VCSE Organisations: Building a Consensus on Health and Work

Supporting disabled people and people with long-term conditions

Project Report

March 2019

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About the UK Health Forum
The UK Health Forum is a health charity generating evidence to support better policymaking through policy research and modelling.

www.ukhealthforum.org.uk

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PROJECT REPORT

Introduction

The UK Health Forum (UKHF) in partnership with the Association of Mental Health Providers (leads of the Mental Health Consortium), Race Equality Foundation, and the National LGB&T Partnership (LGB&T) has conducted a scoping and initial consensus building exercise to:

- Recognise what health and disability-focused organisations in the Voluntary Community and Social Enterprise (VCSE) are already doing as employers to support disabled employees and employees with long-term conditions to stay in work;
- Recognise what health and disability-focused VCSE organisations are already doing as advocates to support disabled people and people with long-term conditions to stay in work;
- Highlight the key points which health focused organisations are in agreement on in relation to health and work for disabled people and those with long-term conditions;
- Identify principles for building consensus for continued action.

The outputs of this work are a framework for building consensus, a collection of supportive case studies, and a resource list. These outputs were developed through a consultative process with project partners and the wider VCSE sector.

Both paid work and volunteering can give an individual a sense of fulfilment and purpose[1]. Being in work, staying in work, and returning to work are all associated with improved mental and physical health – provided that the work is appropriate for the individual. Disabled people and people with long-term conditions should be supported to remain in, or return to, work if that is the right outcome for them and they wish to do so. This support should be delivered in a personalised way that is centred on an individual's own work goals.

Health and disability-focused organisations in the VCSE sector play a crucial role in the wider health and social care system, both as employers and advocates, in supporting disabled people or people with long term conditions to stay in work. Within the sector there is a group of organisations focused on health and disability, ranging from those focused on specific conditions, diseases and disabilities, to risk factor focused organisations, and public health groups.

This report provides a summary of the project as a whole. Following a brief methods section, there is an overview of the framework and proposed next steps for continued action. The final sections are respectively a collection of supportive case studies and a resource list to assist VCSE health and disability-focused organisations in continued action to support individuals who are diagnosed with a disability or long term health condition to remain in, or return to, work if they wish to do so.

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[1] M. Marmot, 2010. *Fair Society Healthy Lives, The Marmot Review.*

Methods

Framework

The initial drafting of the framework for building consensus (the Framework) was based on a clinical health and work consensus framework, co-developed by Public Health England and DHSC and DWP Joint Work and Health Unit with the Royal Medical Colleges and other healthcare professional governing bodies, following their own consensus building process on this topic. Further drafting occurred following scoping work and a rapid literature review, with input from the project partners. The production of the Framework was on-going throughout the entirety of the project.

During autumn 2018 the following consultation exercises took place on the Framework and the wider project:
- Discussions with expert advisors – Autumn 2018
- Call for evidence via HWA, the UKHF network, and social media – Autumn 2018
- Health and Wellbeing Alliance working day – 1 November 2018
- LGB&T board working day – 12 December 2018

Following these consultation exercises, a short online survey using Survey Monkey went live in January 2019. This survey was targeted at health and disability-focused VCSE organisations to elicit their views on the key elements of the Framework and collate support for continued action. The survey was circulated through a bespoke stakeholder list developed for this project; UKHF and partner organisations' networks; and social media. For example, the survey was circulated to and promoted via:
- DHSC/NHSE/PHE Health and Wellbeing Alliance
- UKHF members
- Obesity Health Alliance Steering Group
- Alcohol Health Alliance UK
- UK Public Health Network

A number of in-depth one-on-one consultations were conducted with interested parties.

The survey results, one-on-one consultations, and additional feedback were used to inform the final Framework for Building Consensus.

Case Studies

The case studies were identified and developed by the UKHF, Association of Mental Health Providers, Race Equality Foundation, and the National LGB&T Partnership. These cases were identified through a rapid literature review, the call for evidence, and organisational networks. Development of each case was conducted by the project partners, and where applicable in coordination with the subjects of the case. Each case study has been validated.

Resources

The resource list was collated over the entirety of the project. The initial scoping exercise, rapid literature review and call for evidence identified a number of potential resources. Further resources were identified through project partners, the consultation survey, and the consultation at large. The final collection of resources was set following review by the project team. All of the resources are publicly available and a web link has been provided wherever possible.

Framework

Following the process described above, a final framework for building consensus on health and work has been produced in consultation with health and disability-focused VCSE organisations. This stand alone Framework is a foundation which can serve as the basis for building consensus and continued action to support individuals who are diagnosed with a disability or long term health condition to remain in, or return to, work if this is appropriate and they wish to do so, and the organisations advocating for them.

Responses to the consultation survey demonstrated a high level of consensus around the following principles and actions:

1. The promotion of good work, both paid and voluntary, as a health benefit to people (92% of respondents support);
2. the provision of specialist support to assist disabled people or individuals with a long-term condition to remain in, or return to, work, if they wish to do so (96% of respondents support);
3. the reduction of social discrimination, harassment and victimisation associated with disability and long-term conditions (96% of respondents support);
4. the social model of disability, which states that people with impairments are 'disabled' by the barriers operating in society that exclude and discriminate against them (83% of respondents support); and
5. disabled people and people with long-term conditions being supported in identifying the working environments, patterns and roles that would be most suitable for them (74% of respondents support).

As one survey respondent noted in relation to point five, it is important to bear in mind that *"too often disabled people are told what they cannot do, rather than what they can do"*.

