



Local action on health inequalities:
**Increasing employment
opportunities and retention for
people with a long-term health
condition or disability**



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The Institute is led by Professor Sir Michael Marmot and seeks to increase health equity through action on the social determinants of health, specifically in four areas: influencing global, national and local policies; advising on and learning from practice; building the evidence base; and capacity building. The Institute builds on previous work to tackle inequalities in health led by Professor Sir Michael Marmot and his team, including the 'Commission on Social Determinants of Health', 'Fair Society Healthy Lives' (The Marmot Review) and the 'Review of Social Determinants of Health and the Health Divide for the WHO European Region'. www.instituteofhealthequity.org

About this briefing

This briefing was commissioned by PHE and written by the Institute of Health Equity (IHE). It is a summary of a more detailed evidence review on the same topic and is intended primarily for directors of public health, public health teams and local authorities. This briefing and accompanying evidence reviews are part of a series commissioned by PHE to describe and demonstrate effective, practical local action on a range of social determinants of health.

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We would like to thank all those on our advisory group who commented on the drafts of this briefing, with particular thanks to Bola Akinwale, Jessica Allen, Matilda Allen, Michael Brannan, Dave Buck, Ann Marie Connolly, Angela Donkin, Catherine Gregson, Michael Marmot, Sundeep Panaich and Chris Shaw.

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Increasing employment opportunities and retention for people with a long-term health condition or disability

Summary

1. Disabled people and those with long-term health conditions have far lower employment rates than other groups. Disability is more common among people in more disadvantaged socio-economic positions.
2. Differences between the health and employment prospects of people with a long-term health condition or disability are a source of health inequalities. Being out of work can contribute to further deterioration in health among people with a long-term condition or disability.
3. Local authorities can promote local employer awareness of national employment programmes, such as Access to Work, and guidance and legislation such as the Equality Act 2010. There are also examples of good local employment support programmes.
4. Evidence suggests that personalised, tailored support is effective in helping people with disabilities or long-term conditions into work. There is good evidence that individual placement and support programmes are effective for out of work people with severe mental health problems. A 'health-first' approaches that aims to improve health to increase the employability of incapacity benefit claimants is showing early promise.
5. Local authorities may be able to influence provision of local employment services by ensuring that employment service providers are members of health and wellbeing boards.

Health inequalities and employment of people with a disability or long-term health condition

There is a social gradient in employment status and working conditions in England, with those in more disadvantaged socio-economics groups at higher risk of unemployment.¹ This unemployment gradient in turn contributes to a greater risk of poor physical and mental health among people in less privileged positions on the social gradient.² A study using UK census data has shown that people who are unemployed at a point in time have a 20-25% higher mortality rate over the following ten years than employed people with equivalent occupations.³

Disabled people and those with long-term health conditions have far lower employment rates than other people, with rates differing substantially according to type of health condition or disability. Employment rates among people with depression and mental illness are exceptionally low. It is estimated that disabled people are 40% less likely to have a job than otherwise similar non-disabled people.⁴ This reflects a combination of barriers to employment including the inability to do some types of jobs, employer discrimination, disruption to earlier education and individual motivation.⁵ People with a long-term illness or disability already experience worse health than the general population. Being unemployed can cause further health deterioration, as good employment is protective of health.

What works to increase employment opportunities and retention for people with a long-term health condition or disability?

BOX A

Key messages on effective intervention

Local government can raise employer awareness of national measures. Local government can promote awareness of national programmes such as Access to Work; guidance like the Line Manager's Resource; and legislation including the Equality Act 2010 and the right to request flexible working.

Preventing people from leaving work due to health problems is vital. The new Health and Work Service and the fit note are national measures designed to support employees on long-term sick leave back into work before they become unemployed.

Personalised, tailored support is important – research shows it is effective in supporting people with disabilities and long-term conditions into work or training. This requires concerted action across many services (especially health and employment) to address individual needs.

A 'health first' approach may help people with long-term conditions move into work faster. This approach has the objective of improving the health of participants as a way of improving employability. It is recommended by NICE – a pilot in County Durham had promising results.

