



Public Health  
England

Protecting and improving the nation's health

# Learning disability and employment: inclusive growth

Chris Hatton and Neil Wood, with thanks to Stephen Cheetham  
27<sup>th</sup> February 2018

# Webinar ground rules

- The host will introduce presenters
- Please mute your microphone throughout the webinar
- There will be a Q&A session at the end of the webinar
- Email questions to [LDT@phe.gov.uk](mailto:LDT@phe.gov.uk)
- If we are unable to answer all of your questions we will respond after the webinar
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# Employment rates and adults with learning disabilities in England

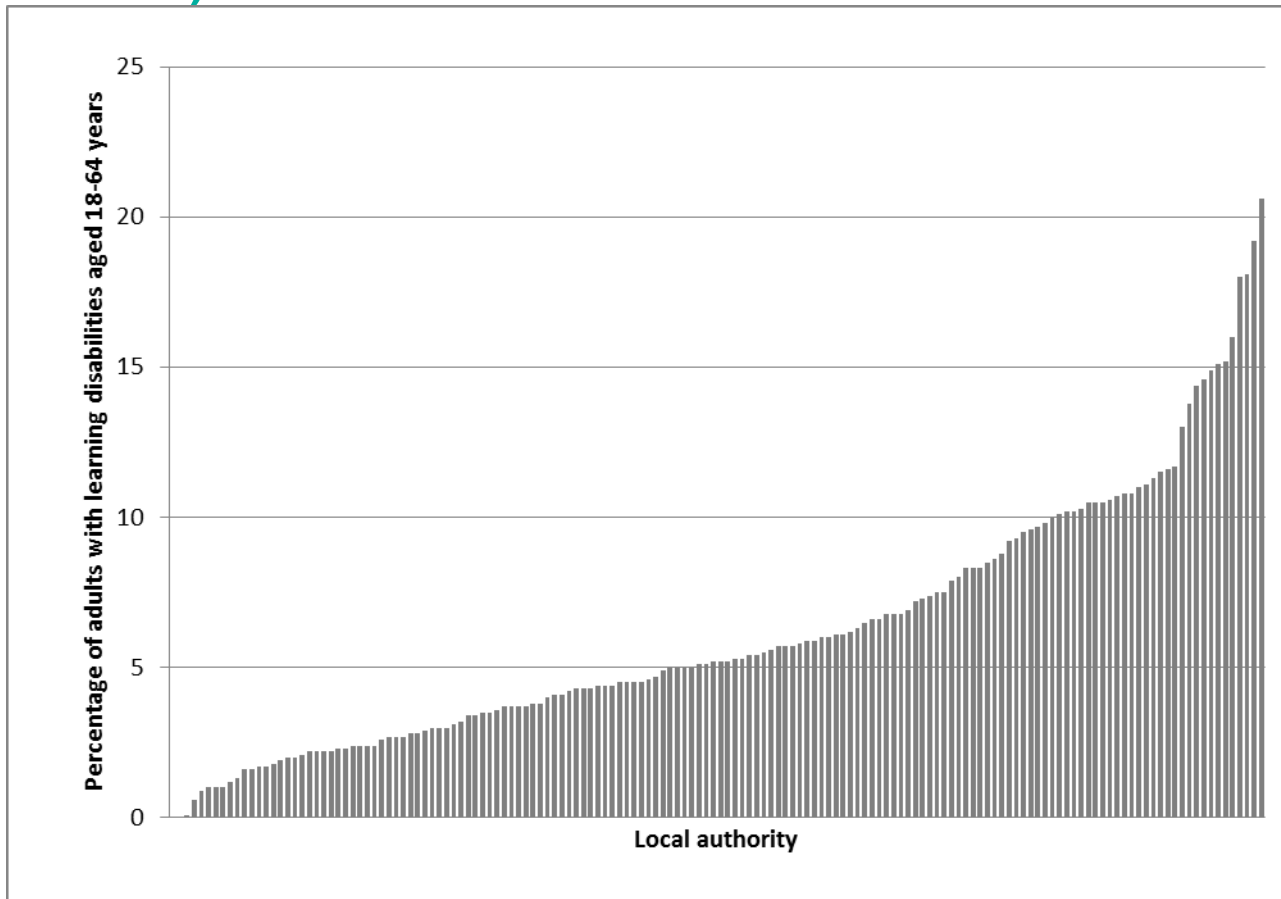
DWP statistics on employment specifically for adults with learning disabilities not available (part of ICD category 'mental and behavioural disorders')