This sentiment was supported by the following responses to the survey question:

Q. "Are there any additional principles or actions your organisation supports with regards to helping disabled people and those living with long-term conditions to stay in work?"

A. *"Positive questioning around what can be achieved rather than what can't be done."*

A. *"People are the experts on what accommodations they need. That cost should not be a factor in getting access to needed accommodations."*

Other suggestions in response to this question were:

A. *"In any advertisement or job display there is a statement that health organisations encourage applications from people with disabilities."*

A. *"Support the principle that disability can be physical or mental and we would look for parity of support"*

Respondents were committed to supporting the following principles for continued action as employers;

1. Understanding the long term effects of avoidable health-related worklessness (90% of respondents support);
2. providing individuals, who are diagnosed with a long-term condition or disability when in work, with the support to access in work benefits and specialist support, whilst destigmatising the seeking of needed benefits (81% of respondents support); and
3. understanding the role and responsibilities of health focused organisations within the wider health and social care system, to enable disabled people or people with long-term conditions to remain in work if they wish to do so (85% of respondents support).

For organisations that also serve as an advocate for individuals and populations with specific circumstances or conditions, there was commitment to supporting the following principles for continued action:

1. Providing individuals, who are diagnosed with a long-term condition or disability when in work, with the support to stay in work if they wish to do so (100% of respondents support);
2. understanding the role and responsibilities of health organisations within the wider health and social care system, to enable disabled people or people with long-term conditions to remain in or return to work if they wish to do so (93% of respondents support);
3. providing individuals, who are diagnosed with a long-term condition or disability when in work, with the support to access in work benefits and specialist support, whilst destigmatising the seeking of needed benefits (92% of respondents support); and
4. supporting employers with employees who have been diagnosed with a long-term condition or disability when in work, so that they can better support these employees in staying in work (83% of respondents support).

Additional suggested principles to consider as part of continued action on this topic (as both employers and advocates) were:

> *"Promoting wider knowledge and understanding of Access to Work."*

> *"Coproduction, user voice, services by and for."*

The Framework for Building Consensus can be found here: http://bit.ly/2HHC1DW

Next Steps

As evident from our consultation exercises, health and disability-focused VCSE organisations strongly support and believe in doing what they can to support individuals who are diagnosed with a disability or long-term health condition to remain in, or return to, work if this is appropriate and they wish to do so. This scoping and framework development exercise serves as a foundation for continued action among the VCSE, particularly health and disability-focused organisations, and provides the impetus and evidence for further work on this topic.

The UKHF and project partners propose the following next steps for continued action on this topic:

Promotion of the Framework

- The project partners and the HWA will promote the Framework amongst their networks.

- The Framework lends itself to being shared at and presented for further discussion at national conferences and meetings. This process would encourage the refinement of the principles in the Framework to support further discussion, greater impact, and effective implementation within organisations and the sector at large.

- This project provides a strong starting point from which to undertake on-going research and work to further generate consensus on this topic. It has further highlighted the vast diversity of the sector with regards to organisation size, organisation focus and mission, and priorities within the broad health and work agenda.

- In due course it would be appropriate to link this Framework with the work of the Royal Medical Colleges, the Richmond Group of charities, and other sectors for further development and advocacy across the wider health and social care system.

Further work on barriers & challenges

- The Framework should be used as a starting point to encourage and support more organisations to adopt better health and employment policies, but more importantly feel they have the ability to do so and the support from across the sector to implement such policies in reality. This should include destigmatising asking for accommodation and greater transparency at all levels of an organisation, focusing on what people *can* do versus what they *can't* do. As one survey respondent told us:

  "I am a disabled person who works for a disability charity. I cannot disclose my status because of the outdated attitudes towards reasonable accommodations in my workplace (referred to as 'concessions' by our CEO, my boss). Discrimination and 'us and them' thinking is endemic. Work is therefore harming my health."

- This work identified that human resource (HR) departments are the logical and likely epicentre for the VCSE in addressing this topic as employers. However, HR departments are not necessarily engaged in wider research and policy discussions, which was evident in the limitation of larger organisations to engage in the consultation. This Framework should be used as a starting point for more serious research on, and engagement with, HR departments in the sector.

- The engagement process for this project made it very clear that liaising across the wider VCSE sector is crucial. Those conducting further work on this topic should liaise with, for example, Homeless Link and the Win Win Alliance, for learning from the Pathways to Work project. Further to this, future work should more explicitly engage with, and incorporate, input from organisations led by disabled people.

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- The consultation process for this project identified a series of wider barriers and challenges for health and disability-focused VCSE organisations, and the sector at large. Employment, work, health and wellbeing are part of a large system of processes, policies and challenges which the VCSE is well positioned to engage and advance. This Framework should be used as a foundation and the impetus to build consensus and support on-going work by the sector, as well as the rationale for further funding to support such work.

CASE STUDIES

Nine case studies have been collated to demonstrate the breadth of the roles and responsibilities that VCSE organisations, both health and disability-focused and more widely across the health and social care spectrum, play within the wider system; both as advocates and employers.

They outline how as advocates, VCSE organisations deliver services and support that enable disabled people and people with long-term conditions to remain in, or return to, work, whilst also providing employers with the tools and resources to effectively facilitate this. Equally, they outline how as employers, the VCSE works to support disabled employees and employees with long-term conditions to stay in work.

The overarching theme of these case studies is the importance of delivering support that is tailored to achieving what is the right outcome for an individual.