Supported employment programmes can be effective for people with complex needs. There are examples of effective supported employment programmes and services for local disabled people including those with mental health problems. There is good evidence that individual placement and support programmes are effective for unemployed people with severe mental health problems.

National measures

National employment support programmes

A range of support is available nationally to help people with a long-term health condition or disability to find and keep a job. Introduced in June 2011, the Work Programme is the government's welfare-to-work programme for people who have been out of work longer-term, including long-term sick or disabled people, which is being evaluated at the time of writing. Voluntary, specialist Department for Work and Pensions programmes – Work Choice and Access to Work – have had positive outcomes. Work Choice provides support for disabled people to find and sustain a job and supported 31.2% of users into paid employment in 2010-13.⁶ Access to Work provides money towards the extra costs that will help a disabled person do their job, beyond what it is reasonable for the employer to meet. An evaluation showed that customers and employers were generally very happy with the amount and quality of support provided. They reported reduced levels of sickness and absenteeism and improved general wellbeing, and there is widespread support for increasing awareness of the scheme.⁷ Some workplace barriers can be overcome with physical adaptations to the workplace and help with travel arrangements, which Access to Work might support.

Legislation and guidance

A range of legislation and guidance can be used to support local efforts to increase employment opportunities for disabled people. The Equality Act 2010 ensures that long-term ill and disabled people are not discriminated against at the recruitment stage and during their period of employment.⁸ The right to request flexible working can also help employees stay in work while managing a health condition.⁹ Finally the line manager's resource is a practical guide to managing and supporting people with mental health problems in the workplace.¹⁰

Local authority action

Kent is an example of a local authority that provides tailored support services to unemployed people, and to employers who are recruiting (box B).

BOX B

Kent Supported Employment Programme¹¹

Kent local authority funds the Kent Supported Employment Programme.

Description. The programme provides support for disabled people who are looking for a job, to enable them to have the same opportunities for employment as non-disabled people. An employment adviser meets with the jobseeker on a regular basis and provides tailored help to prepare them for work. The ongoing support helps them to retain a job and progress and develop in that job role. The council also provides employers who are looking to recruit to a role with the right help and support so that both the employer and the employee have a positive experience of employment.

Impact. A study of this programme from March 2009 to February 2010 found that 118 people were supported in paid jobs (57 were employees with learning difficulties; the remainder were people with mostly mental health problems, severe physical disabilities and autism), all of whom had been identified as requiring specialist employment provision.

Using the whole client group and the total budget of the programme, a cost-benefit analysis was carried out. The cost of the programme was estimated to be £9,910 per person, 88% of the cost of a day service place or a potential saving of £1,290 to the local authority. From the taxpayer's perspective, the programme has a net saving of £3,564 per person per year compared with a day service alternative.

The 'health-first' approach, recommended by NICE, focuses on improving and managing the ill-health of incapacity benefit recipients before addressing any employability issues. This approach was piloted in County Durham and had some promising results, including improvements in both general and mental health of participants.¹²

Support for people with mental health problems

The national Time to Change programme has been addressing mental health stigma and discrimination since 2007 through a range of campaigns targeted at the general population and among specific groups such as employers. An evaluation found some positive results, including improved employer recognition of mental health problems and likely economic benefits from the programme.^{13,14}

Individual placement and support (IPS) is a well-established 'place then train' method to get unemployed people with severe mental health problems into work.¹⁵ The EQOLISE project¹⁶ compared IPS with other vocational or rehabilitation services in six European countries, and concluded that IPS clients were twice as likely to gain employment (55% compared to 28%) and sustain employment for a significantly longer period; the total costs for IPS were generally lower than standard services over the first six months; and individuals who gained employment had reduced hospitalisation rates.^{15,16} IPS has been implemented successfully in local areas as box C shows. Local authorities can play a role implementing, facilitating and supporting these programmes.

Increasing employment retention is equally important as a focus for intervention, as shown by the approach taken by NHS Tower Hamlets (box D).

