# Working differently with people with health conditions, mental health conditions and disabilities to assist them into work

## Who provided us with feedback?

The Ministry of Social Development engaged with a broad range of interested groups and individuals to seek feedback on what changes would make a difference for assisting disabled people and people with a health condition or mental health condition into work.

Between November 2012 and February 2013, we held:

* three public meetings in Auckland, Wellington and Christchurch
* six single sector workshops with people with disabilities, health conditions and mental health conditions, providers, advocates, the disability sector, employers and Work and Income staff.

These public meetings and workshops were attended by over 250 people.

We also enabled people to give feedback via four online surveys, each aimed at a specific group. We received online feedback from 807 people:

* 378 people with health conditions, mental health conditions or disabilities
* 229 families or carers
* 181 health professionals
* 19 employers.

## How we have used this feedback?

## Feedback on the Welfare Reform proposals (being implemented on 15 July 2013) has been analysed and used to refine proposals for implementation.

## We have also used the feedback to inform the development of a longer term work programme to improve employment outcomes for disabled people and people with health conditions. This work programme is in the process of being developed with interested groups and individuals over the next year and will be implemented in a phased approach over five years (2014 – 2019).

**Summary of Stakeholder feedback**

## We have collated this feedback and have used it as a starting point to develop the long term work programme and to inform the Welfare Reform changes implemented on 15 July 2013.

## Future model for assisting people into work

*We asked stakeholders what they thought would make the most difference to assist people with health conditions, mental health conditions and disabilities into work.*

The key themes were;

* An individualised, strengths-based approach that involves the client in identifying aspirations, strengths and required support.
* Health information should be a component of assessment, but not the only consideration. Health professionals who have the specialist knowledge should be used.
* Adequate and sustainable funding for a broader and increased range of employment services and supports including flexible subsidies, training, career counselling.
* A central “hub” of resources which could reduce access barriers.
* Skilled networks that already exist should be used to coordinate services and made to work cohesively.
* Clients are able to access supports and services at different stages including pre-employment and ongoing support.
* Supports for employers are readily available and adequately funded, including access to specialist knowledge and training for both management and peers when working with people with disabilities, health conditions or mental health conditions.
* An information campaign targeting employers about employing people with disabilities, health conditions or mental health conditions would be useful in changing attitudes.
* Better alignment of financial incentives and disincentives within the income support system and wider system to increase employment outcomes.
* Family and community supports, where they exist, should be utilised.
* Work and Income processes and services are accessible for all groups of clients.
* Work and Income staff and processes that place the client’s needs at the centre.
* Dedicated skilled health and disability case management within Work and Income with lower caseloads and more time to work with clients. Work and Income staff having skills and knowledge to work with the client to develop and put into action a plan that assists them into work.
* Work and Income needs to develop long term relationships with local employers, service providers, educational organisations and potential employees in order to understand employer requirements, better match people to vacancies and ensure training opportunities are appropriate.
* People with health conditions and disabilities are involved in the design of Work and Income processes and services.
* Work and Income should be more representative of its client base by employing more disabled people and ensuring that the workplace meets their needs. Work and Income should lead in valuing the knowledge and experience of disabled people.

Other issues that were identified but are outside the scope of our work include;

* Establishing legislated quotas for disabled people in workplaces.

**Welfare Reform proposals (being implemented on 15 July 2013)**

We asked questions about:

* self-assessments
* how Work and Income should work with health professionals
* employment services and supports
* information and support for employers
* what skills and capabilities Work and Income staff need.

### Self-assessments

*We explained that the purpose of the self-assessment is to:*

* *identify a jobseeker’s strengths and what services/support would assist them into work*
* *identify jobseekers who, without intervention, may remain on a benefit.*

*We asked: What information do you think it would be useful to collect as part of a self-assessment?*

Overall, people supported the self-assessment and a strengths-based approach that involves the client in identifying aspirations, strengths and what support they require to work.

The key themes about what information to include in a self-assessment were;

* The client’s strengths, how the client views their capacity, what would the client ideally like to do, and what motivates the client to work.
* Improving a client’s confidence about work – what steps need to be taken to go back to employment and what supports are required to get into to work.
* Discuss limitations and impacts of conditions (not the condition itself), what a good work environment would be, what impact environmental factors have, what currently is stopping an individual from working, whether any accommodations would be needed.
* Whether any medication may have side-effects.
* Previous employment history.

