



Disability and employment: a social model study of the employment experiences of disabled people in Great Britain, with a focus on mental illness

Foreword

Over the past six months, Emily Pfefer has worked as the TUC's first paid graduate intern in the Economic and Social Affairs Department. Emily came to the TUC following completion of an MSc in Social Policy (European and Comparative Social Policy) from the London School of Economics as a Fulbright postgraduate grant recipient. Building on her passion and experience advocating for women's employment rights, Emily provided extensive labour market analysis capacity to the TUC. This report was the central project of her internship.

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Executive summary

The TUC and broader trade union movement use the social model of disability to explain the relation between disabled people and employment. This is the idea that workplaces - not workers - need to be adapted or “fixed.” There are no jobs that cannot objectively be done by disabled people. Rather, employers should make reasonable adaptations to avoid disabling workers from particular jobs based on their impairments. A worker with an impairment becomes disabled only when hit by artificial societal barriers created by environment, people’s attitudes, and workplaces.

A society concerned with maintaining a happy, healthy, and effective workforce should work to eliminate roadblocks preventing achievement for a considerable portion of the population. Furthermore, a society that wants to achieve stretching employment rate targets needs to focus on how best to support as many disabled people as possible into fulfilling work. The most recent census reports that nearly 1 in 5 people in Great Britain have a limiting, long-term health problem or impairment. As this report will show, disabled people consistently fare worse in employment than non-disabled people.

Varying factors are shown to aggravate these negative outcomes, including the dual discrimination or intersectional impact from both sex and the type and severity of the impairment. Those with mental health problems experience especially pronounced disadvantage due to inflexible workplaces and ignorance about their impairments. The most recent Adult Psychiatric Morbidity Survey indicates nearly 1 in 6 people in England are experiencing a common mental disorder at a given time.¹

However, the good news is that there is a lot that can be done to help counteract and reduce artificial barriers to employment. As the new parliament begins, the time is ripe to reflect on the experience of disabled people in employment over the past five years of policy reform and look ahead to better solutions for the future.

¹ See the chart “Prevalence of at least one Common Mental Disorder in the past week” in Appendix two: Supplemental charts and graphs for full data.

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Section One: Labour market outcomes for disabled people

General disabled population

- The employment rate for disabled people has been consistently lower than for non-disabled people - an average of 31.1 percentage points lower since the start of 2008.
- The unemployment rate for disabled people has been consistently higher than for non-disabled people—an average of 4.1 percentage points higher since the start of 2008.
- Disabled people have fallen noticeably further behind non-disabled people on both measures since 2013. Statistically, this worsening is likely mostly the result of bringing the LFS in line with the Equality Act 2010 core definition of disabled in Q2 2013. Practically, the new measure could give a more accurate indication of the real experience of the disabled population as characterised under current law.
- Part-time workers also make up a noticeably greater proportion of the total in employment for disabled people than for non-disabled people.

Sex and disability

- Disabled women face penalties related to both their sex and impairment.
- As an apparent result, disabled women experience generally worse employment disability penalties than disabled men.

Mental health and disability

- Those whose disability stems primarily from mental illness are among the least likely to be employed of all disabled people.
- This is especially true for women, who experience higher rates of mental illness than men. Women whose disability stems primarily from mental illness experience worse employment disability penalties than disabled women generally.

Age and mental illness

- Disability generally increases as a proportion of the population with age.
- Yet, the proportion of population whose disability stems primarily from mental illness looks more stable during the working years, with a decline in old age. This may reflect the ‘U-shaped model’ of happiness and well-being over the life course, which suggests that it is during the earlier and later years of life that wellbeing is at its highest. It could also reflect the negative impact that increasingly poor and insecure working condition may have on mental health.
- The proportion of the population reporting any long-term mental illness, whether their primary condition or not, though, appears to again increase

with age, possibly from the re-introduction of the effect of aging on disability generally. The drop off in old age, however, persists.

- Broader reports from the most recent Adult Psychiatric Morbidity Survey support the initial finding; mental illness prevalence is fairly consistent during working years, with a decline in old age. The pattern was similar for both sexes; though women experience a higher prevalence of mental illness at every age band.

Section two: Employment impacts of recent policy changes on disabled people generally and on those with mental ill health

General disabled population

- The 2010-15 government repeatedly characterised genuine Public Sector Equality Duty (PSED) compliance as bureaucracy and actively discouraged adequate monitoring practices.
- The last Remploy factories were closed in 2013. Former employees have not received sufficient support into mainstream employment; nor has the Department for Work & Pensions (DWP) been adequately transparent about how money saved from the closures has been re-allocated.
- Access to Work (AtW) has been unrealistically tasked to expand services without comparable increases in funding.
- The Work Programme has far under-performed initial employment goals. Along with Work Choice, it shows signs of parking participants who are less work-ready.
- Work Capability Assessments have placed unrealistic eligibility criteria on disabled people. It remains to be seen whether the transfer from ATOS to Maximus as the provider in March 2015 will yield any improvement.
- Employment tribunal fees have come under fire as a barrier to access to justice; legal action is pending.

Mental health and disability

- The “Time to Change” campaign is an important piece of the struggle to remove workplace stigma around mental health. Stigma may be a barrier to ensuring reasonable adjustments for employees with mental ill health required by the Equality Act 2010.
- As final factory closures approached, Remploy became the sole provider of the new Workplace Mental Health Support Service (WMHSS) scheme as part of AtW. The move has faced criticism for reducing choice in employment support services for people with mental ill health.
- AtW participants with mental ill health are marginalised, making up just 4% of service users in 2013-2014.
- Work Programme participants with mental ill health experience a nearly five

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times lower job outcomes rate than those without a condition—5% compared to 24% for those without a condition.

- Work Choice participants with mental ill health fare better in employment outcomes than those in the Work Programme. However, that seems linked to creaming only the most work ready into Work Choice in the first place.
- The DWP's Work Choice Capability Assessments faced legal action for failing to comply with the reasonable adjustment duty of the Equality Act 2010. While the Upper Tribunal ultimately could not compel changes to the WCA process, it encouraged the DWP to do so anyway. WCAs have also raised grave concerns that mandatory mental health treatment may become a condition of benefits in the future.
- Increasing benefit sanctions have fallen disproportionately on those with mental ill health. The decisions worryingly appear to punish these claimants for symptoms of their mental illness.

Section three: Proposed policy reforms to improve the employment position of disabled people generally and for those with mental ill health

General disabled population

- The new government should make a genuine commitment to the PSED, including by finally laying the Equality and Human Right's Commission's statutory code of practice for the PSED before parliament.
- AtW should be given increased funding comparable to increased demand.
- The one-size-fits-none Work Programme should be amended to create separate streams tailored to disabled individuals.
- The Work Choice scheme should be funded beyond 2015, while developing policy to improve and sustain its ability to enable disabled people to obtain sustainable employment.
- Employment tribunal fees should be abolished.
- The transition from ATOS to Maximus as the Work Capability Assessment provider in March 2015 did not absolve the government of their responsibility for a failed scheme. The government should instead create a new, fairer assessment to replace the WCA altogether.

Mental health and disability

- Funding for the "Time to Change" campaign should be extended to fight workplace stigma around mental health.
- The next WMHSS contract should be revised at the end of 2016, if not possible before, to again allow people with mental health problems to choose between specialised employment support providers.

- The government should take steps to publically emphasise the availability of AtW benefits for people with mental ill health, especially as it pertains to strengthening the assurance of the pre-employment letter of likely eligibility for AtW support.
- The Work Programme should be amended to create separate streams tailored to individuals with mental ill health.
- The Work Choice scheme should be reformed to ensure access to specialised streams of employment support that are responsive to the unique needs of people with a range of mental health impairments.
- The government should take steps to ensure that any fitness-for-work assessments under a new, fairer scheme to replace the WCA comply with the Equality Act 2010 duty to make reasonable adjustments. It should also unequivocally renounce the idea of ever making mental health treatment a compulsory condition of benefits.
- The current benefits sanction regime should be revised to engage and support people with mental illness, rather than start from an assumption that claimants are poorly motivated or workshy.

Introduction

The TUC and broader trade union movement use the social model of disability to explain the relation between disabled people and employment. This is the idea that workplaces—not workers—need to be adapted or “fixed.”² There are no jobs that cannot objectively be done by disabled people. Rather, employers should make reasonable adaptations to avoid disabling workers from particular jobs based on their impairments. A worker with an impairment becomes disabled only when hit by artificial societal barriers created by environment, people’s attitudes, and workplaces (Barnes, Mercer and Shakespeare 2010). For example, inflexible working hours may disable a person with a mental illness who is taking certain medications from being productive. A reasonable adjustment of working hours may enable the worker to continue to succeed in her job.³

A society concerned with maintaining a happy, healthy, and effective workforce should work to eliminate roadblocks preventing achievement for a considerable portion of the population. The most recent census reports that nearly 1 in 5 people⁴ in Great Britain have a limiting, long-term health problem or impairment (Office for National Statistics 2013). It is also well-established that disabled people fare worse than non-disabled people in employment on average (Rigg 2005). Broader social exclusion of disabled people plays a part. Public transport systems that are not fully accessible and education systems that discriminate against disabled people, for instance, hinder disabled people’s access to workplaces and attainment of the skills and qualifications needed to excel.

This report will focus on barriers within workplaces themselves. It will begin with an illustrative analysis of the consistently poorer employment outcomes for disabled people of working age, including lower employment rates, higher unemployment rates, and higher part-time employment as a percentage of total employment. However, the extent of barriers to employment varies considerably. There is a dual impact or intersectional influence from sex and impairment. Disabled women workers already experiencing sex-based

² See Booth 2014 for further TUC discussion

³ This notion of ‘fixing the workplace, not the worker’ ought to be familiar to trade unionists from Health and Safety Executive requirements to make temporary or long-term ‘reasonable adjustments’ to prevent workplace accidents that are related to impairments (Health and Safety Executive 2014). See also: [www.unitetheunion.org/uploaded/documents/Beware%20Behavioural%20Safety%20\(Unite%20eaflet\)11-4843.pdf](http://www.unitetheunion.org/uploaded/documents/Beware%20Behavioural%20Safety%20(Unite%20eaflet)11-4843.pdf)

⁴ 18.1% or 11.09 million people (Office for National Statistics 2013)

disadvantages face further employment barriers due to unreasonably inflexible workplaces. This report will demonstrate the generally deeper employment disability penalty faced by women than men.

Recent research also indicates that workplace disadvantage experienced by disabled people varies noticeably by the type or severity of their impairment(s) (Berthoud 2014). For example, someone with a mild hearing impairment probably faces significantly lower employment barriers than someone with a severe learning disability.

Mental illness has been identified as an impairment with some of the least favourable employment outcomes (Sainsbury Centre for Mental Health 2009). It is estimated that about one in four British adults will experience mental health problems over the course of a year, with around one in six experiencing them at any given time (Office for National Statistics 2001; Mental Health Foundation 2007). This report will illustrate the generally worse employment outcomes of disabled people for whom mental illness is their main impairment compared with other disabled people. It will further show that the employment disability penalty faced by women whose main impairment relates to mental health is deeper than that faced by disabled women generally.

Yet the stigma around mental health, especially in the workplace, remains. In the most recent Attitudes to Mental Illness survey, the proportion of people who felt comfortable discussing mental health with their employer dropped to 43% from 50% the previous year (Health & Social Care Information Centre 2011). An updated understanding of the workplace difficulties faced by disabled people generally and those with mental health impairments specifically, along with a full assessment of how the situation may be improved, is needed more now than ever.

The second section of this report will consider the employment impacts of recent policy change on disabled people as whole as well as those with mental health impairments specifically. The final section will suggest needed policy reforms to improve employment outcomes for both populations.

Section one: Labour market outcomes for disabled people

General disabled population

Disabled people experience generally worse employment outcomes than non-disabled people. Those in Great Britain classed as long-term disabled with substantial limits to daily activity in the Labour Force Survey (LFS) have experienced consistently lower employment rates and higher unemployment rates than the non-disabled population since before the last economic crash.⁵

Data selection and methodology

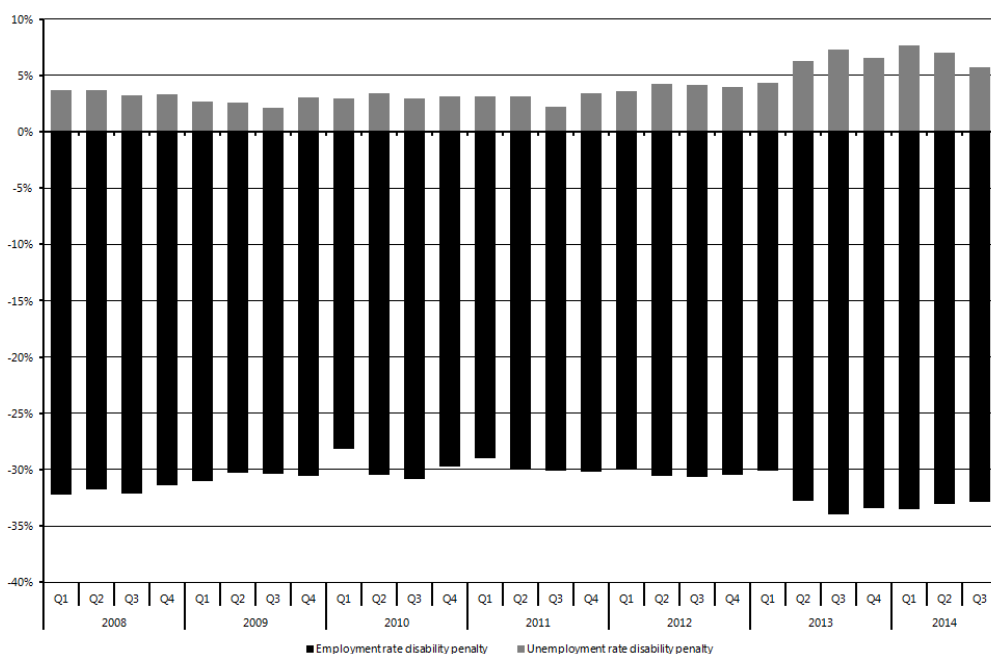
- The Labour Force Survey has been selected for this analysis because it allows for comparison of employment outcomes for disabled and non-disabled people using a disability definition that is based on anti-discrimination law consistently within a given quarter. The ONS publishes analysis using three definitions of disability for each quarter in Table A08. Our disabled population meets and our non-disabled population do not meet the disability definition we have selected for each quarter.
- We have chosen the definition linked to the Disability Discrimination Act (DDA) 1995 from Q1 2008 to Q1 2013. The ONS defines this grouping as all people with a long-term health problem or disability that limits their day to day activities and may or may not impact the kind or amount of work they do.
- In April 2013, changes were made to the wording of the disability questions in order to bring the LFS into line with the Government Statistical Service (GSS) Harmonised Standards for questions on disability and also ensure the LFS estimates remained consistent with the definitions used in 2010 Equality Act. We used this new definition from Q2 2013 to Q3 2014. Non-disabled people have been classified by the “not disabled” value for both measures respectively. Those who did not respond to disability questions or did not know how to answer them were not included in either grouping.
- We could have used other disability definitions to draw sharper contrasts. What the ONS terms “people with work-limiting disabilities” includes all

⁵ See Appendix one: LFS analysis methodology notes for a more detailed explanation of the methodology used to analyse LFS data (including two differences between this analysis and published ONS analysis) and Appendix two: LFS supplemental tables and graphs for complete figures of all analysis of the LFS discussed in this report section.

people with a long-term health problem or disability that affects the kind and/or amount of work they do. This definition often reveals an even greater degree of employment disadvantage for disabled people than the measures used in this report. However, using the disability definition that the ONS reports as linked to current anti-discrimination law as done here should provides the best information for a discussion about the equality of disabled people in work.

A disability penalty is the gap between an employment outcome measure for disabled and non-disabled people, and our analysis shows the penalties remain significant. Employment has been consistently lower for disabled people. Since the start of 2008, the employment rate for disabled people has been an average of 31.1 percentage points lower than for non-disabled people (while the economic inactivity rate for disabled people has been about 31.1 percentage points higher than for non-disabled people). Unemployment has been consistently higher for disabled people as well; they have experienced an average unemployment rate that is 4.1 percentage points higher than for non-disabled people over the same period.

Disability penalties in Great Britain



Source: TUC analysis of Labour Force Survey

The above graph illustrates that both disability employment penalties have remained relatively consistent throughout the past seven years. This is the most important trend to note. In a way it is very welcome; during previous

Labour market outcomes

recessions, the employment and unemployment gaps between disabled and non-disabled people have grown.

On the face of it, however, that is just what happened since the start of 2013 on both measures. The unemployment gap since the start of 2013 has been about twice on average what it was from 2008 through 2012—from 2.3% up to 6.4%—and the employment gap has been about 2.3 percentage points worse—from -30.5% down to -32.8%.

However, we cannot be confident that the LFS is showing a notable change in the experience of a specific set of disabled people because this sudden shift coincides with significant changes to the wording of the disability questions in the survey that have restricted and reduced the number of people who come through the survey as disabled.⁶ The new harmonisation has caused this limitation. While both measures include those with long-term conditions that impact their daily activities, the new definition now does not include people with progressive illnesses and conditions and those whose daily life would be impacted without medication or treatment. In other words, all people coming through the LFS as disabled under the new measure must be actively and actually limited in their daily activities by their impairment, so it is little wonder that disabled people's employment outcomes worsen under the new measure. As with all new questions, they are subject to ONS monitoring of responses for several quarters, and should therefore be interpreted with caution. Due to the definitional changes, these estimates are not directly comparable with estimates for previous years, which were meant to comply with the DDA 1995. However, it is important to understand the size of the gap under the currently available methodology that is linked to anti-discrimination legislation. The ONS is undergoing a review of the revised new disability measurements and may be revising practices further in the coming months.

Another noticeable gap can be measured by looking at the number of part-time workers as a proportion of total in employment. This value for disabled people is higher than for non-disabled people, and again the gap is larger under the new methodology that defines disability consistent with the Equality Act 2010 (compare 2010-2012 against 2013-2014).

⁶These were made to make sure the LFS complies with the Government Statistical Service Harmonised Standards for questions on disability and to enable the LFS estimates to become consistent with the definitions used in the Equality Act 2010.

Part-time and involuntary part-time trends in Great Britain

	Part-time as a percent of total in employment		Percent of those working part-time because they could not find a full-time job	
	Disabled People	Non-Disabled People	Disabled People	Non-Disabled People
Q3 2010	31.4%	25.0%	14.0%	15.9%
Q3 2011	31.4%	24.4%	15.1%	17.8%
Q3 2012	33.1%	24.8%	17.2%	19.0%
Q3 2013	33.7%	24.5%	19.3%	19.7%
Q3 2014	35.1%	24.0%	19.1%	17.8%

Source: TUC analysis of Labour Force Survey

The above figures reflect the working age population of Great Britain (16-64) who are considered disabled or non-disabled people, using the methodology described in Appendix one of this report.