BOX C

Individual placement and support (IPS) programme in South West London^{17,18}

A South West London and St George's NHS Mental Health Trust introduced an IPS programme for people with severe mental illness.

Description. Employment specialists were integrated into each of the community mental health teams and collaborated with the mental health professionals to provide optimal support to address the service users' vocational needs. The employment specialists were not clinicians, but people with experience of mental health and employment and were trained in the IPS approach and welfare benefits (in relation to work/education). The IPS service also provided supported education services.

Impact. The IPS service shows advantages over well-established pre-vocational services (for a period of preparation before entering the job market) in a neighbouring borough that are not integrated and operated a step-wise 'train and place' approach:

- during the first 12 months of the IPS programme, 37% of service users were supported to open employment compared to only 17% in the pre-vocational service
- more people were placed in mainstream education or training or voluntary work in the IPS service compared to the pre-vocational service

The costs of getting someone into open employment in the IPS services were 6.7 times lower than in the pre-vocational service.

BOX D

NHS Tower Hamlets Health and Work Strategy (19)

NHS Tower Hamlets has taken action to address low rates of working and poor health, using its health and work strategy. It reports that it has reduced levels of sickness absence among staff. The strategy includes two schemes.

'Work It Out'

Description. A scheme offering work placements to service users with a history of poor health conditions (mainly mental health). The placements are office based, 2-3 days per week for 6-13 weeks and travel, lunch and childcare costs are included.

Impact. Nineteen people participated in this project and seven of them have succeeded in finding a job. This policy was found to generate £17.07 of social return for every £1 spent in employment support, with the main returns coming from increased work volunteering, reduced demand on health services and increased taxation.¹⁹

Mental health model employer project

Description. Staff and managers were interviewed to find out their knowledge of, and attitudes to, mental health, and provided with training.

Impact. This led to a reported average 50% increase in mental health awareness among staff and managers. Mental health awareness is now embedded in induction and management training, and a mental health policy has been introduced.

It is also important to support employees on long-term sick leave back into work. It has been found that early, regular and sensitive contact with employees during sickness absence can speed up reintegration into work, and it is important to ensure cross-sector working between employers,

employees and healthcare professionals.²⁰ The new Health and Work Service will be introduced in 2014 following the independent sickness absence review and the Fit for Work service pilots (box E). Local authorities might implement such policies for their own staff, as well as promoting national programmes to other local employers and supporting them to take up other options of support.

BOX E

Fit for Work Service pilots 2012²¹

The pilots were commissioned by the government following the recommendations of Dame Carol Black's 2008 review of the health of Britain's working age population.²⁰

Description. The Fit for Work Service pilots ran from 2010-13 and were established to provide employees in the early stages of sickness absence (particularly those working in small and medium-sized enterprises) with case-managed, multidisciplinary and personalised support to enable return to work and support job retention.

Impact. An evaluation for the first year of the programme found:

1. The services were well-liked by clients and stakeholders and appeared to be meeting a genuine need for this type of service.
2. 6,700 clients took up the service – significantly fewer than expected; they were much more likely to be people struggling at work with a health condition rather than the primary target of people on sickness absence.
3. Most clients had multiple and wide-ranging needs, confirming the need for multidisciplinary support.
4. There is some qualitative evidence that most clients would not have received the interventions they had without the support of the service and that it had helped people get back to work more quickly or more easily than they would otherwise have done.
5. The evidence from service providers and clients suggests that a successful approach to helping sickness absentees back to work includes:
 - quick access to an holistic initial assessment
 - ongoing case management to identify latent concerns (often non-medical) and maintain momentum towards a return to work goal
 - fast access to physiotherapy if required
 - facilitating better communication between employee and employer and providing advice for return to work options
 - advice to improve and manage longer-term health conditions

Conclusion

People with a physical or mental disability or long-term condition are less likely to be employed than the general population, because of a combination of genuine inability to do some jobs, employer discrimination, disruption to earlier education and individual motivation.⁵ As good quality employment is important for health and work, interventions to improve the employment (and self-employment) opportunities and retention of this group are likely to contribute to reducing health inequalities and should therefore be a public health priority.

