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Resident Impact Assessment

Health and Work Programme in Islington

Chief Executive's Department

1. What are the intended outcomes of this policy, function etc?

The Health and Work programme in Islington is a partnership between the council, the Clinical Commissioning Group (CCG) and JobcentrePlus and includes an NHS England supported trial. It aims to improve employment outcomes for residents with a health condition or disability by driving 'system change' on health and employment in the borough, including through better coordinating existing or planned activity.

This programme will

- Complement nationally controlled or commissioned employment support including the Work Programme, Work Choice and Access to Work.
- Build on existing locally commissioned services which are dedicated to supporting employment among those with a health condition or disability including Mental Health Working, Islington Learning Disability Employment project and Islington Aftercare (for drug and alcohol addiction).
- Implement new employment initiatives that are already in progress such as Working Capital – for ESA claimants leaving the Work Programme delivered by eight Central London boroughs; employment support from GP surgeries; and co-locating IAPT (Improving Access to Psychological Therapies) with JCP.
- Design new health-led strategies and interventions to improve employment outcomes for people with a health condition or disability.

This programme is still in its development phase and details of specific activities and services are not yet known and so there may need to be further RIAs for specific elements of the programme as they are developed.

2. Resident Profile

There is a serious and entrenched problem concerning levels of worklessness among residents with a health condition or disability in the borough. Islington has the highest rate of claims for Employment and Support Allowance (ESA) or Incapacity Benefit (IB) of any London borough (7.9% of the working age population, compared to 5.5% across London). Though the *rate* of claims as a proportion of the working age population has fallen slightly since the turn of the century, the *total number* of ESA/IB claimants in Islington has remained virtually flat for at least 15 years (despite large labour market fluctuations over this time)[1]. According to the latest figures, 12,820 Islington residents are in receipt of ESA or IB, equivalent to almost one in twelve of the working age population[2].

More than half (53%) of the local ESA/IB cohort are claiming out of work benefits primarily due to a 'mental or behavioural disorder', while slightly under half (47%) are claiming primarily due to a physical health condition or disability. Working age population: 159,000 (rounded)

	Islington	London	National
Out of work due to sickness/disability	8% (12,850)	6%	4%

Breakdown by impairment:

Condition	**ESA**	**IB/SDA**	**TOTAL**	**%**
Total	**11,090**	**1,760**	**12,850**	**100.0%**
Certain infections and parasitic diseases	220	70	**290**	2.3%
Neoplasms	180	20	**200**	1.6%
Diseases of the blood and blood forming organs and certain diseases involving the immune mechanism	50	10	**60**	0.5%
Endocrine, nutritional and metabolic diseases	170	30	**200**	1.6%
Mental and behavioural disorders	5,950	840	**6,790**	52.8%
Diseases of the nervous system	450	100	**550**	4.3%
Diseases of the eye and adnexa	60	20	**80**	0.6%
Diseases of the ear and mastoid process	50	20	**70**	0.5%
Diseases of the circulatory system	310	50	**360**	2.8%
Diseases of the respiratory system	210	30	**240**	1.9%
Diseases of the digestive system	170	30	**200**	1.6%
Diseases of the skin and subcutaneous system	60	10	**70**	0.5%
Diseases of the musculoskeletal system and connective tissue	1,350	210	**1,560**	12.1%
Diseases of the genito-urinary system	80	10	**90**	0.7%
Pregnancy, childbirth and the puerperium	20	0	**20**	0.2%
Certain conditions originating in the perinatal period	0	0	**0**	0.0%
Congenital malformations, deformations and chromosomal abnormalities	30	10	**40**	0.3%
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1,170	200	**1,370**	10.7%
Injury, poisoning and certain other consequences of external causes	440	60	**500**	3.9%
Factors influencing health status and contact with the health services	120	50	**170**	1.3%
Claimants without any diagnosis code on the system	0	0	**0**	0.0%

[1] Clearly this net figure reflects a degree of on-flow and off-flow, though average durations on ESA or IB are substantially longer than for JSA, with three-quarters (75%) of current claimants having been on the benefit for over a year.
[2] Figures refer to November 2014, drawn from: https://www.nomisweb.co.uk/reports/lmp/la/1946157251/subreports/dwp_time_series/report.aspx?

