

# Halving the Disability Employment Gap

Citizens Advice response to  
the Government Green  
Paper on Health and Work



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# Chapter 1: Tackling a significant inequality

1a) What innovative and evidence-based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?

1b) What evidence gaps have you identified in your local area in relation to supporting disabled people or people with long-term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?

1c) How should we develop, structure and communicate the evidence base to influence commissioning decisions?

**Given the scale of the challenge, the breadth of policy areas, and the need for strong evidence in this area, consideration should be given to establishing a “What Works” centre for health and work.**

A Challenge Funded “What Works” centre - focused on filling evidence gaps, gathering existing evidence and presenting evidence in a way that was accessible to funders of services - would promote a system-wide approach to improving health and work outcomes.

It should take into account the existing What Works Network and learning can be taken from examples of best practice<sup>1</sup>. But there is a need for a cross-cutting approach on this issue, and a sustained programme of joined up research, delivery and evaluation programmes would have wide-reaching benefit.

Understanding and responding to individuals’ needs should be at the heart of such a programme - recognising existing interventions that do this, including examples of innovative practice, as well as supporting organisations to develop fresh work and programmes.

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<sup>1</sup> Such as the Educational Employment Foundations and its [teaching and learning toolkit](#).

Prioritising multi-agency partnership models (between public, private and voluntary sector) that co-design services around the needs of the individual, the “What Works” centre could highlight system-wide innovations that tackle the medical, social and economical determinants of health and work outcomes.

Resulting programme evaluations need to focus on outcomes, but also understanding process, to enable effective translation to other community areas and choices in commissioning. It’s important that as the Government pilots and funds services relating to health and work, it takes a consistent approach to evaluation across these services and that this is designed from the outset.

We have come to this conclusion from our experience as an organisation that takes an evidence-based what works approach, making the most of our data to understand our clients and our service-effectiveness, as well as innovate to address areas of need.

We have summarised below some of what we’ve learnt in relation to health and work outcomes, focusing on:

- **Our data and insight from working with those with existing conditions.** We have the ability to conduct detailed cluster analysis of client problems and service failure. This can inform sector-understanding of need, as well as assist health and employment providers to understand and enhance health outcomes.
- **Advice as an effective and evidenced way of delivering outcomes at scale.** Our understanding of the effectiveness of advice as a scaled approach - including details of our evidence base and approach to what works.
- **Examples of where we’re delivering innovative work in health and social care.** Our local network of 300 local Citizens Advice gives us the capacity to test and deliver new services that respond to local need.

### **Our data and insight from working with those with existing conditions.**

Each year, Citizens Advice helps millions of people find a way forward. We do this by providing advice, education and support, and influencing policies and practices that affect our clients.

In 2015/16, we helped 2.7 million people directly (face to face, by phone, email or webchat) with 6.2 million issues. We also had 36 million visits to our website.

Compared to the general population, the clients we help locally are more likely to have existing health needs, be unemployed and/or be at risk of deprivation.

- 39% of local clients are disabled or have long-term health conditions, compared with 21% of the England and Wales population.
- 10% of local clients are disabled (twice the national average); 22% of clients tell us they are experiencing a mental health problem<sup>2</sup>
- Local Citizens Advice clients are almost five times as likely to live on a local income than an average member of the England and Wales population - 79% of our clients live below the Joseph Rowntree Foundation's Minimum Income Standard (MIS) indicators of health inequality.

The top 3 advice problems that our clients with disability and long-term conditions ask for our help are:

- Making and managing a claim for Personal independence payment
- Eligibility (daily living) for Personal independence payment
- Eligibility, entitlement, calculation for Employment Support Allowance

Our clients' experience of low income, deprivation or poor living conditions can affect their health, as well as have a detrimental impact on life chances on their wider family. For example, 37% of local Citizens Advice clients advised on debt and benefits issues have dependent children.

Often people come to us because they are struggling to get the integrated support they need. We provide generalist and specialist advice, addressing the way people's problems interact and overlap.

In our experience, people with mental health conditions are more likely to face problems with finances, housing, welfare and employment, and this in turn worsens their mental health.

Our clients with mental health problems tend to have more complex needs than our average client. On average, clients with mental health problems have 5 advice queries, compared to our average client who has 3.5 advice queries.<sup>3</sup> A third of clients with mental health problems have advice queries about debt.

Clients with mental health conditions are more likely than our average client to seek advice on welfare. 61% of clients with mental health problems sought advice on

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<sup>2</sup> We record information about our clients' key demographics including their health overall status, and where possible the nature of any health condition. As a result, this figure may be higher due to under recording.

<sup>3</sup> All figures in this briefing are based on our client data from 2016 unless otherwise stated.

benefits and tax credits, compared to 40% of all our clients. Clients are more than twice as likely to seek advice about ESA eligibility, appeals and additional evidence. Our advisors report that clients with lower level or fluctuating mental health problems struggle to score points in ESA assessments because of a focus on physical rather than mental health problems. Clients with mental health problems are also more than twice as likely as all clients to seek advice on PIP, including eligibility, appeals and additional evidence.

### **Advice is an effective and evidenced way of delivering outcomes at scale**

Using a Treasury-approved model, we know that in 2015/16, for every £1 spent on Citizens Advice, we benefit our clients by £11. We saved the government and public services at least £361 million - including £30 million to the Department of Health by reducing the use of health services. We estimate our total social and economic value to society to be £2 billion.<sup>4</sup>

This value stems from the way problems can affect individuals, and the detrimental impact they can have on their lives. For example, nearly 3 in 4 local clients say their advice issues caused difficulties in other parts of their life:<sup>5</sup>

- 2 in 3 felt stressed, depressed or anxious
- Nearly 1 in 3 felt their physical health had got worse
- 1 in 10 struggled to keep their job or find a job

Advice can mitigate this detriment through resolving problems and preventing them in the future - 2 in every 3 clients get their problem solved. 4 in 5 say our advice and support improved their lives – they say this even when problems are not resolved.<sup>6</sup>

- 4 in 5 felt less stressed, depressed or anxious
- 1 in 2 had more money or control over their finances
- Nearly 1 in 4 had a more secure housing situation
- Nearly 1 in 2 said their physical health had improved
- 1 in 5 had better relationships with other people
- Nearly 1 in 5 found it easier to do their job or find a job

Additional research has also showed an improvement in clients' average mental well-being scores following advice. Using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), we compared our clients' mental well-being to the national mean.

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<sup>4</sup> Citizens Advice, [Helping people find a way forward: A snapshot of our impact in 2015/16](#), July 2016.

<sup>5</sup> *ibid.*

<sup>6</sup> *ibid.*

- On a scale ranging from 7 to 35, clients' mean WEMWBS score before receiving advice was 19.15 – a full six points below the UK population average of 25.18.
- Four to six weeks after receiving help from CAB, clients' mean WEMWBS score increased significantly to 24.67 – just short of the UK population mean of 25.18.<sup>7</sup>

Furthermore, enabling people to improve their standard of living helps mitigate the social inequalities that give rise to health inequality.

### **How we know this: our impact evidence and what works approach**<sup>8</sup>

We are committed to understanding the difference we make to communities across England and Wales. Our impact and evaluation work was recognised as an example of best practice across the sector at the 2015 Charity Times Awards.

What works approaches to research and evaluation prioritise evidence-based decision making, by generating and building on collective evidence. Through customer insight research and evaluations, we assess our service effectiveness - seeking to understand what works, why and for whom.

- We use a range of methods determined by balancing needs, resources and proportionality to gather, and use, the best evidence we can collect.
- We have designed and implemented shared outcomes measures across the Citizens Advice service, to systematically understand the outcomes we achieve for our clients.
- The size and scope of our service means we have access to a large database of monitoring information about our clients and the outcomes we help them achieve through advice and support. This is instrumental in providing us with 'baseline' information about the effectiveness and impact of our services, which we can use to measure new approaches and interventions against. We employ quasi-experimental approaches using matched samples or pre / post testing of samples where appropriate.

We apply the lessons of our analysis to ensure we continue to provide effective services that make best use of our resources and meet client needs.

### **Delivering and learning from innovative local solutions**

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<sup>7</sup> Citizens Advice, [Health Outcomes Monitoring Toolkit: pilot results](#), March 2014.

<sup>8</sup> Citizens Advice, [Understanding what works](#)

With our network of independent local Citizens Advice, we run services in different ways and with different funding models across the country to understand what works.

We provide advice and support across 2,000 outreach locations, of which nearly 700 are dedicated health and care settings. For example, there have been advice sessions operating in GP surgeries in Derbyshire for nearly 20 years.

Recent work across our services has innovated in the health and social care space in a number of ways. Some key examples include:

### **1. Life changing events - working with the Stroke Association in Manchester**

Following their discharge from hospital, most stroke survivors want to return to their old life as soon as possible. Some of the challenges relate to non-medical issues such as finance and benefits as a stroke often has a profound effect on a family's financial situation.

Working in collaboration with the Stroke Association, we help people live as independently as possible - reducing reliance on health services and addressing long-term challenges.

### **2. Co-location and advice on prescription**

Liverpool CCG commissions South Liverpool Citizens Advice as a mental health service, working with 400 GPs across the city region.

A review of unmet need in primary care identified deprivation and poverty as significant barriers to access to health services. GPs and IAPT counsellors make electronic referrals to the advice team which then works with patients to solve a range of practical problems, ranging from fuel disconnection, benefit suspension or cut off, job loss, high interest lending (loan sharks and payday loan providers), bailiff action, complex debt issues and problems with budgeting and understanding of credit and financial services.

Essentially, the local Citizens Advice is now a treatment option: the GPs can prescribe an advice appointment as part of the treatment available to their patients. Over the last two years the team have dealt with over 13,000 referrals.