Employment pattern breakdowns have been pulled by cross-tabulating with the variable FTPTW, such that full-time = 6, part-time = an aggregation of 1-5, and part-time because they could not find a full-time job = 3.

However, there does not appear to be a clear distinction between disabled and non-disabled people, as measured by the proportion of part-time workers who reported that they could not secure full-time employment. Involuntary part-time appears to have grown a little faster for disabled people than non-disabled people, but keeping in mind the discontinuity in the disability definition explained previously, which falls between Q3 2012 and Q3 2013 in this chart, it is difficult to ascertain any absolute differential disadvantage.

One important reason for the existence of these gaps is that disabled employees report more employment rights violations than non-disabled employees. The most recent Fair Treatment at Work survey estimated that of those in employment (or who had worked during the previous two years) disabled people were 10 percentage points more likely to have experienced some form of employment rights violations than non-disabled people. Analysis conducted by the Equality and Human Rights Commission (EHRC) summarised the differences as follows:

Experience of unfair treatment, discrimination, bullying or harassment at work, all in work in last two years, Great Britain, 2008

	Disabled	Non-Disabled
Unfair treatment	19% **	13%
Discrimination	12% **	7%
Sex-based harassment	2%	1%
Other forms of bullying and harassment	14% **	6%
Any of the above	27% **	17%
<i>Unweighted Bases</i>	502	3,462

Source: Coleman, Sykes, and Groom 2013 analysis of Fair Treatment at Work Survey 2008
Reference groups are shown in bold. Significance testing which compares each group with the related reference group is indicated as follows: **significant difference at the 99% level.

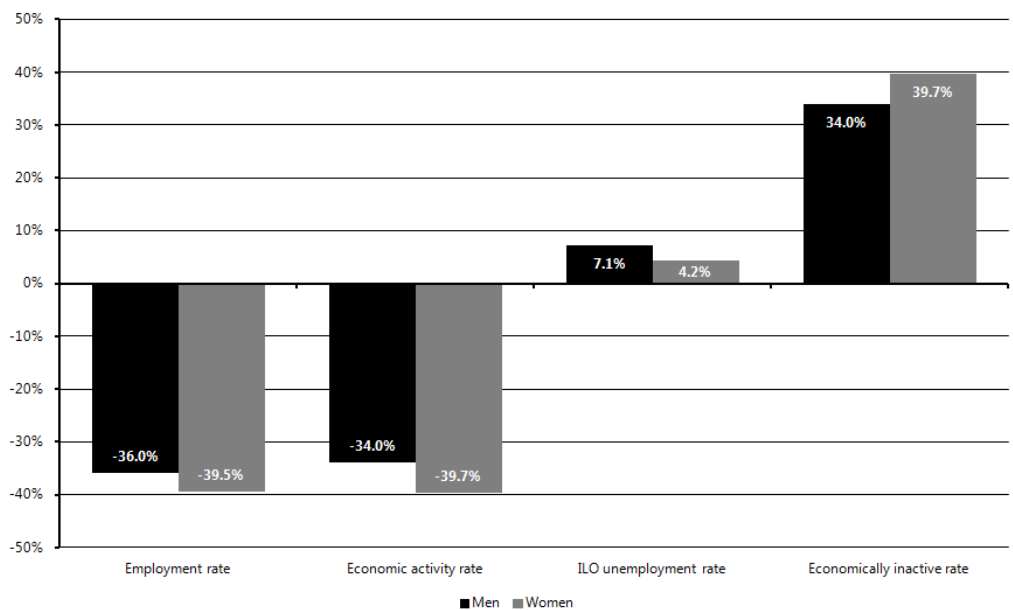
Labour market outcomes

Sex and disability

Research also suggests that disabled women face intersectional or dual labour market disadvantage on the basis of both their sex and disability. Women's employment outcomes already fall behind those of men, and evidence suggests that disabled women fall even further behind due to additional employment barriers wrought by employers who are unwilling to make reasonable adjustments for their impairments (Parker et al. 2007).

A current examination of LFS data lends credence to such conclusions. Disabled women face a larger employment outcome gap or penalty than disabled men for three of four employment measurements. Penalties have been calculated by comparing disabled men and disabled women against non-disabled men. This is an attempt to control for the fact that women already face a sex-based employment disadvantage, and to ensure that it is identified in the analysis.

Employment outcomes disability penalties by sex in Great Britain



Source: TUC analysis of Labour Force Survey Q3 2014

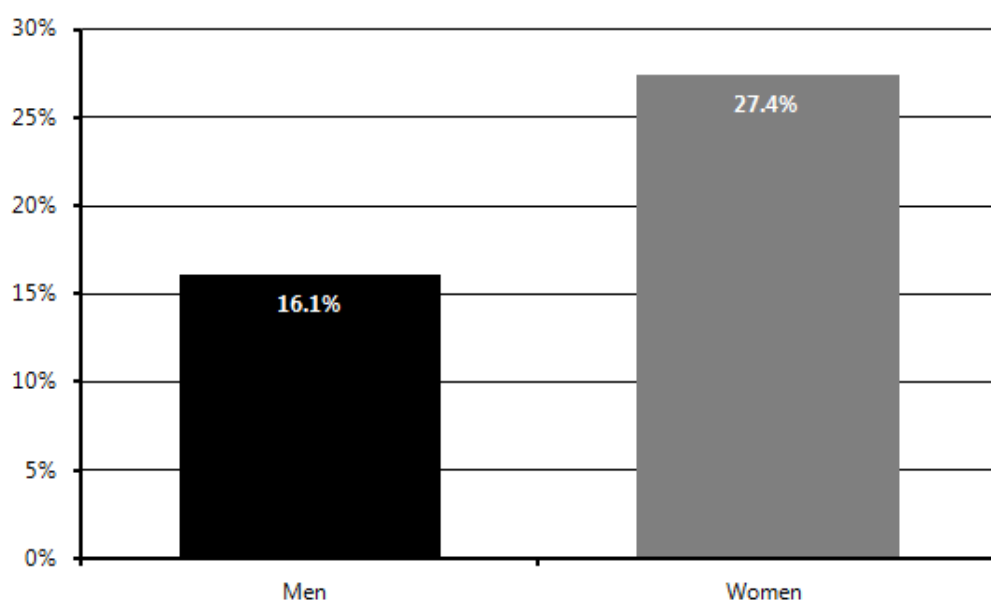
This methodology is consistent with the form and rationale recently affirmed by the EHRC for calculating the wage penalty faced by disabled men and women. Disabled men and women were both separately compared against the presumed 'least discriminated against' group—non-disabled men. The EHRC's conclusion was that disabled men faced a pay gap of 11%, while disabled women faced a gap twice as large at 22% (Equality and Human Rights Commission^a 2014).

Women's likelihood of being employed or at least economically active drops further when disabled than it does for disabled men. Conversely, women's

chance of being economically inactive is stronger when disabled than it is for disabled men.

It is only for ILO unemployment rates that men appear to face a harder hit for having impairments than women do. However, this is likely at least partly explained by context: whether disabled or not, women are much more likely to be economically inactive in the first place.

Economically inactive rate for all 16-64 year olds in Great Britain



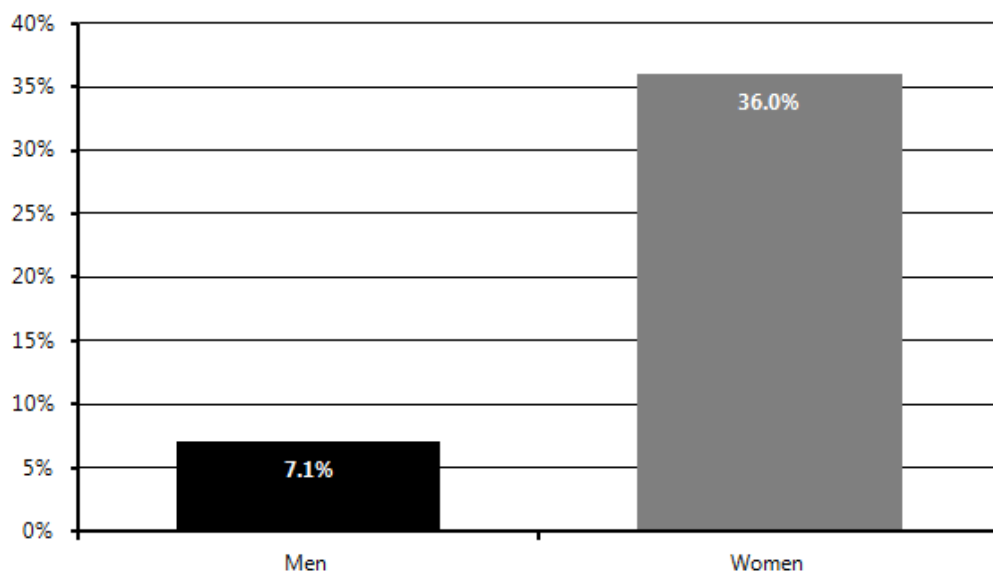
Source: TUC analysis of Labour Force Survey Q3 2014

Women are further more than five times more likely than men to be economically inactive mainly because they are looking after their family and home. This is an illustration of the continued unequal burden of household responsibilities experienced by women.

Labour market outcomes

Proportion of economically inactive 16- to 64-year-olds not seeking work mainly due to family/home responsibilities in Great Britain

Source: TUC analysis of Labour Force Survey Q3 2014



Mental health and disability

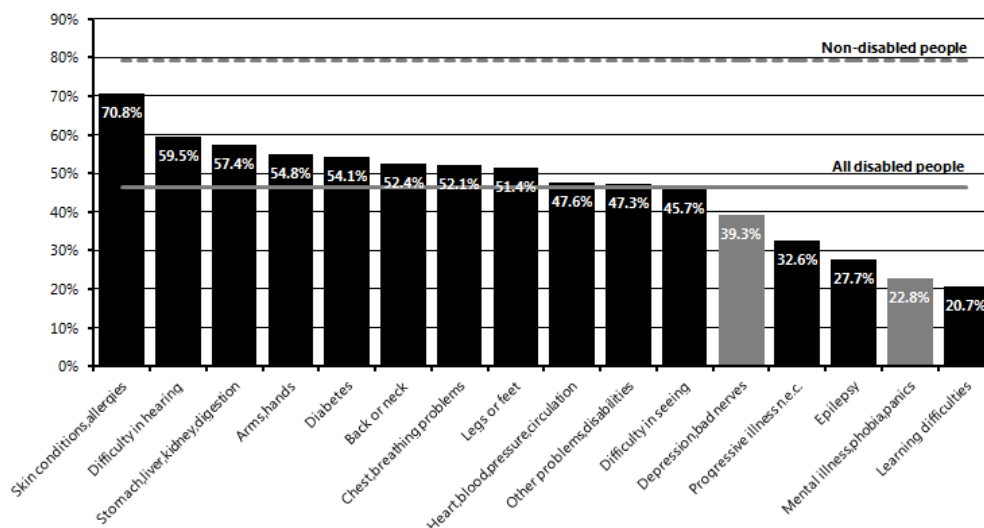
Mental health impairments are associated with some of the most unfavourable employment outcomes, even when compared against other impairments. Research indicates that individuals facing more severe impairments face worse employment outcomes (Burchardt 2000; Rigg 2005).

TUC analysis demonstrates that of those considered Equality Act core disabled⁷, those whose primary disability stems from “mental illness, phobia, panics” are among the least likely to be employed of all conditions, and those whose primary impairment is “depression, bad nerves” are also on the low end of the employment spectrum.⁸

⁷ Equality Act core disabled estimates have been disaggregated by main health condition (for all estimable values of HEALTH) in this graph for comparison. The HEALTH variable aggregates data for those who only reported one health condition at HEAL(01-17) and those who provided a main health condition when further asked to specify a primary condition amongst the multiple conditions they reported at HEAL(01-17). Coding involved with this disaggregation yields a slightly smaller Equality Act core disabled estimate—a drop of 84,752 people from 6,639,141 to 6,554,389.

⁸ Those reporting speech impediment as their main health condition were removed from this analysis due to unreliably small estimates. LFS sampling methodology yielded an estimate of less than 10,000 disabled mainly by this condition—just 5,289. All other relevant estimates were more than 10,000.

Employment rate of Equality Act core disabled by main health condition in Great Britain



Source: TUC analysis of Labour Force Survey Q3 2014

The type of primary impairment has a considerable impact on observed employment outcomes. The employment rates span dramatically from about 21% for disabled people whose main impairment is a “learning difficulty” up to about 71% for disabled people whose main impairment is a “skin-condition or allergy.”⁹ However, it is worth noting for context the fact that the employment rate for non-disabled people during this same time period is much higher at 79.1%.

Returning to the dual or intersectional impact of sex on disabled people’s employment outcomes, TUC analysis shows that disabled women whose primary impairment is mental health-related face even worse disability penalties than disabled women generally. Disabled women whose primary impairment is mental illness¹⁰ face a more than nine percentage point lower employment rate than disabled women generally. Similarly, disabled women whose primary impairment is mental illness face a nearly seven percentage point lower economic activity rate than disabled women generally.

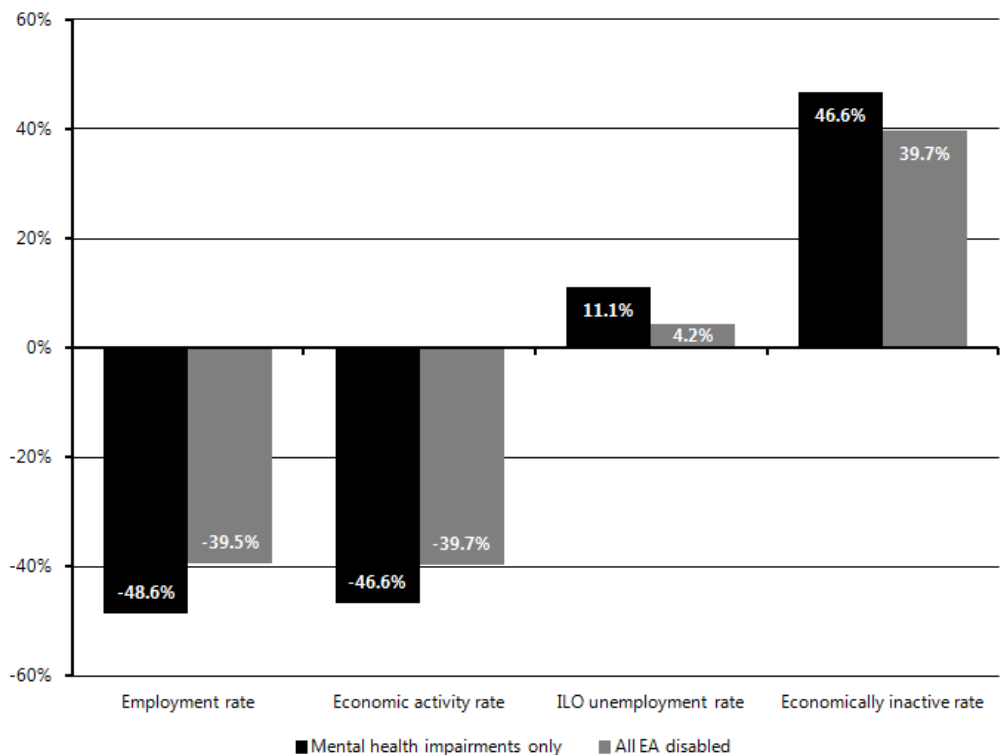
⁹ A motion was approved at the TUC Disabled Workers Conference of 2013 recognizing autism as a neurological spectrum condition and calling for more autism-friendly workplaces. Following that motion, the TUC published a handbook for trade union representatives called ‘Autism in the Workplace’ in May 2014. The handbook’s legal section clarified that autism should qualify as a mental and/or physical impairment under the Equality Act 2010’s definition of a disabled person (Booth 2014). However, communication with the ONS has confirmed that is not possible to isolate if or where people with autism would come through the current Labour Force Survey’s questions about disabled people.

¹⁰ As determined by a response in the LFS variable for main health condition (HEALTH) of 12 (depression, bad nerves or anxiety) or 15 (mental illness, or suffer from phobias, panics, or other nervous disorders).

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Looking to negative employment outcomes, disabled women whose primary impairment is mental illness face a nearly seven percentage point higher unemployment rate than disabled women generally, as well as a nearly seven percentage point higher economic inactivity rate.

Women's employment outcomes disability penalties in Great Britain

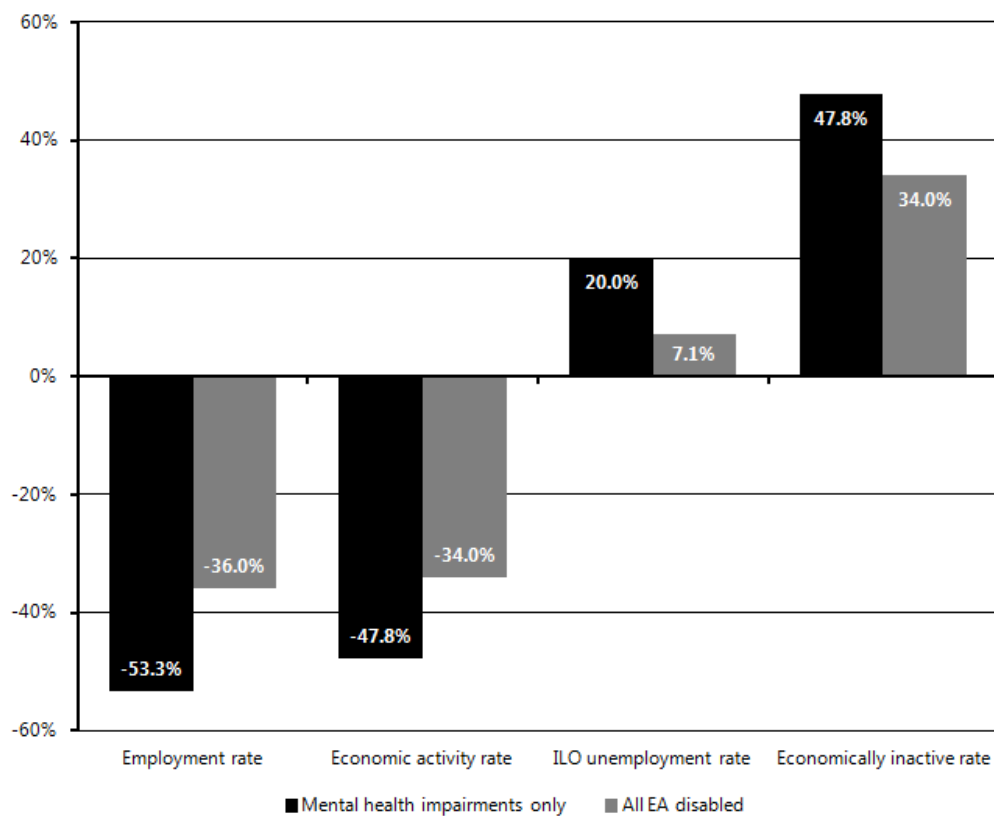


Source: TUC analysis of Labour Force Survey Q3 2014

All disability penalties reflect the gap between the employment outcome for the selected group and non-disabled men.

