

INSTITUTE OF EMPLOYABILITY PROFESSIONALS (IEP)

WORK, HEALTH AND DISABILITY SUBMISSION

*A front line perspective prepared in conjunction with **Working Links**, an IEP affiliated organisation.*

Introduction

The IEP is the professional body for those delivering employability services. It sets standards for members, provides support for their professional development and encourages them to achieve appropriate qualifications. As the consultation recognises, those who operate at the front line of employability services delivery do a very special job and have the ability to change the lives of individuals, impact on whole families and encourage local communities to become stronger. The IEP therefore wanted to give a group of 'front liners' the opportunity to contribute their experience and insights to the Work, Health and Disability Consultation.

We have drawn on the support of our corporate affiliate, Working Links, in the development of this response. Working Links was formed in 2000 to address the challenges faced by long-term unemployed people and help them back into sustainable work. They are the only prime contractor delivering the Government's Work Programme in England, Scotland and Wales as well as other welfare to work programmes, including Work Choice.

We believe the result is an important statement to policy makers about what really works and the challenges that must be met if the intent expressed in the Green Paper is to be realised in practice.

Methodology

The group consisted of six employees currently working in front line roles on Work Choice. Their periods of service with Working Links varied, from just four months up to five years but, importantly, their overall experience of delivering employability services totalled 60 years ranging individually from four to over 25 years. Previous experience included working in the NHS and Jobcentre Plus (as a Disability Advisor).

The first step was a briefing session on the Work, Health and Disability Green Paper and consultation - conducted by a Working Links executive. There were then several days for them to consider the consultation questions in more detail and discuss them with each other and with colleagues. They then came back together for a two hour feedback session facilitated by an IEP Fellow on 13th January 2017.

The objective was to ensure that, in line with the IEP's values, we presented a genuine 'front line' view. We therefore need to emphasise that this is not a comprehensive IEP or Working Links response and often raises issues without presenting a detailed solution. A further response may therefore be submitted but we believe this report provides valuable evidence for the Unit's consideration.

Author's Note

In facilitating the group and then writing this report, I have been careful to include only what the front line group told me and to avoid adding my own comments or allowing my personal experience and views to change the emphasis of what I was told. Two things came across very powerfully that I believe provide an important context for the report.

First that, like many employability professionals, they were very passionate about their work and the impact of it on their clients. They were anxious to seize the opportunity of being able to have some influence on the future direction of service delivery for clients such as theirs.

Second, although there was a degree of frustration over some of their interfaces with public services, they generally saw fellow professionals in Jobcentre Plus, local authorities and health services as working equally hard to deliver quality services. Where problems had occurred, they recognised that these often arose as a result of constraints on time and other resources, coupled with the policy and process environment in which people worked. I hope I have done justice to the investment these six front line operators made in enthusiastically preparing for and participating in the feedback session.

Keith Faulkner CBE FIEP

Please note: There are many different job titles used across employability services, this report generally incorporates all of these into simply 'advisors'. Frequent reference is made to those with disabilities and health problems who are the subject of this consultation, often the report just uses the term 'client' to refer to these people and, where only 'disabled' is used, it should usually be read as incorporating those with severe health problems.

Report

While there are many questions in the consultation on which the group would have views, they wished to address just those about which they felt most strongly and on which they were best qualified to comment. Their feedback on these is provided under the section headings to which their comments best relate.

2. Building work coach capability

The quality and depth of training provided to Disability Advisors and Work Coaches is fundamental to their ability to support those with disability and health conditions. This is not just about initial induction; it is equally important to have regular briefings from specialists, in particular disabilities and health conditions drawn from health services and voluntary organisations. They also have to build a good knowledge of local services to support specific health conditions and disabilities, mindful that this service provision varies by locality and changes over time as funding and other issues leads to services being closed. Having an active personal network of co-workers in other organisations supports all of this.

Ideally the objective should be to have a properly integrated health and employment delivery model established by having qualified health professionals working alongside Work Coaches (or advisors in third party delivery models). Key actions, appropriate job goals and necessary support can then be agreed which places work at the heart of their health recovery and rehabilitation, and vice versa. This is much more effective than establishing a work search plan first and then separately grafting on health support.

However training and an integrated approach to work and health are not sufficient. Given that there are often time constraints on meetings with clients, good instincts are also important. This is an ability that needs to be assessed as part of the selection of Work Coaches. A Work Coach needs to recognise when there is probably more to be learned about a client's condition or circumstances. This can then take more time and so they need to be given sufficient flexibility to be able to complete identification of support requirements. This will make a successful work placement more likely and could save time in the future by avoiding the need to take corrective action. In reference to the content of initial training, learning 'active listening skills' will have tremendous value in this context. A short client interaction, that is more about 'telling' than 'listening to learn', will not be a positive experience for the client and is less likely to lead to a successful outcome.