Overview of case studies
For each case study in full please see Appendix 1.

1. **'That' conversation with your boss written by Amy** *published by Mind*
Amy has bipolar disorder. This case study demonstrates how, by having access to Mind's information resources for employers, Amy's employer has been able to effectively support Amy so that she can remain in work.

2. **Cathy on Work and Cancer** *published by Macmillan*
This case study describes how, after Cathy was diagnosed with bowel cancer, she began to experience workplace discrimination. Through Macmillan, Cathy learned about her rights at work, and was supported in returning to work.

3. **Working for Change – Jack's Story** *published by Action on Hearing Loss*
This case study outlines how Action on Hearing Loss supported Jack, who is profoundly deaf and was refused work several times, to find work with Willis Construction.

4. **Staying in Work - Aidan McCorry's story** *published by RNIB*
This case study tells the story of Aidan, a corporate director responsible for more than 75 staff. When an accident at work resulted in optic nerve damage, he sought the support of RNIB so that he could learn new ways of working that would enable him to retain his job.

5. **Supporting Inclusive Workplaces for Everyone** *published by an anonymous organisation*
This case study outlines how an LGBT VCSE organisation supported an individual who had been out of the work place for three years due to anxiety linked to Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder, to reconnect with work place activities via volunteering.

6. **Supporting an individual's return to work after years of ill health** *by Plias Resettlement*
A case study about how the VCSE organisation Plias Resettlement supported an individual, after years of unemployment and ill health, to return to work.

7. **Leadership and Diversity** *published by Essex Coalition for Disabled People (ECDP)*

This case study outlines the actions ECDP undertook to ensure that the majority of their staff were disabled, and that their employment practices didn't create barriers for disabled people in considering working for ECDP.

8. **Disability organisations employing disabled people** *by the Thomas Pocklington Trust*

This case study outlines how, and why, The Thomas Pocklington Trust aimed, by 2018, to have a workforce that was 50% blind or partially sighted, with a similar proportion of its trustees and senior managers being blind or partially sighted.

9. **Inclusive Workplaces through Employment Development** *by Making Space*

This case study outlines how VCSE organisation Making Space's Employment Development Service provides effective advice, support, help and training to local people with mental health needs to enable them to reach their occupational aspirations.

RESOURCES

This list of resources has been compiled over the course of the project, and includes a collection of further evidence highlighting what the VCSE sector at large is already doing to support health and work objectives.

Resources:

- 2016. Sense. Realising aspirations for all: Improving access to employment for people who are deafblind.
- 2016. Sense. How to support people with sensory impairments in employment: guidance for employers and Jobcentre Plus.
- 2016. Disability Action Alliance. Volunteer Charter: One Year On.
- Undated. Mencap. Volunteering for Everyone: A guide for organisations who want to include and recruit volunteers who have a learning disability.
- Undated. Mind. Resource 3: How to promote wellbeing and tackle the causes of work-related mental health problems.
- Undated. Mind. Resource 4: How to support staff who are experiencing a mental health problem.
- 2017. Melanie Wilkes. Scope. 'Let's talk': Improving conversations about disability at work.
- 2015. Lupus UK. When an Employee has Lupus: An Employer's Guide.
- Undated. Action on Hearing Loss. Employers Guide.
- Undated. Action on Hearing Loss. Your rights as an employee.
- 2017. Cystic Fibrosis Trust. Employment Factsheet.
- 2018. RNIB. Staying in Work factsheet.
- 2017. Stroke Association. A complete guide to stroke for employers.
- 2018. Stroke Association. A complete guide to work and stroke.
- Undated. Stroke Association. Return to Work form.

Services:

- Inclusion London's Making it Work programme: https://www.inclusionlondon.org.uk/training-and-support/consortia-working/employment-consortium/making-it-work-employment-and-skills-consortium/
- Wecil's Pre-Employment Course: https://www.wecil.co.uk/free-pre-employment-course-in-bristol/
- Disability Rights Confidence Training for Managers: https://www.disabilityrightsuk.org/how-we-can-help/training/disability-confidence-training
- Action on Hearing Loss's Employer's Hub: https://www.actiononhearingloss.org.uk/how-we-help/businesses-and-employers/employer-hub/
- Action on Hearing Loss's Services and training for businesses: https://www.actiononhearingloss.org.uk/how-we-help/businesses-and-employers/services-and-training-for-businesses/
- Macmillan provides a hub of resources for employees, people who are self-employed, and employers on work and cancer: https://www.macmillan.org.uk/information-and-support/organising/work-and-cancer

- MS Society provides a hub of resources for employees and employers on work and MS: https://www.mssociety.org.uk/care-and-support/everyday-living/working-and-ms

Appendix 1 – FULL CASE STUDIES

1. 'That' conversation with your boss *written by Amy, published by Mind*

1) Brief summary

Amy has bipolar disorder. This case study demonstrates how, by having access to Mind's information resources for employers, Amy's employer has been able to effectively support Amy so that she can remain in work.

2) What were we seeking to achieve?

Amy wanted to ensure that she could ask her employer for support concerning her bipolar disorder when she required it, with the reassurance that they would have the resources to effectively provide it.

3) Why did we decide to take action?

Amy decided to discuss her bipolar disorder with her employer, and refer them to the information resources for employers provided by Mind, because working with her bipolar disorder would be more manageable if she had support from her employer.

4) What did we do?

Amy decided to disclose her bipolar disorder to her new manager.

