



NUJ response to the DWP Lives: Work, Health and Disability Green Paper

The National Union of Journalists is the voice for journalists and media workers in the UK and Ireland. The union was founded in 1907, has 30,000 members and represents broadcast media, newspapers, news agencies, magazines, books, public relations, communications, online media and photographers.

This response was produced in consultation with the NUJ's Disabled Members' Council and with evidence from a survey of our disabled members.

The NUJ's work is informed by the social model of disability. The language of the Green Paper is based on the medical model approach to disability which fails to pay attention to a wider range of barriers that obstruct disabled people from living independently and thus improving their chances to access and retain employment.

Overview:

As trade unionists, we defend the rights of workers. For our disabled members, access to their rights at work is dependent on access to independent living and wider disability rights. This should be at the core of all policy discussions about disabled people. By framing disability as a health and well-being issue centered on the individual, the collective rights of disabled people are being marginalised.

The NUJ welcomed the opportunity to respond to the Green Paper. However, it is important to recognise the Green Paper was presented during a time of prolonged austerity that has caused significant detriment to disabled people. This has been widely reported within the disability movement¹ and evidenced through research². Direct feedback from disabled people through our consultation reinforces such reports of high levels of stress, anxiety and deterioration in mental and physical health created by a system that is felt to sanction, deny and obstruct instead of offering necessary support.

¹ "Coroner's 'ground-breaking' verdict: Suicide was 'triggered' by 'fit for work' test", Disability New Service, (2015)

² "First, do no harm': are disability assessments associated with adverse trends in mental health? A longitudinal ecological study', B Barr, D Taylor-Robinson, D Stuckler, R Loopstra, A Reeves, M Whitehead (2015)

Whatever actions result from this consultation, however positive, will be met in an environment of fear and distrust following the impact of policy decisions of recent years.

- **Disability and employment cannot be separated from other factors.** Although the Green Paper makes efforts to unify healthcare, employment and welfare it fails to address the wider context of disabled people's lives. This includes access to safe accessible and affordable housing, access to transport, income security, education and skills training and other opportunities essential for maintaining well-being such as leisure facilities and community services.
- **Income security is paramount.** The distress created by income insecurity, sanctions and delays in assessment can lead to the exacerbation existing health conditions and marginalises those in most need of support. A transition period should be introduced when decisions are taken to remove Employment Support Allowance, to provide time to appeal or apply for other benefits. Greater flexibility and support is needed for disabled people who are self-employed or who are transitioning back to work and working restricted hours to accommodate disability.
- **Flexible working is key to inclusivity.** The need for greater flexibility in the workplace was the most cited request from our members. The Trades Union Congress has reported that it is increasingly difficult for workplace reps to secure flexible working for members. More guidance on improving policies and support is needed.
- **More information, guidance and support for employers are needed.**³ A better understanding of support available, the benefits of inclusive policy and practice and the value of disabled workers is needed.
- **Fast access to appropriate mental health support and other healthcare services should be available.** We have received numerous reports from members who have experienced deterioration in health since they were unable to access healthcare when needed. Mental health issues are on the rise and again support should not be mutually exclusive to the employer or healthcare professionals but a joined-up approach should be taken to ensure there is a network in which individuals can obtain fast access to support and healthcare professionals.

1. Chapter 1 – Tackling a significant inequality

- 1.1. Stress and instability, usually coupled with income insecurity, exacerbates poor health and leaves individuals with no time to apply for work. Additional resourcing is needed for independent advocacy and advice organisations.
- 1.2. More support for disabled people returning to or moving to self-employment has been cited as a gap in provision. One survey response stated, "Job Centres are of no

³ "Work and Health in Wales", CAB (2017)

use to journalists.” Staff have a poor understanding of the often atypical work patterns and skills of journalists, and contractors do not tend to offer support that caters for those with higher levels of education and experience and often slot individuals into any job rather than the right job.

- 1.3. An increasing number of journalists are moving to freelance work⁴ (34,000 in 2016 from 18,000 a year earlier). This increases income and job insecurity and thus compounds the exclusion and barriers faced by disabled people. According to the Labour Force Survey some 36 per cent of self-employed journalists are claiming state benefits or tax credits versus 17 per cent of employed journalists.
- 1.4. **Case study – loss of income:** An individual on Employment Support Allowance (ESA) based in Cardiff sought advice from five agencies and organisations including the Job Centre, requesting information on how to begin taking ad hoc paid commissions in order to regain confidence, skills and clients to support a move back into self-employment. None were able to advise on how to do this without the need to sign off and on ESA with each booking, causing loss of income well in excess of potential earnings. On average, the income was below that allowed for ‘permitted work’ but advice from Job Centre staff was that this could not be averaged out and each commission must be declared separately. After a number of months, the individual wrote directly to the Decision Maker. Three months following this they received the decision that they had been placed in the Permitted Work Lower Limit group and income could be averaged, although were given no guidance as to how to report on this. Waiting for a decision caused considerable stress and fear. Once moved on to the Work Programme, the only suitable support available was supplied by a business advisor who enabled the individual to return to self-employment on a sustained part-time basis. This service has since been cut by the contractor, Interserve. It is clearly essential that those who are administering benefits are adequately trained and versed in such aspects to avoid issues such as those experienced by this particular individual, which in turn creates a barrier and deterrent to seeking to rejoin the workforce.