It is interesting to note, however, that disabled men whose primary impairment is mental health-related also face worse employment outcome gaps than disabled men generally. The distinction between the specific and general groupings is even worse for men than women, which is perhaps indicative of different levels of societal acceptance of mental illness for men and women.

Men's employment outcomes disability penalties in Great Britain



Source: TUC analysis of Labour Force Survey Q3 2014

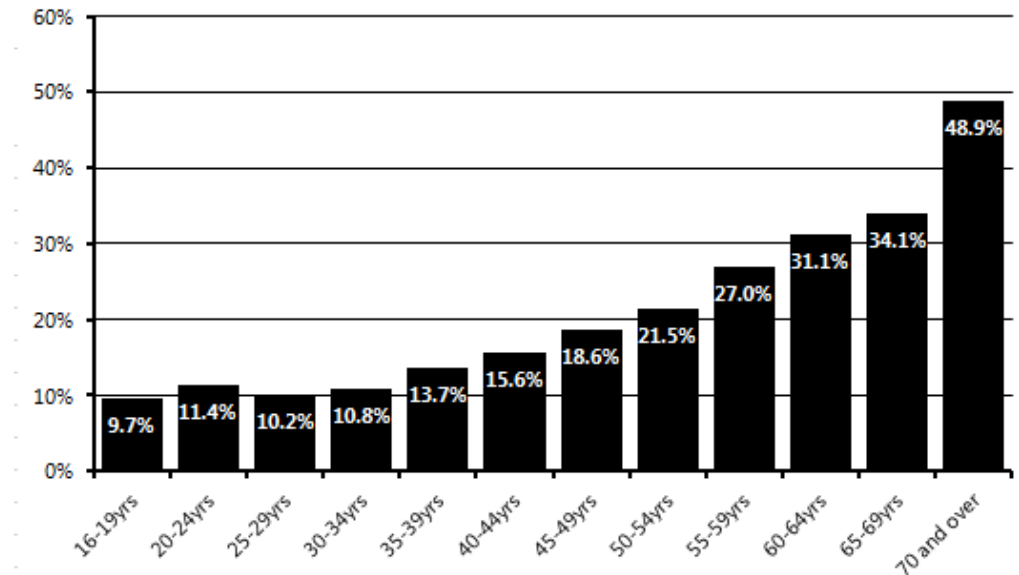
All disability penalties again reflect the gap between the employment outcome for the selected group and non-disabled men.

Age and mental illness

The population of Equality Act core disabled people whose main impairment is mental health-related also looks fairly different to the overall disabled population across the age distribution. On the aggregate, the number of disabled people as a proportion of the population of Great Britain increases markedly with age, as might be expected due to increasing prevalence of physical diseases with ageing. However, even in the youngest age band shown, 16-19 year olds, the proportion is still a not insignificant nearly 10%.

Labour market outcomes

Equality Act core disabled people as a proportion of the population of Great Britain

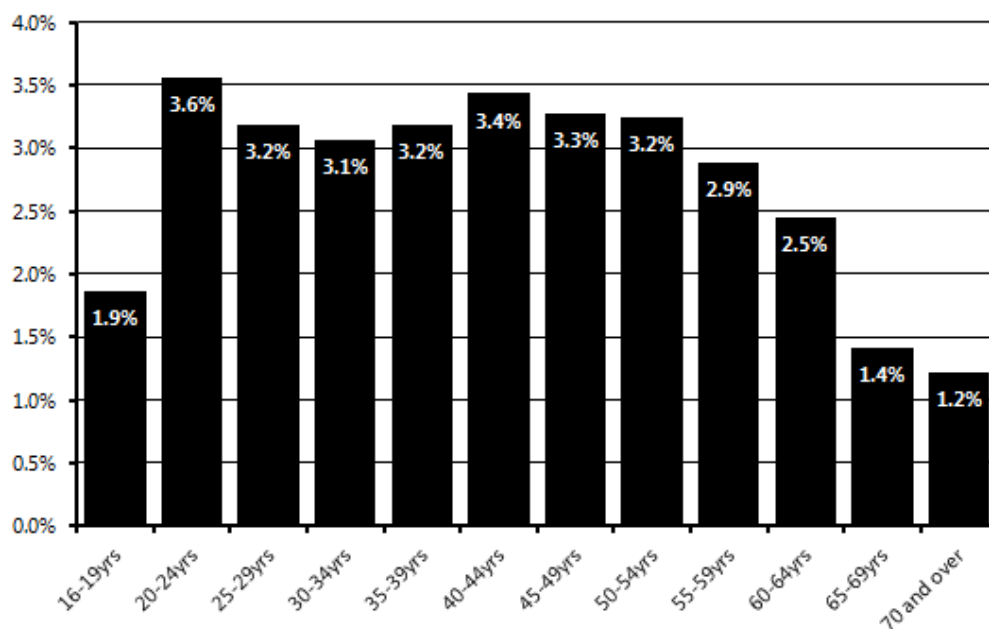


Source: TUC analysis of Labour Force Survey Q3 2014

This does not appear to be the case for disabled people whose primary impairment is related to mental health.¹¹ Using the EA core disabled definition that sub-section hovered at around 3% for most of the working aged population during Q3 2014.

¹¹ As determined by a response in the LFS variable for main health condition (HEALTH) of 12 (depression, bad nerves or anxiety) or 15 (mental illness, or suffer from phobias, panics, or other nervous disorders).

Equality Act core disabled mainly due to mental health impairments as a proportion of the population of Great Britain



Source: TUC analysis of Labour Force Survey Q3 2014

The mental health experience of those especially in their 20s highlights the importance of ensuring the availability of effective employment support that works for working age people with mental health impairments right from the start of their careers. Research suggests that long-term unemployment, especially in younger years, can have a significant and lasting negative impact on mental health and general life and job satisfaction (Prince’s Trust and YouGov 2014; Marmot 2010; Bell and Blanchflower 2009).

However, the percentages of the population with mental health impairments illustrated above have still been derived from the more limited Equality Act core disabled definition, and even then, only for those who considered a mental health impairment their primary impairment, which is why they are much lower than statistics commonly used by mental health campaigners about the prevalence of mental illness would suggest.¹² The shape of the curve itself

¹² Under the EA definition, individuals must have a substantial, long-term disability that has a significant impact on their ability to carry out day-to-day activities. Therefore, several sub-sets of people with mental ill health, such as those with short-lived episodes, are excluded from this graph. Some people responding to the LFS survey may also provide answers about the longevity of their mental health impairments that would exclude them from these estimates, though they may still qualify for protection under the Equality Act 2010. For example, recurring episodes of mental illness over a 12 month or longer period may still be considered long-term under the Equality Act 2010 (Office for Disability Issues 2011). However, lay respondents may be unaware of this distinction or may be overly optimistic about their recovery. Additionally, others may be

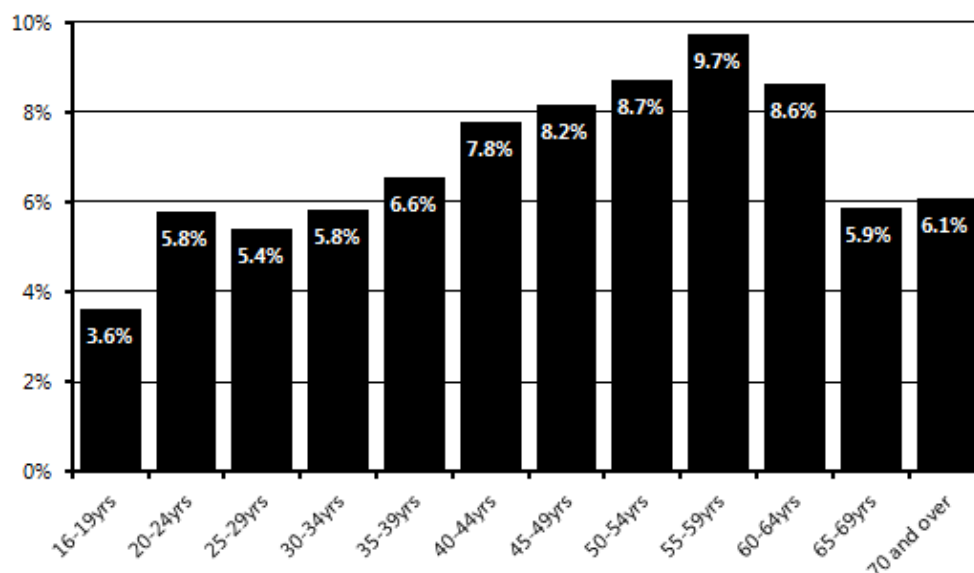
Labour market outcomes

may be an inverse reflection of the increasingly demonstrated phenomenon: happiness and psychological well-being measures are U-shaped with respect to age (Blanchflower and Oswald 2008; Van Landeghem 2012). An equal and likely related interpretation could be that it reflects the impact of poor working conditions on mental health. While being long-term unemployed can harm mental health, research suggests being employed in poor quality work is no better and may even be worse for mental health (Butterworth, et al. 2011). Recent TUC research has illustrated the growing problem of poor working terms and conditions (TUC 2015).

To partially account for the limitations of the Equality Act core definition, we can broaden the definition of mental illness within the LFS to include all those who reported a long-term mental ill health condition, but did not necessarily report it as their primary impairment. This reveals an age distribution somewhere between those of disabled people generally and disabled people who report mental ill health as their primary impairment.¹³ As those reported below may also have physical impairments which may even be their primary impairment, this distribution may re-introduce the effect of aging on increased disability, especially for those experiencing depression. However, a decline in the proportion of people experiencing mental health impairments in old age remains apparent.

experiencing mental health impairments alongside another impairment that they consider to be primary. Therefore, some multiply-disabled people would also be excluded from these estimates.¹³ As determined by an aggregation of responses in the LFS multi-response variable for long-term health condition (HEAL(01-17)) of 12 (depression, bad nerves or anxiety) or 15 (mental illness, or suffer from phobias, panics, or other nervous disorders) or both. Full data aggregating both values separately and combined, accounting for those who gave both responses, can be found in Appendix two of this report.

Long term ill and reporting any mental health impairments as a proportion of the population of Great Britain



Source: TUC analysis of Labour Force Survey Q3 2014

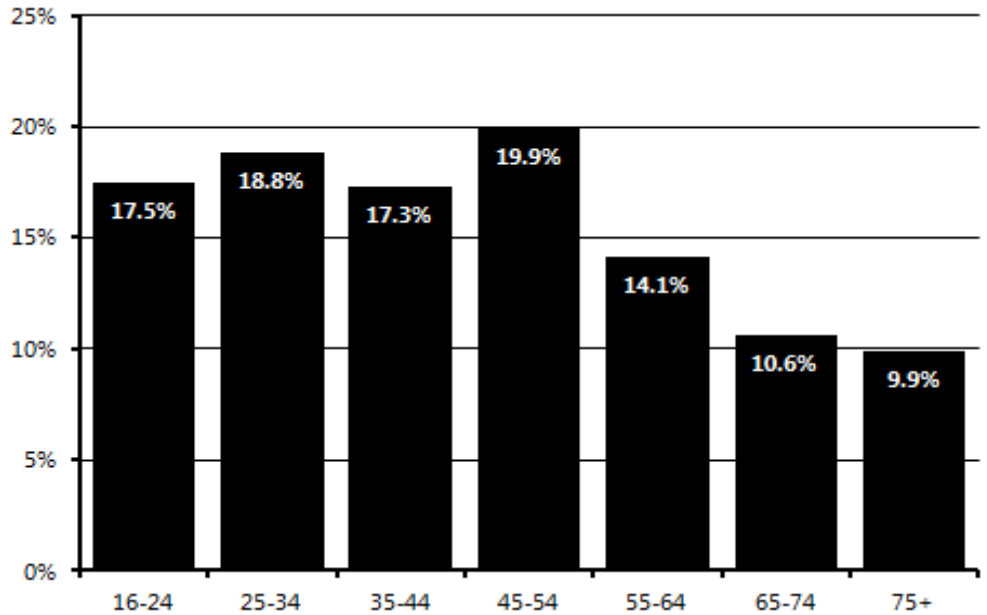
These figures are still lower than one would expect given wider evidence on the high prevalence of mental health problems. This may be due in part to the fact that the LFS does not record health conditions of anyone who does not first report that they have a long-term condition.

A fuller picture of the prevalence of mental ill health can be drawn using the most recent Adult Psychiatric Morbidity Survey, which was last conducted in 2007 with further analysis published in 2009 (Health & Social Care Information Centre 2009). However, this survey only includes people in England who were 16 years or older. The age distribution of those who experienced a common mental disorder¹⁴ in the previous week is very similar to those who are Equality Act core disabled mainly due to a mental health impairment, though with higher prevalence of illness at every age band. The overall prevalence is 16.2%, or nearly 1 in 6 people experiencing a common mental disorder during the week prior (McManus et al 2007).

¹⁴ Common mental disorders, "include different types of depression and anxiety. They cause appreciable emotional distress and interfere with daily function, but do not usually affect insight or cognition. In the APMS survey series, CMDs were assessed in the phase one interview using the revised Clinical Interview Schedule (CIS-R), which covers non-psychotic symptoms in the past week. Responses were used to generate an overall score and to diagnose six types of CMD. A score of less than 12 indicated the presence of no clinically significant neurotic symptoms in the week prior to interview," (McManus et al 2007, p 11).

Labour market outcomes

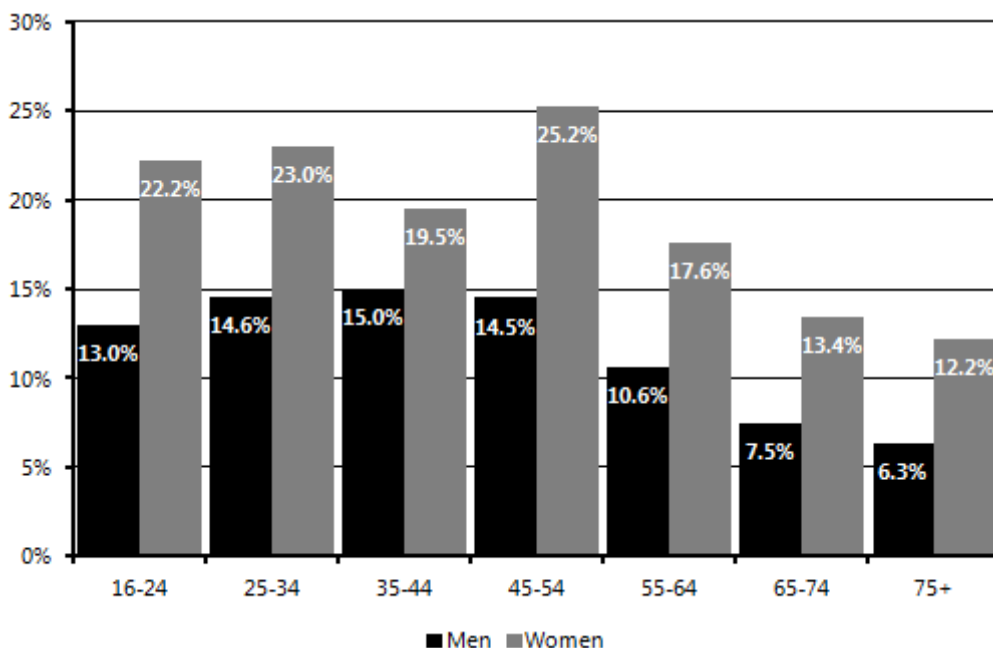
Prevalence of at least one common mental disorder in past week in England



Source: TUC analysis of the Adult Psychiatric Morbidity Survey 2007

A further sex breakdown demonstrates that women face a greater prevalence of common mental disorders across all age bands. The prevalence for women averaged more than seven percentage points higher than for men across the survey, but the gap was most pronounced—more than 10 percentage points—for the 45-54 age band.

**Prevalence of at least one common mental disorder in past week
by sex in England**



Source: TUC analysis of the Adult Psychiatric Morbidity Survey 2007

Whether examined in the aggregate, or broken down by sex, type of disability or age, what is consistently clear is that impairments touch all segments of the workforce and the disabled population continues to face considerable unnatural barriers to full participation in employment.

Section two: Employment impacts of recent policy changes on disabled people generally and on those whose primary impairment is mental illness

General disabled population

Disabled people make a vital contribution to our labour market, as well as being uniquely able to help employers make connections with disabled customers. Shutting out disabled people isn't just unacceptable discrimination, it's bad business.

-Mark Harper, MP, Minister of State for Disabled People

The then Minister of State for Disabled People made these encouraging statements about disabled people in work in January of 2015 (Harper 2015). However, concerning gaps remain between such sentiments and the impact of recent policy reforms on the employment of disabled people. The following provides an overview of many of these problems.

Equality Act 2010: Public Sector Equality Duty

S.149 of the Equality Act 2010 combined a number of previous provisions—including the Disability Equality Duty that had come into effect in December 2006 (Purton 2006)—into the single PSED. While the government brought the PSED mostly into force in England, Scotland, and Wales in April of 2011, it has also taken many steps to restrict its benefits. The duty is meant to require public bodies to have ‘due regard’ for avoiding discrimination—including disability discrimination—and promoting good relations while serving an increasingly diverse population and bolstering equal opportunities in public sector employment (Brett 2013).

In our response to the 2010-15 government’s PSED review, the TUC specifically highlighted the effectiveness of the duty in helping disabled workers secure reasonable adjustments (TUC^b 2013). However, the government’s

relentless focus on cutting spending and eliminating so-called red-tape has led to concerns that legislative intent is being sidestepped, specifically with regard to protecting disabled people (Brett 2013).

From 2010 on, the government failed to require effective equality monitoring and further weakened local authorities' PSED compliance requirements. For example, the Department for Communities and Local Government (DCLG) issued statutory guidance in September of 2011 advising councils against undertaking diversity questionnaires of residents or suppliers (Department for Communities and Local Government^b 2011). Speaking on the guidance, then Communities Secretary Eric Pickles noted, "At a time when taxpayers are watching their pennies, the last thing councils should be doing is sending out intrusive questionnaires [...] Clamping down on such town hall activity will save taxpayers' money and protect the privacy of residents of all backgrounds," (Department for Communities and Local Government^a 2011). Scrapping these questionnaires makes it harder for councils to allocate services where they are most needed.