### **3. Joint funding to deliver health and well being outcomes for advice**



Salford Citizens Advice are funded by the Local Authority and Clinical Commissioning Group to deliver advice aimed at achieving health and wellbeing outcomes:

- Increase client choice and control in health and social care provision
- Improve client's general health and wellbeing
- Decrease social isolation and improve ability to take part more in daily life  
Reduce reliance on statutory health and social care services
- Improve physical health by enabling clients to receive social care and health support, advice and information
- Enable clients to live in their usual place of residence - cumulative effect of outcomes above

The team operate a specific health and social care induction training programme and follow up with all clients 3 months after they have used the service to determine the impact of their work.

#### **4. Adapted approaches and co-location**

Camden Citizens Advice operate an advice service located at the Great Ormond Street Hospital. GOSH staff found that families experienced problems that were often outside their field of expertise or took up time better spent on medical matters.

For GOSH families, it is often a time when their income reduces and living costs increase because parents stop work to look after their child and have increased costs such as travel, childcare for other children and eating out. For some families there is also the difficult transition to becoming a carer for a disabled child, with its associated costs. The hospital referred many families to our Citizens Advice service, but because many of them don't live locally and have to travel long distances, the majority weren't able to visit our offices to get the specialist advice they needed.

Following negotiations with the hospital and research with its staff to understand what was needed Camden Citizens Advice set up a permanent office in the hospital offering face to face appointment 5 days a week. Whilst running this service Camden have adapted how they work to align with how the hospital runs, working with families for example instead of individual clients or working specifically towards reducing health inequalities. Clients complete the WEM-WBS before and after using the service, which shows successful outcomes including significant reductions in stress and increases in wellbeing and empowerment.

## **5. Targeting preventative advice to prevent worse health conditions**

After working with their director of Public Health, Halton Citizens Advice are funded to deliver integrated advice and advocacy and financial literacy training. The advice and advocacy element of the service is aimed at people with a mental health illness. The financial literacy programme is aimed at those at risk of mental health illness because they have very little money to live on.

## **6. Better Advice, Better Lives**

The 'Better Advice Better Lives' (BABL) project delivers advice in over 100 health care settings across Wales. Funded by Welsh Government and managed by Citizens Advice in Wales, the project is primarily an income maximisation programme aimed at reducing poverty. Since its inception in 2001 the project has helped over 171,000 people, with nearly 400,000 problems. Healthcare professionals are able to refer patients who present social or financial concerns to the project, enabling them to concentrate on their patient's clinical needs.

The project continues to receive positive feedback from both clients and healthcare professionals alike. 92% of clients said that the advice they had received had made a difference to their ability to help themselves, a similar proportion also said it had made a difference to their health and physical comfort. During a recent survey of health care professionals involved with the project, nearly all said it is useful to have an adviser available in the surgery and 94% say the service is beneficial to them in their work. They also recognise the difference it has made to patients. Over two-thirds (68%) said they have noticed a difference in their patient's general health following the advice intervention.

# Chapter 2: Building work coach capability

2a) How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?

In order to halve the disability employment gap more than a million people will need to move into work. Our analysis shows that there are 1.4 million disabled people that are out of work but would like to work. Many face complex long-term barriers to

employment and providing the support they need is a significant undertaking.<sup>9</sup> 48% of disabled people who are out work have not worked for 5 years or more, and another 21% have never worked.<sup>10</sup>

The new Work and Health Programme is set to provide support to some in this group but its £130m annual funding<sup>11</sup> is set significantly lower than the combined Work Choice and Work Programme spending on disabled people.<sup>12</sup> In Wales, additional support is provided through the Communities for Work and Lift Programmes which provide intensive employment support.

### Jobcentre capacity and Work Coach Capability

We welcome the ambition outlined in the Green Paper to offer more support to all ESA claimants who want to work, and to ensure that this support is available as soon as a claimant begins their application. However, delivering this ambition will require an increase in the number of Work Coaches and DEAs beyond that currently planned. There are currently 11,000 Work Coaches with caseloads of around 100 people each, seeing 10 to 20 clients a day.<sup>13</sup> Overall caseload is also set to grow over the coming years with more people brought into Jobcentre remit through in-work conditionality. The government has announced plans to hire an additional 2,500 Work Coaches<sup>14</sup>, which will go some way to alleviating this challenge but it will need to expand Work Coach numbers further to maintain and bring down caseloads. It is only with a reasonable caseload that Work Coaches will be able to spend the time needed to support people with complex health related barriers to work.

In the context of Jobcentre transformation, it is also important that any changes to the Jobcentre estate assesses the impact on accessibility for disabled people and those with health conditions to ensure they are able to access support.

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<sup>9</sup>Citizens Advice analysis of the Labour Force Survey, 2015 datasets for England and Wales. Only a third of those who want to work are actively seeking a job, suggesting that the complex and numerous barriers to employment faced by disabled people have a significant impact on job-seeking behaviour

<sup>10</sup> Ibid. Long-term unemployment is correlated with lower desire to work, but even among this long-term unemployed group, a third of people would like to move (back) into work.

<sup>11</sup> House of Commons, [Work and Health Programme briefing paper](#), 22 December 2016.

<sup>12</sup> House of Commons Work and Pensions Committee, [The future of Jobcentre Plus](#), November 2016.

<sup>13</sup> House of Commons Work and Pensions Committee, [A personalised in-work service](#), May 2016.

<sup>14</sup> Department for Work and Pensions, [New streamlined Jobcentre Plus network with more support for jobseekers](#), 26 January 2017.

Work Coach capability and expertise will also need to improve and expand. Evidence from our network suggests that Work Coaches aren't always able to determine a claimant's support needs or challenges with work. This means they do not always offer appropriate support or set achievable claimant commitments for JSA claimants with health conditions. This suggests they are also likely to struggle to support ESA claimants. The decision that Work Coaches in UC will use their discretion to apply work related requirements to UC claimants who are awaiting the WCA also creates an additional risk that conditionality could be applied inappropriately. Work Coaches need sufficient training, strong guidance, management support and feedback to equip them with the new skills and the experience they need to deal effectively and sensitively with this new group of claimants. In our monitoring of the rollout of Universal Credit we are aware that not all claimants are asked about their personal circumstances by their work coach when setting their commitment. In addition of those who were asked not all felt their circumstances haven't been taken fully into account.

Our advisers also report that DEA numbers are not sufficient for the level of support Work Coaches currently need. The hiring of 200 Community Partners and increasing the number of DEAs to 500 across the jobcentre network will help with this. However, we believe the impact of Community Partners and DEAs will remain limited if they are still spread too thinly given the scale of the challenge and the proposed expansion in Jobcentre caseload. DWP needs to make sure there are enough Community Partners and DEAs to support all Work Coaches to offer appropriate support to people with a wide range of health conditions and barriers to employment.

Ineffective or inadequate levels of Work Coach support can have a serious detrimental impact on claimants. Not only will it reduce the likelihood of reducing the disability employment gap, it could take individuals further away from the labour market or a sustainable situation for their health, particularly if financial conditionality is involved.

#### **Case study: Work Coach Support**

Jane, a Citizens Advice client, has bipolar which sometimes leaves her without the capacity to leave her home. Her condition was not taken into account when her claimant commitment was set up. She failed to attend a Jobcentre appointment because of her health condition and was subsequently sanctioned. This left her in financial hardship and has resulted in a worsening of her mental health.

2b) What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

Work Coaches will need specialist training as their roles are adapted to support more claimants with impairments and complex health-related barriers. They will also need access to employment and health specialists to help them provide appropriate support. This should come through relationships with local specialist organisations, Community Partners, DEAs and the provision of a helpline or webchat service Work Coaches can use when needed.

The DWP should also work with health professionals, disability organisations, advice and support organisations, employers and disabled people to develop a dynamic tool to help Work Coaches tailor their support. Work Coaches should be able to input information about how a claimant's impairment or health condition affects them and get suggestions on appropriate interventions and jobsearch activities. This tool or a similar one could also provide information about local specialist provision people can access or be referred to and be maintained by Community Partners. Building tools like this and keeping them updated will mean DEAs can focus their resources on more complex cases and Work Coaches can access detailed guidance easily.

The introduction of Community Partners from local disability and health specialists is welcome and throughout this trial, Jobcentres should ensure Work Coaches are able to draw on their expertise. Providing secondments for Work Coaches to local health or disability charities could help develop these relationships and provide opportunities for them to develop their skills and professional expertise. Throughout this process, Community Partners should be encouraged to work together to ensure best practice and what works is shared across different areas.

2c) What support should we offer to help those 'in work' stay in work and progress?

Disabled people are twice as likely to stop working as people who do not have a work limiting condition<sup>15</sup>. Of the 3.4 million disabled people in work - each year 225,000 of these fall out of work. Many people in this group are no longer able to work, and therefore become economically inactive out of necessity. However, a significant proportion (30%) move into unemployment, suggesting that improvements to employer behaviour and policy changes are both needed to better support disabled employees who want to stay in work.<sup>16</sup>

Lower retention in work for disabled people will need to be addressed in order to halve the disability employment gap. However, we know that many employers are not confident about providing support or adjustments for employees. In Chapter 4, we have outlined recommendations for how to help line managers and employers better understand their legal duties and become more empowered to support disabled people in work.

