

Many people with arthritis and related musculoskeletal conditions want to work and can thrive at work if they have the support they need. Access to Work is a programme that aims to help people with disability or a long-term health condition to start or stay in work. It is greatly valued; however, awareness of the scheme is low and there are problems with some of the ways it operates that must be addressed.

In 2017/8 there were 6,530 approvals of Access to Work support for people with musculoskeletal conditions*, including 4,420 approvals for workplace assessments and 6,040 approvals for different forms of support including specialist equipment. The value of this support was £12.8 million in real terms pricesⁱ, 11.9% of total Access to Work spend.

However, despite an expansion of the scheme overall, over the last five years the proportion of Access to Work spending on people with arthritis and related conditions has fallen, and over the same period the number of people with these conditions who were assessed for an Access to Work has decreased each year.

This policy statement includes a number of recommendations to improve Access to Work so it better supports people with musculoskeletal conditions (see section 12 for the full set of recommendations; further context for these recommendations is included below):

- The Department for Work and Pensions should undertake immediate and ongoing promotion of Access to Work to reach more people with musculoskeletal conditions and their employers.
- The Department for Work and Pensions should investigate the reasons why approvals made by Access to Work do not result in payment. They should consider how to ensure that the recommendations made by the Access to Work scheme are implemented; and put in place additional measures, or employer incentives, to ensure people receive their approved support.
- The Department for Work and Pensions should simplify the process for claiming travel costs and provide a digitised system to enable rapid reimbursement of travel costs and/or a system of agreed transport contracts (approved suppliers) for people requiring regular transport.

*see definitions in section 4 below.

1. Access to Work

Access to Work is a programme that aims to help people with disability or a long-term health condition to start or stay in work.¹ It provides financial help towards the extra costs of employing a disabled person or person with a long-term health condition, and practical help to overcome work-related barriers.^{2,3}

The support Access to Work provides is tailored to individual needs and can include support with specialist equipment, travel to, from and within work, support workers and/or mental health support (see Annex 1).

Access to Work grants are discretionary and should neither replace, nor subsidise, the legal duty of employers to make reasonable adjustmentsⁱⁱ to enable people with disability or health conditions to work.

The service was established in June 1994 and is operated by the Department for Work and Pensions across England, Scotland and Walesⁱⁱⁱ; there is a similar but separate system in Northern Ireland called Access to Work (NI).^{4,iv}

i Real terms prices values that have been adjusted to take into account the effects of inflation.

ii Employers must make reasonable adjustments to make sure workers with disabilities, or physical or mental health conditions, aren't substantially disadvantaged when doing their jobs. See Annex 2.

iii Access to Work is not available to people living in the Channel Islands or the Isle of Man.

iv All policy content here relates to England, Scotland and Wales.

2. Eligibility, provision and the application process

To be eligible for an Access to Work grant the person must:

- Have a disability or long-term health condition that means they need an aid, adaptation or financial or human support to do their job (long-term means lasting or likely to last for at least 12 months), and/or have a mental health condition and need support in work;
- Have a paid job or be about to start or return to one. (A paid job could include self-employment, an apprenticeship, a work trial, work experience or an internship. People doing voluntary work are not eligible);
- Be at least 16 years old;
- Live in England, Scotland or Wales, with a job based in England, Scotland or Wales.⁵

Eligibility for Access to Work can be affected by other forms of government financial support.^v

The grant that people receive is dependent on individual circumstances. In 2013/4 the average award per person was just over £3,000.⁶ There are upper limits on the amount of grant:

- From 1 April 2018, all new applications were subject to a maximum annual limit of twice the national average salary. This was set at £57,200.⁷
- The upper limit for Access to Work was updated to £59,200 from 1 April 2019.^{8,vi}
- From 1 October 2015 – 31 March 2018 new awards were limited at 1.5 times the national average salary. This was set at £40,800 at October 2015; £41,400 from April 2016 and £42,100 from April 2017.
- There was no upper limit on awards made before 1 October 2015. However, these were capped at £57,200 from 1 April 2018.⁹

Before applying for an Access to Work grant, people should speak to their employer, as all employers have duties to make reasonable adjustments to support their employees (see Annex 2).

