Consultation on the Improving Lives green paper

Response of the British Association for Supported Employment

Background

The British Association for Supported Employment (BASE)[1] is the national trade association representing around 170 organisations that provide specialist Supported Employment services to disabled jobseekers and employers. BASE was formed in 2006 and represents both open placement providers and supported businesses.

BASE is particularly involved in supporting the employment aspirations of people with learning disabilities, autism conditions, and long term mental health needs but the Supported Employment model[2] that we promote is equally applicable to anyone with high support needs and facing an economic disadvantage. Employment levels among these groups have remained static or declined over the last decade.

BASE promotes delivery of the internationally recognised model[3] of Supported Employment. This includes Individual Placement and Support[4] (IPS), the American term for Supported Employment when used to support people with long-term mental health conditions.

Our response has been informed by a survey and consultation meetings with our members.

Introduction

BASE welcomes the publication of the Improving Lives green paper. As a representative association, we have been involved in many DWP task and finish groups over the last few years and it is clear that there is an appetite for doing things differently and for adopting an evidence-based approach. The paper includes some ambitious proposals and is far-reaching in its aspirations. This is to be welcomed and we are particularly pleased to see recognition that many, but not all, people currently in the ESA Support Group wish to work and can indeed do so if offered appropriate support.

The green paper coincides with a number of planned changes within DWP contracted delivery. The Work and Health Programme will replace the Work Programme and Work Choice and is about to be procured. Jobcentre Plus will take a much more central role in providing support to jobseekers for up to two years and will have to expand it's capability if it is to do so effectively. There is greater recognition of the need for personalised support, the value of specialist support and the integration of employment, health, social care and education provision.

These changes take place against a backdrop of reduced resources, both within government and within the local government and education sectors. We are trying to achieve more with less and this requires a focus on evidence-based practice. Employment support for those with the most substantial disabilities has generally been commissioned locally but reduced resources has led to extensive disinvestment in these non-statutory services over recent years. Many specialist services have closed or been substantially cut back leaving jobseekers with little in the way of alternatives to support and sustain their employment aspirations.

There have been important changes in education policy for learners with special educational needs. The Children and Families Act has introduced a focus on achieving better life outcomes, including employment, for young people with SEND (special educational needs and disabilities) including those

[1] http://base-uk.org

[2] http://base-uk.org/about-supported-employment

[3] http://euse.org/content/supported-employment-toolkit/EUSE-Toolkit-2010.pdf

[4] http://www.centreformentalhealth.org.uk/Pages/Category/employment

with Education Health and Care Plans (EHCP). If these improvements are to be sustained, then there will be an increased demand for long-term support from local specialist provision.

There is ample evidence that the use of Supported Employment achieves sustained outcomes and is cost effective when it is implemented within model fidelity. Any proposals for the wider use of Supported Employment should ensure that quality is monitored and providers supported to demonstrate model fidelity. BASE has previously drafted a quality assurance framework[5] and is currently collaborating with European partners to develop a Europe-wide framework for quality assurance based on the EFQM Excellence Model[6].

We welcome the focus on equal access to employment support. The model of support which we promote works. The Department for Education has recommended it within their supported internships programme guidance. The Department for Health, together with DWP, has expressed its desire to dramatically expand access to IPS provision. The National Institute for Health and Care Excellence (NICE) has referred to Supported Employment in its clinical guidelines. BASE has worked closely with DWP to propose the trial to fund locally commissioned Supported Employment provision and we welcome its inclusion in the green paper[7].

The time is right to adopt and resource Supported Employment as an effective and evidence-based model of support for those jobseekers requiring higher levels of personalised support. BASE would be pleased to support DWP in making this a reality.

We have addressed the questions in the consultation. Some are more relevant to our work than others. It is not possible to make all of our comments within the framework of set questions so we wish to make some additional comments within each section.

Chapter 1: Tackling a significant inequality

We welcome the focus on equal access to employment opportunities and on ensuring that people with disabilities and health conditions do not fall out of work. The ambition to halve the disability employment gap cannot be achieved by increased recruitment alone and we must address the high numbers of people who lose their jobs as a result of the impact of their disability or health condition.

Only 5.8% of people with a learning disability and who are known to social care services are in employment[8]. Of these, the majority are working less than 16 hours per week. Only 6.7% of adults using secondary mental health services are in employment. Employment rates for other cohorts such as people with autism conditions and sensory impairments are also low. Mainstream services are simply not able to meet their needs within the current procurement context. Only 8.2% of ex-Incapacity Benefit claimants found work through the Work Programme[9], a substantial increase compared to pre-2014 performance.

We know that good work is good for people. It must be acknowledged that much of the employment available at national minimum wage levels is not particularly good work and therefore not particularly beneficial to health. Indeed, some work can be toxic to health and wellbeing. We know that there is a huge churn in job outcomes for people with disabilities and health conditions. Work Choice currently achieves 64% job outcomes but only around a third of customers are still in work two years later[10]. It is vital, when working with jobseekers facing such economic disadvantage that we secure the right job for the right person with the right support. This will give us the sustained outcomes that we seek and

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5 http://base-uk.org/quality-standards

6 http://base-uk.org/project/supported-employment-quality-framework

7 Improving Lives: paragraph 98

8 http://www.content.digital.nhs.uk/catalogue/PUB21900

9 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/580107/work-programme-statistics-to-september-2016.pdf

10 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/572804/work-choice-statistics-to-sep-2016.pdf

Supported Employment is all about achieving this.

It cannot achieve it in isolation though. People need settled accommodation, reliable financial information, careers guidance, adequate health care and networks of support if they are to feel confident enough to enter work.

1. What innovative and evidence-based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?

Supported employment/IPS is recognised as an evidence-based model of employment support for people facing significant disadvantage in the workplace. Traditionally used with people with learning disabilities, autism conditions or long-term mental health needs, it also has the potential to be used with other disadvantaged groups such as care leavers, ex-offenders and people recovering from drug/alcohol misuse.

There has been extensive research[11] into the use of Supported Employment/IPS techniques in the United States and across Europe and the RAND[12] report refers to its efficacy in their 2014 report.