Beyond improving employers practice there is a need to ensure that:

- There is financial support available to people when they are unable to work
- People are supported with the additional costs of having a disability or health condition
- Out of of work benefits are designed in a way that allows people to move between fixed states of in or out of work
- People are supported in the workplace

#### Financial support when unable to work

Timely and accessible financial support is vital to ensure disabled people have a secure income replacement for when they are temporarily unable to work. The main sources of financial support people get when they are unable to work are Statutory Sick Pay (SSP) and Employment Support Allowance (ESA). SSP covers short term sickness absences from work but is only available to people classed as employees, who earn enough to qualify. For those who are long-term out of work or not eligible for SSP, the main financial support is ESA. However, for most people this entails a mandatory seven-day waiting period where a claimant is not entitled to financial support. There can be additional delays as claimants get a sick note from their GP meaning it can be several more weeks before they receive any money. These systems leave gaps in eligibility and are not responsive enough to deal with the needs of disabled people in the modern labour market, particularly those with

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<sup>15</sup> Citizens Advice, [Working with a health condition or disability](#), August 2016

<sup>16</sup> Citizens Advice analysis of the Labour Force Survey, England and Wales, 2013 to 2015 data

fluctuating conditions or mental health problems. The government should look carefully at both and consider how they can better support everyone through periods of sickness absence. Specific challenges with and suggested reforms to sick pay are included in our response to Chapter 4.

If an employee is not eligible for SSP (or their SSP is coming to an end), the employee (similar to a self-employed person) would need to make a claim for ESA. However, as they continue to be employed while they are off sick, a worker would need evidence from their employer that states that they are off sick and are not eligible for SSP. The employer needs to complete an SSP1 form for the worker to give to DWP. However, our evidence shows that there have been problems with this system when, for instance, an employer delays or refuses to provide an SSP1, mostly out of a belief that filling in the form would make them liable for sick pay. **In the absence of an SSP1, the DWP should consider using RTI through HMRC to validate a claimant's' application for ESA.**

#### **Case Study: SSP1 delay**

Michael came to Citizens Advice when he was coming to the end of his SSP payment after 28 weeks. His SSP payments had ended, however his employer did not send SSP1 to him until nearly a month after this date. Michael's employer should have sent an SSP1 in week 23 of sickness (some 7-8 weeks before they did send it). Michael had no money coming in for several weeks, while waiting for the ESA claim to be processed.

#### Support with additional costs

There is a role for Work Coaches in making sure people have access to all available support - financial or otherwise. This includes Personal Independence Payments (PIP) which provides financial support with the extra costs people with a disability or health condition face regardless of whether they are in or out of work. Many people with a disability or health condition will need to ensure they can cover these costs before they are able to take up work related activity or return to/take up a job. This is particularly true for those with fluctuating health conditions who may face delays and administrative challenges when moving in and out of work.

Jobcentres can also play a role in signposting or referring people to other sources of support - whether that be tools, materials online or local services. The introduction of Community Partners is a welcome addition to providing this support. Work Coaches

and Community Partners will need sufficient training to understand eligibility and claiming processes for additional financial support or services.

#### Benefits need to be designed in a way that allows people to move between fixed states of in or out of work

Within Universal Credit (UC) it is important that claimants with health conditions and disabilities can access additional financial support - through elements and work allowances - regardless of whether their initial claim was made when they were in or out of work. The current design potentially makes it harder than in the Tax Credit system for those with a disability or health condition who are in work to get support for the additional costs of working associated with a disability or health condition. We will be exploring this in more detail in upcoming Citizens Advice research work.

In addition the impact of claimants worrying that they will lose financial support related to their disability if they are doing some work should not be underestimated.

#### Support in the workplace

Alongside this, the two main schemes provided by the government to help employers support their staff are Access to Work and Fit for Work. Our research suggests that both of these can provide invaluable support but are not functioning as well as they could. They should both be re-examined to ensure they are recognised widely, available when needed and funded adequately. Detailed suggestions for the reform of both services are included in our response to Chapter 4.

## 2d) What does the evidence tell us about the right type of employment support for people with mental health conditions?

The employment rate for people who have a work-limiting mental health condition is just 36% compared to 49% for disabled people and 80% for non-disabled people without health conditions. This makes people with mental health conditions one of the most disadvantaged groups in the labour market. Supporting more people with mental health conditions into work will require significant changes in the delivery of support, the behaviour of employers and workplace culture.

The needs of people with mental health conditions are diverse and Work Coaches will need specific training and guidance on how to work with this group. Work Coaches should work closely with people to determine the most appropriate support



that they are able and choose to engage with. These discussions need to be supported by specialist and medical advice from DEAs, mental health organisations and other professionals. The DWP should consider trialling specialist mental health Work Coaches and DEAs, with a view to having at least one mental health specialist in each Jobcentre. A specialist mental health helpline or webchat service for Work Coaches should also be considered.

Employment support alone won't be enough to address the low employment outcomes of people with mental health conditions. Poor administration in the benefit system currently puts significant strain on people with mental health conditions. We see people with 80,000 issues a quarter for PIP and ESA each. Reducing the burden placed by the benefit system on people is a crucial first step to supporting people with mental health conditions to find work.

Alongside this, targeted intervention is needed with employers to address the barriers people with mental health conditions face, and to change the culture around making adjustments, redeploying people and designing jobs which account for the needs of those with mental health conditions. We recently surveyed<sup>17</sup> people who have experienced a mental health problem in the last 3 years and found that a third (33%) had experienced problems with work as a result. Of those who had experienced problems with work, two in five (40%) said their relationship with their manager deteriorated and 35% said the relationships with colleagues did. We discuss employers and workplace culture further in Chapter 4.

2f) Should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?

2g) What type of support might be most effective and who should provide this?

At the moment almost half of those who are awarded ESA are placed in the support group and are largely offered no employment support, even if they want to work in the future. We welcome the move to offer more support to all ESA claimants who

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<sup>17</sup> ComRes survey for Citizens Advice, Base: 1000 people who have faced a mental health problem in the last three years, February 2017

want to work, and to ensure that this support is personalised and available as soon as a claimant begins their application.

### Providing the right support

This support needs to be carefully designed to avoid unintended negative consequences. There is a risk in introducing a second, separate ESA assessment, divorced from the WCA and overseen by the Work Coach. Unless the right safeguards are in place, ESA claimants could find that taking up what was presented as a voluntary offer of support could lock them into an inappropriate claimant commitment that may expose them to potential sanctions. The impact of this could make their health worse and/or take them further from the labour market.

In addition, the support offer needs to be fully accessible to disabled people. Our disabled clients - including many who feel capable of some work and would like to work - often report great difficulty accessing benefits assessments, jobcentres or medical appointments. This is particularly true in rural areas, and other parts of the country where public transport may be insufficient. There may be numerous other barriers, from the physical - such as inaccessible buildings, materials - to the psychological - such as anxiety making it difficult to make appointments. Any employment support on offer needs to take these real world barriers into account, make sure reasonable adjustments are made and ensure that disabled people are not penalised for them.

Work coaches should work closely with people to determine the most appropriate support that they are able to access and want to engage with. These discussions need to be supported by a specialist with medical advice from DEAs and health professionals where appropriate. These should be ongoing discussions rather than an additional formal assessment and should be flexible to accommodate fluctuations in people's needs and circumstances. Work Coaches should be able to build a person's support package with a degree of trial and error, meaning they have the ability to remove activities or commitments that are not working.

In order to deliver this personal support at the right time, voluntary offers should be made by introductory letter, email, call, text or notification through a UC journal and repeated at regular intervals for people to engage with when they feel ready.

Dependant on the individual claimant the support offer should include several steps or milestones towards getting closer to the labour market rather than be directly

focussed on job seeking from the start. Disabled people need access to a wide range of support to move closer to the workplace, which may include education to address basic skills gaps, gain qualifications, or to retrain. They may also need support once a job has been found, for example with Access to Work, or they may need advice on how to ensure that their employer puts the correct adjustments in place.

Finally, people who engage with employment support should not be penalised if they need to disengage or make changes to their support offer. This is crucial to build the trust required to foster positive engagement and allay fears that taking up any support could put people at financial risk. People engaging with the support are likely to need concrete assurances that any engagement is voluntary, especially for those in the ESA support group. For those currently in the WRAG group, sanctioning should be paused until there is better quantitative evidence on what works in supporting disabled people into work. This pause should give time to allow the new support offer to bed in, and for evidence about conditionality to be collected.

### Conditionality

The current evidence base for the effectiveness of sanctions is weak and this is especially true when it comes to claimants with health conditions or disabilities. Additionally, 17% of current decisions to apply a sanction to somebody are overturned as a result of a mandatory reconsideration or appeal.<sup>18</sup> This suggests that even in the current system there are challenges to effectively applying sanctions.

Given the extra costs those with a disability or health condition face plus the limitations they may face in increasing their income quickly it is hard to see how sanctions could have a positive impact on a claimant's work related activity. Conditionality for people with health conditions or disabilities carry heavy risks and impact both for the individual and for wider goals of halving the disability employment gap.

The experience of being sanctioned can mean that people don't focus on job seeking or other work-related activity, and it can reduce people's trust in the JCP and/or their employment support providers. Consultation with our network suggests that our disabled clients - which includes many who receive JSA - are fearful of the DWP, and see engagement with it in negative terms. Particularly as their experience is often in relation to assessment of disability benefit eligibility. People who are fearful

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<sup>18</sup> [DWP, Job Seekers Allowance and Employment and Support Allowance sanctions: decisions made to June 2016](#), November 2016

of engaging with the Jobcentre are unlikely to take up support that is accessed there, or engage constructively with a Work Coach. Building an open, effective and supportive relationship between a Work Coach and a claimant can be difficult if the Work Coach has the power to recommend a sanction. It is crucial that the design of any health and employment support offers takes this into account.

### **Case study: ESA-WRAG sanction**

Annie has mental health problems and childcare responsibilities. As a result, she found it very difficult to attend a course which was a requirement of her work-related activity. She further struggled with communication with those running the course. They regularly threatened to report her to the Jobcentre with the risk of sanction, before banning her from the course following an argument. One of the difficulties of her condition is that she loses patience easily and can become argumentative, however this wasn't acknowledged or accounted for by the provider. After coming to Citizens Advice Annie raised a complaint to the course provider and the Jobcentre and wasn't sanctioned. She transferred to another course provider and didn't have any problems, but didn't gain much as the course covered areas of jobseeking where she didn't need support.