2. Chapter 2 – Supporting people into work

Building work coach capability

- 2.1. There are a confusing array of roles and services. When first entering a Job Centre it is not possible to absorb the meaning of all information given. Most crucial is the opportunity for an open conversation about individual circumstances, needs and aspirations in order to find the most effective way forward. Job Centre staff need to spend more time with each claimant in order for them to understand the claimant’s needs and create a more tailored and appropriate ‘claimant contract’.

⁴ “Exploring Freelance Journalism” Mark Spilsbury NCTJ, 2016

- 2.2. Work coaches should understand that impairments differ and fluctuate and no two individuals are the same or require the same support. The ability to be flexible and responsive to individual need is crucial.
- 2.3. All Job Centre staff should have disability equality training, delivered by disabled people with ongoing support to understand barriers. Members who have been in contact with the Job Centre stated that they were made to feel worthless and demoralised by the treatment they received.

Supporting people into work

- 2.4. A firmer link between Job Centres, employers and Access to Work would enable more effective support for employers to create inclusive and accessible working environments. There can be an effective role for trade union representatives to play in supporting the development of good policy and practice in workplaces, in addition to representing individuals when difficulties arise at work. Employers should be encouraged to recognise trade unions, since unionised workplaces provide better protection for workers.
- 2.5. Freelance and self-employed individuals have noted that getting back into self-employment feels impossible. There is little financial flexibility for fluctuating or ad hoc work that is necessary to rebuild a client base without losing security of income, creating a benefits trap. Individuals who have been off work for some time may also have a lack of capital and debt that prevents them from having access to loans and funding to buy equipment needed to restart a business. The availability of business advisors would provide additional support for those considering self-employment.
- 2.6. Current schemes available through the Work Programme do not tend to support professionals looking for work and are targeted at low-skilled employment. This is demoralising for those with experience and qualifications.
- 2.7. There is a great deal of fear attached to sanctions for lateness or not turning up to appointments. Disabled people may have difficulties obtaining support to help them get ready to go out and may not have adequate access to transport to get to appointments. To then be sanctioned compounds issues of income insecurity and damages the mental health of claimants. This seems an exceptionally cruel way to treat people who are already struggling to get by.
- 2.8. Appropriate and accessible skills training and development opportunities should be made available to upskill and refresh or obtain qualifications needed to return to work. Stronger regulations are needed to mandate private training and skills providers to make their services accessible

2.9. Case study - photographer returning to work: A freelance press photographer with over 12 years' experience became unable to work due to a sudden onset of depression. Six years later, although wanting to work and feeling ready to start again, her high debts made it impossible for her to be able to buy the equipment needed for work. There are very few opportunities to gain employed photography posts, especially in the news industry. Without financial support, a talented individual who wanted to work found he was trapped and unable to do so.

Improving access to employment support

2.10 Some individuals in the Support Group reported feeling abandoned despite asking for support to find work. One deaf-blind journalist felt that his complex needs and an inability of Job Centre staff to understand how to accommodate him was the basis for his being ignored.

2.11 Many individuals expressed concern that those in the Support Group needed time and space to recover and experienced stress if they were being asked to attend appointments. Access to appropriate and timely healthcare and other services according to their wider needs is crucial to enable people to feel secure before it becomes possible to think about re-entering employment.

2.12 Providing access to Cognitive Behavioural Therapy may be helpful for some, but any mental health support needs to address issues that have an impact on all areas of life. Providing support with only an employment focus will squander an opportunity to achieve more positive outcomes for people.

2.13 Mental health issues were widely cited by members who responded to our consultation. Invariably, they felt unsupported by both employers and the Job Centre. Mental health services need significant improvement to provide appropriate and timely intervention.

2.14 **Case study** – a reporter assigned new rota. A staff reporter suffering from mental health problems, exacerbated by working late shifts, had been told by the employer that failing to undertake the shifts would result in capability proceedings. Employers often use capability procedures to force an individual suffering from poor mental health out of employment. This individual rather than face the humiliation of a capability process, agreed to terminate the employment relationship.