One of the strengths of the model is the high level of employer engagement and support and this ensures that sustained outcomes are higher than other models of support. Employers such as National Grid understand and appreciate the model of support provided. Supported Employment seems to be unique in the level of support offered to employers, both to understand the business case and to recruit and retain employees with significant disadvantage. **BASE has worked with employers to develop an Employer Charter and this could be linked to a quality assurance framework that we are currently developing.** We believe this has the potential to be replicated and scaled up.

There have been a couple of cost/benefit analysis[13] carried out in the UK but we think this is an area that needs further research. It is clear that there is great potential for savings within health and social care if we can support people into sustained work. Some services have begun to quantify these savings but it is an area that requires support so that the financial benefits are more clearly understood by commissioners and policy makers.

2. What evidence gaps have you identified in your local area in relation to supporting disabled people or people with long-term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?

As Supported Employment/IPS is largely reliant on local commissioning and is not a statutory service it has been subject to extensive disinvestment over recent years. A number of services have closed and many more have been dramatically cut back.

This leaves large local gaps in the provision of appropriate support for people with substantial disabilities. Our members report great difficulties in meeting the demand for employment support from people whose needs are not being met, for various reasons, by the mainstream DWP-funded programmes.

BASE would like to see more opportunities for co-location of employment support staff with other services such as CMHTs, integrated community learning disability teams and autism teams as well as with education providers. This would foster the raising of aspirations and sharing of knowledge and best practice across organisations. There is a particular need to engage more effectively about employment with schools and colleges. We are receiving reports from schools that they may need to reduce their employment support staffing if the new methodology for schools funding is introduced as proposed. This would undoubtedly hinder improved outcomes for young people.

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11 www.worksupport.com/research/database.cfm

12 https://www.gov.uk/government/publications/psychological-wellbeing-and-work-improving-service-provision-and-outcomes

13 http://base-uk.org/costbenefit-argument

3. How should we develop, structure and communicate the evidence base to influence commissioning decisions?

BASE would be pleased to discuss options for supporting work to improve commissioning across different organisations. We believe that we are well placed to engage with commissioners, many of whom have little experience of employment sector and have little experience about what "good" should look like. We have access to experts who have supported local organisations at a strategic level. An example of our work is the Department of Education funded *Employment is Everyone's Business*[14] project which has supported commissioning and best practice across Berkshire to support the transition process from education to employment for young people with SEND. The project has become an integral part of the Thames Valley Berkshire City Deal. **This work could be replicated, possibly using the Challenge Fund, to increase capability within commissioning, particularly in areas where there is diminishing investment in employment support.**

Commissioners are often responsible for investment decisions across a wide range of delivery areas and need clear and specific guidance about commissioning for outcomes, including the policy drivers, cost-benefit analysis, evidence-based best practice, contract monitoring and performance management.

Chapter 2: Supporting people into work

We welcome the ambition of this chapter. It undoubtedly makes sense for employment and health services to work closer together to offer an integrated offer of support for individuals. It will require a coordinated cross-government approach to achieve significant increases in the employment rates of people who have a disability and long-term health condition. The same approach could be used to support other disadvantaged jobseekers such as care-leavers, ex-offenders and people with substantial disabilities. This coordination will have to be mirrored at a local strategic level. With notable exceptions, we do not believe that Local Enterprise Partnerships have sufficient focus on these issues at present. Neither do they understand evidence-based approaches to improving sustained job outcomes. While devolved powers may encourage a more inclusive and integrated approach, there is a risk that resources and an increasing list of priorities may detract from the ambition to achieve equal access to employment.

It is envisaged that Jobcentre Plus will have a far stronger lead role in ensuring that jobseekers receive appropriate support. This places a lot of responsibility on individual work coaches who do not necessarily currently have the knowledge and expertise to accomplish this. The revised Disability Employment Advisor (DEA) role and the use of Community Partners will be important in supporting work coaches and we welcome their (re)introduction. Our previous experience of DEAs is that they operated most effectively when they were located and managed within district teams and networked widely. This increased their knowledge and expertise so that they were a very valued resource. **We support the Work and Pension Committee's recommendation that specialist work coaches be recruited to work with specific disadvantaged customer groups.**

DWP will have to be mindful that health services primarily work to a medical model of disability that focuses on functional deficit. This is incompatible with the "place and train" philosophy of Supported Employment, which is rooted within the values of the social model of disability. We have to be more ambitious in our expectation that individuals can work and can contribute in more than the traditional areas of hospitality, cleaning and retail. There is always a danger that work coaches will conform to a medical model and this will hinder individual aspirations.

Work coaches will need to have the time, expertise and guidance to ensure that people are referred to the most appropriate support. They will need a detailed knowledge of the quality and strengths of local provision if they are to refer through dynamic purchasing or established contracts.

[14] http://berkshire.elevateme.org.uk

If DWP wishes to ensure that support is truly personalised then it should help to foster good quality local provision that is able to meet this need. Supported Employment services are no longer available in every area and start-up provision will be needed. **We recommend that these services are supported to adopt best practice through a dedicated support unit, similar to the support offered by the Adult Learning Inspectorate when it sought to improve the quality of Workstep provision prior to its merger with Ofsted.** BASE would be keen to support this having already developed the National Occupational Standards for Supported Employment, a Level 3 Certificate for Supported Employment Practitioners and having close involvement in the development of a European Quality Framework for Supported Employment.

Building work coach capability

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

This will require a clear and comprehensive understanding of the individual jobseeker's circumstances, skills, learning & support needs, support networks, finances health and the obstacles faced as a result of the disability and personal circumstances. Work coaches will need to be well-trained and have access to specialist local support; both by internal structures such as Disability Employment Advisors and Community Partners and also by specialist providers operating in the area. We support the Work and Pensions Committee's recommendation[15] that specialist work coaches should be recruited to offer support to specific disadvantaged cohorts of jobseeker.

Work coaches need to understand and use person-centred approaches. The level and quality of personal support offered will depend on the caseloads of work coaches and the quality of the training that they receive. Smaller caseloads will lead to higher quality and better results if work coaches are well-trained and can adopt and link into the person-centred approach advocated across education, health and social care. Larger caseloads will have the opposite effect meaning that outcomes are poorer and less sustained. It will be impossible to offer personalised support if caseloads are too high and individual contact is limited to 90 minutes per year.

