**Response submitted to the Work & Health Green Paper Consultation:**

**‘Work, health and disability’, closes 17 Feb 2017**

Written evidence submitted by:

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*I am a Senior Lecturer in Sociology & Social Policy at the University of Kent, and the Principal Investigator of a three-year ESRC project ‘Rethinking Incapacity’ (see* [*http://www.rethinkingincapacity.org/about-the-project/*](http://www.rethinkingincapacity.org/about-the-project/)*). I have also worked on secondment in DESD within the Department of Work and Pensions (in 2015-16). This response is a personal response in my capacity as an academic expert, and should not be taken to reflect the views of the ESRC, DWP, or any other organisation.*

*This response is submitted as a single document, with sections that respond to several questions within the consultation at a time. (This is why I am responding in this format, rather than via the online system).*

Conditionality and the Support Group

***This section refers to the following questions:***

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

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

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

The principle of *offering* support to those in the Support Group (& those with LCWRA in UC) is sensible – partly because it may help to reduce the disability employment gap, and partly on the grounds of justice. Yet at times the Green Paper suggests that parts of the Support Group engagement should be *mandatory* (e.g. #83, #111, #114). **However, the evidence suggests that mandation is unlikely to help reduce the disability employment gap – and may even make things worse.**

*[The summary that follows is taken from a more detailed review of international evidence on the effectiveness of conditionality for disabled benefit claimants, which is available at* [*http://www.benbgeiger.co.uk/files/2016%2001%2031%20Benefits%20conditionality%20for%20disabled%20people.pdf*](http://www.benbgeiger.co.uk/files/2016%2001%2031%20Benefits%20conditionality%20for%20disabled%20people.pdf)*. This is currently a non-peer-reviewed draft; I am happy to send updated versions as-and-when this has been through peer review.]*

There is almost no evidence on the wider impacts of conditionality on poverty, health and wellbeing among disabled people, and this should be a priority for future research. I have however found five papers that have looked directly at whether conditionality is effective at getting disabled people into work, and these show much a much less positive picture than for non-disabled people (where short-term positive impacts are clear, but longer-term impacts are debatable):

* Mandation in Norway (Markussen et al., 2015): this looked at the introduction of a compulsory rehabilitation-focused meeting, after 6mths after sickness absence. Methodologically, this study looked at variation across geography and/or time, which is the weakest of the methodologies used here. The result of this conditionality was positive: there were positive impacts on return-to-work from sickness absence, and in the longer-term, also a small reduction in disability benefit claims.
* Mandation in Australia (Broadway et al., 2014): this looked at the introduction of a compulsory rehabilitation-focused meeting, for young disability benefit claimants. Methodologically, this compared change in labour market outcomes for those affected by the policy vs. those just too old to be affected by the policy, and is moderately strong if not as robust as a randomised controlled trial. The result of this conditionality was neutral: it led to increased referrals to disability employment services, but had no significant impact on employment or earnings.
* Mandation in Sweden (Engström et al., In Press): this looked at the introduction of a compulsory rehabilitation-focused meeting, for vague diagnoses among sickness absence claims. Methodologically, the study was a randomised controlled trial, and is therefore strong. The result of this conditionality was negative: it led to *higher* levels of later disability pension receipt, though they only mention employment outcomes in passing.
* Mandation in Denmark (Rehwald et al., 2015): the policy here was much more intensive, involving weekly meetings and the requirement to be participating in a return-to-work programme to continue claiming the benefit, among all sick leave claims. Methodologically, the study was a randomised controlled trial, and is therefore strong. The result of this conditionality was negative: the sick claimants spent one week *less* in regular employment in the following year (5% less than the control group), with similar effects after two years (though the effect had effectively worn off by the third year).
* Sanctioning in the UK, using the recent study from the National Audit Office (2016). This uses a strong design, exploiting the random assignment of disability benefit claimants to employment service providers (with different sanctioning referral rates) within an area. The result of this conditionality was negative: providers with higher sanctioning levels had worse employment outcomes, which seem to increase over time.

In other words, while one study (with the weakest methodology) shows positive effects of conditionality for disabled people, two show null effects, and two show *negative* impacts of conditionality on employment. There is therefore little reason to expect conditionality to contribute to reducing the disability employment gap.

This may seem surprising: the logic of the suggestion in the Green Paper is that there is support that people are not aware of, and that forcing them to speak to a Work Coach may make them aware of valuable additional support. However, as almost every organisation that has provided employment support to disabled people has said, mandation can also undermine the crucial relationship between the personal advisor and the claimant. Moreover, disabled benefit claimants are often unsure about their capacities for work. The best way of getting people back to work is to enable them to experiment with working in a safe environment, where there is no penalty to trying and failing. Such safe experimentation helps them learn what they can and cannot do, as shown in the IPS model that has been shown to be so effective.

It is worth adding that **no other country has conditionality for *all* disability benefit claimants**. Most countries have conditionality for *some* disability benefit claimants, but there is also a separate group who are not subject to conditionality, often divided onto a separate benefit (e.g. a conditional sick leave or rehabilitation benefit separate from an unconditional disability pension). Moreover, **while many countries require some sick/disabled benefits claimants to participate, few other countries actually sanction more than negligible numbers of claimants.**  Again, the full paper describes this in more detail.

**In summary: while light conditionality for the Support Group may superficially seem like a simple and cost-effective step, in fact there are good reasons to believe it will be counterproductive.** If it is implemented in any form, then in-depth research is essential, and much will depend on the details of the implementation, as I cover below.