Our advisers tell us for people with health conditions or disabilities to engage fully with support that any support on offer should be voluntary and unconditional, and ideally accessed at a community location, rather than the Jobcentre.

In light of this we do not feel that sanctions are appropriate for this group of people. Before further consideration of conditionality and sanctions, the department must first test the effectiveness of the wider health and work policy programme in getting people closer to the labour market where appropriate. To test the effectiveness of support before sanctions the department needs to pause conditionality for the ESA work related activity group.

We do not feel it is appropriate but if conditionality were to be introduced for this group it is crucial that:

- It is based on evidence and multiple approaches are tested with people with different conditions.
- The reduction level and length of sanction should be robustly tested.
- It contains a grace period of at least 6 months before any conditionality starts

- Reporting channels for 'good cause' for failure to attend or undertake work related activity are significantly improved - particularly between the jobcentre and work programme.

## 2h) How might the voluntary sector and local partners be able to help this group?

Our network of local offices tell us voluntary sector organisations and local partners are often better trusted by disabled people and those with health conditions.

Information about the support provided by Jobcentres should be shared through these organisations. The voluntary sector could also help by hosting and providing some of the support in an environment in which people are more likely to engage.

In addition to this, many people face additional challenges in life which can impede their ability to focus on work. At Citizens Advice in 2016 we saw nearly 500,000 clients with either a long term health condition or disability that needed advice and support with housing, benefit or debt issues. Many find it very difficult to focus on work related activity or job seeking as these issues take up so much of their time.

The Citizens Advice Service works with approximately 1300 organisations across England and Wales<sup>19</sup>. The holistic nature of our service means we are experienced with working in partnership with voluntary and public sector organisations to solve client problems.

Combining the insight and intelligence of wider system providers (and the problems that service users experience) leads to services designed around the needs of the user. The depth of our quantitative data and qualitative client stories can be of significant value in the service design process.

It is crucial that we take a holistic approach to supporting people get closer to the labour market when appropriate and it is therefore crucial that these services are adequately funded and that Jobcentre staff know about them to enable referrals. Our response in Chapter 1 contains more information about our service and impact evaluations.

## 2i) How can we best maintain contact with people in the Support Group to ensure no-one is written off?

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<sup>19</sup> This includes relationships held at a local level.

Before action is taken to maintain contact with people in the Support Group it is important to understand the purpose of this contact and to be able to communicate this purpose with the claimant.

There is a risk that claimants could view this contact as a vehicle for repeated checking of eligibility for the Support Group element of ESA or UC. This could be counter productive as claimants may not feel that their income is secure.

Voluntary offers of support should be made by introductory letter, email, call, text or through UC journal notifications - dependant on claimant preference. These should be repeated at regular intervals for people to engage with when they feel ready. People should be able to take up support from the Jobcentre at any point in their claim - not just specific points chosen by the DWP.

Information about the support provided by Jobcentres should also be shared through networks of organisations and service providers that are used and trusted by disabled people.

Setting arrangements for further contact with a claimant should be done in collaboration with the claimant. This would allow them to explain key points when they may be unavailable, for example due to treatment, and to also set their preferred channel of engagement.

Consideration should be given to how to involve others who may support the individual, for example support workers or family members, where appropriate. To allow this to happen it is critical that a clear and consistent approach to consent, explicit and implicit, is taken.

## Chapter 3: Assessments for benefits for people with health conditions

3a) Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?

The Work Capability Assessment is currently primarily used to determine which benefit you receive based on an assessment of whether you are fit for work.

People can be found:

- Fit for work — advised to claim JSA or awarded UC standard allowance
- Not fit for work but able to do some work-related activity — awarded ESA-Work Related Activity Component (WRAC) or UC with Limited Capability for Work Element (LCW)
- Not fit for work and work related activity— awarded ESA-Support Component or UC with Limited Capability for Work Related Activity Element (LCWRA)

The benefit you are awarded then dictates the level of employment support you receive and are expected to engage with. At the moment almost half of those who are awarded ESA are placed in the Support Group and not offered any employment support, even if they want to work in the future. Meanwhile, those who are currently placed in the Work Related Activity Group (WRAG) are expected to take part in some work related activity. Those found fit for work are expected to keep up with the jobseeking requirements of JSA, although the health-related barriers they face may be taken into consideration when setting their Claimant Commitment (the job-seeking agreement with the Jobcentre). Separating out health and employment support could provide the opportunity for Work Coaches to help disabled people to determine a package of support that meets their individual needs.

We welcome this move to offer more support to all ESA claimants who want to work, and to ensure that this support is personalised and available as soon as a claimant begins their application. However, as discussed in Chapter 2 , we believe it carries several risks, including the level of capacity to meet demand in both Jobcentres or the new Work and Health programme, the impact this demand may have on the quality of support, and the skills and expertise of Work Coaches to can offer appropriate support.

In addition to this, there is a challenge in ensuring that claimants do not have to go through a second, and possibly duplicate, assessment. This could be confusing and may increase claimants sense of insecurity - particularly if intelligence gathered as part of the health and work assessment is used then for the financial eligibility assessment (WCA). To avoid this, the assessment for employment support purposes should be an informal and ongoing conversation rather than a formal separate assessment. Information should be available from the WCA to inform this

conversation and the WCA report should be reformed so that it can be used for this purpose. Information from this employment support conversation should not be used to inform financial eligibility and, to ensure proper take up and engagement, claimants should have this clearly communicated to them.

There is a strong risk that any new initiative could be counterproductive if it is not properly designed, properly resourced, and properly managed. These risks are likely to be amplified if the support offer is rolled out to too many ESA beneficiaries too quickly. It is important that this support offer is independently evaluated, the results published, and the design of the scheme reviewed and adapted routinely.

Before embarking on this level of change careful consideration should be given to whether the outcome of more employment support for those with disabilities or health conditions can be achieved without adding further stages to an already long and potentially confusing claimant journey. Reforming the WCA process and output, and reviewing how claimant commitments are set may lead to the same outcome.

### 3b) How can we ensure that each claimant is matched to a personalised and tailored employment related support offer?

As discussed in our response to Chapter 2, delivering a personalised and tailored employment offer to each claimant would require:

- an increase in the number of Work Coaches and DEAs beyond that currently planned
- Increased support, training and tools for Work Coaches

### 3c) What other alternatives could we explore to improve the system for assessing financial support?

#### Approach

The WCA is a detailed and rigorous process designed to determine the accuracy of the claimants self reporting of their ability to work or the assessment of their GP/Consultant. This can mean claimants go through a process that can be onerous, error-prone and takes a long time. ESA appeals are successful in 59% of cases and rates have continuously been high, indicating ongoing problems with accuracy<sup>20</sup>.

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<sup>20</sup> Department for Work and Pensions, [Employment and Support Allowance: Work Capability](#)



This approach is costly to the taxpayer, and means that some individual claimants endure long periods of uncertainty and drawn-out appeals processes.

The current approach means people are assessed on a series of measures which do not necessarily relate to an individual's ability to find appropriate work. Additionally, the assessment is done at a point in time and does not adequately address fluctuating, hidden or mental health conditions and the impact these can have. The government should explore replacing the WCA with a real world test designed with claimants, employers and health professionals. This should assess real world barriers to employment and ensure that those with fluctuating, hidden or mental health conditions are not put at a disadvantage.

The output of the WCA should be useful not just for checking financial eligibility but also for providing guidance, advice or recommendations to support the health and work conversation.

#### **Case study: Work Capability Assessment**

George was in receipt of ESA until 5 months ago when he had a Work Capability Assessment and was declared fit for work. However, he has had an operation which was unsuccessful and is currently waiting for a second. During this period, his doctor has told him he cannot work and he has provided various letters stating this. George is therefore having to appeal the decision to stop his ESA.

#### Administration

The WCA has also been plagued by administrative problems over the past 5 years. ESA remains the second most common benefit issue among those who seek face to face advice from Citizens Advice, with 150,000 people visiting us for help with this benefit last year.

The challenges with the administration of the WCA are almost identical to the issues we see with the PIP assessment. In both, we see large inconsistencies in points awarded for our clients with similar levels of ability and large changes in points awarded between assessment and appeal. Improving the administration of these assessments is crucial to improving people's experience of disability benefits and to reducing the disability employment gap.

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[Assessments, Mandatory Reconsiderations and Appeals](#), 8 September 2016.

The government needs to recommit to ensuring at least an error free, timely WCA process. Our advisers tell us that it needs to draw lessons from the annual reviews of the PIP assessments and in particular improve:

- The use of medical evidence including requested additional evidence
- The assessment process - including the amount of time available for assessments
- The quality and accuracy of reports produced following the assessment
- The length of time between assessments and the level of transparency about this

3d) How might we share evidence between assessments, including between Employment Support Allowance/Universal Credit and Personal Independence Payments to help the Department for Work and Pensions benefit decision makers and reduce burdens on claimants?

Anyone with a disability or health condition who wants to stay in or move into work may need a lot of support, both financial and otherwise. For example, a person with severe anxiety disorder may need access to up to 10 different health-related benefits and services, including:

- ESA when unable to work
- Specialist employment support services when looking for a job
- Ongoing medical and psychiatric care from several health practitioners including their GP, district nurse and community mental health team
- Advice from an Occupational Health specialist on how to manage at work and discuss their health with their employer
- Personal Independence Payments to cover the additional costs of having a health condition or disability
- Funding from the Access to Work service for support or equipment at work
- Partner may need access to Carers Allowance
- Social care support

In addition, any other benefits they claim (Housing Benefit, Child Tax Credit) are likely to be affected by any time off work or changes to work hours. Navigating this number of systems requires strong literacy, a large amount of time, organisation skill, persistence and resilience.