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

Work coaches will need access to specialist advice from DEAs, health professionals and Community Partners to equip them with the skills and knowledge necessary to individually assess the most appropriate support for a person with a disability.

Work coaches should be trained to understand the impact of disabilities and long-term health conditions on individuals. It is vital that this knowledge is delivered using a social rather than medical model of disability; a model based on the core values of Supported Employment and person-centred planning.

Any support needs to be person-centred for it to be effective. Work coaches must understand what this means in practice. They also need to understand when a "place & train" model would prove more effective than traditional "train & place" activity. Many people are currently directed to employability activity when a Supported Employment approach would deliver better outcomes. **We think it would be useful for work coaches to spend some time shadowing employment support services so that they have a better understanding of the Supported Employment model and how it can benefit jobseekers and employers.** Our members would be happy to support this initiative.

Work coaches need time to get to know each jobseeker when the obstacles that they face can be so complex. This can't be achieved solely within the JCP environment and we would encourage work coaches to get out and about to meet with their customers and understand their skills and behaviours across a variety of settings.

[15] http://www.publications.parliament.uk/pa/cm201617/cmselect/cmworpen/965/965.pdf

Work coaches should have no involvement in decisions about possible benefit sanctions. It is not possible to be a supportive and approachable work coach whilst they have the ability to instigate benefit sanctions.

The Dynamic Purchasing System used within Jobcentre Plus could be a useful way of securing appropriate provision for individuals but it is proving very difficult for providers to register their offer on it. Providers have to segment their provision for uploading and it is not possible for them to compare their offer and pricing against other providers. The system seems to rely on searches by key words only meaning it's only as good as the search words used by work coaches. There should be a better way of identifying and sourcing appropriate local provision and we hope that the use of community partners will help to improve how support is procured.

Supporting people into work

6. What support should we offer to help those 'in work' stay in work and progress?

The Supported Employment / IPS model specifically includes time-unlimited support to employers to ensure that work outcomes are sustained and that employers develop their capability in employing people with a disability or health condition. This support is likely to taper over time to become a keeping-in-touch process. It may well become low intensity and can be a very cost-effective means of heading off problems that would otherwise develop to threaten a person's employment. It is often the case that small issues around a change in routines, a change in line management, or communication misunderstandings can escalate to threaten a person's employment.

In 2000, Tania Burchardt[16] found that 1 in 6 people who acquired a disability lost their job within a year. 1 in 3 people who were disabled when they secured work were unemployed again within a year. We suspect that little has changed in the last 17 years. It will be impossible to tackle the disability employment gap without addressing the issue of job retention, both for people who acquire disabilities whilst working and for people who move into work.

We have concerns that recent changes to the Access to Work are making it less attractive to employers. We have increasing reports that employers are reluctant to use the scheme because of delays and complexity. It would be disappointing if employers were willing to recruit someone with a disability but were reluctant to due to previous bad experiences with Access to Work. The programme has become more bureaucratic over recent years and we fear that there is an increasing gap between the policy intent and the operation of the programme.

We would support a review into the operation of Access to Work. It has the potential to be a game changer but our members are continually reporting problems with its operation. It fails to support people to sustain work of less than 16 hours per week, threatening any progression to 16 hours plus. The requirement for quotes is overly bureaucratic. Communication with advisors is extremely problematic and it is difficult to agree third party authorisation. Decisions are still not transparent or consistent and there appears to be an increasing gap between the policy intent and the operational management of the programme.

BASE supports the idea of a one-stop shop as referred to within paragraph 168 of the green paper. It is clear that employers, especially SMEs, find it difficult to access clear guidance on how they can recruit and retain staff with disabilities and health conditions. An example is the lack of guidance literature at www.gov.uk/access-to-work - there should be a range of information here for employers and jobseekers, including easy-read materials. The gov.uk website is notoriously unfriendly and difficult to navigate and **we would support a one-stop shop website that is linked from gov.uk but separately hosted to offer a better reader experience and more coordinated and comprehensive information**.

[16] https://www.jrf.org.uk/report/enduring-economic-exclusion-disabled-people-income-and-work

7. What does the evidence tell us about the right type of employment support for people with mental health conditions?

Supported Employment / IPS has a long history of being used to support people with long-term mental health conditions. The co-location of employment and clinical staff is particularly useful to raise expectations within health services and to bring an employment focus to recovery plans.

We believe that IAPT has real potential to improve the retention of people experiencing common mental health problems at work. By taking referrals directly from employees via their GPs and employers it could offer a rapid response to support job retention. The original concept of IAPT was to co-locate employment support workers with therapeutic approaches but local funding after the roll-out meant that the employment function got dropped in may places. It will be important that there is immediate access to therapeutic support such as CBT if the retention function is to be realised fully.

The NHS is investing £10 million[17] on Improving Access to Psychological Therapies (IAPT) to ensure that 75% of those referred to an IAPT service will be treated within 6 weeks of referral and 95% within 18 weeks. We believe that a more ambitious target is needed to ensure early intervention because the longer a person is absent from work then the greater the risk that they do not return to work.

The First Million Patients[18], the IAPT three-year report, sets out the evidence for and benefits of IAPT as an effective tool for helping people to leave welfare benefits for work and to retain their jobs. It is a compelling case.

IAPT employment counsellors are vital in both keeping people in work and helping people to access therapy quickly. There is ample evidence as to the effectiveness in co-locating employment advisors[19] and to be most effective there should be at least 1 employment consultant to 8 therapists - most IAPT services run on a 1:15 ratio.

People with more entrenched mental health conditions may need a longer period to engage with employment issues. It may take over 18 months to achieve a job outcome and Supported Employment services are personalised to reflect their individual needs. Pathways should be supported by, and linked into, clinical services; CMHT's, GP Surgeries and therapeutic hubs in line with the holistic IPS model. This support is not generally funded and voluntary services that seek to support this customer group, such as Status Employment[20], face a constant struggle to secure funding.