Occasional surveys suggest paid employment rates of 15% - 20% for working age adults with learning disabilities in England (Emerson et al., 2005; 2014).

National data are collected from councils on paid/self employment for working age adults with learning disabilities who are receiving long-term social care support (NHS Digital, 2017a, b)

- Overall paid/self employment rate 5.7% (7,422 people) in 2016/17:
  - Most people (71%) working less than 16 hours per week
  - Higher employment rates for men (6.2%) than for women (5.0%)
  - Employment rates not increasing over time
  - Big variation in reported employment rates between local authorities
  - Questions about data quality (e.g. employment status 'unknown' for 32%)

# Variation in council-reported employment rates for adults with learning disabilities in England (NHS Digital, 2017)



# Do people with learning disabilities have better health?

12 studies included in PHE systematic review (Robertson, Beyer, Emerson, Baines & Hatton, in prep.)

- All from English-speaking high income countries (UK, Australia, USA, Canada, Ireland)
- 9 cross-sectional data, 3 longitudinal data
- 11 quantitative, 1 mixed methods

# Physical health

Self-rated health (5 papers) and other physical health indicators (3 papers) - 8 papers in total (4 UK; 1 Wales; 1 Ireland; 1 Canada; 1 Australia)

## Major findings

- Paid employment robustly associated with better physical health and lower likelihood of polypharmacy, compared to unemployment or sheltered employment/day services
- Standard employment conditions associated with better physical health than non-standard employment or insecure employment
- More exposure to unemployment associated with poorer physical health and emergency hospital admission in response to a behavioural crisis

# Mental health & challenging behaviour

7 papers (3 UK; 1 Ireland; 2 Australia; 1 USA)

## Major findings

- Paid employment associated with better self-rated mental health in 2 secondary analysis studies; no differences in 2 smaller studies
- Fewer people in paid employment had a diagnosis of depression than people not in paid employment in 1 study
- More exposure to unemployment associated with poorer self-rated mental health
- One paper reported challenging behaviour reduced over 2 years among young people in post-school open employment, but increased among young people in day programmes
- In contrast, one paper reported no differences in challenging behaviour across people in competitive, supported, sheltered and no employment

# Employment and health: summary

Fairly consistent findings of association between paid employment and better physical and mental health

Where differences are reported, open/supported employment associated with better health than sheltered employment/day services

Limited research evidence to draw on for the review

Questions:

- Lack of causal evidence – does paid employment result in better health or does better health result in paid employment?
- To what extent do these associations apply across the whole population of adults with learning disabilities in different circumstances?



# Supported employment and people with learning disabilities

National Development Team (2014) research into cost-effectiveness of supported employment for adults with learning disabilities

Supported employment (but not voluntary work experience) cost-effective in helping people into and maintaining people in paid work