She was relieved when their immediate response was "Thank you for telling me. How can I help?" Amy started by explaining the basics of her diagnosis, and how some of her symptoms can affect her daily work.

The most helpful thing for Amy's manager and HR team has been Mind's information resources for employers. Amy downloaded the PDF versions and sent them both links, by emails. This provides them with the right information to help support Amy, from a trusted source.

5) Why did we choose this approach?

By providing her employer and HR team with Mind's information resources for employers, Amy could refer them to certain sections of these resources that relate to her current difficulties, whilst being confident that they have the right details, and haven't just 'googled' her condition.

6) What was the outcome?

The first thing that Amy's manager and HR team did after reading these resources, was ask how they could help Amy. By discussing this, Amy has been supported in the following ways:

- Amy's employer and HR team have not pressured Amy into returning to work when she is unwell, often for weeks at a time.

- Amy's employer and HR team know that Amy is open to them asking questions, and that she will tell them if her needs change.

- Amy can listen to music on headphones in the office if she's having a hard day, as music can really help her.

- Amy has moved desk to a space where she has a bit of privacy and can block out the noisy office behind her.

Mind's [information resources for employers](#) meant Amy's manager and HR team have effectively understood Amy's condition and supported her, giving her confidence in the people she works with, and confidence that she won't be forced to resign because of her condition.

7) What did we learn?

Resources provided by health charities as to how employers can better support their employees to remain in work are very valuable. Thanks to Mind's information guides, which Amy's manager has access to at any time he wants, Amy is supported to remain in her role.

8) Where can people find out more?

https://www.mind.org.uk/information-support/your-stories/that-conversation-with-your-boss

Date: 20 January 2019

2. Cathy on work and cancer, *published by Macmillan*

1) **Brief summary**
   After Cathy was diagnosed with bowel cancer, she began to experience workplace discrimination. Through Macmillan, Cathy learned about her rights at work, and was supported in returning to work.

2) **What were we seeking to achieve?**
   Cathy wanted to understand her rights concerning work and cancer, and receive advice on how to return to work.

3) **Why did we decide to take action?**
   Cathy decided to take action because her employer wasn't understanding or supportive of her condition. She was made to work long hours, given impossible deadlines, an unfair contract, and not supported in taking time off for medical appointments. She had to leave the role, and was signed off by her GP with workplace stress. That was when she decided to seek the help of Macmillan.

4) **What did we do?**
   Cathy contacted Macmillan to learn of her rights concerning work and cancer, and seek support on how to return to work.

5) **What was the outcome?**
   Macmillan provided Cathy with advice on returning to work and her [rights]. She was also sent the [Macmillan work and cancer toolkit] to take to her employer. Because of this information, Cathy took her employer to court and managed to win a case for discrimination.

   Cathy has since been recovering from surgery and returned to work with the support of Macmillan.

6) **What did we learn?**
   The importance of the support provided by health charities to people with conditions looking to remain in, or return to, work. Thanks to Macmillan's support and advice, Cathy was able to return to work, with a better understanding of her rights at work in light of her condition.

7) **Where can people find out more?**
   https://www.macmillan.org.uk/information-and-support/resources-and-publications/stories/cathy/cathy-work-cancer.html#268492

Date: 20 January 2019

3. Working for Change – Jack's Story *published by Action on Hearing Loss*

1) Brief summary

This case study outlines how Action on Hearing Loss supported Jack, who is profoundly deaf and was refused work several times, to find work with Willis Construction.

2) What were we seeking to achieve?
Jack wanted to find work in construction.

3) Why did we decide to take action?
Jack went to Action on Hearing Loss because he knew that his CV was good – he had relevant experience and qualifications to work in construction – but he kept being refused work. He suspected that this was because he was deaf.

4) What did we do?
Action on Hearing Loss supported Jack in looking for work, and in applying for a role at Willis Construction.

5) Why did we choose this approach?
Jack believed that he could increase his chances of finding employment with the support of Action on Hearing Loss.

6) What was the outcome?
Jack was employed by Willis Construction, who support Jack and are willing to make relevant adjustments in light of Jack's condition. Jack has become a valued member of the team. Willis Construction now advocate to other employers about the importance of not discriminating against an applicant who is deaf.

7) What did we learn?
The value of the support that health charities like Action on Hearing Loss provide to people with health conditions who are having difficulty accessing work.

8) Where can people find out more?
https://www.actiononhearingloss.org.uk/live-well/our-community/your-stories/jack-griffiths/

Date: 20 January 2019

4. Staying in Work - Aidan McCorry's story, *published by RNIB*

1) **Brief summary**
   Aidan is a corporate director responsible for more than 75 staff, and when an accident at work resulted in optic nerve damage, he sought the support of RNIB so that he could learn new ways of working that would enable him to retain his job.

2) **What were we seeking to achieve?**
   After an accident at work, where Aidan tripped, fell, and banged his head, resulting in optic nerve damage, Aidan suffered sight loss. Aidan sought to achieve the skills that would enable him to retain his job.

3) **Why did we decide to take action?**
   Aidan wanted to ensure that, despite suffering sight loss, he could retain his job, which is why he sought the support of RNIB.

4) **What did we do?**
   When transitioning into going back into work, Aidan sought the support of RNIB. He enrolled in one of their courses, and was given access to a range of equipment that allowed him to experiment with what was and was not possible in the workplace in light of this new condition. This gave Aidan confidence when returning to work.