3. Chapter 3 - Assessments for benefits for people with health conditions

3.1. Respondents' experiences of ESA assessments are overwhelmingly negative. A high number of respondents noted that their mental health had worsened due to delays in ESA application, the assessment process itself, and meetings at the Job Centre.

- 3.2. Respondents highlighted inaccuracies and misrepresentation in assessment reports, also noted in research literature relating to PIP assessments⁵. That 58 per cent of ESA claims are won at appeal⁶ demonstrates that the assessment process is not fit for purpose. Not only does this cause damaging stress for claimants and their families but it also constitutes a huge waste of public resources.
- 3.3. It is vital that claimants have income security. For this reason, a transition period should be in place if an individual is found fit for work. This transition period should be long enough for an application for JSA to be assessed, or for individuals to appeal where they feel the wrong decision has been made.
- 3.4. **Case study:** One respondent reported that following a Work Capability Assessment, she received a letter finding her fit for work, stating that the last ESA payment had been made the previous week. This left the respondent with no source of income apart from DLA. It cut off the automatic entitlement to Housing Benefit and Council Tax Exemption and there had been no automatic transfer to Job Seekers' Allowance or clear guidance for what steps to take next. The trauma and financial difficulties incurred from this loss of income are still being felt a year later.
- 3.5. There are mixed views on data sharing. Although reducing the burden and confusion of repetitive paperwork was welcomed, disabled people feared that an incorrect decision on one benefit would then negatively impact on others.

4. Chapter 4 - Supporting employers to recruit with confidence and create healthy workplaces

Embedding good practices and supportive cultures

- 4.1. The need for greater flexibility in the workplace was the most cited response from our members, including more flexible application processes, adaptations to sickness policies to separate sickness absence from disability related absence, flexible working location (ability to work from home) and flexibility in work plans, tasks and hours.
- 4.2. Certain sectors of journalism are experiencing a rise in work-related incidents of post-traumatic stress disorder. This occurs not just in traditional areas of frontline reporting but increasingly for those watching distressing newsfeed for editing purposes. Employers need to be better equipped to mitigate risks and support those experiencing PTSD and other mental health conditions.
- 4.3. The TUC Equality Audit 2016 cited sickness absence and disability as the most common topic tackled by workplace representatives (65 per cent)⁷, followed by

⁵ <http://www.disabilitynewsservice.com/pip-investigation-regulator-refuses-to-act-over-capita-assessment-report-lies/>

⁶ <http://www.benefitsandwork.co.uk/news/3524-15-june-2016-update>

⁷ TUC Equality Audit (2016)

flexible working (62 per cent) and harassment, bullying and discrimination (60 per cent). Of further concern was the view that gaining access to flexible working is becoming harder.

- 4.4. Many members stated that they would not disclose their disability or health condition to employers due to stigma and fear of negative treatment. This is often compounded by a lack of understanding of hidden disabilities, neurodiversity and conditions which may fluctuate.
- 4.5. Disabled people are more likely to be in part-time work or self-employment and to report underutilisation of skills and lower quality of work⁸. To some extent this may be through choice to support the management of an impairment. Feedback from our consultation indicated that marginalisation by employers, lack of understanding of reasonable adjustments and limited opportunities for employment had driven decisions to move to self-employment, part time working or to jobs below their skills level. Disabled people in this situation are likely to be on a much lower income, exacerbating disadvantage already faced.

Moving into work and staying in or returning to work

- 4.6. There were mixed views on the success of Access to Work. Some people praised the service and noted how invaluable the support had been to them. Worryingly, a number of respondents thought that the Access to Work scheme had ceased entirely or had never heard of it. Overall, people commented that the service had weakened, caused by centralisation and removal of a specific point of contact.
- 4.7. Of particular concern is the pro rata restriction on Access to Work for those working under 16 hours to accommodate their disability. It is not widely understood that for freelance workers, time spent with clients or on bookings may be less than 16 hours but time spent on other necessary business tasks including administration and networking constitutes work and support may still be required.
- 4.8. Access to Work is still widely misunderstood by employers. One respondent reported their employer's refusal to accept Access to Work support, instead offering early retirement. A number of responses to our consultation indicated that individuals had been pushed into early retirement or redundancy on account of disability or age related health issues.
- 4.9. Lack of support when on sick leave was noted by many people who responded to our survey. They said they would prefer an initial discussion with the employer which sets out how often the employer will be in contact. Many respondents said they were put under pressure to return to work by their employer, owing to running out of sick pay entitlement and financial worries. Disabled respondents noted they

⁸ 'Closing Disability Gaps at Work: Deficits in Evidence and Variations in Experience', Cardiff University (December 2016)

felt they had to justify their time off work to employer and colleagues and often felt victimised and misunderstood in the workplace.