Following a speech the prime minister made to the CBI, the DCLG sent a letter to the heads of all Local Authorities in December of 2012 that made clear where the PSED was prioritised. Headed "Reducing Statutory Burdens: Equality Impact Assessments," the letter went on to advise that Equality Impact Assessments are tick-box exercises that were never legally required and waste time and money. Instead, councils should just "use their judgment to pay due regard to equality...The key is take a proportionate, timely approach to assessing equality and that this is properly considered from the outset with a simple audit trail," (Department for Communities and Local Government 2012).

The PSED is a comparatively new statutory obligation for public bodies, which required guidance on how to implement the duty. The EHRC prepared a statutory code of practice to provide this guidance, but the government refused to put it before parliament—the only step that was needed to put it into effect. The EHRC published an alternative "Technical Guidance on the Public Sector Equality Duty" in mid-January 2013, but this was too late to have had any impact on PSED compliance when the government's 'Red Tape Challenge' examined this issue in September of 2013 (Government Equalities Office 2013; Association of Teachers and Lecturers 2013).

The PSED requirement to carry out impact assessments has been further eroded in court. For example, the Independent Living Fund (ILF) is an executive non-departmental public body, sponsored by the DWP, which provides financial support to help about 18,000 disabled people with complex care needs live, work, and study while remaining in their own homes, rather than in residential care. However, the DWP announced the permanent closure of the fund to new applicants in December of 2010 (Department for Work &

Employment impacts of recent policy changes on disabled people

Pensions^d 2014). Following a consultation period, DWP announced plans to close the ILF entirely in 2015.

Two judicial review applications, with EHRC backing, have since been made against this decision on grounds of non-compliance with the PSED. While the first was temporarily successful following a March 2014 Court of Appeals decision (Equality and Human Rights Commission^b 2014), the High Court rejected the second judicial review application following a new closure announcement by the DWP. Mrs. Justice Andrews found no suggestion of continued violation of the PSED (Gander 2014). On June 30, 2015, the fund is scheduled to shut down entirely. Former ILF funds will be diverted to local authorities but will not be ring-fenced to ensure consistent support of those losing ILF benefits (Department for Work & Pensions 2015).

Remploy closures

Remploy is a non-departmental public body of the DWP and a public corporation¹⁵ (McGuinness and Dar 2014). For 67 years, Remploy factories provided state-subsidised jobs for disabled people. However, Remploy also began offering services to help disabled people find work outside of its factory network in 1988.

The government commissioned independent Sayce Review was released in June 2011. The review was tasked with evaluating how effectively the protected budget for supporting the employment of disabled people was being spent (Sayce 2011). In line with the review's recommendations, Remploy's sole focus became helping disabled people into mainstream employment after the closure of its last factories in October of 2013 (Remploy^b 2014; (Department for Work & Pensions^a 2012). As a result of this coming transition, Remploy also became one of several providers within the Work Choice scheme and a sub-contractor in the Work Programme in some areas. This shift came amidst significant concern from unions and others that the move risked reversing the government's commitment to supporting disabled people in work (TUC^c 2013; Brindle 2013).

Money saved from the sale and closure of these Remploy factories was meant to be redirected toward effective specialist disability employment support. However, in December of 2014, the Work and Pensions Committee concluded that DWP had failed to transparently demonstrate this had taken place. Claims of simply increasing funding for the Work Programme were not deemed appropriate (Work and Pensions Committee^b 2014-15).

¹⁵ On July 22, 2014, DWP announced the start of the search for a private partner for Remploy Employment Services, asserting that making Remploy independent of government through private investment will help the entity expand service provision, while remaining contractually obligated to maintain Work Choice delivery nationally (Department for Work & Pensions^b 2014).

A carefully phrased parliamentary question (PQ) response by then disability minister Mark Harper in late 2014 revealed that not only did some people made redundant by Remploy factory closures not even receive support by a Personal Care worker, of the disabled workers that had, only 774 were in employment about a year after the final closures (Exell 2015). A House of Commons library note on Remploy confirmed that about 2,000 disabled workers lost their jobs due to Remploy closures (McGuinness and Dar 2014). Therefore, it appears that less than 39% of the disabled workers made redundant were in work about a year on from the closures.

The government adopted the Sayce recommendation to shift their allocation philosophy of the protected funds to promote disabled people's employment more broadly. Rather than supporting institutions—as Remploy factory subsidies had done—funding would now follow individual disabled people in specific employment services, especially through increases to AtW funding (Department for Work & Pensions^a 2012).

This all begs the question: Are disabled people actually being well served by AtW, the Work Programme, and Work Choice?

Access to Work

Consistent with the social model of disability, a government could provide support to help disabled people in or about to begin paid employment or self-employment overcome artificial barriers. A potentially valuable and cost-effective programme - Access to Work - is meant to provide some of this support, although it remains in great need of resources. The 2010-15 government repeatedly claimed to support the scheme and the 2010 Coalition agreement promised “reform, so disabled people can apply for jobs with funding already secured for any adaptations and equipment they will need,” (Cabinet Office 2010).

However, five years on, disabled people are still waiting for full realisation of these promised reforms, both in terms of adequate funding and expanded public awareness of the programme by employers, workers and jobseekers. TUC welcomed a report released in December 2014 by the Work and Pensions Committee that called for increased funding and training for the AtW scheme and made specific recommendations to improve the scheme for those with mental health conditions (TUC^a 2014). In particular, the Committee concluded that DWP appeared to be trying to help many more people with only marginally more funds, risking degrading service quality (Work and Pensions Committee^b 2014-15).

Work Programme

The Work Programme was launched in Great Britain in June of 2011. It has been a central component of the government's welfare reform plans and is supposed to help long-term unemployed people to secure jobs. However, it was

Employment impacts of recent policy changes on disabled people

not specifically designed to help disabled people—actually the opposite. A DWP report explaining delivery of the Work Programme specifically noted the contrast with previous targeted programmes. “The Work Programme removes these artificial barriers and creates a single programme for a range of groups that will allow providers to focus on individuals and their personal challenges,” was the claim (Department for Work & Pensions^b 2012: p 5).

Unfortunately, broad claims about the benefits of this new support philosophy have fallen flat. The National Audit Office’s (NAO) evaluation found that for Jobseeker’s Allowance (JSA) claimants, the Work Programme has performed roughly the same as the programmes it was meant to replace. When it comes to ‘hard to help’ groups, performance has been so poor that the DWP has had to slash its goals. For Employment Support Allowance (ESA) claimants, the DWP’s original minimum standard was to ensure at least 22% of those who had completed the Work Programme achieved job outcomes (lasting at least three months). By the end of March 2014, only 11% had. The DWP now predicts this measure to rise only to 14% by the current end of the Work Programme—March 2016 (Morse 2014).

In October of 2013, Disability Rights UK published *Taking Control of Employment Support*—a strong indictment of how severely the Work Programme had failed and was on track to failing disabled people (Sayce and Crowther 2013). Calling for support genuinely tailored to disabled individuals, charity head, Liz Sayce, observed, “The Work Programme is a non-work programme as far as disabled people are concerned,” (quoted in Disability Rights UK 2013).

Especially unwelcoming to the most vulnerable in society, the Work Programme also continues to deliver more sanctions than job outcomes. Up to the end of June 2014, there had been 545,873 JSA Work Programme sanctions and only 312,780 JSA Work Programme job outcomes. This comparison is not strictly possible for ESA claimants on the Work Programme because only most, but not all, sanctions due to “failure to participate in work related activity” will have come from the Work Programme. However, the high margin of difference indicates that ESA sanctions for those within the Work Programme also far exceed job outcomes. Up to the end of June 2014, there had been 49,181 ESA Work Related Activity sanctions, compared with just 17,880 ESA Work Programme job outcomes (Webster 2014).

Ever since the design of the Work Programme was first revealed the TUC has argued that the ‘black box’ design was particularly likely to encourage creaming and parking—focusing support on claimants who are closest to work ready while setting those who need more support aside. Evaluations have repeatedly shown that this may be happening. For instance, a University of Birmingham Third Sector Research Centre working paper posited that if the Work Programme had effectively mitigated these tendencies, you would expect similar job outcome rates across claimant groups. Instead, they found a stark

consistency of worse job outcomes for the most disadvantaged participants—disabled people and young lone parents (Rees, Whitworth and Carter 2013).

Work Choice

Work Choice was specifically created to provide disabled people with complex work-related support needs and requirements specialist support to gain employment. This voluntary programme was introduced by the DWP in October of 2010 (Purvis et. al 2013). It replaced WORKSTEP and Work Preparation. The Job Introduction Scheme, which facilitated temporary job trial experiences, was not replaced by Work Choice and has now been shut down in Great Britain (Gov.UK 2015). After being referred, Work Choice participants are meant to receive tailored work skills development and job advice to help them move into paid supported employment, self-employment and unsupported employment (Department for Work & Pensions^c 2014).

Work Choice has also come under fire from disability campaigners for creaming those with less severe impairments, rather than supporting those most in need. Work Choice data released in November of 2014 appear to bear these concerns out. From the inception of the scheme up through Q2 of the fiscal year 2014-2015, 29,520 people—less than a third of total referrals to the scheme—have achieved a job outcome.¹⁶ However, of these, more than half—15,860—were not claiming any disability benefits¹⁷ when they were referred to Work Choice (Department for Work & Pensions^c 2014). This suggests that more than half of those ever helped by Work Choice were those with the least need of support.

A clear delivery plan to deliver the government's new disability and health employment strategy (released in December of 2013) was promised by the end of 2014, to address, among other things, what would become of Work Choice after it was due to end in 2015¹⁸ (Department for Work & Pensions 2013; Shaw Trust 2013). However, the December 2014 release merely provided a glossy summary of outcomes of the strategy from the past year, shedding no useful light on plans for the future of Work Choice (Department for Work & Pensions^c 2014; Rickell 2015).

¹⁶The job outcomes reported for Work Choice include: supported, unsupported (yet to be sustained) and unsupported sustained outcomes for which the provider has received a payment, plus unsupported outcomes for which the provider is not paid (Department for Work & Pensions^c 2014).

¹⁷This sub-set were either receiving no benefit or only receiving the Job Seekers' Allowance (but not the disability living allowance) when referred to Work Choice (Department for Work & Pensions^c 2014).

¹⁸A resolution on the Work Choice programme carried during the TUC's May 2014 Disabled Workers' Conference. It called on the Disabled Workers' Committee to press government to continue the programme beyond 2015, while working with all parties to form policy to improve and sustain support to enable disabled people to obtain and keep sustainable employment (TUC^c 2014).

Work Capability Assessment for Employment Support Allowance

Work Capability Assessments were first implemented in October of 2008, following the enactment of the Welfare Reform Act 2007, with the intention of slowing down the rise in new claimants of financial support to compensate for illness or incapacity limiting work capability. With the introduction of WCAs also came the replacement of Incapacity Benefit, Income Support by virtue of a disability and Severe Disablement Allowance with the single Employment and Support Allowance for new claimants (Work and Pensions Committee^a 2014-15).

WCAs in principle are meant to determine whether claimants' limitations should place them in a Work Related Activity Group, a Support Group, or whether they are deemed fit for work and therefore not eligible for ESA (Wintour 2014). In practice, disability campaigners have raised concerns for years about their validity for determining fitness for work, citing growing numbers of appeals and unrealistic eligibility criteria (Gentleman^b 2013).

The government began re-assessing all existing incapacity benefits recipients (those on incapacity benefit, severe disablement allowance, and income support) under the new WCA scheme in October 2010. The DWP contracted out WCA administration to the French company ATOS for a five-year period. Re-assessments were meant to be complete by March 2014. However, by the December of 2014, a 600,000 case backlog remained, which the Office for Budget Responsibility (OBR) estimated cost the government an additional £1 billion in incapacity benefits spending over projections during 2014 (Merrick 2014).

As characterised by the Guardian, this cost-saving re-assessment measure undercut support needed by disabled people unable to fully engage with work (Gentleman 2015). An early 2010 explanatory memo¹⁹ to regulations that would trigger these re-assessments estimated that 23% of those being migrated to the new benefit system would be found fit for work (and thus face reduced benefits) saving the government £1 billion over five years (Department for Work & Pensions 2010).

In July of 2013, the DWP had begun acknowledging the WCA's significant shortcomings—albeit somewhat unfairly placing most of the blame on ATOS alone.²⁰ Plans were announced to re-train ATOS employees and bring on new providers (Gentleman^b 2013). In March 2015, the ATOS contract for performing WCAs was taken over by an American company—Maximus.

¹⁹ This memo was signed off by the then Labour government's Minister for Disabled People, Jonathan Shaw (Department for Work & Pensions 2010).

²⁰ An FOI revealed that from August 2010 to June 2013, 158,300 people were erroneously deemed fit for work by ATOS and found not fit for work by DWP on final assessment (and placed into a WRAG or support group). This does not include those deemed fit for work even by the DWP who later successfully appealed that decision (Beattie 2014).

However, this only represents a shift in providers, not in the problematic process created by the government (Gentleman 2015).

Employment Tribunal fees

When something goes wrong in the workplace, employment tribunals enable workers to exercise their rights. However, fees came into effect in July 2013, under pre-existing authority from Section 42 of the Tribunal Courts and Enforcement Act 2007 (Parker 2012; UNISON^a 2014). Discrimination claims on grounds of disability may now cost up to £1,200 just to get heard at a tribunal²¹ (Ministry of Justice 2013).

The TUC report *What Price Justice?* found dramatic declines in employment tribunal claims since the introduction of fees. Disability claims dropped by 46% from Q1 2013 to Q1 2014 (TUC^b 2014). UNISON has twice had its judicial review applications on the legality of fees turned down, but the final outcome remains undetermined (UNISON^b 2014). UNISON has been granted the right to appeal both denials, with a hearing expected in mid-June 2015 (UNISON 2015).

Mental health and disability

Since the 2010-15 parliament began in May of 2010, a number of government reforms have also hit those with mental ill health especially hard. The following provides an overview of many of these problems.

Equality Act 2010: Reasonable Adjustments Duty

The Equality Act 2010 places a duty on employers to make ‘reasonable adjustments’ to working practices and environments for a disabled employee when the employee is being put at a substantial disadvantage in comparison to non-disabled persons. Phrased differently, employers are under a similar duty to make adjustments to interview or assessment arrangements when they are aware or could reasonably be expected to be aware that an applicant is disabled (Lewis 2014). However, mental health impairments are frequently invisible and may be further marginalised by stigma against discussing them openly. It is important to ensure that employees and job applicants feel comfortable and empowered to discuss their needs with their employers and potential employers.

In her most recent annual report on the state of the public’s health, Chief Medical Officer Dame Sally C. Davies praised the ‘Time to Change’ programme for significantly reducing such stigma. Partly funded by the Department of Health, the campaign began in October of 2007. A study led by the KCL Institute of Psychiatry found that during the campaigns’ first phase,

²¹ A class B claim (such as a discrimination claim) for a single person incurs a £250 issue fee and a £950 hearing fee (Ministry of Justice 2013).

Employment impacts of recent policy changes on disabled people

2008-2011, a promising but vastly incomplete reduction of stigma and discrimination against people with mental illnesses took place (Henderson and Thornicroft 2013). Much work remains, which is why recommendation 13 of Dame Sally's report called for continued funding for the initiative (Davies 2013).

Remploy closures

As part of the shift from providing jobs to supporting disabled people into mainstream employment, Remploy began delivering the Workplace Mental Health Support Services (WMHSS) as part of the DWP's AtW in December of 2011 when the initiative was launched. The WMHSS was meant to help those with mental health impairments with a job offer, in work, or signed off sick remain in employment (Remploy^a 2014; Remploy^c 2014). The WMHSS was not designed to support those left long-term unemployed following Remploy closures, however. This is a pity because it is well established that long-term unemployment is a significant risk factor to developing or aggravating mental health conditions (Dorling 2009; Marmot 2010).

The WMHSS came under criticism from the Work and Pensions Committee in their December 2014 report *Improving Access to Work for disabled people*. The report recommended that DWP should more widely publicise the WMHSS' existence to the public and to its own call centre operators and that more choice should be given in support available to people with mental health conditions beyond just WMHSS, especially to make better support available to those with more severe and lasting mental illness. Flaggering the WMHSS to the public is especially important because of the common perception that AtW is mainly about 'bits of kit' and physical impairment (Work and Pensions Committee^b 2014-15).

In his submission to the Work and Pensions Committee, Chair of the Moodswings Network, Tom McAlpine, OBE, noted that the launch of the WMHSS actually reduced choice within AtW for people with mental illnesses. Some providers had been providing support for people with severe enduring mental health conditions with AtW funding. When WMHSS was launched and the contract awarded to Remploy, alternative providers, like the Moodswings Network's University of Manchester project, were no longer able to secure AtW funding (Work and Pensions Committee^b 2014-15).

By the end of December of 2014, WMHSS remained the sole piece of the AtW scheme directed specifically to help those with mental health impairments remain in work (Work and Pensions Committee^b 2014-15). Also in late 2014, Remploy secured a two year extension to continue delivering its services rights across England, Scotland and Wales until December 2016 (Remploy^a 2014; Remploy^c 2014).

Access to Work

The DWP has offered disabled job seekers the opportunity to print a letter on the gov.uk website to assure potential employers of applicants' likely eligibility for AtW support since 2010. However, due to the vagueness of this letter—it does not outline nor promise what support will be provided—many jobseekers with mental illness do not feel this support service gives them confidence in applying for positions. A joint response from the mental health sector to the Work and Pensions Select Committee's Access to Work Inquiry 2014 pointed out that clear support assurances are not readily accessible to jobseekers with mental health impairments (Mind et al. 2014).

Recent AtW user statistics reflect the continued marginalisation of people with mental health conditions within the scheme. While the absolute number²² of users whose primary impairment is a mental health condition has increased from just 200 in 2007-08 to 1,410 in 2013-14, that still represents less than 4% of the 35,450 people helped by AtW during 2013-14 (Department for Work & Pensions^a 2014). This severely fails to reflect an equitable distribution of support, given that in Q3 2014, disabled people who reported that their primary impairment was a mental health condition made up 26.9% of all disabled unemployed people and 18.5% of all disabled working age people.²³

Work Programme

As underwhelming as job outcomes have been for the Work Programme as a whole, results have been especially bleak for those with mental health conditions. Using data from a parliamentary question, MIND observed that the Work Programme job outcome rate for those on ESA with mental health impairments is far lower than it is for those without health conditions. Nearly 150,000 people with mental health impairments were referred to the Work Programme from June 2011 to June 2014. However, only about 5% of them successfully obtained work. The job outcome rate for people without a condition was nearly five times higher, at 24% (Mind 2014).

Too many disabled people whose primary impairment is a mental illness do not feel they are receiving the employment support they need and desire in the first place. The 2014 Care Quality Commission (CQC) survey of community mental health service users found that nearly half—44% of respondents²⁴ said they would have liked support to find or keep a job but did not receive any (Care Quality Commission 2014).

²² Figures have been rounded by DWP to the nearest 10.

