

Improving the Life Chances of Disabled People: Response to the PM's Strategy Unit Interim report

Please find below a response to the above report from a number of individuals at Essex County Council. Social Care professionals and employees within Human Resources have contributed to the main of this response which has also been circulated to the Council's Disabled Employees' Network, the Council's Equality and Diversity Group, and the Disability Group (service specialists) for comment.

1. Do you broadly agree with the analysis of the issues in the report? (Please make it clear if you are referring to the report as a whole or to a specific section).

Generally people agreed with the content of the analysis.

2. Are there any parts of the report that you disagree with and why?

A colleague from Independent Living services felt that the report would benefit from a clearer definition of "disability" and "Independent Living."

Under the social model of disability which the Council has adopted, 'disability' is caused by the barriers that a person with an impairment faces rather than the impairment itself. 'Independent Living' for the Council, means enabling individuals to make their own choices in terms of living one's own chosen lifestyle with support rather than living on one's own or the goal of doing everything for oneself (p.95, full report). It was felt that the language of the report indicates and moves towards an inclusive Social Model of Disability without definitively and openly supporting this model. An inclusive Social Model would include access to high quality treatment for specific impairments or illnesses/conditions as well as removing barriers to disabled people and would therefore incorporate both "individual" issues and the removal of barriers to equality of access and opportunity.

Most organizations in the field would accept this model, and a clearer government steer could help service providers, Not for Profit organizations and organizations in the private sector to define corporate goals in relation to disability equality.

In order to avoid some of the 'mixed messages' that the report accurately identifies as an issue, it will be critical for clear messages and policy to start from a clear definition. Without this, it will be difficult to achieve clarity about policy or delivery "outcomes"

3. Are there any serious omissions in the report's analysis?

Colleagues in Human Resources commented that some of the barriers to disabled people entering the workplace are unnecessary barriers to employers. Programmes to facilitate disabled people's entry into the workplace have positive goals but, in the case of Workstep for example, create a complex process and a large amount of paperwork which is discouraging for employers and participants on the scheme. The links between the various programmes of support on offer are not always clear.

There are also issues around opportunities for progression, pay, conditions and morale amongst Social Care workers generally including specialists such as speech and language therapists (p.18, summary). Many disabled people would benefit from a fully staffed Social Care sector of professionals enabling them to access services, particularly in the early years and at the key transition points that the report highlights (child to adult, school to higher education, higher education to work). Although the report mentions pressure on healthcare provision (p.21 summary), Social Care is a profession which is also under-resourced nationally.

It may also be helpful to map government initiatives across the country including other work in progress – the DWP recently consulted on 'Vocational rehabilitation' for instance and the forthcoming legislation against age discrimination will support the disability agenda in clarifying the distinction between capability and competency and ensuring that employers fulfill their duties. Colleagues in Social Care commented that there seem to be a number of documents and initiatives 'saying the same thing' at the moment and queried how this initiative would connect with existing National Service Frameworks, standards and targets. One of the outcomes of the proposed national framework for disability equality would hopefully be a more coherent, streamlined and joined up approach.

An indication of 'quick wins' and longer-term solutions (p.22, summary) would also be a helpful addition to the analysis although we appreciate this may emerge with the development of concrete policy proposals.

4. There are a number of examples in the analysis report of good practice and a number of issues and gaps are highlighted. Which of these do you think, if addressed, would result in the greatest improvement in disabled people's life chances? Why? How would you implement it?

Colleagues across the organization came up with a number of suggestions:

Increased investment in specialist resources for children with disabilities to enable them to be 'mainstreamed' within education could help to keep aspirations high as battling for resources and services often leaves parents and disabled children disillusioned and pessimistic about their own 'life chances.'

Another colleague highlighted the fact that multiple discrimination needs particular attention (e.g. black disabled people, disabled people in disadvantaged areas with few accessible services/amenities or a disabled person aged over 55 trying to re-enter employment after a period out).

The transition from children's services to adult services and from education to the workplace is highlighted as a difficult time for many disabled people which could be broached with increase support from schools and universities and ensuring that disabled people feel able to undertake qualifications that will support entry into their chosen field of employment. One Social Care colleague felt that this was not currently the case.

Linked to this is the need for disabled people, families and carers to understand the 'system' which is often currently fragmented and confusing. One colleague suggested that a single contact point for disabled people to support them in navigating the benefits system and the various services available to them would simplify the system for many disabled people. For adults, this contact could be based at the Jobcentre plus for example. Similarly, a colleague in Social Care suggested multi-dimensional teams that engage with other statutory and non statutory bodies and with communities and bring all services together: a Social Inclusion Unit at County and District Council levels for instance.