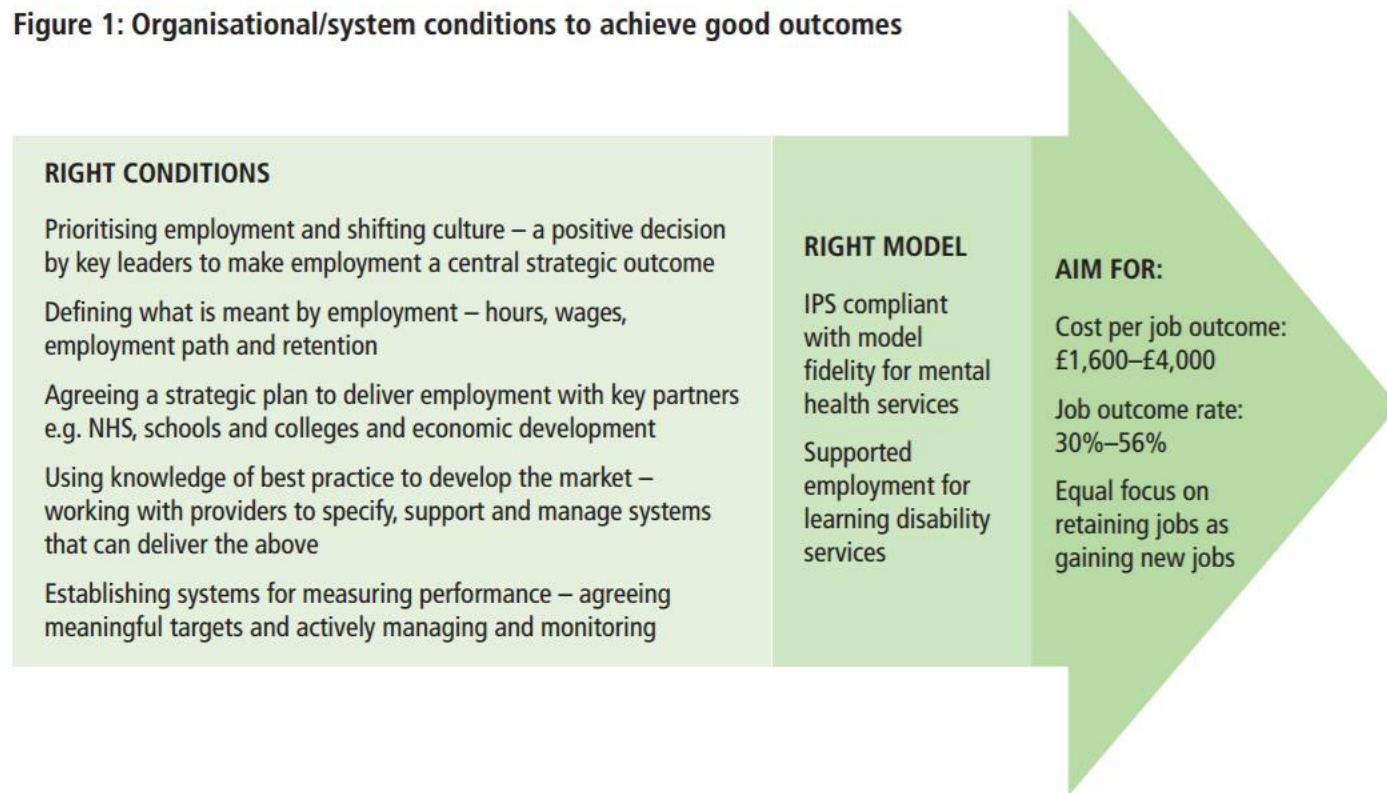
- 43% of people secured a 'job outcome' (53% of these people got a new job, 45% retained their job, 1% became self-employed)
- Average cost per job outcome was £8,218, although cost per outcome was lower in areas using evidence-based supported employment approaches
- Small services were just as cost-effective as larger services
- There were no differences in costs or effectiveness according to people's 'complexity of disability'

Many local authorities disinvesting from evidence-based supported employment approaches

# Supported employment and people with learning disabilities

National Development Team (2014) research suggests five conditions need to be in place for cost-effective supported employment

Figure 1: Organisational/system conditions to achieve good outcomes



# Project SEARCH: research evidence

Project SEARCH: paid internship scheme for young adults with learning disabilities providing 'on the job' support developed in the USA

Evaluation of 17 UK Project SEARCH sites, 315 people (Kaehne, 2015)