²³ See the chart: Economic activity of disabled people by main health problem in Great Britain in Appendix two: LFS supplemental tables and graphs of this report for the numbers used to calculate these proportions.

²⁴ This survey included 3,329 respondents.

Work Choice

When it comes to Work Choice, which was created specifically with disabled people in mind, those with mental illness are securing jobs at a higher rate than those with mental illness in the mainstream Work Programme scheme. However, as with disabled people generally, there is a parallel concern that Work Choice is taking on board only the most work ready people with mental ill health. Those with the significant mental health barriers are being funnelled into the mainstream Work Programme where they do not receive the personalised and flexible help that they actually need. Therefore, the relative success of Work Choice seems primarily the outcome of systematically selecting only those who are already closest to the jobs market in the first place (Mind 2014).

From the inception of the scheme through the second quarter of the fiscal year 2014-2015, 29,520 people—a little over a third of those who began the scheme—have achieved a job outcome.²⁵ Fewer than 1 in 6—4,730—of those went to people whose primary impairment was any kind of mental illness or health condition (Department for Work & Pensions^c 2014). However, those individuals who did participate enjoyed notable rates of job attainment as shown below. Even for those whose primary impairment was a severe mental illness, the job outcome rate was higher than the Work Programme job outcome rate for non-disabled people.

Work Choice Job Outcomes Rates (Q3 2010/11 – Q2 2014/15)			
Primary Impairment	Started Programme	Job Outcomes	% Successful
Severe Mental Illness	650	240	36.9%
Mild to Moderate Mental Health Condition	11,020	4,490	40.7%

Source: Department for Work & Pensions^c 2014)

Disaggregating by severity of mental illness, however, begins to illuminate the impact of the creaming process. Just within Work Choice, there have been nearly 17 times more participants with mild to moderate mental health conditions than with severe mental illness Department for Work & Pensions^c 2014).

An advisor referring someone to Work Choice must consider the participant likely able to work 16 hours or more per week within 6 months. This is why significantly more participants are referred to Work Choice from JSA than from ESA (Mind 2014).

²⁵ The job outcomes reported for Work Choice include: supported, unsupported (yet to be sustained) and unsupported sustained outcomes for which the provider has received a payment, plus unsupported outcomes for which the provider is not paid (Department for Work & Pensions^c 2014).

This creaming of the most employable people into the personalised support of Work Choice seems to be no accident and the 2010-15 government had no plans to remedy this. Their Disability and Health Employment Strategy concluded, “The majority of disabled people and people with health conditions who need employment support will receive our mainstream offer,” (Department for Work & Pensions 2013, p 52).

Work Capability Assessment for Employment Support Allowance

Not only poorly managed by ATOS and DWP, the WCA process was found to violate the Equality Act 2010 by a three-judge tribunal in May 2013. In response to a judicial review application, the tribunal found that the fitness-for-work test breached the DWP’s requirement to make “reasonable adjustments” for people with mental health problems who may not be able to navigate the standard assessment process (Gentleman^a 2013). TUC General Secretary Frances O’Grady implored, “rather than waste time appealing against the decision and causing individuals yet more distress and anxiety, the Department for Work & Pensions should instead concentrate on improving its procedures,” (qtd in TUC^a 2013).

Rather than stop or reform the discriminatory assessment process, DWP chose to appeal the decision, and lost again in December of 2013. The judicial review process to recommend changes to bring the assessments in line with law therefore went ahead (Rethink Mental Illness 2014). In the spring of 2015, the Upper Tribunal ultimately ruled that the claimants had not been personally discriminated against so it could not compel the DWP to test changes to the WCA, but it urged the DWP to do so anyway. The claimants are not planning to appeal (Rethink Mental Illness 2015).²⁶

As the WCAs become further ingrained in the disability benefits system, people with mental illnesses have also grown nervous about the possibility of forced mental health treatment. Pilot programmes announced in July of 2014 in Durham, Tees Valley, Surrey and Sussex job centres added a mental health assessment as part of the Work Capability Assessment for ESA recipients and sought to incorporate recommended talking therapy with employment support (BBC News UK 2014).

This move raised the concerning spectre of mandatory mental health treatment becoming a condition of benefit receipt. Citing senior government sources, the Telegraph reported that Conservative ministers hoped to secure senior Liberal Democrat support for a rule change that would allow mandating benefit claimants to undergo treatment for common mental health conditions (Ross 2014).

²⁶ A speculative person, however, might notice that the DWPs previously mentioned announcement of their quality audit and decision to re-train ATOS employees and bring in new providers came in July 2013—not long after their negative tribunal outcome the previous May.

Employment impacts of recent policy changes on disabled people

Then Liberal Democrat health minister Norman Lamb maintained publicly at the time that mandatory mental health treatment would not happen and would not be effective even if it did. However, concerning reports were raised that Conservatives were keeping the idea on the table and the idea could be included in the party's next manifesto (Ross 2014). The 2015 Conservative Party Manifesto did indeed bear out this worry, noting, "People who might benefit from treatment should get the medical help they need so they can return to work. If they refuse a recommended treatment, we will review whether their benefits should be reduced," (Conservatives 2015, p 28). However, Conservative MP for Totnes and former GP Sarah Wollaston has expressed her scathing contempt for the idea, which she said demonstrated a total ignorance of the principle of consent (Elgot 2014).

Aside from being demeaning, mandatory mental health treatment is unlikely to help, and may even violate the European Convention on Human Rights.²⁷ Tom Pollard, policy and campaigns manager at MIND, noted that if people are not getting the help they need, resources for mental health services should be expanded, instead of placing unhelpful burdens on those already struggling to find work. For treatments like talking therapy, the patient must be engaged in the process for it to have any chance of being effective (BBC News UK 2014).

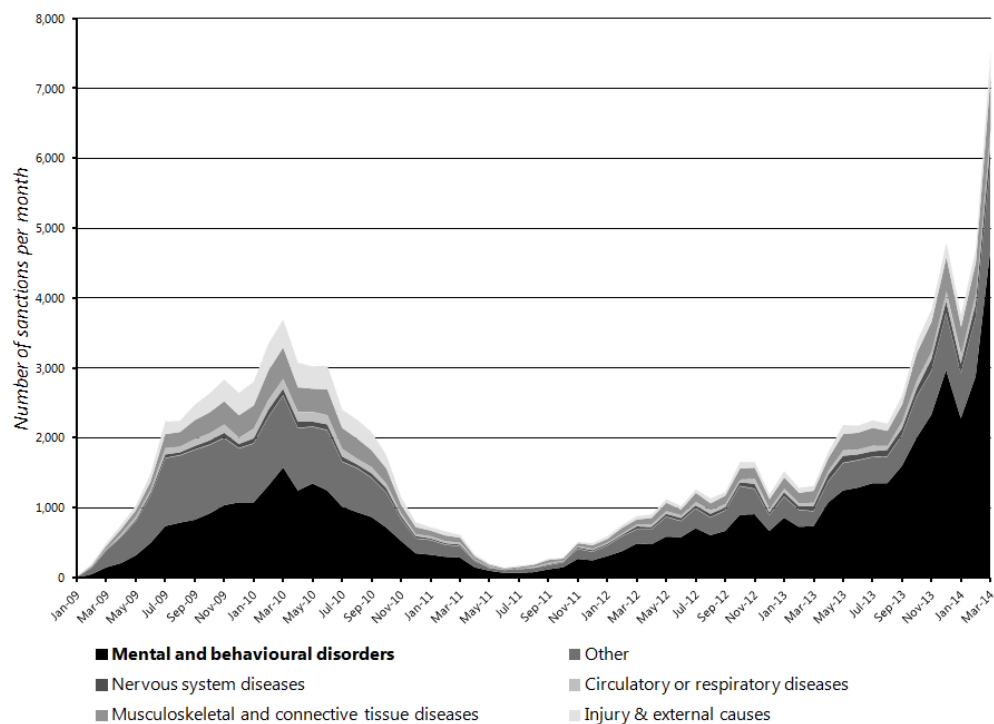
Benefit sanctions

An additional problem faced by those on ESA is that the sanction decisions process sets people with mental illness up for failure by design. The 2010-15 government proved keen to reduce benefits spending wherever possible, and one way that has manifested itself is through benefit sanctions. An FOI made by the Methodist Church, however, revealed that enforcement of benefit conditionality falls unevenly on people with mental illnesses. The Church's analysis found that those receiving ESA due to a long-term mental health impairment face benefit sanctions at a rate of more than 100 per day (The Methodist Church in Britain 2015). Those with mental illness have consistently made up the vast majority of ESA claimants being sanctioned, as illustrated here.²⁸

²⁷ Most probably Article 3: Prohibiting torture or inhuman or degrading treatment or punishment; or Article 8: Right to respect for private and family life. See: *R (Wilkinson) v Broadmoor Hospital* (2001) EWCA Civ 1545.

²⁸ See Appendix three: Benefit sanctions supplemental chart for a detailed breakdown of all figures by month.

ESA sanctions by disability in Great Britain



Source: TUC analysis of Methodist Church of Britain FOI-obtained DWP dataset

The most frequent reason provided for these sanctions was being late or missing a Jobcentre or Work Programme meeting. This systematically punishes those with mental ill health for being sick. As Paul Morrison, CEO of Mind observed, “Sanctioning someone with a mental health problem for being late for a meeting is like sanctioning someone with a broken leg for limping. The fact that this system punishes people for symptoms of their illness is a clear and worrying sign that it is fundamentally flawed,” (qtd in The Methodist Church in Britain 2015).²⁹

The Work and Pensions Committee held its final oral evidence session in benefit sanctions policy in early February 2015, considering among other thing, the appropriateness of ESA sanctioning (Work and Pensions Committee^a 2015). Just days before the start of the 2015 election campaign, the Conservative-Liberal Democrat majority committee produced its report calling for “a broad independent review of benefit conditionality and sanctions, to investigate whether sanctions are being applied appropriately, fairly and proportionately, in accordance with the relevant Regulations and guidance, across the Jobcentre plus network, ” (Work and Pensions Committee^b 2015, p 3).

²⁹ For further details, listen to File on 4 coverage of benefit sanctions, which first aired on the January 20, 2014: www.bbc.co.uk/programmes/b04yk7h6.

Section three: Proposed policy reforms to improve the employment position of disabled people generally and for those with mental ill health

A society concerned with maintaining a happy, healthy, and effective workforce should work to eliminate roadblocks preventing achievement for a considerable portion of the population. Furthermore, a society that wants to achieve stretching employment rate targets must focus on how best to support as many disabled people as possible into fulfilling work. A number of policy recommendations follow from the above exploration of recent developments impacting disabled people in work. These suggestions would help the government to improve genuine access to gain and thrive in employment for all people in order to attain equitable full employment, a concept expanded upon by the TUC's Touchstone Extra publication: *Equitable Full Employment* (Wilson and Bivand 2014).

General disabled population

Equality Act 2010: Public Sector Equality Duty

The government should restore genuine commitment to the PSED and cease referring to compliance measures as red tape or burdens. A tangible implementation of this recommendation would be to finally lay the EHRC's statutory code of practice for the PSED before parliament. This would provide authoritative guidance for what proper compliance looks like, which has until now been produced as technical guidance by the EHRC (Equality and Human Rights Commission 2015).

Remploy Closures

It is unlikely that any government would restore these factories. However, promises of support to former employees remain unfulfilled. The government should take steps to ensure that all unemployed former Remploy workers are

receiving support from a personal care worker. The DWP should also improve transparent financial reporting practices to make clear that re-directed Remploy funds are being spent on genuine specialist disability employment support.

Access to Work

The Work and Pensions committee observed in December of 2014 that AtW is being asked to do much more with only marginally more funds (Work and Pensions Committee^b 2014-15). The government should increase AtW funding commensurate with the increased caseload it is being asked to serve to avoid eroding service provision quality and help improve public awareness of the offer.

Work Programme

Disabled people with complex needs are being marginalised by the Work Programme. The government should take steps to avoid creaming and parking of benefit claimants by trading the one-size-fits-none practical implementation model of the Work Programme for separate support streams that are genuinely tailored to disabled individuals.

Work Choice

Work Choice has creaming problems of its own, even amongst the disabled claimant population, but a specialist employment support stream has practical potential, particularly given the impressive outcomes the programme achieves for those with severe mental illness. The government should continue funding the programme beyond 2015, while developing policy to improve and maintain its ability to enable disabled people to obtain and keep sustainable employment.

Employment Tribunal Fees

The imposition of employment tribunal fees is a barrier to justice for the most vulnerable in society. Regardless of the ultimate outcome of UNISON's judicial review appeal, the government should scrap the fees.

Work Capability Assessment for Employment Support Allowance

Work Capability Assessments have proven a wildly volatile and harmful means of managing benefit spending. The transition to the new WCA provider, Maximus, in March 2015, changed the actor but not the faulty process created by the government. The government should create a new, fairer assessment to replace the WCA altogether and ensure it becomes better integrated with employment support programmes.

Proposed policy reforms to improve the employment position of disabled people

Mental health and disability

Equality Act 2010: Reasonable Adjustments Duty

The stigma against discussing mental health, especially in the workplace, presents a real barrier to achieving workplaces that work for everyone. While employers are under an obligation to make reasonable adjustments for disabilities, including those linked with mental illness, it is important to promote open dialogue on the topic. The Department of Health, alongside Comic Relief, had committed to funding the Time to Change campaign to reduce workplace stigma around mental health until March 2015 (Time to Change 2015). However, significant work remains to be done. The government should extend funding for this valuable campaign.

Remploy closures

Alongside the drive to close Remploy factories, came the introduction of new employment support programmes, like the WMHSS. The WMHSS has reduced choice by ending AtW funding for specialised employment support programmes that support those with mental ill health, especially those with severe and enduring conditions (Work and Pensions Committee^b 2014-15). Remploy's current WMHSS contract ends in December of 2016 (Remploy^a 2014). The government should revise terms of any future contract then, if not possible before, to again allow people with mental health problems to choose between specialised employment support providers.

Access to Work

The existence of the WMHSS as the only AtW strand specifically aimed at helping people with mental illness has, if anything, increased the wrong public impression that AtW support is mostly for people with physical impairments. The government should take steps to publically and concretely highlight that AtW support is available for people with mental health impairments. This should be achieved by illustrating support likely to help people with mental illness. For example, AtW can cover travel costs, like taxi fares, for a worker whose mental impairment, such as anxiety, makes accessing public transport difficult. This should also be achieved by strengthening the assurances made in the pre-employment letter of likely eligibility for AtW support for those with mental health impairments.

Work Programme

Disabled people with mental health conditions are being especially marginalised by the Work Programme through unreasonable sanctions or lack of consistent access to their provider. The government should take steps to avoid creaming and parking of benefit claimants by trading the one-size-fits-none practical implementation model of the Work Programme for separate support streams that are genuinely tailored to individuals with mental illness.

Work Choice

Work Choice referrals are systemically designed to select those with mental health problems who are closest to ‘work ready’ access specialised support. The government should end the strategy of directing most people into the mainstream Work Programme. A specialist employment support scheme that is responsive to the unique needs of people seeking work who have a range of mental health impairments should be created.

Work Capability Assessment for Employment Support Allowance

The WCA process came under legal fire for allegedly violating the Equality Act 2010 duty to make reasonable adjustments incumbent upon the DWP. Regardless of the final outcome of the judicial review, the government should follow the Upper Tribunal’s urging to ensure that any fitness-for-work rules under a new, fairer scheme created to replace the WCA comply with the Act. Furthermore, the government should publically renounce the suggestion that mental health treatment should be a compulsory condition of benefits.

Benefit sanctions

Finally, the government should fundamentally revise the current benefit sanction regime, which sets up people with mental illness for failure by punishing them for the symptoms of their illness. A reformed benefits regime should engage and support people with mental illness, rather than starting from an assumption that claimants are poorly motivated or workshy.

Appendix one: LFS analysis methodology notes

TUC analysis of employment outcomes for disabled and non-disabled people in Section one of this report has been conducted using the Labour Force Survey from Q1 2008 to Q3 2014.

Differences from ONS analysis in Table A08: Labour market status of disabled people (Dec 2014)

Careful readers may notice similarities between the analysis underlying Section one of this report and Table A08 published by the ONS in December of 2014. However, anyone seeking to re-create this data should be aware of two key differences.

- Working Age Definition: Table A08 footnotes state, “Prior to 2010, questions on disability were only asked of women below the state pension age (16-59),” so data reflected men aged 16-64 and women 16-59 prior to 2010. From 2010 on, data reflected all people aged 16-64. Our further communication with the ONS clarified “The transition to all people 16-64 was introduced in Q2 2010.” However, we tested our understanding of ONS methodology by attempting to recreate the “in employment” figures for the A08 columns “People with disabilities that limit their day-to-day activities” and “Not long-term disabled.” Using the methodology to be detailed in this appendix (aside from excluding Northern Ireland):
 - For Q1 2008-Q1 2010, our figures exactly matched.
 - For Q2 2010-Q1 2013, our figures were about 4.5-5% higher for the disabled people and about 2% higher for non-disabled people.
 - For Q2 2013-Q3 2014, our figures for disabled people exactly matched but our figures for non-disabled people were about 2-2.5% higher.

By keeping our methodology consistent except for changing the age definition in Q2 2010 – Q1 2013 from all 16-64 to men 16-64 and women 16-59, our numbers then matched Table A08. Therefore, the first distinction is that Table A08 appears not to have actually begun including all people 16-64 until Q2 2013. The analysis in this report made that transition from Q2 2010 in order to analyse the most complete data available.

- Non-Disabled Person Definition: The discrepancy for the non-disabled in employment figures Q2 2013 to Q3 2014 is due to using a different

definition for disabled people than was used for non-disabled people. Table A08 shows statistics for three definitions of disabled people for every quarter and uses one of them to define who is a non-disabled person. For the period Q2 2013 to Q3 2014, ONS used the derived variable DISCURR13 = 4 for non-disabled people. This report uses the derived variable DISEA = 2 instead in order to parallel the definition of disabled people we used (DISEA = 1), all in reference to the Equality Act 2010 core definition of disabled people.

By keeping our methodology consistent except for changing the non-disabled person definition from DISEA = 2 to DISCURR13 = 4, our numbers then matched Table A08 for this final period. The analysis in this report kept with the DISEA = 2 definition of non-disabled people for reasons of consistency explained above.

Demographic and employment variables

- Only estimates for Great Britain have been included. A further distinction to note is that Table A08 reflected the entire UK.
 - This was achieved by limiting respondents to GOVTOF2 = 1-2 and 4-12 (excluding responses of Northern Ireland, does not apply, or does not answer) over the full period.
- To avoid the compounding impact ageing on employment outcomes, we have also limited the analysis to those of working age and below the state pension age, unless otherwise notes. Due to changes to women's state pension age over this period and when LFS was revised to reflect them, all Q1 2008 - Q1 2010 estimates include men aged 16-64 and women aged 16-59. Estimates from Q2 2010 - Q3 2014 include all men and women aged 16-64.
 - This was achieved, unless otherwise stated, by using: WRKAGE=1 or 2 for Q1 2008 - Q1 2010, and MF1664=1 for Q2 2010 - Q3 2014.
 - Due to a problem with the MF1664 calculation for Q4 2010 only, estimates of all 16-64 were achieved by aggregating on AGE=16-64 instead.
- All employment statistics have been calculated using the disaggregated counts arising from ILODEFR over the full period Q1 2008 to Q3 2014.
 - The breakdowns from this variable of 1=in employment, 2=ILO unemployment, and 3=Inactive were used where applicable.