4.10. There is a need for employers to understand the difference between sickness absence and disability-related absence. Flexibility in returning to work is needed. This could include phased returns, which could be subsidised by the government, so employer and employee are not losing out financially. Statutory sick pay could be improved to accommodate this.

4.11. Most crucially, employer attitudes towards disabled workers need to change. Disabled people may not realise that they are protected from discrimination⁹ and more needs to be done to raise awareness of rights in workplaces. Workplaces with a trade union presence tend to have better working conditions, which also benefits the employer.

4.12. The Disability Confident Scheme does not inspire confidence. The scheme is not independently assessed and is easily turned into a 'tick box exercise' by employers. A more robust series of measures involving disabled people and their organisations would be more appropriate if genuine change in workplaces is to be achieved.

5. Chapter 5 - Supporting employment through health and high quality care for all

Improving discussions about fitness to work and sickness certification

5.1. People who took part in our consultation felt that there was a role for GPs to continue supporting disabled people. Surgeries can often function as one-stop shops for non-health related advice, although this can place a burden on GPs. Multidisciplinary health centres play an important role in offering wider support to individuals.

5.2. People felt that there was value in other medical professionals being able to discuss and fill in 'fit notes'. It is often difficult to get a GP appointment and appropriate medical professionals, with more detailed knowledge of a condition, could be more suitably involved. Whatever method, disabled people need to be able to access the service quickly and easily.

5.3. It is important to note that where work or the working environment, the workplace or the employer are the cause of illness, those filling in the fit note will be limited in what suggestions can be made. Returning to work without resolution will not help. Fear of losing income and benefit entitlement and the correspondent undermining of confidence prevents people from leaving or finding alternative roles. Robust intervention is needed for problem workplaces and this can include trade union representation and support from Disabled Peoples' Organisations.

⁹ 'Closing Disability Gaps at Work: Deficits in Evidence and Variations in Experience', Cardiff University (December 2016)

Mental health and musculoskeletal services

- 5.4. Conversations with Occupational Therapists (OT) highlight conflicts that arise when contracted to provide OT services for employers. Although the service should exist to support employees, fear of making too many demands on employers and risking losing the contract means that in practice OTs may not be as prescriptive as they would like with their recommendations.
- 5.5. Timely access to NHS-run musculoskeletal services was warmly received.
- 5.6. Improving access to mental health support is important but the Green Paper fails to recognise that the experience of being on ESA and on low income in itself frequently exacerbates and indeed creates mental illness. The method and guidance of claiming ESA needs to be made clearer and cover a wider range of scenario and overall be more supportive and secure.

Creating the right environment to join up work and health

- 5.7. Journalism is an industry with an increasing proportion of self-employed workers, which reflects wider changes in the labour market as employers seek to cut costs. This has included an increase in insecure and low paid work such as zero hour contracts¹⁰ and freelancing. There has been a rise in in-work poverty which disproportionately affects households with disabled people¹¹. In this context, day-to-day life is stressful and insecure and opportunities for “good” work are far fewer for disabled people. Increasing pressure to work where opportunities are limited is counterproductive to maintaining good health and obtaining employment on terms appropriate for the individual.

6. Conclusion

- 6.1. Negative stereotypes and attitudes towards disabled people need to change. The Green Paper highlights positives but this has not been reflected by government rhetoric in recent years. The generalisation that disabled people create a financial burden and take more time off on sick leave needs to be tackled.
- 6.2. Representation of disabled people in public discourse also bears scrutiny and challenge. Journalists have reported they put under pressure from their management to report negatively on disability and benefits. Disabled people perceive that they have been increasingly demonised as benefit frauds or a burden on the state and this has influenced public perception and attitudes about disability. This is also reflected by how members have reported being treated when presenting at the Job Centre. The government should lead by example in promoting

¹⁰ “Contracts that do not guarantee a minimum number of hours: March”, Office for National Statistics, 2016

¹¹ “Monitoring Poverty and Social Exclusion”, Adam Tinson, Carla Ayrton, Karen Barker, Theo Barry Born, Hannah Aldridge, Peter Kenway, Joseph Rowntree Foundation, 2016

positive messages about disabled people and using constructive language in public discourse.

- 6.3. In exposing inequalities, it has often been left to disabled people to do investigative and interrogative work themselves, through their own blogs and websites. This work is frequently unpaid and an indication of the limited value attached to disability by those who procure the services of journalists. This in turn has an effect on the ability of disabled journalists to find work.