The development of a client's individual work support plan requires continuity between Work Coach meetings and building a trust based relationship between the client and Work Coach. Clients referred to Work Choice have described the difficulties and stress caused by not always seeing the same Work Coach on visits to Jobcentre Plus. Notes of earlier meetings cannot always be found or do not

adequately record information already provided by the clients. This leads to delays in starting the meeting and the same questions being asked again, perhaps about personal details that the client found difficult to talk about on the first occasion. This experience damages trust, builds frustration and can lead to a reluctance to attend in the future.

A lack of continuity is especially damaging for those with mental health problems, exacerbated by other factors such as a cursory welcome on arrival at the Jobcentre, delays in starting the meeting and an unduly critical attitude towards the client's perceived failings to comply with previous instructions. A proper hosting arrangement at reception, clear explanations of any necessary delays and sensitivity towards the outward manifestation of various mental health conditions need to be established through training, and good client centred location layout and process design. Several examples were given where clients had reported becoming physically ill in advance of meetings because of their extreme anxiety, including the worry of sanctions being inappropriately applied.

Greater clarity on what constitutes 'work readiness' would be welcome. Clients were reported to have been referred as 'work ready' when they still had minimal ability to speak English, lacked basic IT skills or had received no guidance on job search or interview technique. This is damaging for both the client and the working relationship between Jobcentre Plus and a support provider. A related problem is the increasing lack of pre-entry training for clients not equipped to enter Level 1 or 2 courses in support of their job search. There needs to be better provision in this respect with many colleges no longer regarding it as financially viable.

3. Supporting people into work

Some of the issues in the preceding section also relate to this section. A further issue was the importance of maintaining contact with clients; several of the group had clients who they spoke to by telephone on most days or saw in the office two or three times a week. These brief interactions identify problems at the earliest stage, improve the client's motivation and build trust so that, when necessary, the client will not hesitate to call in about their concerns. This is especially important for those with mental health conditions.

When suitable work opportunities are identified it was felt strongly that the dialogue with the employer has to be open and direct about the challenges the client might present, how they could be met and what the terms of employment will be. There was particular concern about the way zero hours contracts can result in working hours being withdrawn or severely curtailed at very short notice, which in turn leads to considerable insecurity and stress for a client.

Entering work, even in the most positive environment, is a worrying time. Given the possible anxiety for both client and employer there was enthusiasm for using work

trials before a permanent appointment is made. Additionally group sessions that provide coping strategies, problem solving techniques and building resilience are a valuable investment in a client's long term chances of success in work.

One of the most emphatic parts of this feedback session concerned the importance of contact with both client and employer when work had been secured. There must be regular contact with both; frequent contact in the first few weeks but ongoing for as long as a year or even more. Direct input from a health professional to assist the client's transition from being out of work to in work, and to advise the employer on possible support and adjustments, will also be relevant where the health condition or disability is severe.

There are three principal objectives:

1. To identify any emerging issues before they become a problem and then take immediate remedial action.
2. To reassure the employer that it is not all down to the employer's supervisors or HR department to address problems; the advisor will step in and help resolve them.
3. To provide the client with confidence that they can call their advisor at any time if they encounter difficulties with work. Several had experience of receiving calls 'out of the blue' a number of years after a placement, even when the client had successfully moved on to a new employer, because they were still seen as that client's most trusted confidante on employment issues.

Given advisors' workloads there was experience of having trained people being employed to make these follow up calls on the advisor's behalf, referring any issues needing attention with client or employer straight back to the advisor to follow up.

In discussing the role of the employer, everyone had experience of large national operations where senior management had made public their active support for workforce diversity and being a disabled friendly workplace. Yet at the local level there was still resistance, even hostility sometimes, to putting this into practice. This often arises because the company measures their managers' performance in ways, such as profit margin or sales per capita; that both the employees and their managers see as harder to achieve with disabled colleagues in their team.

In these circumstances advisors have to have the data to hand that demonstrates how disabled employees can both raise productivity and customer satisfaction. Often small local businesses can provide a better environment because the owner who makes the business decisions is close to his team and can directly ensure a new employee is made welcome. The summary was that, regardless of the size of an organisation, creating sustainable job opportunities depended on treating every

workplace as if it was a small local business because it is the local managers that are the real decision makers on day to day working practices.

As already mentioned, having open communication channels is a vital part of achieving sustainability. Another popular technique was to work with the employer to identify 'buddies' who will be working in the same team as the disabled client and can often resolve small issues or intervene when other employees are, perhaps inadvertently, creating stressful situations. When a client bottles up anxiety or frustration it can lead to them giving up the job and a buddy can often spot this earlier than anyone else and act to alleviate the pressure.