It is crucial to address low self-esteem, motivation and an individual's skills set at the same time. Some people require time to recognise the potential that employment offers and to become confident enough to believe that it is a real option for them. Services such as Status Employment believe in improving an individual's general health attitudes and levels of fitness through involving individuals in internally developed interventions such as Confidence through Drama and sport initiatives but also external activities such as group visits to gardens, museums and art galleries, music, art and creative writing groups.

Effective rapid job search only occurs after a good vocational profile has determined an agreed individual support strategy to enable the individual to manage their mental health in a work context. Status Employment finds that with some of their jobseekers it is sensible to offer confidence-building sessions to keep their motivation high whilst looking for employment. They place people in employment settings that are consistent with their abilities and interests; where they can develop their skills in the work environment while being provided with on-going support. Support is also provided to the employer in the workplace if necessary in order to ensure the retention of the job. The evidence for these types of interventions is available; through careful profiling and placement, Status Employment consistently achieves a retention rate over 55%.

Interestingly they find that all candidates who engage, even if they had not found a job in the first twelve months, had moved towards social inclusion by either going to college, engaging in hobbies and sport, or doing voluntary work. The result is that they use the health service far less and stay well in the community bringing savings to local health and social care investment.

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[17] https://www.england.nhs.uk/wp-content/uploads/2014/11/payment-systs-mh-note.pdf

[18] http://www.mhinnovation.net/sites/default/files/downloads/innovation/reports/Three-year-report.pdf

[19] http://base-uk.org/knowledge/evaluation-iapt-employment-advisers

[20] http://www.statusemployment.org.uk

8. If you are an employer who has considered providing a supported internship placement but have not done so, please let us know what the barriers were. If you are interested in offering a supported internship, please provide your contact details so we can help to match you to a local school or college.

A number of large employers such as National Grid[21], GSK[22] and Siemens[23] have embraced supported internships as a way of introducing young people with disabilities into the workplace. Supported internships are aimed at young people aged 17-25 years who have an Education Health and Care Plan (EHCP) because of a special educational need or disability and this includes people with learning disabilities, autism and mental health conditions. These internships are for young people who do not have the academic skills to satisfy the key skills requirements of traineeships or apprenticeships but who can develop the vocational skills required by employers. However we are aware that many local areas are using supported internships inappropriately and use them as a means to addressing the barriers for young people in accessing traineeships and apprenticeships. Some internships are employer-led – Project SEARCH and National Grid are examples – but support to employers can be variable and we have increasing concerns that internships are not leading to sustained job outcomes.

It is increasingly difficult for colleges and Supported Employment services to access some national companies, particularly supermarkets, because of single agency agreements that national providers make with the employers. **We would recommend that single agency agreements be reviewed as it prevents local services from engaging with the employer.**

The biggest problem that employers face is uncertainty about the quality of programmes and support. Large employers experience a large number of approaches from providers and it is tempting for them to apply single agency agreements. The experience is that those colleges that have a clear focus on employer engagement and making best use of job coaching expertise achieve better outcomes[24]. We do not believe that the DfE funding of a national employer placement database will help to build the capability of post-16 education providers to engage with employers.

It may not be sustainable for many large employers to continually recruit students year after year so more needs to be done to promote supported internships within small and medium enterprises. Colleges and providers can't do this by themselves and need support from the Disability Confident campaign and from organisations such as the Federation for Small Businesses, Chartered Institute of Personnel and Development and the British Chambers of Commerce.

We have concerns about the quality of Supported Internships provision across the country. In some places it is in danger of becoming just a well-funded work experience programme with no emphasis on job outcomes. **We recommend that DWP liaise with DfE to tighten the definition and guidance on model fidelity within Supported Internships. We particularly recommend that students must be in the workplace for over 25 hours per week for the majority of the study programme.**

Supported internships can be an excellent exit route but are not the only route from education into employment and may not be appropriate for everyone. Individualised study programmes can enable students to experience workplace learning and develop vocational skills through extensive work experience that is tailored to individual ability and needs and can also lead to entry into traineeships and apprenticeships.

We welcome the Maynard Review's recommendations on apprenticeships and this should offer an additional route into work as long as training providers and employers provide adequate and appropriate support to their disabled apprentices. There is a clear role for adapted qualifications and apprenticeships[25]. Many training providers are not aware of the types of support that are effective in

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21 http://roundoakschool.org.uk/Internships/National-Grid

22 http://www.dsworkfit.org.uk/2013/01/23/project-search-work-experience-intern-with-glaxosmithkline/

23 http://pathwayplus.org/employability/

24 http://base-uk.org/knowledge/learning-difficultiesdisabilities-supported-internship-evaluation

25 http://www.martectraining.co.uk/special-education-needs

supporting disabled apprentices. We have collaborated with the work of the Learning and Work Institute to identify examples of best practice. **We recommend that Supported Employment techniques be used to support apprentices within the workplace, embedding supported Employment into apprenticeship provision as has happened in Kent[26] and being planned in Berkshire.**

Improving access to employment support

9. Should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?

Many people within the ESA Support Group wish to work. Mencap states that over 60% of people with a learning disability want to work[27] yet only 5.8% of adults are employed[28], mostly under 16 hours per week[29]. Similarly, large numbers of people with long-term mental health conditions wish to work but only 6% of people using secondary mental health services are employed. The National Autism Society estimates that only 32% of people with autism conditions are employed and only 16% are in work of over 16 hours per week[30].

We welcome the green paper's focus on engaging with people in the ESA Support Group. This is not going to make any difference, however, unless resources are made available to support research and engagement. **It appears to be extremely difficult to identify DWP funding to support trials with people in the Support Group and we recommend that the Work and Health Unit be allowed to fund innovative activity in this area as a matter of urgency.**

We should be constantly raising awareness of work and offering support but any jobseeker engagement must be voluntary and should be based on informed choices. There is huge unmet need for impartial careers guidance and welfare rights advice from appropriately trained staff; key information required by people who are exploring work options. It is critical that young people and their families understand the options earlier and **we recommend that better-off financial calculations be an integral part of transition planning from the age of 14 years**.