To ease this burden, assessments for ESA/UC, PIP and other services should be aligned so that people do not have to submit the same evidence or medical

information more than once. Once an award has been made for one of these benefits, the evidence and assessments should be automatically accessible to other support and services for the duration of the award.

Without alignment, we currently see people who are bounced back and forth between PIP and ESA assessments. Some finding that refusal for one of these benefits can trigger a reassessment of the other.

Whilst this appears to show some kind of link at the assessment part of the benefit process - with the decision from one assessment triggering a reassessment of the other - this linking is not repeated at the mandatory reconsideration or appeal stage. For some, this can mean that they successfully challenge one benefit decision and assessment, e.g. ESA, but still have to go on to challenge the other, e.g. PIP. To prevent this from happening, the trigger should not occur until the first assessment and benefit decision is fully resolved. To enable this, there should be at least one month after the first benefit decision in which the claimant may make a mandatory reconsideration (MR), before the trigger occurs. If a claimant chooses to make the MR, the trigger for the second benefit assessment should be delayed until the MR and possible appeal is complete.

### 3e) What benefits and challenges would this bring?

Navigating the numerous systems disabled people deal with requires strong literacy, a large amount of time, organisation skill, persistence and resilience. Sharing information between assessments would reduce this burden and give people more time, security and space to focus on their health and employment.

For this to work capability assessments need to become much more accurate than they currently are. Appeal success rates for the WCA are currently 59%<sup>21</sup> and during 2016 over 29,500 people sought help from Citizens Advice specifically in relation to either an ESA WCA or PIP assessment. The information and assessments being shared must be accurate and not, in of themselves, put people at risk of losing access to other services or entitlements they are accessing. A system built on sharing information and assessments risks being undermined if the individual processes remain inaccurate, delayed or error-prone.

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<sup>21</sup> Department for Work and Pensions, [Employment and Support Allowance: Work Capability Assessments, Mandatory Reconsiderations and Appeals](#), 8 September 2016.

3f) Building on our plans to exempt people with the most severe health conditions and disabilities from reassessment, how can we further improve the process for assessing financial support for this group?

The benefit assessment process should be as simple as possible for those with severe lifelong impairments or health conditions. We welcome a simplified assessment process for people with severe lifelong conditions and the use of evidence shared from medical and social care assessments to determine who is eligible for this.

Consideration should also be given to those with progressive conditions or those with a less severe but lifelong prognosis. This may be an exemption to repeat assessments unless their condition deteriorates or it could be more transparency and consistency on the length of ESA awards - with conditions like these routinely being given a longer term award.

To avoid confusion and prevent unnecessary and costly assessments any changes like this in ESA need to be mirrored in PIP.

## Chapter 4: Supporting employers to recruit with confidence and create healthy workplaces

4a) What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?

Disabled people are twice as likely to stop working as people who do not have a work limiting condition<sup>22</sup>. Of the 3.4 million disabled people in work - each year 225,000 of these fall out of work. Many people in this group are no longer able to work, and therefore become economically inactive out of necessity. However, a significant proportion (30%) move into unemployment, suggesting that improvements

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<sup>22</sup> Citizens Advice, [Working with a health condition or disability](#), August 2016

to employer behaviour and policy changes are both needed to better support disabled employees who want to stay in work.<sup>23</sup>

We have completed extensive research and solutions work on this challenge with particular reference to SMEs which can be found in our 'Solutions for Equality and Growth' report from 2015<sup>24</sup>. This report has developed recommendations with three broad themes:

- Giving the right equality information to SMEs in the right place at the right time, to help SMEs seamlessly achieve good equality practice for their employees. We suggest doing this by using existing business and employment processes and procedures, such as PAYE, fit-notes and MATB1
- Encouraging and reinforcing behaviour changes and improvements in good equality practice. We suggest this can be done through guidance and information cascaded by trusted messengers such as mentors, banks, accountants and SME networks, and through the tax regime for SMEs
- Reinforcing the guidance given to SMEs by helping workers to develop their potential. We suggest this can be done by providing to employees 'mirror' accessible, practical and simple guidance

As with small and medium size businesses, across all sizes of business, some employers do well but we know that many are not confident about providing support or adjustments for employees. Lower retention in work for disabled people will need to be addressed to halve the disability employment gap, especially in sectors like leisure, customer services and caring.

The barriers disabled people face across the labour market are numerous, while employers who want to increase the number of disabled people in their workplace may also face challenges. Across all business sizes, perceived business impact, employer culture, line management, and poor enforcement of existing employment rights are problems that may hinder attempts to get more disabled people into work, or prevent those already in work from staying there. We outline these barriers further below.

### Perceived business impact

The spectrum of employer behaviour is wide. Our primary mixed method research with employers has explored the barriers at play from both an employer and line

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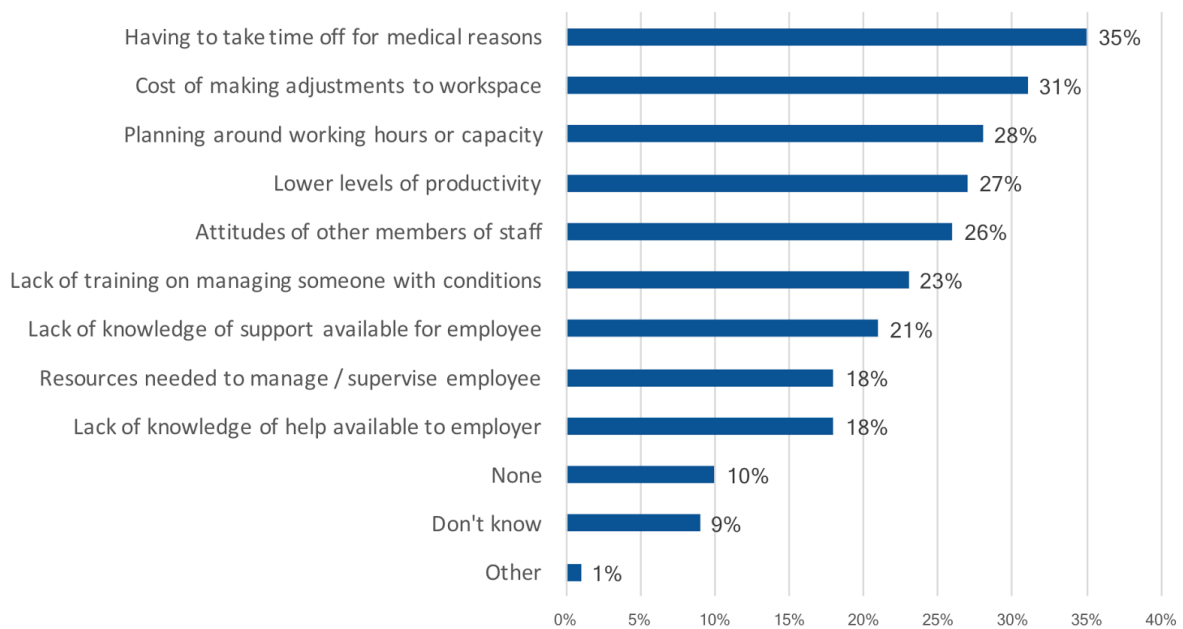
<sup>23</sup> Citizens Advice analysis of the LFS, England and Wales from 2013-2015.

<sup>24</sup> Citizens Advice, [Solutions for Equalities and Growth](#), October 2015

manager perspective. We found that, while wanting to be open to employing disabled people, a combinations of factors has meant many employers are not following good practice - even when they thought they were.

Business impact was seen as the obvious priority when deciding how to support a disabled employee. The three main reasons given by line managers about the challenges they face in employing disabled people, were all related to business impact - losing staff time (35%), costs of adjustments (31%) and the difficulties of planning around people’s health (28%).

**What are the key challenges, if any, of managing staff who have a long-term health condition or disability<sup>25</sup>**



The government has taken action to address some of the business barriers that may be more salient in the private sector, by providing extra help with costs through the Access to Work scheme and by extending access to occupational health expertise through the Fit for Work service. However, the availability of this support is not widely known. For example, our research shows that only a third (33%) of employers and line managers know a ‘great deal or a fair amount’ about Access to Work, a key source of financial support when making adjustments for disabled employees. The Fit for Work occupational health service has been underused to date,<sup>26</sup> and many of the employers we interviewed had not heard of it, or confused it with Fit Notes. Suggestions from those employers we spoke to who have used Fit for Work, centred around the need to reduce bureaucracy. In addition, more needs to be done to

<sup>25</sup> ComRes, Polling of employers, HR managers and line managers, Sample 1108, October 2016  
<sup>26</sup> PMI Health Group, [Fit For Work scheme still underused by employers](#), 1 February 2017.

ensure the Fit for Work occupational health scheme is used across different sectors. We found that just 22% of line managers and employers in the hospitality sector know at least a fair amount about the scheme, compared to 41% of all employers and line managers<sup>27</sup>.

### Employer culture

A further barrier for recruitment and retention is created by employer culture and the understanding of responsibilities. Although many employers know their responsibilities, for some employers we found there was little difference in how they considered their duties under the Equality Act 2010 and how they thought of other non-standard working arrangements. As a result, they were happier to make adjustments to job design if they have a good relationship with the employee and if their performance to date has been good. For example, reasonable adjustments were often placed in the same category as rewards or perks, such as being allowed to work from home or extra pay,

Further to this, many employers told us that disabled people would face strained relationships with other members of staff if, for example, they need to pick up work last minute to cover. However, some employers didn't always see it as their responsibility to take firm action to ensure that other employees treat disabled employees well, relying more on the disabled person to ensure that they establish good relationships with other staff.