From DWP data August 2014,

Table 2 highlights the three biggest impairments suffered by people claiming sickness/disability allowance.

3. Equality impacts

This programme is expected to have a positive impact on most characteristics. However, the data gathered for this RIA is incomplete, particularly in relation to the combination of disability and other characteristics and it is therefore possible that some pre-existing inequalities have not been identified.

Age

Disabled people of all ages have worse employment outcomes than their non-disabled counterparts. The proportion of people with a long-term limiting illness or disability increases with age[3] and for the working age population the rate is 5% for those aged 16 to 24 and rises to 23% for those aged 50 to 65. This programme is therefore likely to have a more positive impact on older people simply because there are more in the cohort being targeted for employment support. This will not be at the detriment of young people as there will be a more positive impact on young disabled people than if there had been no programme.

Disability

Since the whole point of the programme is to improve outcomes for disabled people the impact will be positive.

In Islington 49% of disabled people of working age are not economically active[4]; this is compared with 80% of non-disabled residents[5]. In 2013-14 there was a 15.7% gap in Islington between the employment rate of those with a long-term health condition and the overall Islington employment rate – compared to 10.7% gap for London and 8.7% gap for England[6].

As the above figures show Islington's percentage for people on sickness and disability benefits is above both the London and national figure. Despite general employment initiatives by the Council, the employment outcome rate for disabled people has not improved.

The national employment rate for disabled people has been consistently lower than for non-disabled people, on average 31.1% lower since 2008; and the unemployment rate has been consistently higher, on average 4.1% higher since 2008[7]. These gaps have grown since the recession due to a number of reasons[8]. Disabled graduates in London are one and a half times

[3] http://data.jrf.org.uk/data/rate-disability-time/

[4] Islington Fairness Commission 2012 http://www.islington.gov.uk/publicrecords/library/Democracy/Quality-and-performance/Reporting/2011-2012/(2012-03-03)-IFC_Paper4__Key_issues_for_disabled_people.pdf

[5] Service Specification for review of employment support to disabled residents S:\Corporate_Strategy\SCP\Equalities\Protected characteristics\Disability\employment

[6] Equality Objectives Appendix 2015

[7] Disability and Employment, TUC 2015 https://www.tuc.org.uk/sites/default/files/DisabilityandEmploymentReport.pdf

[8] Disability and Employment, TUC 2015 https://www.tuc.org.uk/sites/default/files/DisabilityandEmploymentReport.pdf

more likely to be unemployed than non-disabled graduates and disabled young people are three times more likely to be NEET than non-disabled young people in Islington[9].

There is also seen to be a *Disability Employment Penalty* whereby people with work limiting disability or in receipt of benefits relating to their disabilities are discriminated against when it comes to getting a job[10].

Those who disclose a disability in their application form may be less likely to be called for interview[11]. Furthermore employers often envisage additional costs of hiring someone with a disability, which may make them more adverse to the idea.