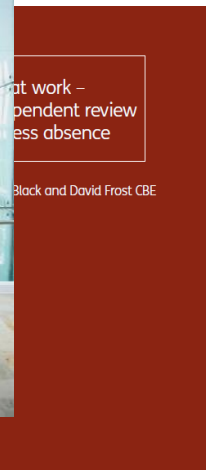
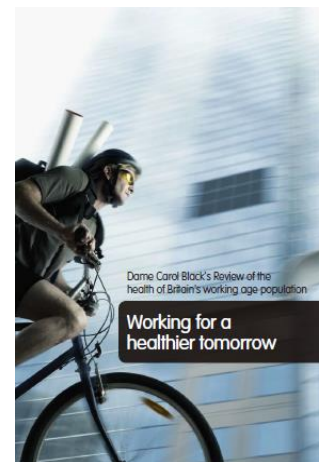
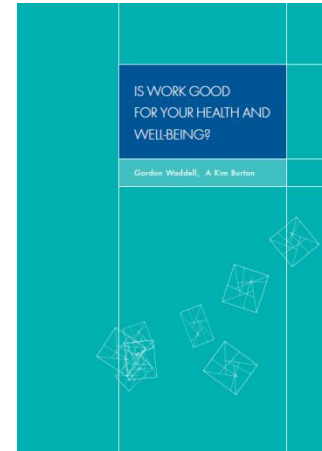
- Overall, 51.5% of people obtained a paid job after the end of the 1-year programme
- 78% of these paid jobs were 16 hours per week or more
- Almost half of these paid jobs (44.9%) were in health care

# A public health perspective from the East of England

- Background and context
- The recent reports and strategy documents
- What the numbers look like / the scale of the ‘inequality’
- What we’ve been doing in the East of England
- Where the opportunities are and our next steps

# The links between work and health, a few reference points...

- Is work good for your health and wellbeing? Waddell & Burton 2006
- Working for a healthier tomorrow, Dame Carol Black's Review of the health of Britain's working age population 2008
- Improving health and work – Govt response to Black Review 2009
- Fair Society, Healthy Lives – The Marmot Review 2010
- Dame Carol Black's 'Health at work – an independent review of sickness absence' 2011



*“We know that not having a job or enough money to live on, or somewhere decent to live are barriers to people’s good health and wellbeing.”*

Duncan Selbie

*“Unemployment contributes to poor health, with causal links to decreased lifespan and higher levels of mental health problems. “Getting people into work is therefore of critical importance in reducing health inequalities.”*

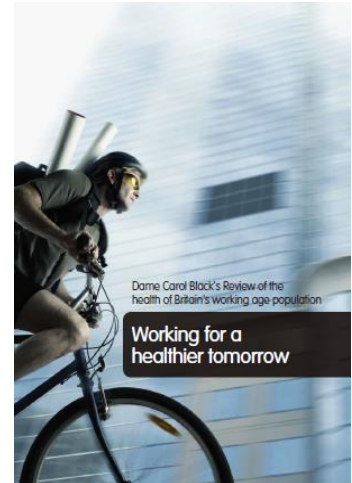
Sir Michael Marmot  
(Fair Society, Healthy Lives)

# Dame Carol Black's 'Review of the health of Britain's working age population', the key challenges included...

Many employers were unaware of the business case for investing in health and well-being.

Poor understanding of health and well-being initiatives that employers can implement, a lack of initiatives, information and advice.

Accessible and affordable sources of support and advice are rarely available for small and medium sized enterprises (SMEs).



*The current sickness certification process focuses on what people cannot do, furthermore, the flow of recipients of other benefits onto incapacity benefits suggests a failure in other employment and skills programmes to identify developing health conditions at a sufficiently early stage...*

Recommendation: Government should fully integrate health support with employment and skills programmes, including mental health support where appropriate...