More broadly, we found that understanding of disabilities, health conditions and their impacts was poor. The fourth most common challenge of managing staff who have a long-term health condition or disability, cited by a quarter (27%) of line managers was 'lower levels of productivity'. This speaks to misconceptions about disabled people's abilities. These are widespread across society, with nearly 4 in 10 people thinking of disabled people as less productive than non-disabled people, and 75% of people thinking of disabled people as needing to be cared for some or most of the time.<sup>28</sup> Such misconceptions need urgently to be dispelled - particularly in the workplace.

Our qualitative research found that awareness and training on disability was not always seen as a particularly high priority. It often fell under the umbrella heading of health and safety with some standardised policies covering workstation adjustments

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<sup>27</sup> ComRes, Polling of employers, HR managers and line managers, Sample 1108, October 2016

<sup>28</sup> Papworth Trust, [Disability in the United Kingdom: 2016 Facts and Figures](#), February 2016.

and training on various risk factors in the workplace. As a result, supporting disabled employees was seen as a challenge for most of the line managers we spoke to.

Specific training on supporting disabled employees could give line managers more confidence alongside the provision of practical guides on conversations with employees, including top tips and scenario examples of what to do or say. Training or tools could also cover creating a positive working environment, awareness of workplace issues; how to enable employees to be comfortable being themselves and disclose disability or mental health conditions; how to recognise 'low level' harassment and address it.

Similarly, some employers tended to consider employee illnesses - arising after employment starts - as short in duration, temporary and for which they expect the employee to make a full recovery and take on all of their usual duties again. While some had made adjustments for the short-term to suit employees recovering from an illness, they felt that job redesign in the longer-term would be more difficult to achieve.

#### **Case Study: Job redesign and workplace adjustments**

Cathy has worked as a customer assistant in a shoe shop for 15 years, most recently working one day per week. A few years ago she developed Rheumatoid Arthritis and informed her employer. Recently, her GP has advised her to use a stick to aid her balance. As a result, she was moved off the shop floor and on to administration duties due to health and safety concerns. After a number of weeks she was called into a meeting to discuss her situation. She was told a risk assessment had been made and no reasonable workplace adjustments were sufficiently practical to be carried out and that her use of a walking aid posed a risk to members of other staff and the public as a tripping hazard.

There was also a culture whereby the benefits people claim were not discussed in the workplace. For employers, it was seen as a healthy respect for their employees privacy. However, this means that disabled people are missing out on a chance to get information on benefits they might be entitled to from the government, and to discuss with their employer the requirements of any benefit claims or any financial or personal strain they may be under as a result of benefit issues.



*"Traditionally [asking about welfare benefits] is not seen as a pertinent question from an employer..... our reasons for knowing who has access to certain benefits - we would need to put a lot of thought into the business case for asking it"*

*(Large Private Sector employer, Essential Services)*

Recruitment was another factor we explored in our research. We found some had made attempts to encourage more disabled applicants to apply for jobs by, for instance, operating a double-tick system but others had taken no proactive action and expected disabled people to apply in exactly the same way as other applicants. There was also some concern that people with 'hidden' disabilities such as learning difficulties, mental health conditions or certain physical disabilities may not declare this at interview stage, for fear of not being offered the job. Without this, employers noted that they were wary about starting conversations about adjustments unless initiated by the employee.

*"It would have been good to have known that right from the start - we would have helped and our expectations would have been different."*

*Large employer, private sector, on discussing adjustments*

While some organisations and employers have taken steps to change their workplace culture, there is further work to be done. With 1.3 million businesses in the UK employing people,<sup>29</sup> Disability Confident is a welcome measure. Now that there are more than 3,000 employers<sup>30</sup> signed up, Disability Confident needs to extend its reach. Many of the organisations now signed up represent organisations that fall under the wider public services umbrella (government departments, housing associations, care providers, schools, medical services, charities)<sup>31</sup>. This suggests further extension should be sought into the private sector and SMEs (who make up 99.3% of all private sector businesses<sup>32</sup>).

### Line management

Some employers have a long way to go before they can deal with employees' complex health issues and disabilities. This is not just a matter of putting sound workplace policies in place, but how policies translate into workplace behaviour towards disabled employees and job applicants. The 6 million people in the UK with

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<sup>29</sup> BEIS, [Business Population Estimates for the UK and regions](#), October 2016.

<sup>30</sup> DWP, [Disability Confident: list of employers that have signed up](#), January 2016.

<sup>31</sup> Ibid

<sup>32</sup> FSB, [UK Small Business Statistics](#), 2016

management duties<sup>33</sup>, many of whom will be responsible for line management, provide an opportunity for bringing these policies into practice to better support the retention of disabled people and people with health conditions.

Our previous research on insecure work found that line managers' attitudes and behaviours are one of the most important factors when helping people balance work and their wider lives, including any health conditions. 74% of people say that having a good relationship with their line manager makes them feel secure in their lives.<sup>34</sup>

Being disabled or having a health condition can be particularly hard to balance with work, and people need to feel able to speak to their line managers about this without concern for their job. They need to be sure that their line managers will respond openly and imaginatively to make the changes to their hours, duties or workplace conditions that will help them to stay in work in the long term.

However, our research suggests that for many this is not borne out in practice. Almost a third of the workforce (29%) does not have access to a line manager, and some line managers have little responsibility for personal development and pastoral care. Where they do, further factors underpinned by workplace culture may play a part in inhibiting conversations: 17% would not feel comfortable talking to their line manager about their rights at work. This rises to 24% when it comes to talking about physical health issues that affect ability to do a job, and 40% when it comes to talking about mental health issues<sup>35</sup>.

People may also be inhibited from speaking because they do not think it will lead to any change. For example, fewer than half think that their line manager would be able to make changes to their working hours (42%), make changes to the tasks they undertake (47%), or make changes to the equipment they use (49%).

From line managers' perspectives, our research found that they tend to see themselves as open to conversation and change. However, this needs expanding with only half (53%) thinking that their role includes taking responsibility for staff health and well-being in workplace and two in five (41%) line managers not knowing if any of their staff are disabled<sup>36</sup>. Encouragingly, when employers and line managers

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<sup>33</sup> Labour Force Survey, 2016.

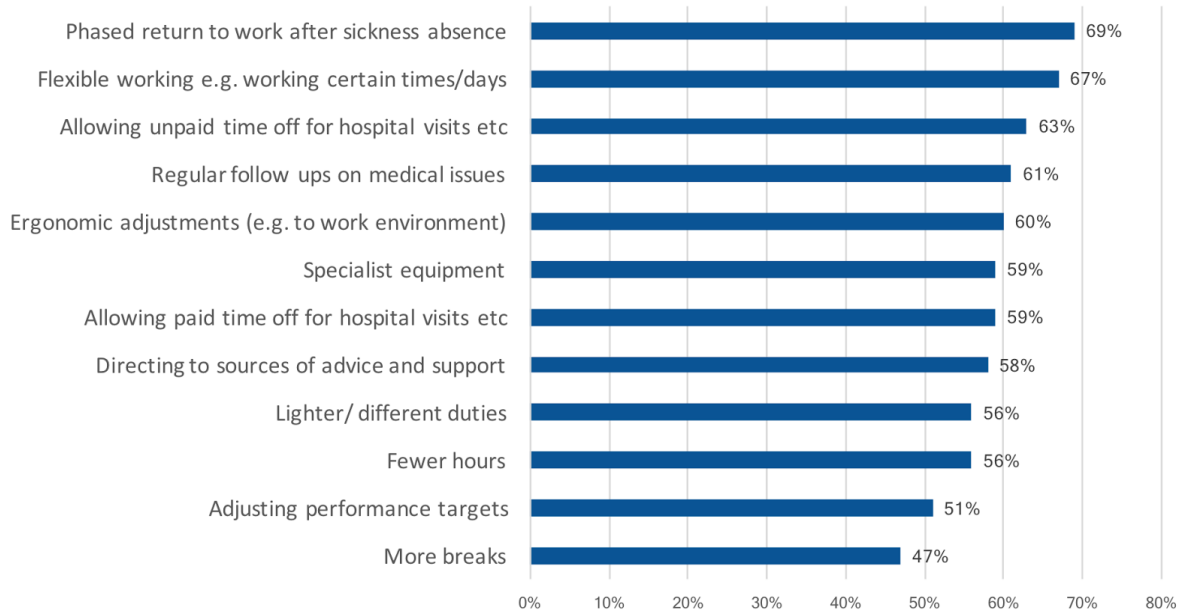
<sup>34</sup> Citizens Advice, [The importance of income security](#), June 2016.

<sup>35</sup> Populus, Polling of the general population, Sample 2158, March 2016

<sup>36</sup> ComRes, Polling of Employers, HR managers and line managers, Sample 1108, October 2016

become aware of an employee’s impairment or health condition they do tend to take some action. Of those who know that one or more of the staff they manage is disabled, the majority have made changes to working practices to support the retention of disabled people or people with health condition, including:

**Changes made to working practices to support the retention of disabled people or people with health conditions<sup>37</sup>**



Employers still need further support to understand and support employees with fluctuating health conditions. Over three quarters (78%) of employers told us that they would find it very or fairly difficult to support an employee with a fluctuating health condition such as depression or MS<sup>38</sup>.

Poor enforcement of existing employment rights for disabled people

Citizens Advice disabled clients report many difficulties in the workplace that are directly related to their disability or health condition and reduce their ability to remain in employment. Among others, these include:

- Use of disciplinaries in cases of ill health
- Refusal of reasonable adjustments (permanent)
- Refusal of temporary lighter duties indicated on Fit Notes
- Workplace bullying
- Unwanted reductions in hours in cases of ill health
- Poor line management
- Unfair redundancy processes
- Insufficient time to recover from periods of ill health

<sup>37</sup> ComRes, Polling of Employers, HR managers and line managers, Sample 1108, October 2016

<sup>38</sup> *ibid.*

- Avoidance of sick pay

Citizens Advice has seen an 8% increase over the last year<sup>39</sup> in the numbers of issues caused by a failure to make reasonable adjustment for clients with a physical impairment and a 24% increase for clients with a mental impairment. We also see sharp practice with relation to sick leave and sick pay, discussed further in Chapter 4h. At worst, these sorts of issues can lead to disabled people having to leave the workplace, even though they are capable of and willing to work.