We have concerns that the green paper hints at increased conditionality by making the Health and Work Conversation mandatory. Our view is that any agreed actions must be voluntary but could be formalised in a "claimant commitment"[31]. We would like to see a clearer Jobcentre Plus commitment to providing appropriate evidence-based support.

We welcome the research to understand better ways of engaging with the Support Group described in paragraph 112. Many people are discouraged from engaging because of fears of benefit reassessment. We are getting increased reports of individuals being reassessed on to Jobseeker's Allowance following undertaking permitted work and this generates a fear of engagement. It is vital that people are encouraged rather than penalised for engaging on work issues if they are to engage in conversations about work. **We recommend that a 104-week linking rule be reinstated for people in the ESA Support Group so that if they can try out paid employment and if it doesn't work out for them then they revert to the benefit entitlement that they previously received.** This would do much to reassure people in the Support Group, and their families and support staff, that work is something to be explored without fear of any repercussions.

10. What type of support might be most effective and who should provide this?

11. How might the voluntary sector and local partners be able to help this group?

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26 http://base-uk.org/knowledge/evaluation-vulnerable-learner-apprenticeship-project

27 https://www.mencap.org.uk/get-involved/learning-disability-work-experience-week

28 http://www.content.digital.nhs.uk/catalogue/PUB21900

29 https://www.improvinghealthandlives.org.uk/securefiles/170131_1247//PWLDIE%202015%20final.pdf

30 http://www.autism.org.uk/TMI

31 Improving Lives: paragraph 92

12. How can we best maintain contact with people in the Support Group to ensure no-one is written off?

Support must be proactive and engage with people in their own settings. It requires an in-depth knowledge of local areas and the range of locally active organisations and providers. Health and education sectors must recognise the positive contribution all disabled people can make in the workplace, and deliver this to the disabled people and families they support. They should also work collaboratively across agency boundaries to improve engagement with the support group to ensure no-one is written off. We do not think that Jobcentre Plus is the most appropriate organisation to provide initial or ongoing contact with people in the Support Group and that it would be preferable to deliver this support through local authorities, health and the voluntary sector and post-16 education providers.

Support must be tailored, flexible and address the obstacles, real and perceived, that people face as a result of their circumstances. It must be accompanied by good quality careers guidance that is ambitious for individual outcomes and built on an in-depth and holistic understanding of individuals and understanding of the local labour market as well as options for self-employment and entrepreneurship. Vocational profiling would be a good way of achieving this understanding. Individuals will require "better-off financial calculations" from suitably qualified advisors.

This sort of support could be provided by public or voluntary sector organisations but multi-agency collaboration is vital if sustainable change is to happen. Collaboration should include health and social care, housing, debt counselling, and addiction services as appropriate to the individual's needs. This will require additional resources and the Flexible Support Fund or Challenge Fund may be a way of funding this support. We welcome the commitment of additional funds to the Flexible Support Funds but this must be seen within the context of previous cuts[32]. Local authorities are disinvesting in local employment support so BASE would welcome any DWP investment in assisting people within the ESA Support Group.

Chapter 3: Assessments for benefits for people with health conditions

At the moment, claiming welfare benefits is a very stressful process. At times it can appear to some claimants as if there is a default position to refuse claims and put the onus on individuals to appeal against decisions. The introduction of mandatory reconsideration has put an extra step in the way for claimants though we can understand the reasoning for doing this to ease pressure on appeals tribunals. Claimants with low levels of self-confidence and motivation are easily discouraged from appealing against decisions and need access to specialist advice services if they are to mount a convincing appeal. This support is diminishing so too many people are being incorrectly assessed as fit for work despite being highly dependent on health and/or social care. The work capability assessment has a focus on identifying functional deficit but people are not generally forthcoming about what they cannot do and may have little insight into their condition.

We believe that a wider range of medical and social advice should be sought when assessing benefit entitlement. Advocates, representatives, carers and support staff often have a clear and objective opinion as to an individual's capabilities and this should be taken into account.

We welcome the announcement to end the reassessment of those with the most severe conditions and would like to see a better system of reassessment. Sometimes claimants have just won an appeal against a benefit decision when they are invited to a reassessment. This can't be right.

The initial assessment drives decisions about the way in which employment support is provided. There is a danger that too many people get caught up with sanctioning and we would welcome more discretion in the use of sanctions. However, we do not feel that a supportive work coach should be put in the position of instigating sanctions against an individual. We also have doubts about the effectiveness of a regime based on sanctioning, particularly where the impact of such sanctioning is not fully understood[33].

We would like to see separate assessments of benefit entitlement and employment support

[32] http://base-uk.org/members/news/flexible-support-fund-budget-cut-£63m

[33] https://www.nao.org.uk/report/benefit-sanctions/

requirements. At the moment, there are more ESA than JSA customers referred to the Work Programme and vice versa for Work Choice. It doesn't seem to have any rationale behind this. Referral decisions should be unrelated to benefit entitlement - they should be about identifying the most appropriate provision for meeting each person's needs.

13. Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?

Yes. The assessment for financial support is based on a medical model of disability whereas employment and health discussions should use a social model. The assessment for financial support identifies functional deficits and claimants have to stress what they are unable to do safely and consistently. An assessment of employment and health support will focus on an individuals skills and potential. The two are incompatible and should be separate.

14. How can we ensure that each claimant is matched to a personalised and tailored employment-related support offer?

Please see our response to Chapter 2.

15. What other alternatives could we explore to improve the system for assessing financial support?

16. How might we share evidence between assessments, including between Employment and Support Allowance/Universal Credit and Personal Independence Payments to help the Department for Work and Pensions benefit decision makers and reduce burdens on claimants?

17. What benefits and challenges would this bring?

18. Building on our plans to exempt people with the most severe health conditions and disabilities from reassessment, how can we further improve the process for assessing financial support for this group?

19. Is there scope to improve the way the Department for Work and Pensions uses the evidence from Service Medical Boards and other institutions, who may have assessed service personnel, which would enable awards of benefit to be made without the need for the claimant to send in the same information or attend a face-to-face assessment?