# Joint Work and Health Unit



Department  
for Work &  
Pensions



Department  
of Health

## Two main outcomes:

1. Improve health outcomes for working age people with health conditions and disabilities, to improve productivity and labour market participation
2. Improve employment outcomes for people with health conditions and disabilities, to contribute to halving the disability employment gap

## Supported by six objectives which will drive our work programme:-

1. to create a more integrated and supportive individual journey through the work and health systems;
2. to encourage work to be seen and embedded as a health outcome within the health and care system;
3. to create cultural change so that individuals, employers and wider society recognise the importance of work and health;
4. to influence employers so that they support health in the workplace thus improving productivity, and also recruit and retain people with health conditions and disabilities;
5. to use the resources currently expended by the employment and health and care systems where they make most difference; and
6. to develop delivery models that support and incentivise the outcomes we want.



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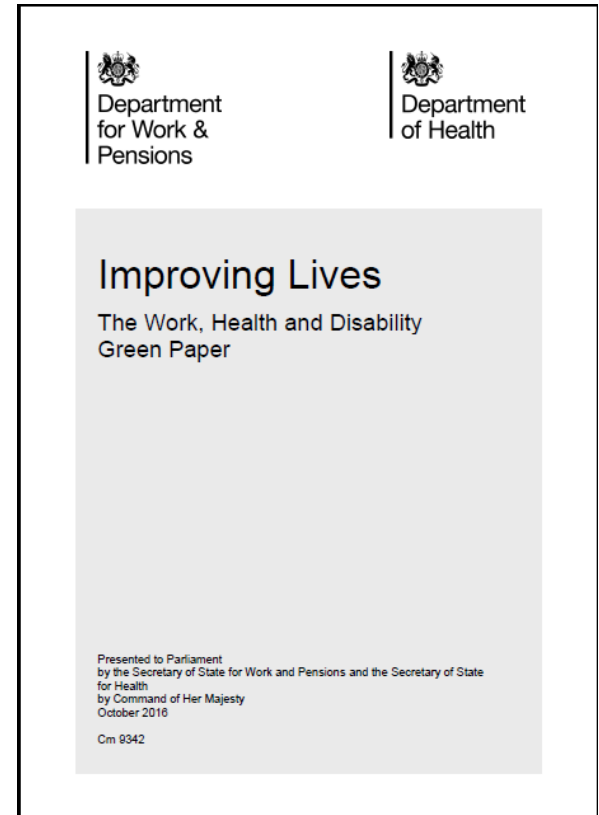
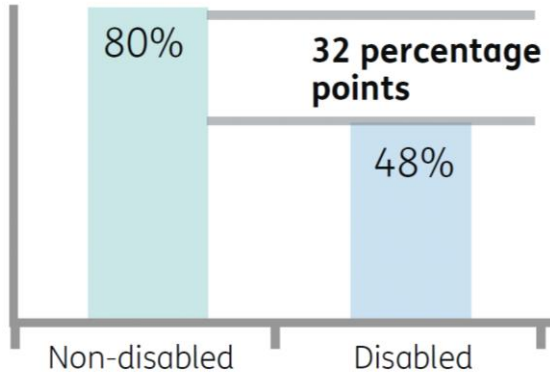
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# Published in October 2016...

## Improving Lives: The Health, Work and Disability Green Paper asks:

What will it take to transform the employment prospects of disabled people and people with long-term health conditions?

**The disability employment gap is too wide**



**\*Gap in the employment rate between those with a learning disability and the overall employment rate (England 2015/16) = 68.1%...**

# Labour Market Profile - England

## Out-of-work benefit claimants by statistical group

<b>Jobseekers Allowance</b>	<b>385,770</b>	<b>1.1%</b>
Lone Parents	346,900	1.0%
Others on Income- Related Benefits	61,980	0.2%
<b>Employment Support Allowance (ESA) and Incapacity Benefits</b>	<b>2,012,680</b>	<b>5.8%</b>
<b>Total</b>	<b>2,807,340</b>	<b>8.1%</b>
<b>There are also...</b>		
Carers	582,780	1.7%
Disabled	268,340	0.8%