   RNIB also came to Aidan's workplace to do some training with the staff there so that they could understand what to expect and how to respond to Aidan's new condition.

5) **Why did we choose this approach?**
   Aidan wanted to keep his job, so he decided to undertake a course that would teach him how to use equipment that enabled him to retain his role. Aidan also wanted to ensure that his colleagues received sufficient training so that they would appropriately understand and respond to his new condition.

6) **What was the outcome?**
   Aidan is now competent in using a magnification machine which allows him to read existing documents, and a large screen computer on it which has special software that enlarges the type face. This enables him to undertake all his daily tasks, whilst ensuring that he isn't at a disadvantage because of his condition.

7) **What did we learn?**
   Aidan learnt the importance, for people who are contemplating returning to work after having suffered sight loss, of making sure that RNIB is involved. This involvement should be with both the individual, and their employer, as this is key for paving the way for a successful transition back to work.

8) **Where can people find out more?**
   https://www.rnib.org.uk/information-everyday-living-work-and-employment/staying-work

Date: 20 January 2019

5. Supporting inclusive workplaces for everyone, *published by an anonymous organisation*

1) **Brief summary**
   This case study outlines how an LGBT VCSE organisation[2] supported an individual who had been out of the work place for three years due to anxiety linked to Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder, to reconnect with work place activities via volunteering.

2) **What was the timescale for the project?**
   This project began in mid-September 2018.

3) **What were we seeking to achieve?**
   The organisation sought to support the individual so that they would feel confident enough to eventually return to work.

4) **Why did we decide to take action?**
   The individual was directed to the organisation from their employment support worker at the job centre.

5) **What did we do?**
   The whole staff team from the organisation was involved in creating an individualised work programme for the individual. This took into account what the individual had specified as suitable workplace tasks, and the support that they had specified they would require in undertaking these.

   At the beginning of each volunteer session, the individual was given time to clarify the tasks they were provided with as part of their work programme for that session. A review was also set up for 6 weeks after the start of this work programme, to assess whether additional adjustments are required.

6) **Why did we choose this approach?**
   It was important that this individualised work programme was created in consultation with the individual, so that they undertook tasks that would build their workplace confidence. For example, the individual specified that they wouldn't be comfortable undertaking any outward customer-facing tasks, such as making or taking phone calls, so the work programme consisted of administration work that was computer-based. One staff member was responsible for supporting the individual.

7) **What was the outcome?**
   The eventual aim is to support the individual in feeling confident enough to return to work, or to increase their days in a volunteer or work based role at the organisation.

8) **What did we learn?**
   The importance of having a process in place, as an organisation, for setting up a work programme that incorporates an individual's needs and requirements, as well as breaking down their tasks into small, explainable steps.

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[2] Due to the very small size of the organisation and the sensitivities around the needs of the person supported, the organisation has asked to remain anonymous.

Ultimately, however, the value of organisations providing people who have learning difficulties or mental health concerns with volunteering opportunities that are founded on personalised work plans, so that they can build the confidence to return to work. This project shows the potential to be able to support people even within small organisations (staff teams of less than 5).

Date: 7 February 2019

6. Supporting an individual's return to work after years of ill health *published by Plias Resettlement*

1) **Brief summary**
   A case study about how the VCSE organisation Plias Resettlement supported an individual, after years of unemployment and ill health, to return to work.

2) **What were we seeking to achieve?**
   The individual felt that they would be suited to supporting the more vulnerable members of society, and sought Plias Resettlement's help in pursuing a new career in the health and social care industry.

3) **Why did we decide to take action?**
   The individual sought Plias Resettlement's support because they had a criminal conviction and partial deafness; they felt that they were at a high risk of discrimination and had experienced challenges at interviews in the past.

4) **What did we do?**

   The individual and their caseworker began by updating the individual's CV, discussing the impact of their conviction, their mind set and the importance of being proactive. The individual was supported to apply for jobs, cold-contact organisations they wanted to work for and register with relevant agencies in their chosen field. In order to increase their chances of gaining employment, the individual began volunteering with a local food bank on a weekly basis. Due to their limited work experience, the individual and their caseworker have been overcoming the challenges that come with finding references and pursuing referees. They have also been obtaining the required information regarding benefits to ensure a smooth process when the individual begins working.

5) **Why did we choose this approach?**
   The individual consistently expressed their need to 'get a foot in the door', explaining that once they were offered an interview, they could then show a potential employer that they were an asset to the organisation.

6) **What was the outcome?**
   The individual was soon invited to a phone interview with an agency but due to their hearing condition, was invited to a main interview without having to go through the phone interview stage. This was the 'foot in the door' the individual had wanted and was immediately recognised as an ideal candidate despite their conviction. The agency worker put the individual forward for various interviews and they have now been accepted as a caregiver providing emotional support and practical assistance to the elderly.

Date: 20 January 2019

7. Leadership and Diversity *published by Essex Coalition for Disabled People (ECDP)*

1) **Brief summary**
   ECDP wanted to make sure that the majority of its staff were disabled, and that their employment practices didn't create barriers for disabled people in considering working for ECDP. This case study outlines the actions that they took, their outcomes, the challenges that the organisation overcame, and the organisation's advice for other organisations in light of their experiences.

2) **What was the setting and population covered?**
   ECDP is an organisation run by and for disabled and older people. Its vision is to enhance the everyday lives of disabled and older people in Essex and beyond. ECDP provides a wide range of support, information, advice and guidance services, primarily in the field of social care. This project involved the recruitment and employment of new staff.