There is evidence that a number of interventions are effective for improving the employment opportunities of disabled people and those with long-term conditions, including nationally available provision such as Access to Work, and Work Choice, and local supported employment schemes like IPS services for people with severe mental health programmes. The accompanying evidence review highlights a range of other local or organisational programmes to support people with a disability or long-term health condition into employment, which have had positive results.

It is also important to support employees on long-term sick leave from a job back into work. Local authorities have a role in commissioning, implementing, promoting and supporting these programmes in order to improve the health of their communities. They may also be able to influence provision of employment services by ensuring that employment service providers are members of health and wellbeing boards and take part in joint strategic needs assessments.

References

1. Siegrist J, Benach J, McNamara K, Goldblatt P, Muntaner C. Employment arrangements, work conditions and health inequalities. Marmot Review Task Group report 2010.
2. Siegrist J, Roskam E, Leka S. Report of task group 2: Employment and working conditions including occupation, unemployment and migrant workers 2012 [updated 2012/08/13]. Available from: <https://www.instituteoftheequity.org/members/workplans-and-draft-reports>.
3. Bethune A. Unemployment and mortality. In: Drever F, Whitehead M, editors. Health Inequalities. London: TSO; 1997.
4. Berthoud R. The employment rates of disabled people: Leeds : CDS; 2006.
5. Meadows P. Local initiatives to help workless people find and keep paid work. York: 2008.
6. Department for Work & Pensions. Evaluation of the Work Choice Specialist Disability Employment Programme: Findings for the 2011 Early Implementation and 2012 Steady State Waves of the research. London: 2013.
7. Dewson S, Hill D, Meager N, Willison R. Evaluation of Access to Work: Core Evaluation. London: 2009.
8. Gov.UK. Disability rights 2013 [May 2014]. Available from: <https://www.gov.uk/rights-disabled-person/employment>.
9. Acas. The right to request flexible working [May 2014]. Available from: <http://www.acas.org.uk/index.aspx?articleid=1616>.
10. Mental Health First Aid England. Line managers' resource: A practical guide to managing and supporting people with mental health problems in the workplace. Updated edition by Mental Health First Aid England. 2013.
11. Kilsby M, Beyer S. A Financial Cost:Benefit Analysis of Kent Supported Employment. Establishing a Framework for Analysis. An interim report. Kent: 2010.
12. British Academy. "If you could do one thing..." Nine local actions to reduce health inequalities London: British Academy; 2014 [07/04/2014]. Available from: http://www.britac.ac.uk/policy/Health_Inequalities.cfm.
13. Smith M. Anti-stigma campaigns: time to change. The British Journal of Psychiatry. 2013;202:s49-s50.
14. Henderson L, Williams P, Little K, Thornicroft G. Mental health problems in the workplace: changes in employers' knowledge, attitudes and practices in England 2006-2010. The British Journal of Psychiatry. 2013;202:s70-s6.
15. Centre for Mental Health. Individual Placement and Support.
16. Burns T, White S, Catty J. Individual Placement and Support in Europe: The EQOLISE trial. International Review of Psychiatry. 2008;20(6):498-502.
17. Lelliott P, Tulloch S, Boardman J, Harvey S, Henderson M, Knapp M. Mental Health and Work. London: 2008.
18. Rinaldi M, Perkins R. Comparing employment outcomes for two vocational services: Individual Placement and Support and non-integrated pre-vocational services in the UK. Journal of Vocational Rehabilitation. 2007;27:21-7.
19. GLA Economics. London's business case for employee health and well-being. London: 2012.
20. Black CM, Great Britain.Dept.for W, Pensions, Great Britain.Dept.of H. Working for a healthier tomorrow : Dame Carol Black's review of the health of Britain's working age population: London : TSO; 2008.
21. Hillage J. Evaluation of the Fit for Work Service pilots: first year report. DWP Research Report 792. London: 2012.

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PHE publications gateway number: 2014334
September 2014
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