# ESA in the East of England (May 2017)

County / Unitary	Total	Mental and behavioural disorders	%	Diseases of the musculoskeletal system and connective tissue	%
Bedford	4,850	2,390	49%	640	13%
Cambridgeshire	16,330	7,840	48%	2,060	13%
Central Bedfordshire	5,910	2,670	45%	770	13%
Essex	40,030	18,990	47%	5,140	13%
Hertfordshire	27,050	13,150	49%	3,210	12%
Luton	7,310	3,380	46%	970	13%
Norfolk	30,860	16,200	52%	3,730	12%
Peterborough	8,390	3,980	47%	1,080	13%
Southend-on-Sea	7,150	3,730	52%	780	11%
Suffolk	21,220	10,570	50%	2,640	12%
Thurrock	4,750	2,130	45%	720	15%
Milton Keynes	7,510	3,510	47%	1,010	13%
<b>Total</b>	<b>181,340</b>	<b>88,540</b>	<b>49%</b>	<b>22,750</b>	<b>13%</b>

\*ESA all ages in East of England, 49% due to 'mental and behavioural disorders', this rises to 60% for those aged 18 – 24 years and is higher in areas of deprivation...

# What have we been doing?

- Brokering introductions across the employment and health systems i.e. our 3 DWP Districts and 12 Local Authorities
- Supporting developments in DWP: training of Disability Employment Advisers and Work Coaches, and introduction of the 'health and work conversation' i.e. MECC, Mental Health First Aid, ASIST, Connect 5
- Linking healthy lifestyle services with DWP i.e. NHS Health Checks, opening referral pathways to smoking cessation etc
- Reviewing links between DWP and IAPT / Wellbeing services (increase / re-introduction of Employment Support Advisers and increase in Individual Placement Support models in IAPT)
- Raising awareness regarding numbers and issues relating to young people on ESA with CAMHS and IAPT commissioners
- Also supported the introduction of Community Partners in DWP and the new Work and Health programme

# Improving Lives: The Future of Health, Work and Disability White Paper

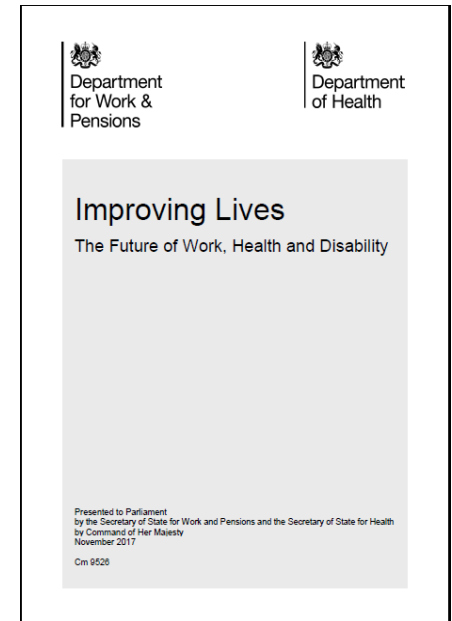
**Our Vision:** We want to see **one million more disabled people in work** over the next ten years. This replaces the pledge to halve the disability gap outlines in the Green Paper.

## **Our Strategy:**

- Getting into and staying in work
- Improving and joining up across three key settings (the welfare, workplace and healthcare systems)
- Support for those who need it – whatever their health condition
- Measuring and reporting on progress
- Implementation

## **Chapter 4 – Working together**

- Acknowledges Government cannot achieve vision on its own, will need support from key partners as well as local action
- Key partners include **local enterprise partnerships (LEPs)** and ensuring the **Industrial Strategy** increases opportunities for disabled people and people with long-term health conditions to get into employment and thrive through good work







**Ambition to see one million more people with ‘disabilities’ in work**

**Recognises employment vital to people’s health and wellbeing, quality of work a major factor in helping people to stay healthy and happy**