Disability variables and discontinuities

For the period Q1 2008–Q1 2013, the ONS definition of people who are defined as disabled using the Disability Discrimination Act³⁰ has been used to describe the disabled population. This includes only estimates of those who:

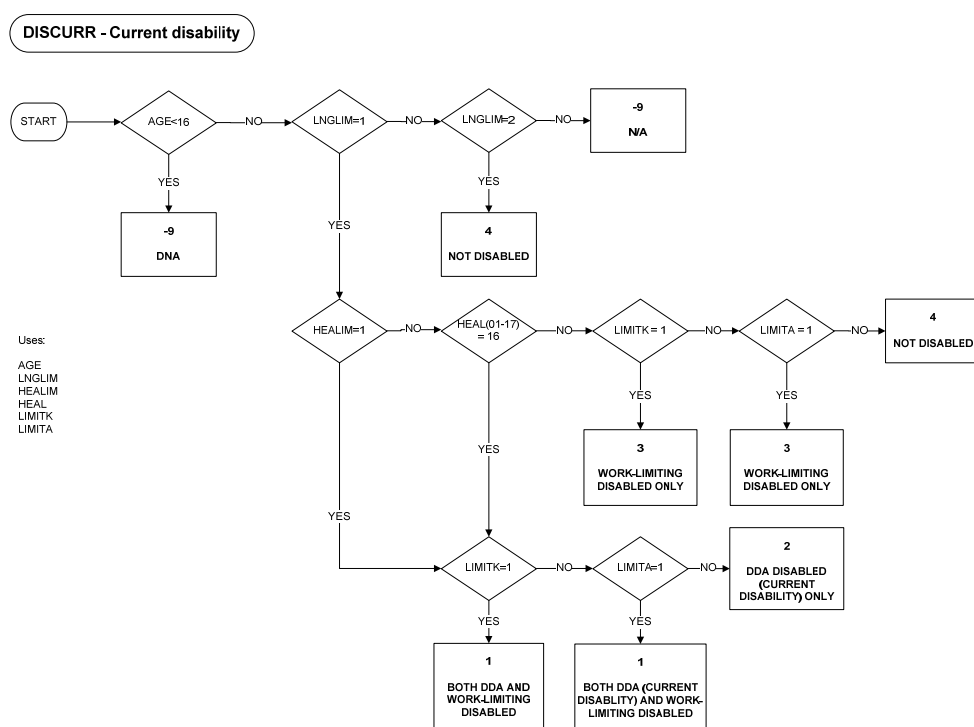
³⁰ Estimates arising from DISCURR=1 or 2 (those deemed DDA disabled) were derived by the ONS

LFS analysis methodology notes

- are deemed Disability Discrimination Act disabled (DISCURR=1 or 2)

Conversely, the non-disabled population during this period includes those who were deemed not disabled under the DDA.³¹ This includes only estimates of those who:

- Are deemed not disabled (DISCURR=4)



Source: ONS communication

as follows: AGE \geq 16, LINGLIM=1 (those who have a health condition lasting or expected to last 12 months or more), and either HEALIM=1 (the health problem limits activity) or HEAL(01-17)=16 (the respondent has a progressive health problem not included elsewhere [ie: cancer, multiple sclerosis, symptomatic HIV, Parkinson's disease, or muscular dystrophy] and LIMITKA=1 or 2 or LIMITA (the health condition may or may not impact the kind or amount of paid work the person may do). Estimates arising from DISCURR=4 (those deemed not DDA disabled) were derived by the ONS as follows: AGE \geq 16 and LINGLIM=2 (those who do not have a health condition lasting or expected to last 12 months or more) or LINGLIM=1 (those who have a health condition lasting or expected to last 12 months or more) and HEALIM \neq 1 and HEAL(01-17) \neq 16 (those whose health problem does not limit activity and do not have a progressive illness not otherwise classified) and LIMITK \neq 1 and LIMITA \neq 1 (the health condition does not impact the type or amount of paid work the respondent may do).

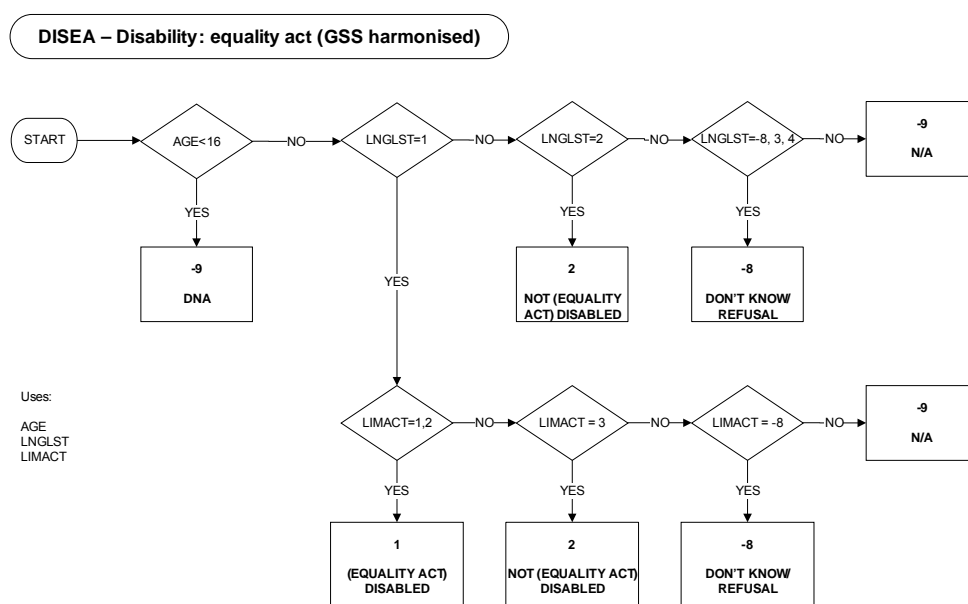
³¹ This excludes those who could not report or refused to report on their health conditions and therefore could not be classified with respect to disability or were only deemed work-limiting disabled (DISCURR=3).

For the period Q2 2013³²–Q3 2014, the ONS definition of Equality Act core disabled³³ has been used to describe the disabled population. This includes only estimates of those who:

- are deemed Equality Act core disabled (DISEA=1)

Conversely, the non-disabled population during this period includes those were deemed not Equality Act core disabled.³⁴ This includes only estimates of those who:

- are deemed not Equality Act core disabled (DISEA=2)



Source: ONS communication

³² The derived variable DISEA did not appear to have been calculated until Q3 2013. Therefore, for Q2 2013 data, the disability breakdowns were derived by hand as laid out in this methodology.

³³ The Equality Act core disabled definition does not include every person who may be protected under the Equality Act 2010, such as those experiencing direct discrimination by association with a disabled person. However, it is the variable used by the ONS to estimate those under the Act's legal definition of a disabled person in Section 6(1): "A person (P) has a disability if (a) P has a physical or mental impairment, and (b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities," (Lewis 2014). Estimates arising from DISEA=1 (Equality Act core disabled) were derived by the ONS as follows: AGE≥16, LNLST=1 (those who have a health condition lasting or expected to last 12 months or more), and LIMACT=1 or 2 (and for whom that condition impacts their ability to carry out day-to-day activities a little or a lot). Estimates arising from DISEA=2 (those deemed not Equality Act core disabled) were derived by the ONS as follows: AGE≥16, and LNLST=2 (those who do not have a health condition lasting or expected to last 12 months or more) or LNLST=1 (those who have a health condition lasting or expected to last 12 months or more) and LIMACT=3 (the health condition does not impact ability to carry out day-to-day activities at all).

³⁴ This excludes those who could not report or refused to report on their health conditions and therefore could not be classified with respect to disability.

LFS analysis methodology notes

There are three points of discontinuity in the disability measures of this data set, which make strict comparisons over the full period not possible.

- In Q1 2010, there was a change in the reporting behaviour of survey respondents that was thought to be related to a wording change in the introduction to the survey section on disabilities. It is believed that the change yielded more accurate estimates. The most noticeable effect thought to be attributable to this change was an increase in the number of economically active disabled people between Q4 2009 and Q1 2010 of about 300,000—an 8% increase—along with a comparable decrease in estimates of those not long-term disabled for UK wide estimates as reported by the ONS.
- In Q1 2012, a further discontinuity occurred affecting the calculation of non-disabled people (using DISCURR = 4).
- In Q2 2013, changes were made to the wording of the disability questions to bring the LFS into line with Government Statistical Service (GSS) Harmonised Standards for disability questions and to enable the LFS estimates to be consistent with the definitions used in 2010 Equality Act. This is why the disability measure changed from DISCURR to DISEA in Q2 2013 in this analysis. As with all new questions, they are subject to ONS monitoring for several quarters, and should therefore be interpreted with caution.

Further analysis in Section one of this report conducted on Q3 2014 LFS data only uses these same demographic, employment and disability definitions, unless otherwise noted and expanded upon in the text or footnotes.

Appendix two: LFS supplemental tables and graphs

General disabled population

		Economic activity - disabled ¹ population ² - Great Britain			
		In employment	ILO unemployed	Inactive	Total
2008	Q1	2,812,396	261,901	2,786,466	5,860,763
	Q2	2,807,728	263,571	2,742,156	5,813,455
	Q3	2,845,807	282,503	2,777,306	5,905,616
	Q4	2,802,530	284,248	2,718,174	5,804,952
2009	Q1	2,768,426	290,944	2,750,174	5,809,544
	Q2	2,740,958	307,645	2,732,038	5,780,641
	Q3	2,802,117	314,579	2,752,819	5,869,515
	Q4	2,784,892	326,920	2,776,247	5,888,059
2010	Q1	3,026,920	366,148	2,821,744	6,214,812
	Q2	3,193,218	386,175	3,405,111	6,984,504
	Q3	3,266,860	388,232	3,419,245	7,074,337
	Q4	3,374,045	395,692	3,427,427	7,197,164
2011	Q1	3,403,191	400,661	3,409,525	7,213,377
	Q2	3,226,165	384,981	3,398,332	7,009,478
	Q3	3,230,474	381,753	3,400,561	7,012,788
	Q4	3,223,179	411,117	3,364,523	6,998,819
2012	Q1	3,245,546	415,778	3,349,127	7,010,451
	Q2	3,213,936	422,263	3,315,826	6,952,025
	Q3	3,223,491	430,274	3,236,816	6,890,581
	Q4	3,238,078	408,442	3,233,186	6,879,706
2013	Q1	3,200,595	422,951	3,228,371	6,851,917
	Q2	2,839,342	441,922	3,164,477	6,445,741
	Q3	2,809,836	478,105	3,133,924	6,421,865
	Q4	2,904,661	435,318	3,181,809	6,521,788
2014	Q1	2,888,010	458,316	3,131,777	6,478,103
	Q2	2,948,136	423,525	3,128,272	6,499,933
	Q3	3,068,742	395,975	3,174,424	6,639,141

Source: TUC analysis of Labour Force Survey

¹From Q1 2008-Q1 2013, disabled defined by DISCURR = 1 or 2 (DDA 1995). From Q2 2013-Q3 2014, disabled defined by DISEA = 1 (EqA 2010). Discontinuity was identified in the disability rates reported by DISCURR from Q4 2009 to Q1 2010 that may be due to the addition of a short introduction to the disability questions in Q1 2010.

²From Q1 2008 - Q1 2010, includes men 16-64 and women 16-59. From Q2 2010-Q3 2014, includes men and women 16-64 to reflect the change in the state pension age for women. There was one exception. Data referring to Q4 2010 has been calculated using an aggregation of cases where AGE = 16-64 due to a problem using MF1664 during that quarter only. The result—including all people 16-64—is still the same.

LFS supplemental tables and graphs

Economic activity - non-disabled ¹ population ² - Great Britain					
		In employment	ILO unemployed	Inactive	Total
2008	Q1	24,008,528	1,213,029	4,698,692	29,920,249
	Q2	24,020,575	1,246,855	4,732,245	29,999,675
	Q3	24,027,682	1,483,747	4,422,055	29,933,484
	Q4	23,986,958	1,510,462	4,606,422	30,103,842
2009	Q1	23,692,785	1,738,834	4,678,490	30,110,109
	Q2	23,454,806	1,899,594	4,822,592	30,176,992
	Q3	23,509,847	2,029,479	4,558,913	30,098,239
	Q4	23,515,999	1,895,169	4,787,412	30,198,580
2010	Q1 ³	22,947,024	1,940,083	4,952,733	29,839,840
	Q2	23,552,832	1,880,067	5,500,075	30,932,974
	Q3	23,792,127	1,978,363	5,112,707	30,883,197
	Q4	23,585,332	1,864,880	5,352,235	30,802,447
2011	Q1	23,509,374	1,873,147	5,499,774	30,882,295
	Q2	23,669,615	1,920,384	5,530,908	31,120,907
	Q3	23,657,641	2,159,705	5,251,522	31,068,868
	Q4	23,667,970	2,028,984	5,357,554	31,054,508
2012	Q1	23,568,215	1,981,902	5,394,423	30,944,540
	Q2	23,743,560	1,894,676	5,288,939	30,927,175
	Q3	23,972,376	1,982,025	5,021,127	30,975,528
	Q4	24,072,922	1,876,793	5,086,793	31,036,508
2013	Q1	23,893,695	1,893,390	5,313,961	31,101,046
	Q2	25,061,080	1,933,023	5,617,141	32,611,244
	Q3	25,436,415	1,987,132	5,310,613	32,734,160
	Q4	25,440,492	1,772,711	5,411,995	32,625,198
2014	Q1	25,510,396	1,634,881	5,539,147	32,684,424
	Q2	25,641,976	1,513,375	5,548,125	32,703,476
	Q3	25,775,895	1,562,273	5,250,914	32,589,082

Source: TUC analysis of Labour Force Survey

¹From Q1 2008-Q1 2013, disabled defined by DISCURR = 1 or 2 (DDA 1995). From Q2 2013-Q3 2014, disabled defined by DISEA = 1 (EqA 2010). Discontinuity was identified in the disability rates reported by DISCURR from Q4 2009 to Q1 2010 that may be due to the addition of a short introduction to the disability questions in Q1 2010. A further discontinuity occurred in Q1 2012 affecting the calculation of the non-disabled (DISCURR = 4).

²From Q1 2008 - Q1 2010, includes men 16-64 and women 16-59. From Q2 2010-Q3 2014, includes men and women 16-64 to reflect the change in the state pension age for women. There was one exception. Data referring to Q4 2010 has been calculated using an aggregation of cases where AGE = 16-64 due to a problem using MF1664 during that quarter only. The result—including all people 16-64—is still the same.

Disability penalties in employment in Great Britain^{1,2}

		Employment rate disability penalty ³	Economic activity rate disability penalty ⁴	Unemployment rate disability penalty ⁵	Economic inactivity rate disability penalty ⁶
2008	Q1	-32.3%	-31.8%	3.7%	31.8%
	Q2	-31.8%	-31.4%	3.6%	31.4%
	Q3	-32.1%	-32.3%	3.2%	32.3%
	Q4	-31.4%	-31.5%	3.3%	31.5%
2009	Q1	-31.0%	-31.8%	2.7%	31.8%
	Q2	-30.3%	-31.3%	2.6%	31.3%
	Q3	-30.4%	-31.8%	2.1%	31.8%
	Q4	-30.6%	-31.3%	3.0%	31.3%
2010	Q1	-28.2%	-28.8%	3.0%	28.8%
	Q2	-30.4%	-31.0%	3.4%	31.0%
	Q3	-30.9%	-31.8%	2.9%	31.8%
	Q4	-29.7%	-30.2%	3.2%	30.2%
2011	Q1	-28.9%	-29.5%	3.2%	29.5%
	Q2	-30.0%	-30.7%	3.2%	30.7%
	Q3	-30.1%	-31.6%	2.2%	31.6%
	Q4	-30.2%	-30.8%	3.4%	30.8%
2012	Q1	-29.9%	-30.3%	3.6%	30.3%
	Q2	-30.5%	-30.6%	4.2%	30.6%
	Q3	-30.6%	-30.8%	4.1%	30.8%
	Q4	-30.5%	-30.6%	4.0%	30.6%
2013	Q1	-30.1%	-30.0%	4.3%	30.0%
	Q2	-32.8%	-31.9%	6.3%	31.9%
	Q3	-34.0%	-32.6%	7.3%	32.6%
	Q4	-33.4%	-32.2%	6.5%	32.2%
2014	Q1	-33.5%	-31.4%	7.7%	31.4%
	Q2	-33.1%	-31.2%	7.0%	31.2%
	Q3	-32.9%	-31.7%	5.7%	31.7%
	Average	-31.1%	-31.1%	4.1%	31.1%

Source: TUC analysis of Labour Force Survey

¹From Q1 2008-Q1 2013, disabled defined by DISCURR = 1 or 2 (DDA 1995). From Q2 2013-Q3 2014, disabled defined by DISEA = 1 (EqA 2010). Discontinuity was identified in the disability rates reported by DISCURR from Q4 2009 to Q1 2010 that may be due to the addition of a short introduction to the disability questions in Q1 2010. A further discontinuity occurred in Q1 2012 affecting the calculation of the non-disabled (DISCURR = 4).

²From Q1 2008 - Q1 2010, includes men 16-64 and women 16-59. From Q2 2010-Q3 2014 includes men and women 16-64 to reflect the change in the state pension age for women. There was one exception. Data referring to Q4 2010 has been calculated using an aggregation of cases where AGE = 16-64 due to a problem using MF1664 during that quarter only. The result—including all people 16-64—is still the same.