Applications for Access to Work support can be made on-line, by post or by 'phone.¹⁰ The process has several stages (see overview in box on the following page):

- An application is submitted to the Access to Work scheme.
- An Access to Work advisor contacts the person to discuss the support that is needed, and they may also contact the person's employer.
- Depending on individual circumstances, an assessor^{vii} may visit the workplace to assess the person's needs.
- The person is informed if support including a grant will be offered, the amount of the grant and its duration.
- The person, or their employer is then responsible for buying the items or services that are needed.^{viii}
- The Access to Work scheme repays the costs, up to the value of the grant that has been offered, with any contributions (such as employer or NHS contributions) deducted.¹¹

Spending on items of equipment can be refunded as soon as these are authorised and purchased. Travel and support worker costs can be paid directly by the Access to Work scheme on a regular basis (usually every 4 weeks) following the submission of relevant forms; in some cases they can be paid by the individual or their employer and reclaimed.^{ix}

Once the required support is in place and has been confirmed as meeting the person's needs, reviews are conducted. Reviews are conducted using a risk-based approach and depend on the form of support provided. Reviews can also be prompted by a change in circumstances.¹²

v For example, people receiving Universal Credit, Jobseeker's Allowance or Income Support are eligible for Access to Work if they work for more than one hour per week. People who receive Employment and Support Allowance (ESA) are only eligible for Access to Work support if they are doing 'permitted work' (defined as earning up to £131.50 a week and working less than 16 hours a week). They also need the agreement of their work coach.

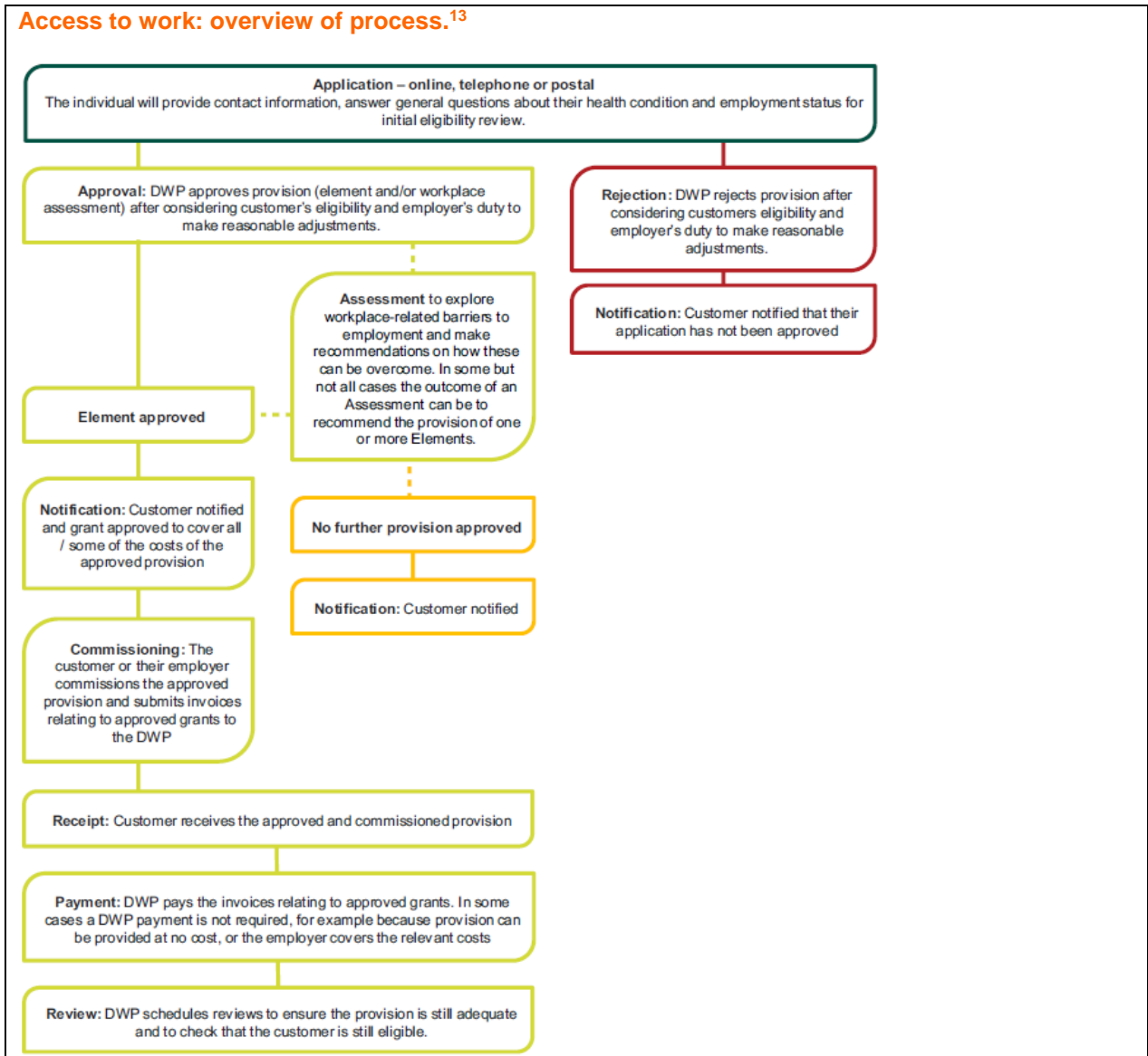
vi The new cap will apply to existing capped cases when they come up for renewal.