We have received mixed feedback about these questions. Shared evidence might prevent duplication of work and make the claims process more streamlined. On the other hand there may be some dispute as to the accuracy of previous assessment data. There should be claimant consent for any data sharing to happen.

We are concerned about the extent to which people feel that the default DWP position is to refuse entitlement to Personal Independence Payments so that individuals have to request reconsideration and go to appeal. Appeals against the loss of ESA are also succeeding in large numbers. 57% of people who appealed against the loss of the employment support allowance for claims started between July and September last year had the decision later reversed on appeal[34]. We understand that, despite the introduction of reconsideration, 57% of 7,931 PIP appeals successfully overturned the initial assessment decision in the first quarter of 2015/16.

Chapter 4: Supporting employers to recruit with confidence and create healthy workplaces

Embedding good practices and supportive cultures

[34] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575604/esa-wca-summary-december-2016.pdf

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

This should be well known by now. We welcome the improved involvement of employers within policy discussions. They are best placed to describe the barriers that they face. We do not believe that there are many employers who overtly discriminate. There is, however, a continuing fear of the unknown and a reliance on Human Resources Departments to make the running on recruitment innovations - something which they are generally risk-averse to do. Jobseekers are still reluctant to disclose disabilities and health conditions to their employer and work is needed to encourage openness about the impact of health conditions.

Many employers, particularly SMEs, are unaware of Access to Work assistance. Publicity for the scheme has been inadequate and the constant tinkering with the system means any published information is soon out of date. It appears that some employers are now resisting the recruitment of people with substantial disabilities because of the bureaucracy and time delays within the programme. This is unacceptable and **we recommend that the marketing of Access to Work be reviewed and substantially improved**. This information should be readily accessible and currently isn't. A one-stop shop would help greatly to make guidance materials more accessible and easier to find.

It is difficult for employers to access reliable information about recruiting people with disabilities. We welcome the Disability Confident materials but they need a stronger focus on addressing the needs of SMEs and there should be a more user-friendly portal than the current gov.uk website.

We recommend that employer champions be more actively recruited to develop and publicise the business case for recruiting a diverse workforce. There are too many fragmented campaigns, such as *See the Potential*, for recruiting older workers, young people, ex-offenders etc and there should be a more integrated campaign for recruiting inclusive workforces.

Employers often think that such recruitment will be time consuming and they fear being caught up in industrial tribunals if things go wrong. In our experience they are dismayed by the "dump and run" behaviours of some providers and value the ongoing support provided by Supported Employment services who can hold their hand through the process. Employers need to know what "good" looks like and there is little to guide them in choosing effective providers of employment support. **We believe that some form of audited kite mark or inspection process be developed to help guide employers and jobseekers about the quality of available provision.**

21. What expectation should there be on employers to recruit or retain disabled people and people with health conditions?

This is covered by the Equalities Act. We do not favour the reintroduction of quotas at this time. There is some really strong employer practice and we need to do better at publicising it. For example, IKEA has demonstrated some exceptional practice in recruiting people with substantial disabilities in Edinburgh[35].

22. Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions? Please consider:

- the information it would be reasonable for employers to be aware of to address the health needs of their employees;

- the barriers to employers using the support currently available;

- the role a 'one stop shop' could play to overcome the barriers;

- how government can support the development of effective networks between employers, employees and charities;

- the role of information campaigns to highlight good practices and what they should cover;

[35] http://total-hygiene.uk/public_html/images/downloads/ikea_case_study.pdf

- the role for government in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles;

- the impact previous financial, or other, incentives have had and the type of incentive that would influence employer behaviour, particularly to create new jobs for disabled people; and

- any other measures you think would increase the recruitment and retention of disabled people and people with health conditions.

- Should there be a different approach for different sized organisations and different sectors?

- How can we best strengthen the business case for employer action?

BASE welcomes the Government's commitment to the Disability Confident campaign but it is currently too narrowly focused on national employers and must find new ways of engaging with SMEs by collaborating with the British Chambers of Commerce, Federation of Small Businesses and Chartered Institute of Personnel and Development. Smaller employers are probably employing more disadvantaged people than the biggest employers[36]. As stated, we think a single "one-stop shop" covering all diversity issues would have a higher profile amongst employers and engage them at a higher level. It would be easier to signpost to but must be in a more user-friendly and navigable format than that afforded by gov.uk.

Despite the increasing numbers of employers signing up to Disability Confident, it doesn't seem to have led to significant increases in recruitment. There is always the danger that these initiatives will be tick-box exercises that don't lead to change. There may be a case for small to medium employers being able to access a grant, possibly via Access to Work, to fund disability awareness training. The Downs Syndrome Association[37] has developed some strong work in this area and has put effort into developing the skills of workplace mentors.

We are unclear on the extent to which diversity management is included within professional qualifications for human resources personnel and recommend that Government liaise with the Chartered Institute of Personnel and Development on this issue.

In our experience it is very difficult to engage corporately with employers and the most effective engagement is with individuals who wish to make a difference within companies. This isn't sustainable and means that initiatives often get dropped once key individuals leave the company. It is difficult to identify such people and so we believe that a public awareness campaign would be more effective. Campaigns such as SHIFT and Time to Change have done much to address public attitudes. A similar campaign around disability employment could achieve much and signpost to a one-stop shop portal. BASE has also engaged with television production companies who have sought to broadcast "reality tv" programmes about disability and employment. Programmes such as these will help to demystify the employment of people with disabilities and DWP should provide supporting materials for individuals and companies who might wish to get involved.

Employers are very unsure about the quality of support that they should expect. It is impossible for them to compare quality between services and we would welcome the introduction of a quality standard to guide their decision-making. BASE has drafted quality standards[38] for the Supported Employment sector and worked with employers to compile an Employer Charter[39] that has been well received.

BASE does not believe that there is a place for financial incentives for employers to recruit workers with a disability as this does not promote the positive contribution that disabled people can make to the workplace. We have received conflicting views from our members but overall we believe that most employers value support and guidance far more than financial incentives which have the potential for driving unintended consequences such as recruitment churn or job displacement.