For example when being part of a very noisy and busy office is causing stress, finding a quieter work location can be a big help, or if initial workloads are too heavy, allowing a longer period to build up productivity is a reasonable adjustment. This is especially valuable where the client has mental health issues, as one group member suggested that "every workplace has to have trained first aiders, so why not trained mental health first aiders?" It was also likened to a fire marshal, not only in that they trained to get people safely out in the event of fire, they are trained to be alert to possible causes of fire and address those too.

6. Reforming the assessment process

The one issue directly addressed here was to unanimously state that any activity associated with establishing what type or level of benefit would be awarded must be entirely separate to discussions about the into work support needed. The latter, as set out earlier, needs a very frank and open conversation which becomes impossible if the client is fearful that talking about what they feel they could (or couldn't) do with the right support might lead to their honesty being used to diminish the type and level of benefit they receive.

9. Moving into work

The question concerning the role of Government in supporting disabled people and those with health conditions into work generated two lively discussions. Access to Work was regarded as a very important part of that support yet is not sufficiently widely promoted. Our group regularly met employers, including HR professionals, who have been completely unaware this support is available. Similarly, clients themselves are not always briefed on this facility. It was acknowledged that constraints on public funding might require some limits to be applied but these could be publicised as part of the scheme's promotion. Lack of minor workplace adjustments can adversely impact the success of new job roles for disabled people.

The second discussion was about how the potential of those with disabilities or health conditions is promoted to raise wider awareness and acceptance. It seemed to our group that promotions focused on big employers declaring their organisations

to be disability friendly or a special event such as the Paralympics, whereas what was really needed was the use of media, especially social media, to celebrate the many more local and individual achievements that illustrate what ill or disabled people can achieve.

11. Improving discussions about fitness to work

There is a significant body of evidence regarding the health (biopsychosocial) advantages of employment and the strong links between unemployment and deterioration in physical and mental health. It was felt that an initiative to bring this more strongly to the attention of GP surgeries and hospitals would help to encourage more constructive conversations about work and health.

To further support this, it was seen as an important part of an advisors' role to go out and meet health professionals, including GPs, to brief them on the support available to help people secure work and sustain it. Often they are not aware of the extent and quality of support available in their area. One interesting example from Leicester was that local medical students visited a provider as part of their training so that they could see what was available first hand and better understand how self-respect, social interaction and practical engagement in meaningful tasks, all of which come with work, can actually aid recovery or, at least, help limit the impact of their condition.

13. Transforming the landscape of work and health support

There was a general feeling that 'transformation' is seen to require new solutions, yet it is important to learn what works from the successes of past programmes and ways of working and carry that learning forward into future policy and programmes. In this context the group particularly cited Work Step as a 'phenomenal' programme.

A view was also expressed that, while voluntary sector organisations are an essential part of the work and health landscape, many need support and encouragement to enable their people to move away from the traditional provision of advice and 'doing for' approach towards a co-productive model in which the client is more engaged with, and takes more responsibility for, building a personal progression plan. This produces more lasting results so that the individual's health programme is more likely to be maintained, enabling employment to also be sustained over time.

14. Creating the right environment to join up work and health

Effective handovers between delivery partners require good relationships, trust and comprehensive information transfer. With regard to disabled clients, in the past this handover would be conducted by a Disability Advisor who would be well known to local partners. With the introduction of Work Coaches these handovers now come

from as many as ten different people and this makes it much more difficult to build strong relationships and the necessary two-way trust.

An important part of the handover is that the client is well briefed on the conditions under which they are being referred to a partner. Unfortunately a number of clients referred to Work Choice do not understand that it is a voluntary programme and only discover that when briefed by the partner. Should they then decide they don't wish to participate and go back to Jobcentre Plus, they risk being branded un-cooperative and even sanctioned for not staying with the Work Choice partner.

There was a very favourable view of co-location as a solution to these potential difficulties, be that in a Jobcentre Plus location or an independent 'one stop shop'. They mean practitioners get to know each other better and more quickly, the different support services are better understood, clients can be 'walked across' and introduced in person and transfer of information and resolution of problems both become faster and easier.

15. What is the role of Government in bringing about positive change to our attitudes to disabled people and people with health conditions?

Campaigns and supporting marketing activity to increase knowledge and awareness of specific conditions and disabilities were appreciated by the group and can, for example, be used in conversations with clients. Specific mention was made of the 'One You' campaign and a current awareness campaign for Downs Syndrome challenging common myths and stereotypes.

This report is presented by the Institute of Employability Professionals.



IEP, Elizabeth House, York Road, London, SE1 7NQ

Tel: 0203 757 9418

Email: enquiries@iemployability.org Website: www.myiep.uk