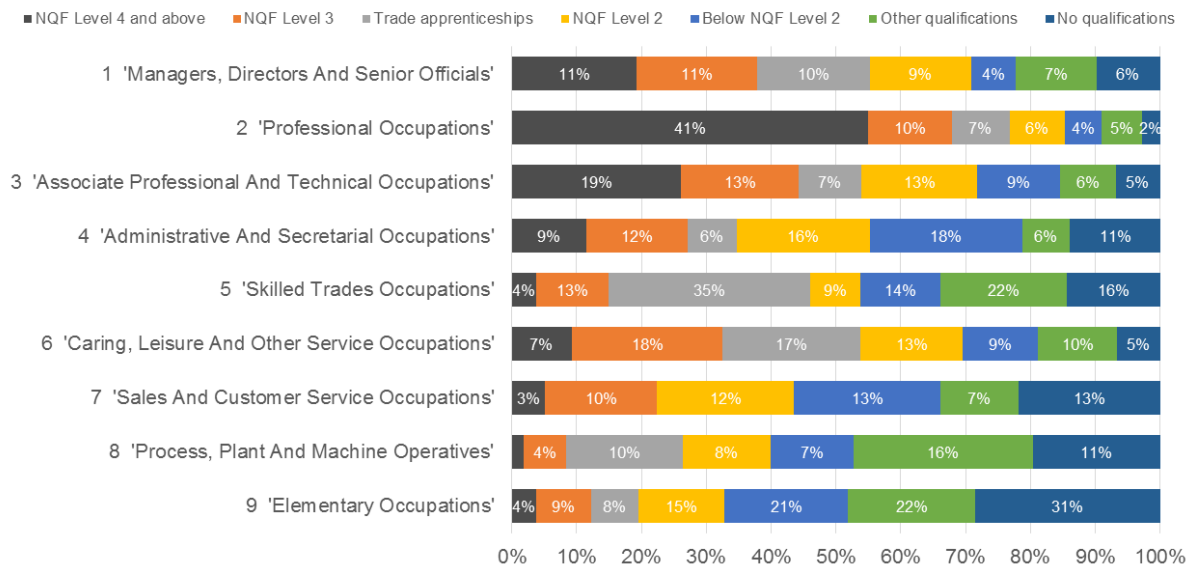
- \* Primarily studying and also in work
- \* Full-time study
- \* Part-time study

### Employment by occupation

- The overall pattern of employment for disabled people by occupation and qualification level is similar to the pattern for non-disabled people. However, there are some subtle differences.
- For non-disabled people, there is a higher proportion with a level 4 qualifications (15%) employed as 'Manager, Directors and Senior officials' compared to 11% for disabled people.

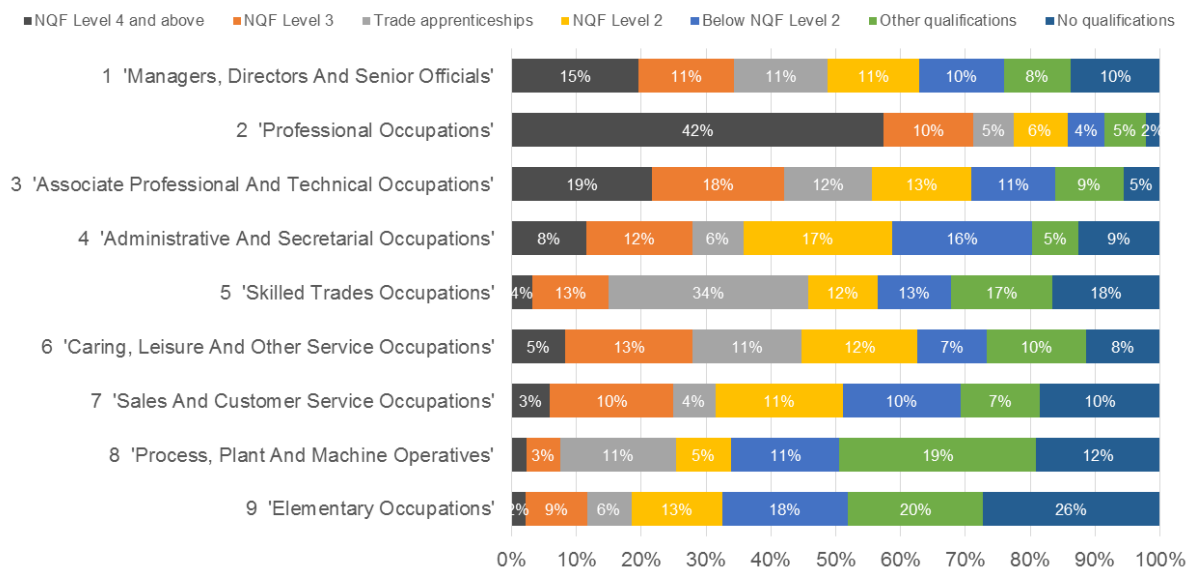
- 29% of disabled people with level 4+ qualification are employed in occupations below professional and manager level compared to 24% for non-disabled.
- For non-disabled people with no qualifications, 10% are employed as 'Manager, Directors and Senior officials' compared to 6% for disabled people. Some of these will be Directors of their own self-employed organisations, suggesting additional barriers to set up your own business if disabled.

**Table 7 Disabled employment by major occupation and highest qualification level, 2015**



Source: Labour Force Survey, 4 quarters in 2015 combined. Percentages: e.g. for disabled people, 11% of all those with a level 4 or above qualification are employed as 'Managers, Directors and Senior Officials'.

**Table 8 Non-Disabled employment by major occupation and highest qualification level, 2015**



Source: Source: Labour Force Survey, 4 quarters in 2015 combined. Percentages: e.g. for non-



disabled people, 15% of all those with a level 4 or above qualification are employed as 'Managers, Directors and Senior Officials