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36 http://base-uk.org/members/news/fsb-report-smes-best-recruiting-disadvantaged-workers

37 http://www.dsworkfit.org.uk/i-have-work-to-offer/

38 http://base-uk.org/quality-standards

39 http://base-uk.org/quality-support

There may be a case for tax incentives to encourage employers, especially SMEs, to adopt NICE-recommended workplace health programmes to support employee wellbeing. BASE would support trials of preventative actions such as this.

There is already a strong business case for recruiting and retaining people with disabilities and health conditions. Government could do more to involve employers in further developing this business case as well as working with employers to cascade and publicise it across all sectors. The Social Value Act also offers an opportunity to consider the role of supply chains as employers of people with disabilities and health conditions.

Government has a role to play in setting a positive example. It is still easier to secure jobs within the private sector than in the public sector. We welcome the initiative by NHS England to encourage the recruitment of people with a learning disability within health services but it hasn't achieved much so far because NHS England has very little authority to enforce changes. We need to see more inclusive recruitment practices. Working interviews offer an opportunity for jobseekers to demonstrate their skills as an alternative to traditional interviews and should be more widely adopted. This is a powerful experience for recruiters but there is a fear of doing this in the public sector because of the requirements to appoint on merit. **We would like to see a stronger steer from Government, possibly building on the Valued in Public[40] initiative, so that the public sector has freedom to use working interviews as a matter of routine.**

Government can play its part in developing better service quality by supporting a provider improvement unit and considering the role of external audit/inspection. It can provide opportunities for employers to get more involved in national discussions on best practice and policy development. It could procure a national public awareness campaign, set up a user-friendly one-stop shop for guidance information. It could also review the high turnover in government departmental staffing so that past expertise, knowledge and lessons are not continually lost.

Moving into work

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

This question is responded to elsewhere throughout the consultation response.

Staying in or returning to work

24. What good practice is already in place to support inclusive recruitment, promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?

There have been several small-scale trials of co-locating employment support services within health centres. These have been successful with over 90% of people referred directly by GPs retaining employment, either in their existing workplace or within a new job. It should be possible for health centres to be hubs where people can access a wide range of support including assistance with job retention. Co-location means that GPs can refer immediately for support and advisors can directly update patient records.

The IPS fidelity model currently penalises providers who offer successful job retention support and discussion should take place to ensure that this doesn't hinder providers in offering appropriate support.

We think that health services can do more to foster good practice in the promotion of wellbeing within the workplace. The Workplace Wellbeing Charters could focus more on disability. BASE supported Coventry and Warwickshire to develop their original Workplace Wellbeing Charter and this included a standard on disability but this seems to have been dropped as a standardised national charter was introduced.

[40] http://base-uk.org/knowledge/valued-public

25. Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?

Potentially. We would support a tapered approach to SSP that takes account of phased return to work but have concerns about how it would be implemented in the case of zero-hours contracts.

26. What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?

27. What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

We have no view on the use of group income protection. It may well be a good option for employers and much will depend on the cost. Perhaps insurance companies could offer lower premiums to employers that are signed up to any proposed workplace health standards. It is certainly in the interests of insurance companies to refer workers who are long-term absent to specialist support organisations. Again, we stress the need for judgements on provider capability so that insurance companies understand what "good" looks like and can identify effective support organisations that work within model fidelity. The quality standards that BASE has developed offer an opportunity to do this and we would be pleased to discuss work in this area.

Chapter 5: Supporting employment through health and high quality care for all

Improving discussions about fitness to work and sickness certification

28. How can we bring about better work-focused conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual can do, particularly during the early stages of an illness/developing condition?

This question is applicable to two groups of people - those who have worked and are at risk of leaving employment and those who have not yet been to work because of a disability or health condition. Each needs appropriate advice and support.

Support for people entering work has been covered in our response to Chapter 2 of the consultation but we believe that there needs to be more ambition about what people can contribute within the workplace.

Job retention advisors, whether they're a work coach or health professional, should receive training in mediation and return to work techniques. This training is readily available and would help advisors to provide a focused intervention.

29. How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?

Employment and job retention should be included in the commissioning and outcome frameworks for the health service. There doesn't seem to be any reference to employment within the CQIN guidance[41]. There should be better recognition of the health benefits of good quality work matched to individual circumstances. There also needs to be recognition of the financial benefits from savings that accrue as a result of individuals who were previously dependent on health and social care services entering work.

Health and social care professionals need appropriate training and this should be built into clinical training for new staff and professional development for existing staff.

[41] https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/

30. Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other healthcare professionals do you think should play a role in this process to ensure that individuals who are sick understand the positive role that work can play in their recovery and that the right level of information is provided?

We believe that other medical staff can provide this sort of information and judgement. Nursing staff are used as benefit assessors already so we see no reason why someone who is medically qualified and knows the person shouldn't be able to make a judgement on fitness to work. As an example, people who have a learning disability have annual health checks. Medical staff such as learning disability nurses should be well placed to judge fitness for work.

31. Regarding the fit note certificate, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?

32. Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?

GPs should be personalising the information on the fit note but pressures are likely to mean that they enter standardised information. It's unlikely that detailed information will be offered unless it is specifically asked for. The employer and any services supporting the individual's return to work should be able to contact the GP directly, with consent, for more detailed opinion and information. GPs may wish to charge a fee for this support but we would see it as part of their contracted support.

Mental health and musculoskeletal services

33. How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?

GPs and employers should be able to refer to local support services that can intervene rapidly to assess the individual's situation and work in partnership with employer and employee to plan a course of action. Not all employers are supportive or caring and employees should be able to self refer where necessary. Sometimes mediation services will be required where the ill health is a result of stress caused by a poor employer. We generally believe that face-to-face support is more effective than telephone based occupational health services. Whilst telephone based support has its place it won't suit everyone.

34. How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?

It's interesting that young people with special educational needs can access information about local support services online using the "local offer" directories. Whilst the quality of these varies, there is no doubt that they have potential as a recognised source of local information. It should be possible for community partners and DEAs to compile a similar online resource in each district so that individuals and services would have access to service information.

Transforming the landscape of work and health support

35. How can occupational health and related provision be organised so that it is accessible and tailored for all? Is this best delivered at work, through private provision, through the health system, or a combination?