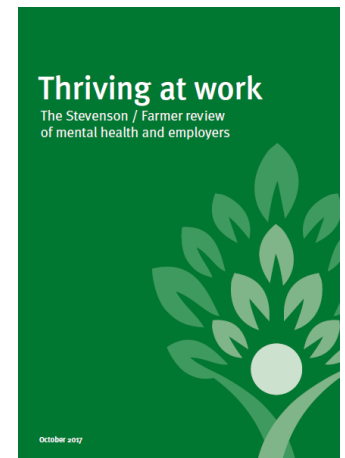


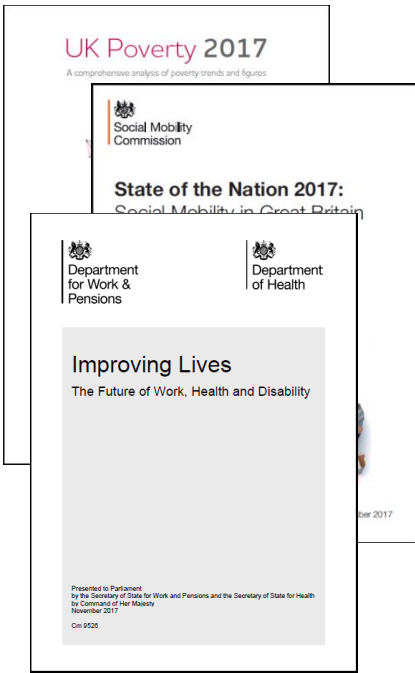
**Towards ‘inclusive growth’?**



**Work keeps people healthy, a need to do more for those from disadvantaged and under-represented groups**

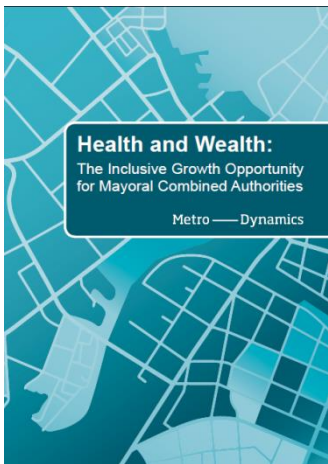
**A vision that employees have ‘good work that contributes positively to their mental health, reduces numbers leaving work each year due to poor mental health**





**Towards  
'inclusive growth'?**

**The role of LEPs and the need to produce local Industrial Strategies that deliver local growth priorities presents an opportunity to influence and deliver 'inclusive growth'.**



Identified as an opportunity for Mayoral Combined Authorities



Some LEPs and LAs already taking a few early steps...

# Our next steps...

- Encouragement and support to translate 'informal' arrangements between DWP, LAs and IAPT into formal working arrangements
- Continued support for developments within DWP
- Supporting Essex County Council's ambition to improve the health and employment outcomes for people with mental health conditions (including learning disabilities), linking the health, work, skills and learning systems
- Supporting localities in linking the welfare, healthcare and workplace systems to develop approaches to deliver priorities in economic, planning and infrastructure strategies through 'inclusive growth'

# Thank you for listening

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**Public Health England – East of England**  
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# DWP community partners

We are introducing the new **Personal Support Package** for people with health conditions. This is a range of new measures and interventions designed to offer a package of support which can be tailored to people's individual needs.

The offer, set out in more detail in this chapter, includes the following new forms of support for all Employment and Support Allowance claimants (and Universal Credit equivalents):

- personal support from disability trained, accredited work coaches. A particular focus of training will be mental health. Work coaches will also be better supported by an extra 300 Disability Employment Advisers and around 200 new Community Partners, with disability expertise and local knowledge. This will lead to better signposting to other local voluntary and public sector services; and
- a Health and Work Conversation for everyone claiming Employment and Support Allowance, as appropriate.

- **Provide disability expertise and local knowledge**
- **Support up-skilling the DWP workforce to introduce of health and work conversation**
- **Better understand customers needs in order to ...**
- **Develop links with local health system and voluntary sector**
- **Work with employers to create opportunities**
- **Commission the right support locally...**



# Questions



# Thank you!



Archived website: <https://tinyurl.com/ihalarchive>

Community of interest Knowledge Hub group –  
email [LDT@phe.gov.uk](mailto:LDT@phe.gov.uk) for an invitation to join



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