*We asked: What options should be available for jobseekers to provide this information?*

Stakeholders emphasised the need for the assessment to be accessible for all people who may use it. It must be available in multiple formats, including online, in-person, paper-based, via telephone, and with assistance. There needs to be a specific format for people with learning or intellectual disabilities.

### **How Work and Income should work with health professionals?**

*We asked: What information should be provided by health professionals to support jobseekers into work?*

Responses to the questions about health professionals were varied. The main theme was that health information should be a component of any assessment, but not the only consideration. This reflects the self-assessment and strengths based approach that involves the client in identifying aspirations, strengths and required supports.

Key themes about the information to be provided by health professionals included;

* Any approach should be client-specific.
* The medical model is not the most helpful when it comes to employment.
* Appropriate health professionals should work alongside jobseekers to identify what a client can do, rather than what they can’t do, and what support is needed.
* Environmental factors that might have an impact on their ability to work for those experiencing a health condition or disability.
* Permanent restrictions in a work environment, or potential “triggers” that could affect health conditions or disabilities.
* What supports will be needed on a day-to-day basis, and what impact their condition has on day-to-day functioning.
* There should either be more education to general practitioners about employment barriers or less involvement for them.
* Who else is working with the client.

*We asked: what types of health professionals should be involved for what groups of jobseekers?*

People thought it was important that family, whanau and other community supports should also be utilised alongside health professionals. Some suggested there should be a focus on health professionals of all types (depending on the disability), and not be limited to general practitioners. There was a suggestion that employment consultants are available within primary healthcare.

*We explained that our external working group had proposed a new process where a jobseeker works with a case manager to develop an action plan including services and support to enable them into employment, then takes the action plan to their GP to review and confirm.*

*We asked: What do you think of the external working group’s proposal?*

Generally, there was support for the jobseeker and case manager working together to develop an action plan including services and support to enable them into employment. However, there was less support for the general practitioner’s role. General practitioners might not be the appropriate health professional. Many stakeholders suggested using occupational therapists or vocational health services instead, as this is where their experience lies.

Key themes included;

* For this approach to be successful the initiative needs to be adequately resourced and those staff employed to assist the job seeker must have the right skills, knowledge and attributes to do so effectively.
* The plan must be developed in a manner that empowers the individual and reflects their individual circumstances.
* There should be on-going support for implementation of the client’s action plan, as well as opportunities for regular review and development on an on-going basis.
* The client is the best person to assess what s/he can do.
* Concerns about additional costs for the client.

### **Employment services and supports**

*We asked: What are the things that stop people getting into work?*

The barriers that stop people getting into work include;

* People cannot be employed in their previous career due to an injury.
* Lack of qualifications and stable work history.
* Availability of appropriate jobs - shifting away from well-established connections to a new location for a job is not an appropriate solution.
* Confidence and self-esteem issues entering the work force. Many may have a lack of real work experience, which can result in reduced confidence, reduced hope for employment and a fear of the unknown.
* Discrimination on the basis of health condition or disability. There is often stigma and an assumption of incompetence in the workplace from both employers and co-workers, as well as in the community.
* Employer attitudes mean that it is often easier to gain employment in temporary or casual contracts rather than permanent work as employers like to “try that person out before making any longer term commitment”.
* Lack of appropriate role models or examples of people with health or disabilities engaged in the workforce.
* Lack of funding to provide supports once an individual is in work.
* Increased funding for extra costs for the disabled in working, such as transport and special clothing.
* Abatement and other funding disincentives (eg qualifying for other support services).
* Current wage subsidy system does not support a graduated approach to work which is often more suitable and sustainable.

*We asked: What services and supports assist jobseekers into work?*

Overall, a wider range of employment supports and services are needed. For many, support is required from when they start a job and on an on-going basis for them to continue working. There is a need for each individual’s own situation to be treated uniquely, as conditions can have different impacts for clients. Job placement must take into account an individual’s needs and circumstances.

Services and supports to assist jobseekers into work and to stay at work include;

* Access to income during periods of sickness to enable the person to keep the job.
* Programmes to build confidence and work readiness. Work and Income staff could refer clients to careers advice and provide access to CV writing and interview planning information. In some cases, they need to be the link with other agencies.
* Working with both the employer and employee on supports to stay in employment, such as job sharing, working from home or flexible hours.
* Further training and career planning.
* Voluntary work and work experience recognised as having value and acknowledged as an outcome.
* Transport, childcare assistance and flexibility with carers.
* Accommodations in the workplace.
* Increasing financial incentives for disabled jobseekers to work is important, as there are fears about losing income in the transition from benefit to work and often work might result in only a slight increase in income long-term.
* More flexibility with wage subsidies.
* Increased funding for existing programmes, in-work support, and self employment initiatives.