We have no strong feelings about whether provision is private or through the health service. We should be offering a safety net such as the Fit for Work service so that everyone has access to occupational

health services. It seems unfortunate that employers have to wait 28 days before they can refer otherwise they lose their entitlement to the tax incentive. We know that a rapid response is more likely to be successful. We do not understand why a person can only be referred once per year and referrals from people who are self-employed are not accepted.

36. What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?

We have no experience as yet but we will be interested to see ongoing evaluation of how the service is performing.

37. What kind of service design would deliver a position in which everyone who needs occupational health assessment and advice is referred as matter of course?

Perhaps there should be an automatic referral system from GPs that are triggered by completion of a fit note for specified conditions.

Creating the right environment to join up work and health

38. How can we best encourage innovation through local networks, including promoting models of joint working such as co-location, to improve health and work outcomes?

DWP should urgently consider this when looking at decisions on their property estate. We know that co-location is helpful and can greatly contribute to raising awareness, knowledge and aspirations around work issues. Whilst there is often a willingness to co-locate this is often hindered by lack of office space and issues around ICT access. We feel sure that there are existing examples of successful co-location of staff from different sectors.

Innovation will require leadership, both nationally and locally. The LEP has a part to play in identifying strategic needs and planning a coordinated, evidence-based response. An example is Newcastle where the Flexible Support Fund has been used to match fund IPS provision.

39. How can we encourage the recording of occupational status in all clinical settings and good use of these data?

This is an important issue and can be addressed by insisting that this information is collected as part of the basic personal information collected by health professionals on referral.

40. What should we include in a basket of health and work indicators covering both labour market and health outcomes at local level?

We would recommend pulling together an expert group to review potential indicators and would be pleased to participate. We need reliable data to compare outcomes across geographical areas and to inform local commissioning. LEPs should be able to report on health gains and social care savings so that they can identify local needs and priorities.

We need a simple and understandable methodology for identifying employment rates across learning disability, autism and mental health conditions. The figure generally quoted for learning disability employment rates, ASCOF Indicator 1E[42], has been changed a number of times. The denominator was, until 2015-16, the number of adults of working age with a disability who are known to adult social care services. The definition has since been changed to reflect those adults who are included in the SALT[43] returns. This has made the indicator information difficult to collate, unreliable and not useable for benchmarking. **BASE recommends that the former definition for ASCOF indicator 1E be reinstated. The denominator should refer simply to the number of people with a learning**

[42] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416897/ASCOF.pdf

[43] http://content.digital.nhs.uk/media/20911/SALT-Guidance-2015-16-v17/pdf/SALT_Guidance_2015-16_v1.7.pdf

disability who are known to adult social care with no reference to SALT.

41. How can government and local partners best encourage improved sharing of health and employment data?

For personal information this may be best achieved by allowing the person to own their own personal data so that they can give consent to sharing it.

Perhaps the LEP should have responsibility for collecting anonymised data on health and employment outcomes and using it as part of their local strategic needs analysis as discussed in our response to question 40.

42. What is the best way to bring together and share existing evidence in one place for commissioners and delivery partners?

There are already some existing vehicles for sharing data such as the NHS digital website. They are not easy to use but they enable access to indicators such as the Health and Social Care Outcomes Framework and NHS Outcomes Framework[44] employment indicators. rates.

There does not appear to be a recognised portal for accessing information on best practice other than that offered by NICE but the guidance tends to be quite clinical. BASE is seeking to offer access to information on best practice through its knowledge pages[45] but this is difficult to resource as a small charity. We will be adding case studies and best practice examples over the coming year and we continually work with other agencies to signpost to best practice. It has always been difficult to search for best practice in a particular topic - many of those doing the best work don't seek publicity for it and it requires an audit process to quality assure any quoted examples. **We believe that a properly resourced provider development unit might offer a vehicle for identifying and publicising best practice in the same way as Ofsted does within the education sector.**

43. What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

Work outcomes should be included within the commissioning framework for health services. The National Institute for Health and Care Excellence (NICE) should continue to develop guidelines on best practice in achieving these outcomes across impairment groups. An example is the standard on *Psychosis and schizophrenia in adults,* which has a statement on Supported Employment programmes[46] so that commissioners understand what is possible and what best practice should look like.

Chapter 6: Building a movement for change: taking action together

44. How can we bring about a shift in society's wider attitudes to make progress and achieve long-lasting change?

We believe that a public awareness campaign would be useful. Campaigns such as SHIFT and Time to Change have done much to address public attitudes to mental health. A similar campaign around disability employment could achieve much and signpost to a one-stop shop portal. BASE has also engaged with television production companies who have sought to broadcast "reality tv" programmes about disability and employment and we believe that this can be an effective route for raising public awareness if handled sensitively.

45. What is the role of government in bringing about positive change to our attitudes to disabled people

[44] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/513157/NHSOF_at_a_glance.pdf

[45] http://base-uk.org/knowledge-base

[46] https://www.nice.org.uk/guidance/qs80/chapter/Quality-statement-5-Supported-employment-programmes

and people with health conditions?

Government has to lead by example in employing people with disabilities in publically visible locations. Guidance documents such *Valued in Public*[47] have attempted to address this but with little success. We need a renewed approach that doesn't just focus on one impairment group but instead speaks to the public, and employers, about diversity in general.

Government also needs to be mindful of the impact of the language used in public. The inference that disabled people were abusing the benefits system influences employers as well as the public. Government has a responsibility to consider the impact of such language at a time when it should be winning hearts and minds.

46. Could any of the proposals within the green paper potentially have an adverse effect on people with a protected characteristic? If so, which proposal, and which protected group/s are affected? And how might the group/s be affected?

We look forward to seeing an equality impact assessment for any proposed changes and will contribute to such an assessment when concrete proposals are put forward. We are disappointed that there hasn't been a cumulative equality impact assessment on the welfare reform changes to date[48]. We believe that there needs to be a review of how government carries out such assessments as they have often been of dubious quality in the past.

Contact

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[47] http://base-uk.org/knowledge/valued-public

[48] http://base-uk.org/news/un-report-finds-uk-govt-violates-rights-persons-disabilities