vii Assessors are independently contracted and are commissioned by the Access to Work scheme to produce reports. Stronger communication with assessors around the outcomes of reports and opportunities for assessors to provide ongoing follow up of individual cases may be beneficial.

viii Employers are provided with a list of items and must complete purchase and apply for a refund within a specified timescale.

ix Medical advice (e.g. a GP note) may be required for travel cost claims.

Access to work: overview of process.¹³



3. Employer contributions

Access to Work will consider paying grants of up to 100% for:

- Self-employed people;
- People who have been working for less than six weeks when they first apply;
- The Mental Health Support Service;
- Support workers;
- Additional travel to work and travel in work costs;
- Communication support at interviews.¹⁴

Employers are asked to contribute (cost-share) if the person has been working for them for more than six weeks when an application to Access to Work is made and when it includes:

- Adaptations to premises or equipment;
- Special aids and equipment.

When cost sharing with the employer applies, employers are asked to contribute 100% of costs up to a threshold level and 20% of the costs between the threshold and £10,000. Any costs above £10,000 will normally be met by Access to Work. The threshold is determined by the number of employees the employer has:

| Number of employees | Threshold (£) |
|---------------------|---------------|
| 0-49 | 0 |
| 50-249 | 500 |
| 250+ | 1000 |

4. Use of the Access to Work scheme, and spending

Statistics are currently available for the number of people who have had an approval in any given financial year for *any* provision of Access to Work support. They are further broken down into approvals of *assessments* (workplace assessment to understand people's needs) or other *elements* of support (e.g. special aids and equipment or travel). Statistics are also available on the number of people receiving *payments* (e.g. travel payments) - these figures differ from approvals as payments can be made for awards approved in a previous year. See Annexes 1 and 3 and footnote for definitions and information on the statistics about Access to Work and more detailed information.^x

Overall statistics

- Between 2007/8 and 2017/8, the number of people who have had **any provision** of Access to Work support **approved** in a year has ranged between 22,130 and 29,660. In 2017/8 it was 27,740.
- Between 2007/8 and 2017/8, the number of people who have had provision of an **assessment approved** in a year has ranged between 9,580 and 15,750. In 2017/8 it was 13,190.
- Between 2007/8 and 2017/8, the number of people who have had provision of an **element** of support **approved** in a year has ranged between 17,010 and 27,760. In 2017/8 it was 26,480.
- Between 2009/10^{xi} and 2017/8, the number of people who have received an Access to Work **payment** in a year has ranged between 26,460 and 33,860. In 2017/8 it was 33,860. (See Annex 3 for graphs and trends).

In 2013/4, the average Access to Work award was around £3,000 per year, with half of users receiving less than £1,000.¹⁵ However there was recognition that a relatively small group (1%) of high level awards (> £35,000 per year) accounted for more than 15% of the budget in 2013/4.¹⁶ At March 2015, the highest award was approximately £120,000 per year and historically some had exceeded £200,000 per year.¹⁷ This prompted the introduction of upper limits (see section 2 above).