### **Information and support for employers**

*We asked: What information and support do employers need to employ people with health conditions or disabled people?*

One of the key themes coming through the stakeholder engagement was that employers do not appreciate the value of employing people with disabilities, health conditions or mental health conditions. Changing the attitudes of employers and colleagues so that disabled people are welcomed, well supported and given equitable opportunities is vital. It was suggested that included having a national media campaign to dispel the negative myths about employing a person with a disability could be key to raising the employment opportunities among employers.

Employers need education, training, or even a media campaign about the value of employing people with disabilities, health conditions or mental health conditions to;

* Bust stereotypes that employers may hold on to.
* Understand that people’s contribution may be more than just the job or tasks they do.
* Understand EEO principles and the need for a transparent process.
* Take the political correctness fears out of the equation.
* Understand the costs and the supports are available.
* Understand the relevant ACC and Ministry of Social Development systems.
* Understand that employing these clients can add value and diversity to a workplace, as customers have disabilities, health conditions or mental health conditions too.
* Have confidence that their staff will be safe in the workplace.

Open communication and full disclosure about the impact the condition will have can be useful, though dependent on the client’s decision to disclose this.

Employers also need:

* training for staff and co-workers to break stereotypes and enable them to work with people in a responsive, educated and understanding way
* practical and technical advice, links to supported employment agencies, access to forums and networks of organisations that employ people with disabilities, in-work supports to assist the client’s transition to work, assistance with any reasonable accommodations
* financial incentives for employers who provide successful employment
* subsidies for any required leave
* key liaison links with Work and Income.

Employers can best assist disabled people or people with health conditions to move into and stay in work by;

* Providing an in-work mentor, work buddy and positive role models.
* Focusing on what people can do (though limited by industry health and safety requirements).
* Look at jobs that match a person’s abilities, environment, career assessments, capabilities, skills-based work experience/trials.
* Having an open door policy, vocational assessments, ensure work/life balance.
* Having an awareness of needs/cultural backgrounds.
* Allowing flexibility to give the employee time to complete tasks (particularly initially).

To do these things, they will need on-going support. Providing employers with an on-going contact person (whether a health professional or Work and Income staff member) who has the appropriate knowledge and skills would be valuable.

### **What skills and capabilities do Work and Income need?**

We asked: *What skills and support will Work and Income Staff need to work better with jobseekers with health conditions or disability?*

The key themes were:

* Dedicated case management with smaller caseloads to enable case managers to build rapport with their clients and so clients do not continually have to repeat their story. Many stakeholders suggested a specialised team for disability issues with hubs in major cities.
* Providing case managers with access to, and knowledge about, other disability organisations where they can get support and advice. This could include ongoing training.
* Use of multi-disciplinary teams and using video-conferencing technology for discussion between offices can be a means of providing more diversity around offices.
* Training needs were identified for case managers including:
* a clear understanding of the Work and Income policy framework
* understanding various disabilities and conditions, and barriers to employment
* excellent listening and communication skills to understand the client and know how to ask the right questions
* an awareness that the primary condition may not be the only condition or barrier
* broad knowledge of available organisations and services and who to refer the client to
* knowledge of the labour market and community
* Te Pou values and attitudes training
* stigma and discrimination workshops.
* Increased flexibility in the location of appointments. Options included mobile staff, meetings in provider offices, and/or meeting rooms to ensure privacy.
* Closer links with district health boards so that medical professionals are aware of how case managers work with clients.
* Work and Income becoming a “one-stop-shop”, and providing a link for local employers, service providers, educational organisations and potential employees.
* Work and Income should be more representative of its client base by employing more disabled people and people with health conditions. Work and Income should take a lead in valuing the knowledge and experience of these people and in creating a workplace that meets their needs.
* More flexibility about how to work with people with disabilities, health conditions or mental health conditions to tackle barriers to work; not hard and fast rules about entitlements.
* Health conditions and disabilities will impact individuals differently. Case managers need to understand the impact for the individual and not make assumptions based on other cases.
* Work and Income staff need to ask the right questions, and not be afraid to ask hard questions. The priority and order of questions should be targeted for particular individuals. Case managers need to know when to stop asking questions and revisit them later to create time for clients to think and answer questions accurately.

*If you have any questions or would like to discuss this summary of stakeholder feedback, please contact Sacha O’Dea – sachaodea001@msd.govt.nz*