³Employment rate disability penalty = disabled employment rate minus non-disabled employment rate

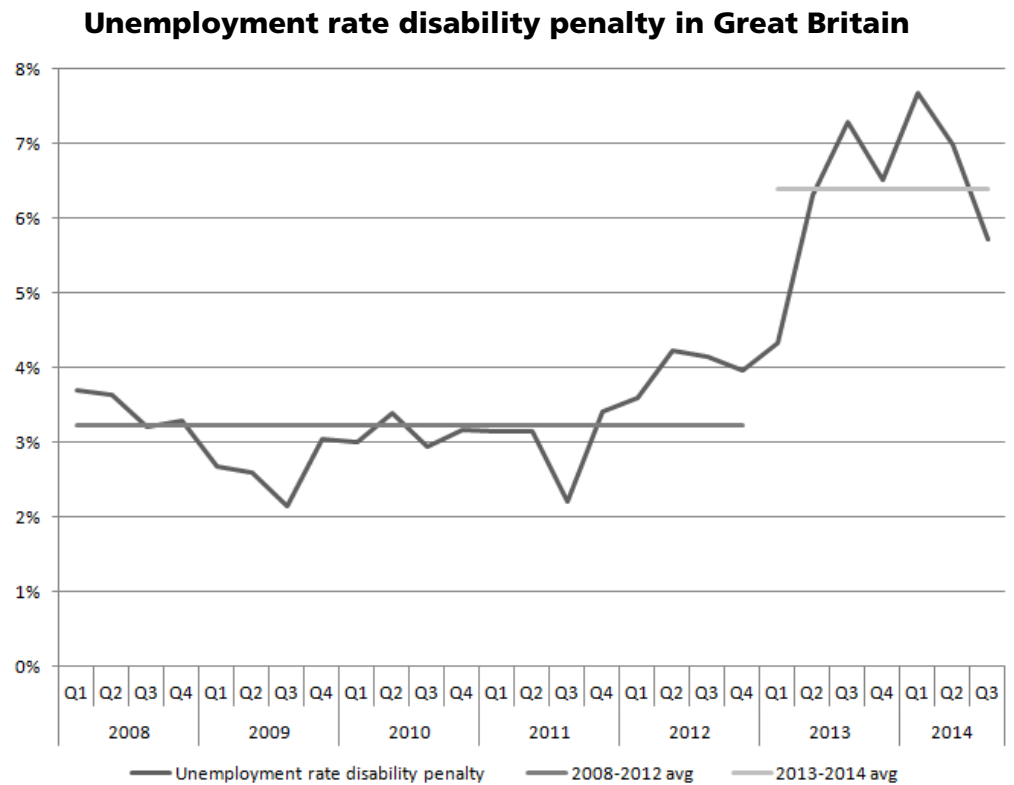
⁴Economic activity rate disability penalty = disabled economic activity rate minus non-disabled economic activity rate

⁵ILO unemployment disability penalty = disabled ILO unemployment rate minus non-disabled ILO unemployment rate

⁶Economically inactive rate disability penalty = disabled economically inactive rate minus non-disabled economically inactive rate

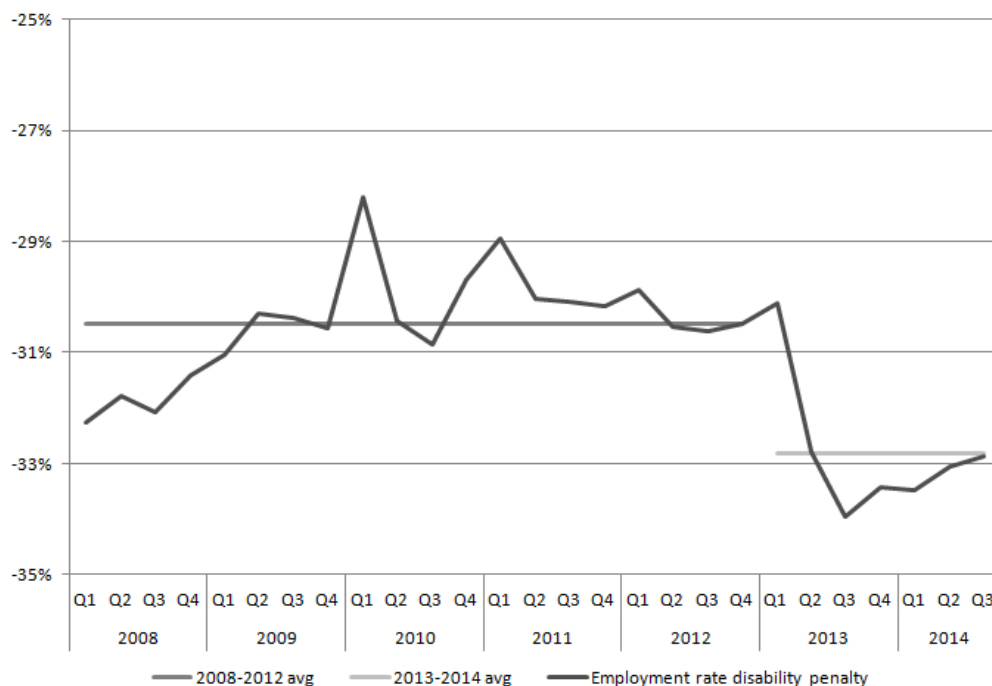
LFS supplemental tables and graphs

The following two graphs provide a supplemental illustration of the impact of the disability definition change in the LFS from Q2 2013 that was detailed in the main report.



Source: TUC analysis of Labour Force Survey

Employment rate disability penalty in Great Britain



Source: TUC analysis of Labour Force Survey

Part-time as a proportion of employment in Great Britain^{1,2}

	Disabled people			Non-disabled people		
	In employment		Part-time as a percent of total in employment	In employment		Part-time as a percent of total in employment
	Full-time	Part-time		Full-time	Part-time	
Q3 2010	2,219,314	1,013,535	31.4%	17,747,379	5,914,650	25.0%
Q3 2011	2,196,269	1,005,026	31.4%	17,808,732	5,736,607	24.4%
Q3 2012	2,154,405	1,065,244	33.1%	18,436,989	6,089,039	24.8%
Q3 2013	1,828,151	930,043	33.7%	19,051,295	6,196,866	24.5%
Q3 2014	1,960,332	1,057,909	35.1%	19,500,467	6,144,227	24.0%

Source: TUC analysis of Labour Force Survey

¹For Q3 2010-Q3 2012, disabled defined by DISCURR = 1 or 2 (DDA 1995). For Q3 2013-Q3 2014, disabled defined by DISEA = 1 (EqA 2010). Discontinuity was identified in the disability rates reported by DISCURR from Q4 2009 to Q1 2010 that may be due to the addition of a short introduction to the disability questions in Q1 2010. A further discontinuity occurred in Q1 2012 affecting the calculation of the non-disabled (DISCURR = 4).

²All men and women 16-64 in GB

³Employment pattern breakdowns have been pulled by cross-tabulating with the variable FTPTW, such that full-time = 6, part-time an aggregation of 1-5 and part-time because they could not find a full-time job = 3.

LFS supplemental tables and graphs

Involuntary part-time as a proportion of part-time in employment in Great Britain^{1,2}

	Disabled people			Non-disabled people		
	In employment		Percent of those working part-time because they could not find a full-time job	In employment		Percent of those working part-time because they could not find a full-time job
	Part-time ³	(Part-time could not find a job)		Part-time	(Part-time could not find a job)	
Q3 2010	1,013,535	142,105	14.0%	5,914,650	940,874	15.9%
Q3 2011	1,005,026	152,119	15.1%	5,736,607	1,018,781	17.8%
Q3 2012	1,065,244	183,319	17.2%	6,089,039	1,154,953	19.0%
Q3 2013	930,043	179,713	19.3%	6,196,866	1,222,724	19.7%
Q3 2014	1,057,909	201,540	19.1%	6,144,227	1,094,886	17.8%

Source: TUC analysis of Labour Force Survey

¹For Q3 2010-Q3 2012, disabled defined by DISCURR = 1 or 2 (DDA 1995). For Q3 2013-Q3 2014, disabled defined by DISEA = 1 (EqA 2010). Discontinuity was identified in the disability rates reported by DISCURR from Q4 2009 to Q1 2010 that may be due to the addition of a short introduction to the disability questions in Q1 2010. A further discontinuity occurred in Q1 2012 affecting the calculation of the non-disabled (DISCURR = 4).

²All men and women 16-64 in GB

³Employment pattern breakdowns have been pulled by cross-tabulating with the variable FTPTW, such that full-time = 6, part-time an aggregation of 1-5 and part-time because they could not find a full-time job = 3.

Sex and disability

Employment outcomes by sex and disability^{1,2}

		In employment	Employment rate	Economic activity rate	ILO			
					ILO unemployed	unemployment rate	Economically inactive	Economically inactive rate
Men	Equality Act Disabled	1,416,430	48.2%	55.4%	211,143	13.0%	1,312,677	44.6%
	Not Equality Act Disabled	13,917,523	84.1%	89.3%	861,950	5.8%	1,763,960	10.7%
Women	Equality Act Disabled	1,652,312	44.7%	49.7%	184,832	10.1%	1,861,747	50.3%
	Not Equality Act Disabled	11,858,372	73.9%	78.3%	700,323	5.6%	3,486,954	21.7%
N (16-64 year olds in GB)		28,844,637	73.5%	78.5%	1,958,248	6.4%	8,425,338	21.5%

Source: TUC analysis of Labour Force Survey (Q3 2014)

¹Disabled defined by DISEA = 1 and non-disabled defined by DISEA = 2 (EqA 2010)

²All men and women 16-64 in GB

Employment disability penalties by sex^{1,2}

	Employment rate disability penalty ³	Economic activity rate disability penalty ⁴	Unemployment rate disability penalty ⁵	Economic inactivity rate disability penalty ⁶
Men	-36.0%	-34.0%	7.1%	34.0%
Women	-39.5%	-39.7%	4.2%	39.7%

Source: TUC analysis of Labour Force Survey (Q3 2014)

¹Disabled defined by DISEA = 1 and non-disabled defined by DISEA = 2 (EqA 2010)

²All men and women 16-64 in GB

³Employment rate disability penalty = men/women disabled employment rate minus men non-disabled employment rate

⁴Economic activity rate disability penalty = men/women disabled economic activity rate minus men non-disabled economic activity rate

⁵ILO unemployment disability penalty = men/women disabled ILO unemployment rate minus men non-disabled ILO unemployment rate

⁶Economically inactive rate disability penalty = men/women disabled economically inactive rate minus men non-disabled economically inactive rate

Economic inactivity by sex¹

Economically Inactive level ²		Economically Inactive Rate		Total	
Men	Women	Men	Women	Men	Women
3,130,387	5,408,625	16.1%	27.4%	19,483,683	19,744,540

Source: TUC analysis of Labour Force Survey (Q3 2014)

¹men and women 16-64 in GB

²These economically inactive counts are slightly higher than the sum of relevant totals above because the use of DISEA above will have excluded some cases that did not fit as disabled or not

Proportion of economically inactive not seeking work due to childcare/home responsibilities by sex¹

Inactive due to childcare/home responsibilities level		Proportion of Inactive who are inactive due to childcare/home responsibilities		Economically inactive level	
Men	Women	Men	Women	Men	Women
223,121	1,949,451	7.1%	36.0%	3,130,387	5,408,625

Source: TUC analysis of Labour Force Survey (Q3 2014)

¹men and women 16-64 in GB

LFS supplemental tables and graphs

Mental health and disability

Economic activity of disabled¹ people² by main health problem in Great Britain

Main health problem	In employment	ILO unemployed	Economically inactive	Total
Arms, hands	238,125	25,018	171,105	434,248
Legs or feet	441,634	47,620	370,327	859,581
Back or neck	542,229	51,015	441,122	1,034,366
Difficulty in seeing	40,023	3,457 ³	44,035	87,515
Difficulty in hearing	50,243	5,430 ³	28,788	84,461
Speech impediment	1,222 ³	942 ³	3,125 ³	5,289 ³
Skin conditions, allergies	63,276	7,110	19,017	89,403
Chest, breathing problems	250,940	30,065	200,440	481,445
Heart, blood, pressure, circulation	171,241	15,205	173,649	360,095
Stomach, liver, kidney, digestion	210,785	13,521	142,823	367,129
Diabetes	128,496	19,502	89,610	237,608
Depression, bad nerves	309,896	72,478	406,729	789,103
Epilepsy	24,419	4,532 ³	59,318	88,269
Learning difficulties	38,996	19,608	129,670	188,274
Mental illness, phobia, panics	95,777	32,878	292,331	420,986
Progressive illness n.e.c.	117,374	8,776 ³	234,025	360,175
Other problems, disabilities	315,527	34,805	316,110	666,442
N ⁴	3,040,203	391,962	3,122,224	6,554,389

Source: TUC analysis of Labour Force Survey (Q3 2014)

¹Disabled defined by DISEA = 1 and non-disabled defined by DISEA = 2 (EqA 2010)

²men and women 16-64 in GB

³estimate unreliably low (less than 10,000)

⁴These summed economic activity counts are slightly lower than the aggregate disabled counts for this quarter above from the disability variable (DISEA) because the main health condition variable (HEALTH) above will have excluded some cases that did not fit one of these conditions and some of these condition level estimates are unreliable as denoted and will not be used alone for further analysis.

Equality Act core disabled¹ people's² employment rate by main health problem

Main Health Problem ³	Employment rate		
Skin conditions, allergies	70.8%		
Difficulty in hearing	59.5%		
Stomach, liver, kidney, digestion	57.4%		
Arms, hands	54.8%		
Diabetes	54.1%		
Back or neck	52.4%		
Chest, breathing problems	52.1%		
Legs or feet	51.4%		
Heart, blood, pressure, circulation	47.6%		
Other problems, disabilities	47.3%	46.4%	79.1%
Difficulty in seeing	45.7%		
Depression, bad nerves	39.3%		
Progressive illness n.e.c.	32.6%		
Epilepsy	27.7%		
Mental illness, phobia, panics	22.8%		
Learning difficulties	20.7%		

Source: TUC analysis of Labour Force Survey (Q3 2014)

¹Disabled defined by DISEA = 1 and non-disabled defined by DISEA = 2 (EqA 2010)

²men and women 16-64 in GB who provided data on their primary impairment

³Speech impediment has been excluded due to in employment estimate < 10,000

⁴men and women 16-64 in GB

LFS supplemental tables and graphs

Employment outcomes by sex, disability and impairment^{1,2}

		In employment	Employment rate	Economic activity rate	ILO unemp- loyed	ILO unemp- loyment rate	Economically inactive	Economically inactive rate
Men	All Equality Act Disabled	1,416,430	48.2%	55.4%	211,143	13.0%	1,312,677	44.6%
	Equality Act Disabled and Main Health Problem Mental Illness ³	155,924	30.8%	41.5%	54,295	25.8%	295,978	58.5%
	Not Equality Act Disabled	13,917,523	84.1%	89.3%	861,950	5.8%	1,763,960	10.7%
Women	All Equality Act Disabled	1,652,312	44.7%	49.7%	184,832	10.1%	1,861,747	50.3%
	Equality Act Disabled and Main Health Problem Mental Illness ³	249,749	35.5%	42.7%	51,061	17.0%	403,082	57.3%

Source: TUC analysis of Labour Force Survey (Q3 2014)

¹Disabled defined by DISEA = 1 and non-disabled defined by DISEA = 2 (EqA 2010)

²All men and women 16-64 in GB

³As determined by a response in the LFS variable for main health condition (HEALTH) of 12 (depression, bad nerves or anxiety) or 15 (mental illness, or suffer from phobias, panics, or other nervous disorders).

Employment disability penalties by sex and impairment^{1,2}

		Employment rate disability penalty ⁴	Economic activity rate disability penalty ⁵	Unemployment rate disability penalty ⁶	Economic inactivity rate disability penalty ⁷
Men	All Equality Act Disabled	-36.0%	-34.0%	7.1%	34.0%
	Equality Act Disabled and Main Health Problem Mental Illness ³	-53.3%	-47.8%	20.0%	47.8%
Women	All Equality Act Disabled	-39.5%	-39.7%	4.2%	39.7%
	Equality Act Disabled and Main Health Problem Mental Illness ³	-48.6%	-46.6%	11.1%	46.6%

Source: TUC analysis of Labour Force Survey (Q3 2014)

¹Disabled defined by DISEA = 1 and non-disabled defined by DISEA = 2 (EqA 2010)

²All men and women 16-64 in GB

³As determined by a response in the LFS variable for main health condition (HEALTH) of 12 (depression, bad nerves or anxiety) or 15 (mental illness, or suffer from phobias, panics, or other nervous disorders).

⁴Employment rate disability penalty = disabled people employment rate minus men non-disabled people employment rate

⁵Economic activity rate disability penalty = disabled economic activity rate minus men non-disabled economic activity rate

⁶ILO unemployment disability penalty = disabled ILO unemployment rate minus men non-disabled ILO unemployment rate

⁷Economically inactive rate disability penalty = disabled economically inactive rate minus men non-disabled economically inactive rate

LFS supplemental tables and graphs

Age and mental illness

Disabled people as a proportion of GB population			
Age	EA Disabled ¹	Total ²	Disabled proportion of total
16-19yrs	284,260	2,937,542	9.7%
20-24yrs	471,333	4,150,585	11.4%
25-29yrs	431,045	4,244,074	10.2%
30-34yrs	452,969	4,197,451	10.8%
35-39yrs	526,284	3,851,493	13.7%
40-44yrs	655,200	4,201,367	15.6%
45-49yrs	835,727	4,488,432	18.6%
50-54yrs	927,007	4,308,631	21.5%
55-59yrs	1,002,233	3,713,596	27.0%
60-64yrs	1,053,083	3,383,283	31.1%
65-69yrs	1,176,385	3,448,109	34.1%
70 and over	3,585,677	7,326,869	48.9%
N=	11,401,203	50,251,432	22.7%

Source: TUC analysis of Labour Force Survey (Q3 2014)

¹Disabled defined by DISEA = 1 and non-disabled defined by DISEA = 2 (EqA 2010)

²All men and women 16-64 in GB

Disabled¹ people whose primary impairment is mental illness as a proportion of GB population

Age	Main health problem: Mental Illness, Phobia, Panics or Depression, Bad Nerves ²	Total GB Population ³	Disabled proportion of total
16-19yrs	54,914	2,937,542	1.9%
20-24yrs	147,484	4,150,585	3.6%
25-29yrs	135,209	4,244,074	3.2%
30-34yrs	128,582	4,197,451	3.1%
35-39yrs	122,545	3,851,493	3.2%
40-44yrs	144,204	4,201,367	3.4%
45-49yrs	147,299	4,488,432	3.3%
50-54yrs	139,719	4,308,631	3.2%
55-59yrs	107,187	3,713,596	2.9%
60-64yrs	82,946	3,383,283	2.5%
65-69yrs	48,616	3,448,109	1.4%
70 and over	88,930	7,326,869	1.2%
N=	1,347,635	50,251,432	2.7%

Source: TUC analysis of Labour Force Survey (Q3 2014)

¹Disabled defined by DISEA = 1 and non-disabled defined by DISEA = 2 (EqA 2010)

²As determined by a response in the LFS variable for main health condition (HEALTH) of 12 (depression, bad nerves or anxiety) or 15 (mental illness, or suffer from phobias, panics, or other nervous disorders).

³All men and women 16-64 in GB

The following chart and graph provide a supplemental illustration of the prevalence of mental ill health by age distribution to those in the main report. The graph “Long-term ill who reported any mental illness as a proportion of GB population” reported on everyone who reported any mental health impairment, whereas this chart and graph only report on those for whom that mental health impairment was also reported as their primary impairment, which is why the overall prevalence of mental ill health here is lower.