3) **What were we seeking to achieve?**
   ECDP was keen to ensure that disabled people were involved and engaged at every level of the organisation.

4) **Why did we decide to take action?**
   So that staff reflect the way in which disabled people are represented across Essex.

5) **What did we do?**
   The overarching approach from ECDP was to ensure that their work on ensuring that the majority of its staff were disabled wasn't thought of as 'separate' to the work undertaken around their HR policies and procedures. They embedded equality and diversity issues; particularly ensuring disabled people didn't perceive or experience barriers, in everything they did. As such, their planning was around how they would review and update their HR policies and procedures and by when.

   Their work included:

   - Developing a new recruitment policy with practical guidance and support for managers on how recruitment works.
   - Getting individuals to support managers in the recruitment process.
   - Engaging members and service users in the recruitment process by inviting them to be on interview panels and to contribute equally to the decision-making process.
   - Ensuring explicit questions – around reflecting and putting into practice our organisation values – were in place.
   - Not reserving particular posts for disabled people, but instead focusing on ensuring people either have lived experiences – direct or indirect – of disability, and that people have the same values as the organisation (including being inclusive and non-discriminatory).
   - Ensuring that all of the above was supported by an external HR consultant who had expertise in the area of equality and diversity.

6) **What was the outcome?**

In April 2008, 47% of ECDP's staff declared an impairment, with 50% of the senior management team being disabled. In September 2010, 53% of ECDP's staff declared an impairment, and 100% of the senior management team declared an impairment.

7)   What did we learn?
The importance of explicitly recognising what an organisation is working towards and why. This ensured that all managers in the organisation, not just those responsible for HR, were aware of the practical things that can be done to reduce barriers for disabled people. The whole process also allowed them to codify how they do this, so that if one or two people left, the processes and thinking behind it has been captured.

Despite at the time not having had a specific, dedicated plan for increasing the proportion of disabled staff, having something as explicit as a 'target' or 'aim' would have helped additionally drive the process.

That the work and effort gone into formal recruitment procedures could also be hugely beneficial to the recruitment of volunteers and ensure the linkages across the organisation could happen.

8)   What is the single most important one line of advice which we can give to others starting a similar project?
Ensuring you have a good proportion of disabled people as members of staff in your organisation isn't just about ticking a box. Disabled members of staff can help ensure a different perspective is represented internally that will invariably help your business operate externally.

9)   Where can people find out more?
P.23 https://bit.ly/2NgsrGK

Contact Details: info@ecdp.org.uk

Date: 12 February 2019

8. Disability organisations employing disabled people *published by the Thomas Pocklington Trust*

1) **Brief summary**
   This case study outlines how, and why, The Thomas Pocklington Trust aimed, by 2018, to have a workforce that was 50% blind or partially sighted, with a similar proportion of its trustees and senior managers being blind or partially sighted. This case study identifies the actions they took, their outcomes, the challenges that the organisation overcame, and the organisation's advice for other organisations in light of their experiences.

2) **What was the timescale for the project?**
   This project started in 2012, and a summary of the achieved outcomes listed below was produced in 2016.

3) **What was the setting and population covered?**
   The Thomas Pocklington Trust is a London based charity that identifies and meets the needs and aspirations of blind and partially sighted people across the UK. This project involved the recruitment and employment of new staff with sight loss.

4) **What were we seeking to achieve?**
   The Thomas Pocklington Trust was interested in the attitudinal impact of employing blind or visually impaired staff. Its aim was to make it commonplace for colleagues to have sight loss, and to understand that only modest adjustments were necessary to facilitate this. Their aim was to eliminate the inequality in employment rates between visually impaired people and the general population. It was important, however, that this did not compromise them hiring the best people for the job.

5) **Why did we decide to take action?**
   In 2012 The Thomas Pocklington Trust had just one per cent of people with a visual impairment in its work force. In 2016, there were around 2 million people living with sight loss in the UK and only a quarter of blind and partially sighted people of working age were in paid employment.

6) **What did we do?**
   The Thomas Pocklington Trust reviewed and changed its employment strategy so that it proactively welcomed applications from all sections of society by ensuring that blind people were made aware of vacancies. Jobs were advertised using networks in which people with sight loss participate, and application forms were made more accessible. Recruitment happened solely on the basis of ability, with a genuinely accessible level playing field, and existent visually impaired colleagues were encouraged to be involved in the recruitment process, and often sat on interview panels.

   The Trust made reasonable adjustments, which involved modest changes such as bringing in more accessible computer equipment or ditching bespoke IT systems (which often do not allow the use of magnification or text to speech software) in favour of open and accessible systems.

The trust also changed its meeting structure so that meetings were run in a more accessible way. Everybody introduces themselves at the start of meetings, and questions are managed through the chair rather than on the basis of who shouts the loudest.

The Trust also implemented a year-long pilot programme, Works for Me, which took place in 2016. It supported more visually impaired people to gain and retain employment, and to prevent people with existing employment from losing their jobs due to sight loss. The pilot collaborated with businesses, charities and individual professionals which gave it access to resources far beyond its own capacity including event space, expertise, volunteering hours, professional networks and peer support, all of which contributed to the staggering employment outcomes.

7) **What was the outcome?**
In 2016, the Thomas Pocklington Trust looked on track to achieve its medium target to ensure that 50% of its employees, and a similar proportion of its trustees and senior managers, were blind or partially sighted by 2018.