### **Case Study: Dismissal to avoid paying Statutory Sick Pay**

Jonas had been working for his employer for around 22 months when he began suffering seizures. In the course of his work he had to move heavy items of furniture and his employer told him that she felt it was not safe for him to be working there. The next day he received a letter suspending him on full pay on the grounds of health and safety. He saw his GP, who diagnosed a form of hypoglycaemia. A few weeks later, just before he would have been employed with the company for two years, he received notice of his dismissal. Jonas feels his employer dismissed him to avoid paying SSP.

### Sharp Practice and Enforcement

These types of issues are important to bear in mind when developing a strategy for employer engagement, and, importantly, when deciding the balance between enforcement and support. There is insufficient up-to-date quantitative evidence on the extent of disability discrimination and sharp practice in the workplace<sup>40</sup>, and it is likely that much goes unreported, not least because many employees are unaware of their rights.

Where employees are unaware of their rights, they cannot take action to enforce them. Even when people are aware, enforcement organisations such as HMRC or the Employment Agency Standards Inspectorate have limited resources with which to take action against employers who have persistently broken their rules.

Our wide ranging work across the labour market over the past two years, has shown that across all types of employment rights, the enforcement landscape is too

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<sup>39</sup> This covers the last 4 financial quarters to date.

<sup>40</sup> The most recent figures available suggest that 19% of disabled people experienced unfair treatment at work compared to 13% of non-disabled people. Department of Business, [The Fair Treatment at Work Report](#), 2008.; Department of Work and Pensions, [Disability facts and figures](#), 16 January 2014.

fragmented.<sup>41</sup> This is also true in relation to sick pay, sick leave and disability discrimination. An employee who cannot access sick pay, whose employer is refusing to make reasonable adjustments, who is experiencing workplace bullying, or who has been unfairly dismissed as a result of their disability may need to access occupational health support via HMRC Medical Services<sup>42</sup>, government enforcement via ACAS, or take their employer to an employment tribunal to enforce their legal rights. The lack of one clear channel can make it difficult for individuals to navigate, moving between different organisations if the dispute is not resolved. This additional difficulty enforcing workplace rights, can make it more difficult for those with health problems to remain in work. To provide clearer pathways for workers and improve the impact of enforcement, **the specific expertise of current labour market enforcement functions should be brought into one well-resourced body**. This body — the Fair Work Authority — should incorporate the current enforcement roles of Acas, EASI, HMRC and the GLAA and be responsible for enforcing all workplace rights, including the right to SSP, reasonable adjustments and non-discriminatory treatment in the workplace.

#### 4b) What expectation should there be on employers to recruit or retain disabled people and people with health condition

Employers hold many of the answers and levers required to take action to halve the disability employment gap and ensure disabled people and those with a health condition are supported to remain in work. As shown by our analysis,<sup>43</sup> these answers will vary across sector, region, size of employer and demographic make-up of workforce. Therefore, it is important that the DWP, devolved administrations and local authorities work to engage a representative cross section of employers in any policy initiatives aimed at reducing the gap, and develop granular ideas and guidance to support employers to be active participants in this process.

As discussed above, the sharp practice we see in the labour market suggests that more needs to be done around enforcement of existing legal duties required of employers. At minimum, employers should be required to take steps to ensure that

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<sup>41</sup> See [here](#) for a discussion of agency workers rights, and [here](#) for a discussion of maternity rights.

<sup>42</sup> This body can arrange for an employee who is in a dispute with their employer about SSP to see an approved doctor or practitioner. The practitioner then provides a report to HMRC, who discuss the assessment with the employer. The report does not have to be shared with the employee, which can leave people unsure about whether they have the right to seek redress.

<sup>43</sup> Citizens Advice, [Working with a health condition or disability](#), 2016.

all of their managers are fully trained on these duties, and are equipped to enact them.

4c) Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions?

To overcome many of the barriers discussed at the beginning of this chapter, the government should support and encourage employers across 4 areas:

- Incentivising innovative job design
- Supporting employers and line managers
- Improve the design of current campaigns and support services
- Enforcement and access to justice

#### Incentivising innovative job design

If we are to halve the disability employment gap, employers will need to think imaginatively about how they use their employees time and how they design jobs. This can be as simple as advertising more roles as available on a part time or jobshare basis, or with the option of home working where possible, to radical options such as offering automatic redeployment options to those who develop health conditions. In order to encourage large scale change to job design, the government should **consider how and test whether incentives can be built into the tax system to support innovative employers at the cutting edge of accessible job design, those developing successful redeployment strategies and those taking effective steps to radically boost proportion of disabled workforce.**

The government should also take advantage of the current increase in apprentice numbers and funding in England to **ensure that employers design accessible apprenticeships and increase the proportion of disabled apprentices.**

#### Supporting employers and line managers

As outlined throughout this Chapter, the scale of the challenge is huge. Ensuring that all disabled people in the workplace are treated legally and fairly will involve engaging 1.3 million businesses and 6 million managers to help dispel myths, inform about legal duties and offer advice on recruiting and supporting disabled employees. There is an enormous amount of information available online around these issues, but it is insufficiently granular with relation to condition, job sector, employee skills etc.

The DWP has undertaken successful behaviour change campaigns on this scale in the past, and it should **draw on the lessons on employer engagement from the pensions auto-enrolment campaign**. Specifically, it should:

- **Develop dynamic online tools that help line managers and employees develop adjustments**. It should allow those using it to input information about health condition, impact of condition on functioning, work sector, workplace conditions, work duties and hours to draw up individualised advice on adjustments that could be made to the workplace, duties, or potentially give wider advice on redeployment. This advice could link into other services, drawing information from Access to Work and Fit for Work, or enabling a fast referral in to these services. This tool should be developed with disabled people and a wide range of employers, and should draw on specific real world examples of adjustments other employers have made across a range of sectors and job types. It should be proactively disseminated to employers, and hosted by or signposted to from trusted intermediaries such as employer organisations.
- These online tools should connect into an **advice helpline for employees, line managers and employers** who cannot get the advice they need using the tool.
- **Sector specific free online disability support training** should be developed for line managers in SMEs in different sectors
- Where possible, **on-site visits should be offered to help employers redesign jobs**
- Finally, consideration should be given to where in government these overarching responsibility for delivery of this support should lie.

#### Improve the design of current campaigns and support services

The development of many current campaigns and services to support employers to recruit and retain the talent of disabled people and people with health conditions are welcome. Extending the reach of these, alongside further developments would support overcoming the barriers employers face. Specifically:

#### **The Disability Confident scheme**

In order to challenge stigma and break down common myths about disabled people in the workplace, the government should continue to roll out and extend the Disability Confident scheme promotion with a large funded **public communications campaign focussing on the value of disabled people's work for employers and**

**employees**, as discussed above. A campaign on this scale could be an efficient way of directly reaching a large number of line managers and employers.

The DWP should set itself ambitious targets for the number of organisations joining the Disability Confident scheme to extend its reach further into the private sector.

It is also important to assess the impact of the scheme to determine whether the right balance is being achieved between increasing take-up and creating more stringent requirements for employers who wish to join. For example, Guaranteed Interview Schemes are not currently a compulsory condition of becoming a Disability Confident organisation, but could be required if shown to increase overall impact.

### **Access to Work**

Access to Work provides funding for practical support in the workplace or when job seeking. Our research tells us that people who use it often consider the support to be crucial to their employment.<sup>44</sup> The scheme is effective and should be expanded so that it can support more people to maintain employment. Despite its effectiveness, awareness of Access to Work is widely recognised to be low and take-up is poor, especially in SMEs. Businesses often have limited knowledge of the scheme unless they have used it themselves. We found that larger employers tend to know about it in their HR departments but line managers who have not used it are not always aware. Access to Work needs to be advertised widely to employers and disabled people. The government should consider introducing targets to increase the proportion of funding going to SMEs and employers who have never accessed it before.

Alongside better promotion, the benefits of Access to Work should be illustrated to people who are out of work but could work with the right support. This could be done by allowing people to take the assessment before they have an interview or a job offer and providing them with information about the level of support they are entitled to. Consideration should also be given to pathways to work that include volunteering and how the Access to Work scheme can assist here. This should be offered with as little administrative burden as possible. All users of the service should be able to carry evidence and information from medical, benefit and other assessments into the assessment for Access to Work. Similarly, evidence collected in the Access to Work assessment should be portable to other services such as Fit for Work.

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<sup>44</sup> Citizens Advice, qualitative research with disabled people or those with a health condition in work, publication pending, 2017.



The communication channels for managing an Access to Work claim are currently too limited. The government should look to add an accessible digital user interface which would allow people to manage their support when working or looking for work. This could be used to give people more control over their claim and facilitate a personal budget approach to Access to Work.

## **Fit for work**

The Fit For Work service provides people with free work-related health advice and access to an occupational health service funded by the government. It takes referrals from GPs and employers once an employee has been off work for 4 weeks.

### Design

Fit for Work should be reformed so that it is more targeted towards prevention, is easier to access and provides adequate support. People should be able to access Fit for Work as soon as they are signed off sick. The service is currently reserved for those who have been off work for 4 weeks and doesn't act early enough to be a truly preventative intervention. It should also be opened out and advertised to people who are currently self-managing a chronic condition and have not yet had to take time off work or request adjustments.

The service is based on referrals but should to be easier to access. Health professionals other than GPs should be able to make referrals. For those with more complex cases, the support provided by Fit for Work should be allowed to last beyond 12 weeks and people should be able to access it more than once. The service should make greater use of face to face assessments, especially for people with mental health issues where disclosure over the phone may be challenging.