LFS supplemental tables and graphs

Long-term ill¹ whose primary impairment is mental illness as a proportion of GB population

Age	Main health problem: Mental Illness, Phobia, Panics or Depression, Bad Nerves ²	Total GB Population ³	Long term ill proportion of total
16-19yrs	66,887	2,937,542	2.3%
20-24yrs	183,090	4,150,585	4.4%
25-29yrs	176,768	4,244,074	4.2%
30-34yrs	168,548	4,197,451	4.0%
35-39yrs	156,385	3,851,493	4.1%
40-44yrs	200,672	4,201,367	4.8%
45-49yrs	191,164	4,488,432	4.3%
50-54yrs	178,512	4,308,631	4.1%
55-59yrs	136,285	3,713,596	3.7%
60-64yrs	99,802	3,383,283	2.9%
65-69yrs	61,209	3,448,109	1.8%
70 and over	113,427	7,326,869	1.5%
N=	1,732,749	50,251,432	3.4%

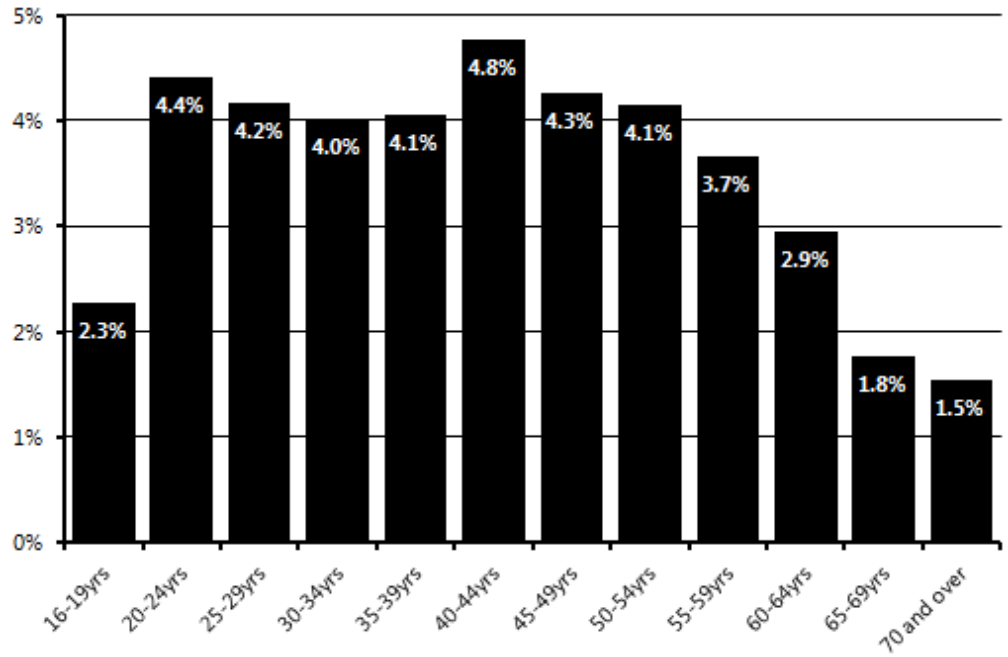
Source: TUC analysis of Labour Force Survey (Q3 2014)

¹Long-term ill as defined by reporting a health problem lasting or expected to last more than 1 year (LNGLST = 1).

²As determined by a response in the LFS variable for main health condition (HEALTH) of 12 (depression, bad nerves or anxiety) or 15 (mental illness, or suffer from phobias, panics, or other nervous disorders).

³All men and women 16-64 in GB

Long term ill mainly due to a mental health impairment as a proportion of the population of Great Britain



Source: TUC analysis of Labour Force Survey Q3 2014

LFS supplemental tables and graphs

Long-term ill¹ who reported any mental illness as a proportion of GB population

Age	Reported depression or bad nerves ²		Reported a mental illness or phobias, panics or other nervous disorders ³		Reported depression or bad nerves or mental illness or phobias, panics or other nervous disorders or both ⁴		Total GB Pop
	Value	% GB pop ⁴	Value	% GB pop ⁴	Value	% GB pop ⁴	
16-19yrs	74,758	2.5%	62,463	2.1%	106,530	3.6%	2,937,542
20-24yrs	185,845	4.5%	126,318	3.0%	239,513	5.8%	4,150,585
25-29yrs	181,770	4.3%	106,361	2.5%	228,835	5.4%	4,244,074
30-34yrs	207,382	4.9%	105,466	2.5%	244,892	5.8%	4,197,451
35-39yrs	214,793	5.6%	105,501	2.7%	252,451	6.6%	3,851,493
40-44yrs	286,142	6.8%	124,105	3.0%	326,112	7.8%	4,201,367
45-49yrs	328,042	7.3%	139,030	3.1%	366,319	8.2%	4,488,432
50-54yrs	329,837	7.7%	156,855	3.6%	375,964	8.7%	4,308,631
55-59yrs	327,602	8.8%	135,745	3.7%	360,854	9.7%	3,713,596
60-64yrs	266,446	7.9%	97,034	2.9%	292,319	8.6%	3,383,283
65-69yrs	180,222	5.2%	58,727	1.7%	202,107	5.9%	3,448,109
70 and over	368,700	5.0%	128,912	1.8%	446,170	6.1%	7,326,869
N=	2,951,539	5.9%	1,346,517	2.7%	3,442,066	6.8%	50,251,432

Source: TUC analysis of Labour Force Survey (Q3 2014)

¹Long-term ill as defined by reporting a health problem lasting or expected to last more than 1 year (LNGLST = 1).

²As determined by aggregating all responses for HEAL(01-17) of 12 (depression, bad nerves or anxiety)

³As determined by aggregating all responses for HEAL(01-17) of 15 (mental illness, or suffer from phobias, panics, or other nervous disorders)

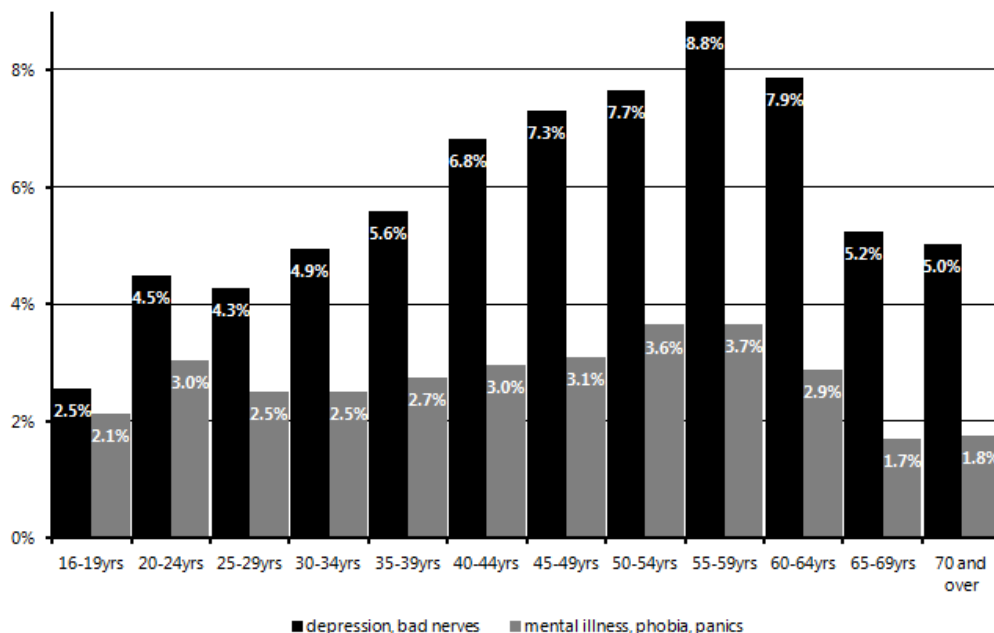
⁴As determined by aggregating all responses for HEAL(01-17) of 12 or 15 to eliminate double counting. The separate aggregations cannot be added directly due to about 25% of respondents reporting both 12 and 15.

⁵All men and women 16-64 in GB

This graph supplements the graph “Long-term ill and reporting any mental health impairment as a proportion of the population of Great Britain” contained in the main report. The original graph aggregates those reporting depression and the mental illness. This graph leaves them separate. All reports of depression, bad nerves therefore appear to come through the LFS at higher prevalence than mental illness, phobia, panics.

However, as respondents could report both impairments, the two bars at each age level below cannot be directly summed. Aggregating to avoid double counting revealed that nearly 25% of the estimate of who ever reported either mental health impairment (accounting for 855,990 people) actually gave both responses to the survey. It is little surprise that nearly a quarter of those reporting either impairment actually reported both, as it is unclear why someone reporting depression would not also report mental illness. However, the ONS told us that they had no reports of the seemingly overlapping categories causing confusion when administering the survey.

Long term ill and reporting any mental health impairment as a proportion of the population of Great Britain



Source: TUC analysis of Labour Force Survey Q3 2014

Prevalence of at least one Common Mental Disorder in the past week¹

	Men	Women	Difference between women and men	All
16-24	13.0%	22.2%	9.2%	17.5%
25-34	14.6%	23.0%	8.4%	18.8%
35-44	15.0%	19.5%	4.5%	17.3%
45-54	14.5%	25.2%	10.7%	19.9%
55-64	10.6%	17.6%	7.0%	14.1%
65-74	7.5%	13.4%	5.9%	10.6%
75+	6.3%	12.2%	5.9%	9.9%
ALL AGES	12.5%	19.7%	7.2%	16.2%

Source: TUC analysis of the Adult Psychiatric Morbidity Survey 2007

¹Survey only covers people in England who were 16 years or older

This chart and graph also provide a supplemental illustration of the prevalence of mental health impairments by age distribution to what was contained in the main report. This illustration reveals that those whose primary impairment is mental illness make up a decreasing proportion of the disabled population as people age. However, this should not be interpreted as an argument for diminishing mental health support as people age. Rather, it demonstrates the importance of mental health care and awareness as people are beginning their careers.

LFS supplemental tables and graphs

Disabled¹ people whose primary impairment is mental illness as a proportion of disabled GB population²

Age	Main health problem: Mental Illness, Phobia, Panics or Depression, Bad Nerves ³	EA Disabled	Mental Illness as a proportion of disabled population
16-19yrs	54,914	284,260	19.3%
20-24yrs	147,484	471,333	31.3%
25-29yrs	135,209	431,045	31.4%
30-34yrs	128,582	452,969	28.4%
35-39yrs	122,545	526,284	23.3%
40-44yrs	144,204	655,200	22.0%
45-49yrs	147,299	835,727	17.6%
50-54yrs	139,719	927,007	15.1%
55-59yrs	107,187	1,002,233	10.7%
60-64yrs	82,946	1,053,083	7.9%
65-69yrs	48,616	1,176,385	4.1%
70 and over	88,930	3,585,677	2.5%
N=	1,347,635	11,401,203	11.8%

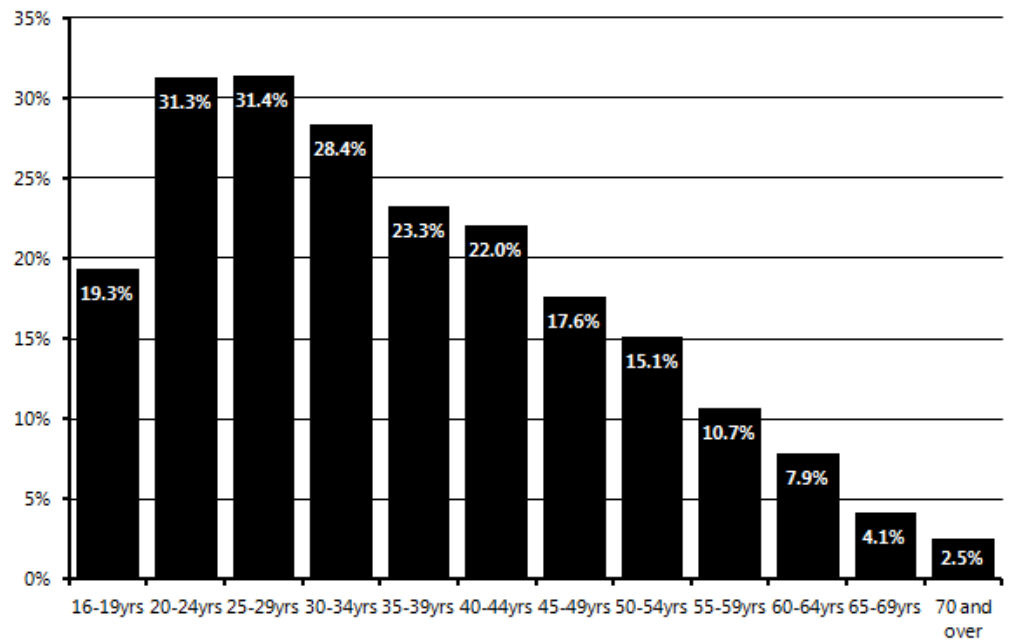
Source: TUC analysis of Labour Force Survey (Q3 2014)

¹Disabled defined by DISEA = 1 and non-disabled defined by DISEA = 2 (EqA 2010)

²Drawn from men and women 16-64 in GB

³As determined by a response in the LFS variable for main health condition (HEALTH) of 12 (depression, bad nerves or anxiety) or 15 (mental illness, or suffer from phobias, panics, or other nervous disorders).

Mental Illness as a proportion of disabled population in Great Britain



Source: TUC analysis of Labour Force Survey Q3 2014

Appendix three: Benefit sanctions supplemental chart

ESA Sanctions by impairment and month¹

Month	Other	Mental and behavioural disorders	Diseases of the nervous system	Diseases of the circulatory or respiratory system	Diseases of the musculoskeletal system and connective tissue	Injury, Poisoning and certain other consequences of external causes	All ²	Month	Other	Mental and behavioural disorders	Diseases of the nervous system	Diseases of the circulatory or respiratory system	Diseases of the musculoskeletal system and connective tissue	Injury, Poisoning and certain other consequences of external causes	All ²
Jan-09	10	-	-	-	-	-	20	Sep-11	60	120	10	20	40	20	260
Feb-09	90	50	10	10	10	20	180	Oct-11	70	150	10	10	30	10	270
Mar-09	240	150	10	10	40	40	490	Nov-11	140	270	20	20	40	20	510
Apr-09	370	210	10	30	70	60	750	Dec-11	120	250	20	20	50	30	480
May-09	490	320	20	40	90	70	1,030	Jan-12	150	310	20	20	50	40	600
Jun-09	670	500	40	40	120	110	1,480	Feb-12	210	380	20	20	80	40	750
Jul-09	970	740	50	90	200	180	2,230	Mar-12	200	490	40	30	70	50	880
Aug-09	960	790	40	80	210	160	2,240	Apr-12	210	480	30	40	90	50	910
Sep-09	1,000	830	50	100	270	220	2,450	May-12	280	590	40	40	120	50	1,110
Oct-09	980	920	60	100	300	270	2,620	Jun-12	230	580	40	40	80	50	1,020
Nov-09	960	1,040	70	120	330	310	2,830	Jul-12	280	710	40	50	130	50	1,260
Dec-09	770	1,080	60	90	320	320	2,630	Aug-12	250	610	50	50	100	70	1,120
Jan-10	840	1,080	70	140	330	340	2,800	Sep-12	290	670	40	50	120	50	1,210
Feb-10	980	1,320	100	140	420	380	3,330	Oct-12	410	900	50	40	160	90	1,640
Mar-10	1,030	1,580	90	140	450	400	3,690	Nov-12	360	910	70	70	160	80	1,640
Apr-10	890	1,250	90	140	350	350	3,070	Dec-12	220	670	40	50	140	70	1,190
May-10	810	1,350	70	140	330	320	3,020	Jan-13	300	860	60	50	160	90	1,510
Jun-10	860	1,250	80	130	370	340	3,040	Feb-13	240	730	50	40	150	70	1,270
Jul-10	640	1,020	70	110	300	260	2,390	Mar-13	210	740	70	50	170	70	1,300
Aug-10	630	940	50	80	290	270	2,250	Apr-13	300	1,080	90	60	180	90	1,800
Sep-10	560	870	60	90	240	260	2,060	May-13	390	1,250	100	80	230	130	2,170
Oct-10	500	720	60	60	220	190	1,750	Jun-13	390	1,290	80	70	240	100	2,160
Nov-10	310	530	40	40	120	110	1,150	Jul-13	373	1,354	78	79	256	108	2,245
Dec-10	210	350	30	30	100	70	780	Aug-13	380	1,352	92	55	218	102	2,193
Jan-11	210	330	20	30	80	50	710	Sep-13	433	1,602	98	102	238	130	2,603
Feb-11	170	300	20	30	80	60	650	Oct-13	586	2,006	108	124	390	161	3,372
Mar-11	160	290	20	30	70	40	600	Nov-13	620	2,336	169	108	428	180	3,837
Apr-11	90	150	10	10	40	30	330	Dec-13	809	2,974	170	138	490	206	4,789
May-11	40	100	10	10	20	20	190	Jan-14	640	2,283	138	127	395	169	3,750
Jun-11	40	70	-	-	20	10	140	Feb-14	843	2,881	187	150	449	194	4,698
Jul-11	50	70	10	-	20	20	160	Mar-14	1,244	4,687	246	231	754	351	7,507
Aug-11	60	80	-	10	30	10	190								

Source: DWP FOI 2014-79; FOI 2014-2282; and FOI 2014-4860

www.gov.uk/government/uploads/system/uploads/attachment_data/file/295384/foi-79-2014.pdf

FOI-79

www.gov.uk/government/uploads/system/uploads/attachment_data/file/343310/foi-2014-2282.pdf

FOI-2282

www.gov.uk/government/uploads/system/uploads/attachment_data/file/383722/foi-2014-4860.pdf

FOI-4860

¹The DWP cautions that figures supplied in these FOIs are derived from unpublished information and have not been quality assured to National Statistics or Official Statistics publication standard.

²Cells in this table have had statistical disclosure control applied to them by the DWP to avoid the release of confidential data. Therefore the all column may not be the sum of individual cells for that month.

Appendix four: Abbreviations

- APMS: Adult Psychiatric Morbidity Survey
- AtW: Access to Work
- CMD: Common Mental Disorders
- CQC: Care Quality Commission
- DCLG: Department for Communities and Local Government
- DWP: Department for Work & Pensions
- EHRC: Equality and Human Rights Commission
- ESA: Employment Support Allowance
- ILF: Independent Living Fund
- JSA: Jobseeker's Allowance
- LFS: Labour Force Survey
- NAO: National Audit Office
- OBR: Office for Budget Responsibility
- PQ: Parliamentary Question
- PSED: Public Sector Equality Duty
- WCA: Work Capability Assessment
- WMHSS: Workplace Mental Health Service

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