Rationalising the benefits system and ensuring a single coherent route for disabled people would be hugely beneficial. As p.8 of the summary highlights, the present system of benefits is confusing in terms of eligibility and may not always incentivise people to seek employment. Streamlining positive initiatives such as Access to Work would also be beneficial. Essex CC has been working closely with the Jobcentre plus to streamline our Access to Work process so that employees do not experience damaging delays waiting for their access requirements to be appropriately met.

One of the potential solutions to increased flexibility for employees and disabled people would be implementing a more 'person centred' approach in employment as well as in the provision of services. Local authorities currently feel restricted from 'job carving' or looking at an individual's skills and allocating them appropriate tasks (Local Government and Housing Act, 1989 decrees local authorities appoint on merit). Greater clarity on the flexibilities available to employers in promoting the employment of disabled people would be helpful.

P.23 of the summary highlights 'employees' perceptions and awareness of disability issues as one of the 'key barriers to hiring or retaining disabled

people' and this was reinforced by a member of the Disabled Employees Network who felt that 'fundamental changes are needed in the attitudes of both the "non-disabled" public and employers towards disabled people. While legislation and policy can contribute to the provision of services, a positive shift in public attitude will be much harder to accomplish' and further reaching. This must be one of the longer-term goals of the proposed policy changes.

5. In the next phase of the project we will be looking at a few key policy options. Which policy options are taken forward will depend on a number of factors, including what impact would it have, how practical it is, evidence of need, and fit with other activities. We would like your views on what key policy option(s) should be taken forward. (Why is this option(s) important? How would you like to see it implemented?)

The following suggestions were made by Social Care colleagues with particular reference to significantly disabled children and adults:

- A life-long planning approach recognising that significant resources over multi-agencies will be needed to support a long-term disabled person. This will most effectively reduce the barriers that the person will face and give best value.
- A single agency Key Worker to undertake assessments and reviews at significant times in the person's life.
- Ensuring that the disabled person can work in partnership and have appropriate power and control in the assessment/reviewing process.
- Introducing a *Social Model* single assessment process. This is to facilitate holistic multi-agency assessments.
- Ensuring that the disabled person/families/carers have an opportunity to set their own priorities of provision.
- Providing a part or all of the resources via direct payments or voucher systems (see Practice Example 1)
- Providing preventative/best value joint-funded packages of resources.
- Monitoring what is not provided and researching the long-term effects/cost of non-provision.
- Introducing a *One Stop Shop* for information and advocacy to reduce the need for people to fight the system, which saps aspirations.

Practice Example 1

A person has a significant disabling injury. They are assessed for a specialist wheelchair. Under the present system this can lead to a 6-month delay in having the allocated specialist wheelchair delivered.

The new system would enable the person to have a direct payment so that they can purchase the wheelchair from another provider. Best value savings are not

only in social terms but also in economic terms, as this would enable them to get back to work sooner.

Practice Example 2

An assessment recommends that an individual has physiotherapy three times a week. This cannot be provided due to lack of NHS therapists. However, a direct payment enables the person to either purchase private therapy or go to activities such as swimming that may not meet the assessed therapeutic need but could be a temporary beneficial compromise. A person in receipt of direct payments can ensure that their Personal Assistant(s) receive training from a qualified therapist to carry out basic exercises such as assisted exercise, massage etc. Essex County Council has confirmation from the local Strategic Health Authority that this would be acceptable practice, and we know that many disabled people train their personal assistant's to carry out these non-invasive therapies. This relieves pressure on NHS resources as the personal assistant effectively becomes an assistant therapist and the "cost-shunting" element in this approach can be rectified administratively if acknowledged.

This approach meets Community Healthcare needs in a more straightforward way by direct purchasing of services through direct payments and we would welcome further consideration of developing policy and practice along these lines.

Practice Example 3

A suddenly acquired serious disablement through injury. Specialist adapted housing is not able to be provided by the local authority for 2 to 3 years. An alternative would be a package that includes looking at loaning against potential compensation, in order for private housing to be purchased, perhaps with an agency as part owner. This could prevent costly inappropriate residential care fees, or the disabled person refusing to be discharged from hospital, thereby blocking specialist beds. Families could be kept together – the potential for people returning to work is greater. In social terms the disabled person gets the support they require in a timely effective way, and remains in control. They do not become disillusioned and lose their aspirations.

In summary colleagues felt that the analysis was an accurate reflection of the current state of play for disabled people. We welcome the fact that disability equality is being treated as a key priority for the government and look forward to the development of policy proposals in the next phase of the project.