By recruiting more staff with sight loss and supporting their professional development, the trust says it is creating an employment pipeline; one visually impaired colleague recently got a job at a local authority (in a job unrelated to his visual impairment). Another has gone on to a training contract with a law firm, remaining involved with the charity as a trustee. Three of the Trust's senior managers have sight loss, including deputy chief executive Keith Valentine.

This work has led to the charity being recognised by various national employer accreditations, such as Investors in People, which recognises best business practice, and Positive about Disabled People, awarded by Jobcentre Plus and Disability Confident.

Works for Me supported many people with sight loss to gain and retain employment, and by May 2016 14 out of 32 people who had received one to one support had gained paid employment. The success rate of this programme was almost 40%, compared to the under 6% for the government-sponsored Work Programme. The project recently won an award from Vision 2020 UK, the organisation that leads collaboration between organisations in the eye health and sight loss sector.

8) **What is the single most important one line of advice which we can give to others starting a similar project?**
The biggest challenge for disability organisations considering employing from the community they support is just deciding that they want to do it. You need a firm strategy on this, leadership from the top, and then you need to make it a priority.

9) **Where can people find out more?**
https://www.vodg.org.uk/wp-content/uploads/2016-VODG-Closing-the-disability-and-employment-gap-a-case-study-report.pdf OR https://www.pocklington-trust.org.uk/thomas-pocklington-trusts-london-employment-programme-wins-award/

Contact Details: info@pocklington-trust.org.uk

Date: 12 February 2019

9. Inclusive Workplaces through Employment Development *by Making Space*

1) **Brief summary**
   This case study outlines how VCSE Making Space's Employment Development Service provides effective advice, support, help and training to local people with mental health needs to enable them to reach their occupational aspirations.

2) **What was the setting and population covered?**
   The service is delivered across a broad range of community venues (e.g. voluntary sector hubs, libraries, community centres, local partners' offices) in accordance with services users' needs and preferences. There is also a small office hub in Bispham.

3) **What were we seeking to achieve?**
   - Helping users to enhance their social inclusion

   - Assistance to develop coping strategies through one-to-one support, group activities or other training opportunities and by working with other services/agencies.

   - Delivering two pathways of employment development – IPS and 'Build on Your Skills'.

   - Contributing to meeting users' training and employment needs as identified through occupational profiling.

   - Enabling users to regain confidence and self-respect.

   - Working closely with partners in employment, education and volunteering to ensure access to good quality advice, information and guidance.

   - Support the development of a range of support choices through local partners related to social inclusion, further or higher education, paid or voluntary work.

4) **Why did we decide to take action?**
   In order for people with mental health needs to reach their occupational aspirations, it is important that they receive effective advice, support, help and training.

5) **What did we do?**
   The Employment Development Service undertakes a range of activities including:

   - Open access/booked appointment drop-ins offering advice, information, signposting, assistance with online research, CV writing, benefits advice from local partner agencies, etc.

   - Person centred 1:1 support to identify, work towards and achieve goals.

   - Structured and supportive weekly volunteering activities providing opportunities to develop skills, confidence and gain work experience in mainstream community spaces.

   - Delivering courses/learning opportunities and brokering access to external training and qualifications. They are currently running a Confidence in Self Employment Course (funded by Awards for All) co-delivered with three local entrepreneurs. This is a 10 week course and participants can also access 1:1 mentoring sessions to develop their own small businesses ideas.

- Ad hoc skills development opportunities.

- Working with local volunteering agencies and employers to carve out/tailor roles.

- Continuously developing new community partnerships to offer a diverse range of choices and opportunities for the people we support.

Making Space offers different levels and durations of intervention based on individual need e.g. weekly/fortnightly/monthly contact. Some people require direct support to undertake the actions linked to achieving their goals whereas other may just need encouragement or motivation. Making Space provides support face-to-face, over the phone, via email or text. They also stay in touch and offer an 'open door' to individuals who have moved-on, enabling them to access information, advice or support and helping to sustain their work, education or other placements.

6) **Why did we choose this approach?**
Making Space believes that volunteering can play an important role in individuals' personal recovery, supporting people to discover/regain an identity distinct from their illness. It also provides a great stepping stone to paid employment.

7) **What was the outcome?**
The positive outcomes achieved by the service interventions are as follows:

- Service users feel both more supported in facing their mental health needs and better able to cope.

- Service users have opportunities to express themselves and have increased confidence.

- Service users are less isolated and able to work with others in a positive way.

- Service users have increased opportunities for training and taking up supported work placements, voluntary work and open employment.

- Service users have received support in removing additional barriers to progression e.g. substance misuse, debt, housing, criminal justice issues, etc.

Making Space uses the Work Star as a holistic outcomes measurement tool to measure the impact of our interventions.

8) **What did we learn?**
The importance of working in a person centred way, and recognising that there is no 'one size fits all' when it comes to enabling people to achieve their personal recovery and occupational goals.

The importance of developing strong connections with a broad range of community partners across education, training, employment, sports, horticulture, the arts/culture, local businesses (large and small). This ensures that we can offer a breadth of options aligned to individuals' interests and aspirations.

The importance of encouraging people who have successfully moved-on from EDS to keep in touch with the service. Former service users/members can actively promote the service, as well as mentor individuals currently accessing the service.

9) **Where can people find out more?**
   Please see accompanying 3 case studies from Making Space's Employment Development Service users.