Personalised conditionality & work coach capacity

***This section refers to the following questions:***

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

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

The extra support proposed in the Green Paper is welcome (much as it comes in an overall context where spending on employment support seems to be decreasing), and as I discuss in more detail below, the Green Paper also acknowledges the need for Jobcentre expertise around disability & employment. The proposed training around mental health is absolutely crucial for this (point #86), as are the additional DEAs and community partners (points #87-88). And I particularly welcome the intended trial of specialist advice (point #91) – whichever form it takes, finding some way of meshing generalist work coaches with additional specialist support is going to be crucial.

However, if there is going to be any conditionality in the system (see previous section), then this needs to be implemented with extreme care given that work coaches themselves will have limited expertise (even with the proposed extra training). This includes three aspects:

* Firstly, we cannot be confident that work coaches will be able to adequately assess what people are capable of, particularly given the limited time available for them to speak to most claimants. It seems likely that work coaches will have to work with claimants’ own views about their capacities. The two exceptions to this are likely to be:
  + In the rare case that the work coach does not believe the claimant, this should be referred to someone with greater expertise (at least at the level of a DEA, if not greater than this) and with time to assess the claimants situation. As it stands, conflicts in Universal Credit are referred to another work coach, but this is not sufficient here.
  + Where claimants are unlikely to describe themselves fully or accurately in an interview, this need to be flagged at the point of their initial claim. (This could arise due to issues of trust (e.g. revealing mental health issues), or lack of insight (e.g. psychoses, cognitive & learning disabilities)). Their case should always be investigated by a DEA before any sanctions are applied.
* Secondly, some claimants with severe health problems and disabilities will be asked to attend initial interviews. As a result, even if sanctioning is part of the system, sanctioning should not be the first option where people do not attend an initial interview – the case needs to be investigated in detail, and sanctioning should only even be considered where there is repeated deliberate noncompliance that cannot be explained by ill-health (or other good reason).
* Third, the lesson from looking at other countries is that conditionality can only be implemented effectively if there are things that people can be asked to do that are suitable and will help them move towards work, and that there are people with appropriate expertise to guide them towards the appropriate activities. *[Again, see full detail in* [*http://www.benbgeiger.co.uk/files/2016%2001%2031%20Benefits%20conditionality%20for%20disabled%20people.pdf*](http://www.benbgeiger.co.uk/files/2016%2001%2031%20Benefits%20conditionality%20for%20disabled%20people.pdf)*].* Without sufficient investment in employment support & rehabilitation (and without sufficient adviser expertise), work coaches will find it difficult to ask people to do suitable work-related activities, and will either park claimants or make inappropriate requirements. Note that this is necessary even to implement conditionality reasonably – as the previous section made clear, even if this is done, the evidence suggests it will not be effective in reducing the disability employment gap.

Rethinking the WCA

***This section refers to the following questions:***

***6.1 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?***

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

***6.3 What other alternatives could we explore to improve the system for assessing financial support?***

***7.1 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? What benefits and challenges would this bring?***

The idea of separating assessments for financial support from assessments for employment support is sensible – though I have reservations about then linking the assessment for employment support to an assessment of suitable conditionality, for reasons that should be clear from the previous two sections.

**For assessing financial support, the long-term ideal would be to directly assess how far people’s health/disability limits their chances of finding work**. The rationale for giving disabled benefit claimants higher payments is that they are likely to be out-of-work for long periods of time, whereas the standard UC/JSA rate is only sufficient to cover short periods out of work. As such, we want to assess people’s chances of being out of work for long periods of time. However, functional capacity assessments (like the WCA) are inaccurate proxies of work capacity, and therefore are likely to simultaneously give benefits to some people who are likely to find work soon, while denying it to others who are unlikely to be able to work.

I have recently reviewed international experiences of directly assessing work capacity (the paper is currently undergoing review, but I am happy to share this with you if that would be useful). There are two ways of directly assessing work capacity, beyond expert assessment:

1. *Structured assessments* – the functional demands of British workplaces could be assessed, and related to the functional profiles of people going through something like the WCA. It would then be possible to say to people, ‘we find that you would be capable of doing work like [job x] or [job y]’. This occurs successfully in the Netherlands.
2. *Demonstrated assessments* – intensive attempts to rehabilitate people can be made for an extended period (e.g. 1-2 years). At the end of this the person is still not close to employment, and if a multidisciplinary rehabilitation team cannot think of anything else that would help increase their chances of employment, then they are considered to have severely reduced work capacity.

However, each of these would require substantial time to develop, and in some cases involve a radical overhaul to the system. **An improvement that could be made in the short-term is to improve the experience of claimants undergoing assessment**. The WCA is often currently a bad experience for claimants, feeling overly-structured and formulaic and not demonstrating that the State has heard and understood their situation. Overhauling the delivery of the WCA to increase ‘face validity’ (i.e. whether it seems to claimants to be valid) would perhaps be the best way of improving claimant experience in the short-term, while the a new assessment is being developed.

Other issues – measuring progress

Finally, it is worth stressing that monitoring the disability employment gap is tricky as the main definition of ‘disability’ used by Government is fragile:

* The narrowing of the disability employment gap over the 2000s seen in the Labour Force Survey (LFS) is not evident when using other major government surveys, and seems to be an artefact of rising disability per se;
* For similar reasons, it is possible that the disability employment gap may *increase* even after successful policies have been implemented.

In a separate submission to the Work & Pensions Select Committee[[1]](#footnote-1), Victoria Wass, Melanie Jones & myself therefore recommend that the monitoring of the disability employment gap includes a ‘basket’ of indicators, which not only includes information on the prevalence of disability and comparisons across a range of surveys, but also includes functional limitations-based measures that are likely to be more robust. The full submission (see the footnote below) provides further details.

1. <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/work-and-pensions-committee/disability-employment-gap/written/32826.html> [↑](#footnote-ref-1)