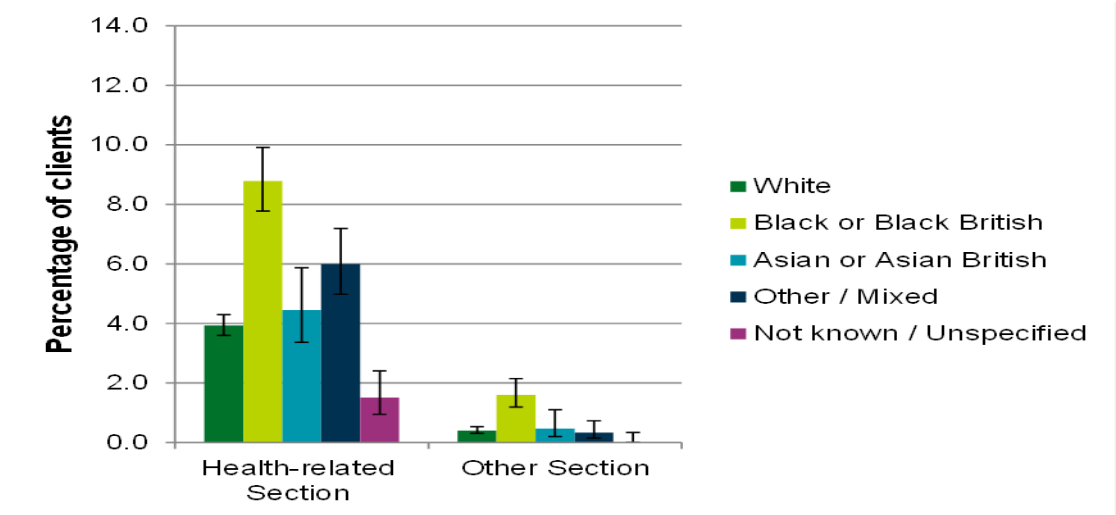
Therefore, there is a need to try and address this inequality in outcome by increasing the employment rate in Islington for those who are disabled/have a health condition. These inequalities are significant and persistent. Without a positive and targeted initiative to address them that includes system change they will remain or worsen.

Race

A combined dataset for disability and race has not been available for this RIA but 2014 DWP data shows that Black and minority ethnic (BME) people in Islington are more likely to claim ESA than White people - 4.2% of the White working age population compared with 5.9% and 5.5% for Black and "Other".

The incidence of psychiatric illness and sectioning varies across ethnic groups. Evidence suggests that BME groups, notably Black Caribbean and Black Africans have a higher incidence of common adult mental health disorders e.g. anxiety, depression and phobias. The same can be said for the White Irish community.

Percentage of clients sectioned by ethnicity, Camden and Islington registered patients, 2013/14



Source: Camden and Islington Foundation Trust, 2015

[9] Islington Fairness Commission 2012 http://www.islington.gov.uk/publicrecords/library/Democracy/Quality-and-performance/Reporting/2011-2012/(2012-03-03)-IFC_Paper4__Key_issues_for_disabled_people.pdf

[10] Trends in the Employment of Disabled People in Britain, Richard Berthoud 2001 https://www.iser.essex.ac.uk/files/iser_working_papers/2011-03.pdf

[11] Disability and Employment, TUC 2015 https://www.tuc.org.uk/sites/default/files/DisabilityandEmploymentReport.pdf

There is a variation across different community groups in accessing services, with significant numbers of people from White backgrounds (79.6%) , for example, accessing Services for Ageing and Mental Health and low presentation from Black and BME communities (9.7% Black or Black British and 5.6% Asian).

In 2008 it was estimated that the employment gap between ethnic minorities and the rest of the population was 14.2%, meaning ethnic minorities were over 14% behind the rest of the country in terms of getting employment[12]. BME disabled people's needs often fall between race equality and disability policy, therefore are not often fully addressed[13]. Less than 4 in 10 BME disabled people of working age are in employment[14].

There is a risk that the Health and Work programme will not address the pre-existing unequal outcomes for some racial groups.

Religion/Belief

A combined dataset for disability and religion/belief has not been available for this RIA.

There is strong evidence to suggest the some religions have significantly different employment outcomes. Muslims have the lowest chance of employment, when compared to other religious groups of being in work or in a managerial role, often referred to in the literature as *The Muslim Penalty*. Muslim men are 76% less likely to have a job of any kind compared to British Christian males of the same age and with the same qualifications[15].Black Christians with Caribbean origin men are 54% and women 48% less likely to be employed as compared to the rest of the population[16].