Contact Details:

Fylde & Wyre:
Website:https://makingspace.co.uk/services/centres/fleetwood-wyre-employment-service
Email: stephanie.cottle@makingspace.co.uk
Tel: 01253 596 334 / 07738 641857

North Lancashire: https://makingspace.co.uk/services/centres/lancaster-employment-development
Email: enquiries@makingspace.co.uk
Tel: 01200 429432

Date: 20 January 2019

Additional from Making Space's - Employment Development Service Users

These examples have been included in narrative form to provide further example of Making Space's services.

1. **Lydia's Story**

*Lydia experienced acute psychosis, social anxiety, depression and panic attacks which meant she had to leave her job at a local school. Following a hospital admission, she engaged with the Employment Development Service. She describes EDS and other local agencies she has engaged with as follows:

"My 'professional family' has helped me build up my confidence which in turn has allowed me to explore my creativity. Without this level of reflective support I wouldn't be able to go out and try so many new things, and feel happy about life again. It's so brilliant because it works as a partnership; they aren't in charge of what I do at all, but together we work as a team. I would strongly urge anyone in a similar position to me, to seek out these types of organisations and to get involved. It may be the best thing you ever do".

Lydia has been supported to take on meaningful roles at a local social group providing food and refreshments for local people aged over 55, as well as becoming a Befriender. Lydia is currently taking part in our Confidence in Self Employment course. Lydia has also started a fantastic blog to raise awareness of mental health and the importance of seeking help.

*name has been changed

2. Alan's Story

I started volunteering when I was thirty years old – the same time as I started down a road to achieve some recovery in my life. I also went back into education to learn to read and write. I had little real education as school was difficult for me. My school life was difficult as dyslexia was not something that was picked up on in the past.

Volunteer work became very important to me. Volunteering helped me to learn about myself and how to mix with others. It also helped me to not to be ashamed of my lack of education and evidenced that I had some skills in life.

After doing some college courses, I began to take more responsibility in my volunteer work. In looking back, I probably took on too much but that would be part of my learning as well. I also became too high in my goals.

I had support from college and volunteer places where I formed friendships with people that I developed trust. Through all this I was up and down through my use of alcohol and drugs to escape from my feelings which I couldn't deal with at that time, I continued with college and volunteer work as these gave me some purpose in life.

I progressed in myself with help from services around me, hospital, and through going into rehab programmes. Volunteering was a key factor in overcoming my misuse. It became a real important thing in that it was like a job with responsibility creating feelings of being engaged in worthwhile work. Others would ask me why I did voluntary work, was it to help others? My answer to that was no. It was to help myself.

I was introduced to Making Space when I attended an event run by the DWP funded Work Programme and this rekindled my interest in volunteering. I have been volunteering with the Making Space Employment Support Service for nearly 3 years now, assisting with computer work, outdoor woodland management projects such as the Woodlands Rural Centre which was a joint project with Making Space and the Estate owners and a Community Forest Garden Project called Fork 2 Fork. I have also been guiding and mentoring others at the Making Space drop ins.

Making Space has encouraged me and given me opportunities to use my "lived experience" to give peer support to others. I did not have to go through interview hoops and explain my past as with other mainstream voluntary organisations. There is a lot of prejudice and stigma even when dealing with some mainstream organisations. I felt a high level of acceptance within Making Space and felt valued not just by the worker but other members of the project. It was a safe space to participate.

The Making Space Employment Support service works closely with the Job Centre Disability Employment Advisors. They explained "Supported Permitted Work". This offered the possibility of retaining health benefits but allows you to do some paid work (but no more than 15hrs per week). This gave a chance to build up my confidence and prove my employability. Part time suited my health issues. One of my long term friends offered me some paid work and it was agreed that the Making Space service would offer me regular in-work support as part of the Supported Permitted work scheme and this is what I continue to do. Currently I am exploring future self-employment with the Making Space Employment Support Service – there is no pressure to do this but it is a possibility to consider. It's all about taking one step at a time.

3. Anastasia's Story

In 2006 I was referred to Making Space by the community mental health team in Lancaster as an alternative therapy. I suffer from depression and anxiety which left me unable to attend a normal college and even restrict my activities of shopping and communicating with other people.

Making Space encouraged me to transfer my negative thoughts into pottery that I found to be very relaxing and after attending for so many months, I realised that by making Egyptian artefacts and encouraged by Diane to research the subject further and thus I gained the confidence to travel to Egypt.

By travelling to Egypt I realised that I had a dream to travel and with Making Space's support and encouragement I was able to attend a normal college environment to learn new subjects such as science, maths and English which gave me confidence to go further in confidence and also helping me to control my anxiety.

While I was attending Making Space, I was able to communicate with another person like myself, so between us we were able to support each other with our similar life experiences and if it wasn't for Making Space I would never have met friends like myself. Even today 2018 I still have remained friends with those I met and together we look forward to improving our personal goals, which to be honest I never dreamed of happening prior to going to Making Space.

Making Space was able to help me in career leads and also got me a training placement at the Morecambe Tourist Information Centre which I enjoyed very much. Through the support and services that Making Space gave I was able to succeed to reduce my illness and learn to control it through therapy using ceramics which has now taking me through to university and further as to a view of returning to full time employment within the tourism industry.

By going to pottery I found my interest in history and it went far beyond just history, I looked to the past to find my future, which has giving me strength in my gender transition, my history research went far back learning of the transgender cultures and how it was perfectly normal to be different even in today's social climate, I take pride not shame in myself that my kind are different in uniqueness and beauty as in culturally open minded.