### Support beyond occupational health

Fit for Work currently works with people to devise a return to work plan which is then shared with their employer. This leaves employees to negotiate the details with their employer or their manager. Fit for Work should directly offer support to people to negotiate with their employer so that return to work plans are implemented appropriately.

Similarly, the service currently provides referral to services such as PIP and Access to Work. The government should use this opportunity to provide support with applications rather than just a referral, so that everyone is accessing all the funding they can to help them stay in work.

### Targeting and awareness

Our research with employers found that smaller and medium sized employers often don't know about this service. Larger organisations tend to have their own occupational health services but some would access Fit for Work, especially if an employee's GP made the referral. The government should consider targets for sectors and size of business to ensure funding is reaching employers who could not otherwise afford an occupational health service.

Consideration needs to be given to how all government interventions and support services link up and dovetail. It is crucial to ensure that multiple support offers do not increase complexity and therefore deter use.

### Enforcement and Access to Justice

Better enforcement of existing employment legislation is a key step to supporting disabled people and those with health problems to remain in work. This will help to reduce the number of rogue employers who deliberately avoid supporting their disabled employees. As discussed in this chapter, enforcement of employment rights is currently fragmented and no single agency exists to attempt to reduce infringements of employment rights across the labour market. To increase the impact of enforcement, while also providing clearer pathways for workers, **the specific expertise of current labour market enforcement functions should be brought into one well-resourced body**. This body — the Fair Work Authority — should incorporate the current enforcement roles of Acas, EASI, HMRC and the GLAA and be responsible for enforcing all workplace rights, including the right to SSP, reasonable adjustments and non-discriminatory treatment in the workplace.

In addition to this, The employment tribunal fees introduced in 2013 have reduced access to justice for those on low incomes, with a 70% reduction in single claims to employment tribunals since the new fee system started. This is also hindering the development of the case law from which employment law evolves. Our previous research<sup>45</sup> shows that **employment tribunal fees should be removed or at least reduced to £50**, significantly increasing access to this form of redress.

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<sup>45</sup> Citizens Advice, [Fairer Fees](#), January 2015

4f) How can existing government support be reformed to better support the recruitment and retention of disabled people and people with health conditions?

See 4c

4h) Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?

In 2016 we carried out polling with employers which found that overall only 42% of businesses offered Contractual Sick Pay (CSP). In the case of micro businesses (employing less than 9 people) this was just 25%. Yet even amongst medium and large companies, it was still provided by less than half (44%). This means that a very significant proportion of employees only have access to SSP if they are unable to work due to ill-health. While the changes outlined in the Green Paper to encourage phased return to work are promising, SSP should be reviewed as a whole to ensure it is a robust system which works for both workers and their employers.

Last year we advised on 12,000 issues related to claiming SSP, and in January 2017 alone, 30,000 users looked at our web content on SSP eligibility. Common problems people face include:

- Employers refusing to accept both self certification and Fit Notes as confirmation of someone's inability to work and are therefore refusing to pay SSP. While this is a breach of the legal basis for SSP, in practice it can be very difficult for workers to resolve.
- Dismissal because the employer says that they cannot afford to pay SSP. We tend to see this in smaller businesses where the cost of covering repeated sick leave for someone with a long term condition may be high relative to turnover.
- Employer delays or refusals to provide an SSP1, the form which certifies that an employee is either ineligible for, or has completed their claim on, SSP. This is often out of a belief that filling in the form would make them liable for additional sick pay.
- Employers avoiding liability for SSP by reducing wages below the £112 threshold to make an employee no longer entitled to SSP. For example by clawing back holiday pay.
- People whose hours fluctuate - either because they have a zero-hours contract, variable shifts or have few set hours and rely on paid overtime -

being 'taken off the rota' when they are sick, rather than being paid the SSP they are entitled. People on these contracts sometimes face challenges in working out whether their weekly earnings reach £112 threshold.

- Employers calculating eligibility for SSP based on contracted hours rather than actual hours worked.

A wider structural issue is lack of SSP for those working for more than one employer. 1.13 million people have multiple jobs and work for more than one employer. We often see people who work multiple jobs but have been excluded from SSP whilst they were off sick - even though their combined weekly earnings exceed the £112 threshold.

In order to address these problems, the government could reform SSP as follows:

- Design a system to **ensure that people earning more than £112 across multiple jobs can receive SSP**. This should cause the least administrative burden to individuals and employers, and could entail HMRC paying directly, then claiming back the money from employers.
- **Better enforcement of rules on evidence of proof of illness**, including consequences for employers who have been found not to have accept legitimate evidence. **Print information on these evidence rules on the back of Fit Notes.**
- The **changes suggested in the Green Paper should be carefully communicated to employers**. Rules on phased return to work should state that the hours worked and duties undertaken must be based on healthcare professional advice..
- **Create an SSP1 online tool to help an employer calculate whether an employee is eligible for SSP** and, if not, to automatically generate the SSP1 and send it to DWP.
- Extend **Statement of Particulars (s1 of ERA 1996) to be extended to workers**. This would make sure that everyone who is entitled to SSP would be told explicitly that they are.
- **DWP/JCP to send a letter to employer when someone applies for ESA but they are found ineligible because they are entitled to SSP.**
- Employers should undertake due diligence to make sure the employment agencies they appoint are legitimate, responsible businesses. This should include making sure that agencies have adequate policies for meeting their sick pay obligations.

# Chapter 5: Supporting employment through health and high quality care for all

5a) How can we bring about better work-focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual can do, particularly during the early stages of an illness/developing condition?

Work Coaches will need specialist support as their roles are adapted to work with more claimants with impairments and complex health-related barriers. We have explored this in our responses to Chapter 2. We welcome work-focussed conversations which bring in healthcare professionals and employers. These conversations should be guided by the claimant with a focus on their strengths and based on what they feel comfortable and confident engaging with.

Healthcare professionals and the individual themselves should be able to discuss impairments or health conditions and what activities they can perform. Employers should be able to input on what roles an individual skills are best suited to, and how they could provide any suggested adjustments to enable them to perform those roles.

Multi-party conversations or activities like this will not be appropriate for all claimants. Consideration should be given to how appropriateness can be determined as well as how claimant consent will be gathered.

5c) Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other healthcare professionals do you think should play a role in this process to ensure that individuals who are sick understand the positive role that work can play in their recovery and that the right level of information is provided?

Our research with GPs has indicated that they already spend 19% of their consulting time dealing with non-medical issues, and there is little appetite to add more to their personal workload.<sup>46</sup> Work is the third biggest non-clinical issue GPs are asked about after relationships and housing. Providing doctors and healthcare professionals with the opportunity to signpost these issues to other channels would help to free up 3.4 million hours of GP time annually.

Sickness certification, fitness for work judgements and work and health information should not be limited to doctors, or indeed just healthcare professionals. The government should look at expanding the channels through which these services can be provided to include occupational therapists and other expert providers of support.

5d) Turning to the fit note certificate itself, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?

5e) Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?

Advisers at Citizens Advice find that Fit notes currently do not capture enough information about people's health condition and the impact this may have on work. Our advisers feel that more detailed information would be useful, particularly so that DWP and employers understand what individuals can do and what kind of support or adjustments they would need.

As with other documents that employers routinely access like tax assessments, fit notes should be used as an opportunity to provide guidance for employers on the most common impairments and their impact and how to find further information and examples of some workplace adjustments. This could include guidance and tips on how to create an environment where employees feel they can safely tell an employer

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<sup>46</sup> Citizens Advice, [A Very General Practice](#), May 2015

about their disability: adding information about Access to Work or the Disability Confident Scheme<sup>47</sup>.

5f) How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?

5g) How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?

Anyone with a disability or health condition who wants to stay in or move into work may need a lot of support, both financial and otherwise. For example, we know that our clients with mental health problems tend to have more complex needs than our average client. On average, clients with mental health problems have 5 advice queries, compared to our average client who has 3.5 advice queries.<sup>48</sup>

A person with severe anxiety disorder may need access to up to 10 different health-related benefits and services, including:

- ESA when unable to work
- Specialist employment support services when looking for a job
- Ongoing medical and psychiatric care from several health practitioners including their GP, district nurse and community mental health team
- Advice from an Occupational Health specialist on how to manage at work and discuss their health with their employer
- Personal Independence Payments to cover the additional costs of having a health condition or disability
- Funding from the Access to Work service for support or equipment at work
- Partner may also need access to Carers Allowance
- Social care support

To ease this burden, timescales and assessments for benefits, employment support and medical treatments should be aligned. At the moment, employment support and benefit administration can put strain on people's health when they need to focus on their medical care. They may, for example, find themselves dealing with a stressful

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<sup>47</sup> Citizens Advice, [Solutions for Equality and Growth](#), October 2015

<sup>48</sup> All figures in this briefing are based on our client data from 2016 unless otherwise specified.

WCA appeal at the time when they have just started CBT treatment after time on a waiting list.

5h) How can occupational health and related provision be organised so that it is accessible and tailored for all? Is this best delivered at work, through private provision, through the health system, or a combination?

5i) What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?

We discuss Fit for Work in our responses to Chapter 4.

5k) How can we best encourage innovation through local networks, including promoting models of joint working such as co-location, to improve health and work outcomes?

We discuss innovation and joint working in our responses to Chapter 1, including our work in GP practices, IAPT services and secondary care which demonstrate joined up services that reflect the medical and non-medical determinants of health are needed to meet the holistic needs of our clients.

5o) What is the best way to bring together and share existing evidence in one place for commissioners and delivery partners?

We discuss consistent approaches to evaluation, what works and communication of evidence in our responses to Chapter 1.





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February 2017

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Registered charity number 279057.