Religion was either not recorded or could not be processed for almost three quarters of service users of the Camden and Islington Foundation Trust. This makes it difficult to draw any firm conclusions around the religion data but the data available does suggest that there are religious differences in accessing services.

There is a risk that the Health and Work programme will not address the pre-existing unequal outcomes for some religious groups.

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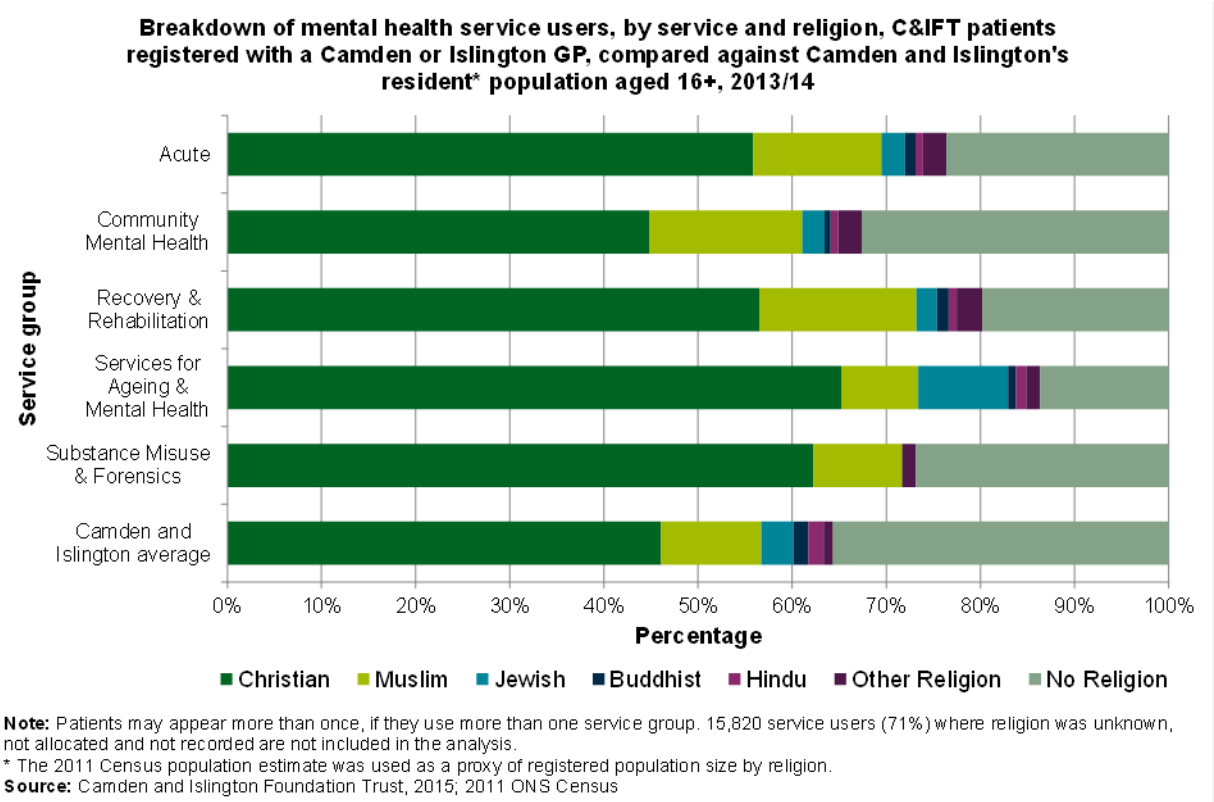
[12] Increasing Employment Rates for Ethnic Minorities, National Audit Office May 2007 -2008, http://www.nao.org.uk/wp-content/uploads/2008/02/0708206.pdf

[13] Overlooked Communities, Overdue change, Equalities National Council 2012 http://www.thebigidea.co.uk/wp-content/uploads/2013/08/BME-full-report.pdf

[14] Ibid

[15] The Independent November 30 2014 http://www.independent.co.uk/news/uk/home-news/british-muslims-face-worst-job-discrimination-of-any-minority-group-9893211.html

[16] Ibid



Note: Patients may appear more than once, if they use more than one service group. 15,820 service users (71%) where religion was unknown, not allocated and not recorded are not included in the analysis.
* The 2011 Census population estimate was used as a proxy of registered population size by religion.
Source: Camden and Islington Foundation Trust, 2015; 2011 ONS Census

Sex/Gender

The data available for this RIA does not provide a clear picture of differences in employment outcomes between disabled men and disabled women. In Islington there is a higher proportion of men claiming sickness/disability benefits than women but this does seem to vary according to disability. For example, 12% of men with learning disabilities are in paid employment compared with 9% of women. It has also been noted that there are elements of dual or intersectional discrimination against both sexes who are disabled[17] with women's employment outcomes tending to fall behind men's due to additional barriers and that disabled women face a larger employment gap outcome than disabled men[18]. It is not anticipated that the Health and Work programme will have any differential outcomes between the sexes.

Sexual Orientation

A combined dataset for disability and sexual orientation has not been available for this RIA. But national statistics and 2009 research in Islington shows that lesbian and gay people have a higher than average employment rate and income but also higher than average rate of disability. It is not anticipated that the Health and Work programme will have any differential outcomes in respect of sexual orientation.

[17] Disability and Employment, TUC 2015 https://www.tuc.org.uk/sites/default/files/DisabilityandEmploymentReport.pdf
[18] Disability and Employment, TUC 2015 https://www.tuc.org.uk/sites/default/files/DisabilityandEmploymentReport.pdf

Measures to specifically target unequal outcomes

In order to be successful the programme will have to target the unequal outcomes noted above. The programme will have to close the gap not only between disabled and non-disabled people, but for some BME and religious groups too in order to be successful.

Access to services is an area where inequality persists, and the programme will have to ensure that it is marketed and open to communities who traditionally do not have high access rates but do have a disabled population and/or an unemployed population[19].

It will be important to take into account any cultural barriers that stop groups accessing services. For example, there could be a stigma attached to mental health for some groups, and mental and behaviour disorders are biggest impairment for people on sickness and disability benefits in Islington[20].

The sustainability of employment rates should also be monitored, for example there has been a significant increase in the number of Pakistani and Bangladeshi women working part time in London[21]. The employment journey of the groups noted should be monitored during the programme.

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4. Safeguarding and Human Rights impacts

a) Safeguarding risks and Human Rights breaches

It is not anticipated that there will be any safeguarding or human rights breaches arising from this programme. The programme will be operationally tailored for vulnerable adults who may engage with services. This will be done by ensuring anyone who works with vulnerable adults had an enhanced CRB check.

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5. Action

How will you respond to the impacts that you have identified in sections 3 and 4, or address any gaps in data or information? For more information on identifying actions that will limit the negative impact of the policy for protected groups see the guidance.

Action	Responsible person or team	Deadline
Data monitoring of service users by Protected Characteristics	Marnie Caton	Start immediately
Ensure programme design addresses current differences in service access and outcomes for people of different races and faiths	Graeme Cooke	October 2015

[19] BME Healthforum, http://www.bmehf.org.uk/index.php/about/previous-project/improving-access-healthcare/

[20] We Need to tackle mental health stigma in African and Caribbean Communities, Huffington Post http://www.huffingtonpost.co.uk/sue-baker/mental-health-stigma-in-african-caribbean_b_3364647.html

[21] The Changing Anatomy of Inequality in London, http://sticerd.lse.ac.uk/dps/case/spcc/rr06.pdf

Please send the completed RIA to equalites@islington.gov.uk and also make it publicly available online along with the relevant policy or service change.

This Resident Impact Assessment has been completed in accordance with the guidance and using appropriate evidence.

Staff member completing this form:		**Head of Service or higher:**	
Signed:	Inara Khan	Signed:	
Date:	12/07/2015	Date:	12/07/2015