Types of support provided^{xii}

Across the entire Access to Work scheme provision of special aids and equipment accounts for around half of the support provided. In 2017/8, 49.8% (13,200 of 26,480) of people who had any element approved in 2016/17 had one or more special aids and equipment elements approved. The next most frequently approved elements of support were support worker, travel to work and the Mental Health Support Service.

Receipt of support

Although not part of routine statistics, an answer provided in response to a Parliamentary Question in November 2018, stated that 40% of individuals who had had any Access to Work element approved in 2016/17 subsequently had no payment made within 12 months. The response noted that there is no routine collection of data on the reasons why payments may not have been made.¹⁸ This is an area for improvement (see recommendation 3).

x National statistics about Access to Work are produced and published by the Department for Work and Pensions. In 2017, the Department reviewed how these statistics were calculated and presented, withdrew the series that was previously used and replaced these with a new series from 10 October 2017. From this point, the headline statistic available has been the number of people who had Access to Work provision approved and this data is available by: financial year between 2007/08 and 2016/17; the type of provision approved; the age of the person; the gender of the person; the person's primary medical condition. See: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643401/statistical-notice-access-to-work-statistics.pdf. Statistics prior to 2007 are not available.

xi Data on payments not available before 2009/10.

xii This data is not routinely provided by medical condition.

Overall spending

Since 2009/10, annual spending on the Access to Work programme has been around £100 million (varying from £96.5 million to £117.9 million when adjusted into 2015/6 real terms prices) across Great Britain (see Annex 3).^{xiii} In 2017/8 it was £107.1 million (adjusted into 2015/6 real terms prices).

The 2015 Spending Review and Autumn statement included a commitment to ‘a real terms increase in spending on Access to Work, providing specialist IT equipment, or support workers, to help a further 25,000 disabled people each year remain in work’.¹⁹

Spending at a national level and on promotion of Access to Work

Figures of spending on Access to Work within each nation, and on the promotion of Access to Work are not included in the routine statistics, but some additional information is available:

| Year | Programme spend Great Britain (£ million) | On promotion in Great Britain (£) | Programme spend Scotland (£ million) |
|---------|---|-----------------------------------|--------------------------------------|
| 2009/10 | 98.0* | | N/A |
| 2010/11 | 105.5* | | 6.5 |
| 2011/12 | 98.3* | | 6.0 |
| 2012/3 | 99.0* | | 5.9 |
| 2013/4 | 108.0* | | 6.0 |
| 2014/5 | 105 (97+ 8 in admin)* | 0 | |
| 2015/6 | 103 (96 + 7 in admin)* | 3,960 | |
| 2016/7 | 112 (104 + 8 in admin)* | 9,639 | |

Source:^{20,21,22,23} Figures for Great Britain include England, Scotland and Wales
*NB: Data table included in Annex 3 are adjusted into real terms prices, data in this table are unadjusted.

5. How many people with musculoskeletal conditions use Access to Work?

Statistics are available within Access to Work by ‘primary medical condition’. The groups of ‘hands or arms’, ‘legs or feet’ and ‘back or neck’, have been used here as an indicator of people likely to have a musculoskeletal condition. However, this lack of specificity limits the accuracy of the data.

Access to Work support provision for people with musculoskeletal conditions

In 2017/8:

- 23.5% of approvals for any provision of Access of Work support;
- 33.5% of approvals for assessments;
- 22.8% of approvals for elements of support; and
- 23.1% of Access to Work payments

were for people who listed problems in their hands or arms, legs or feet and back or neck.

(6,530 approvals overall; 4,420 approvals for assessments; 6,040 approvals for elements; 7,810 payments).

The proportion of people with a recorded condition of hands or arms, legs or feet and back or neck, who have had any support approved by Access to Work has fallen from 30.6% in 2013/4 to 23.5% in 2017/8. Compared to 2016/7 there was a small increase in the numbers of people with these conditions receiving elements of support and payments by 2017/8, however, the number of people with these conditions receiving approval for assessments has continued to decrease. (See Annex 3).

Spending on people with musculoskeletal conditions

In 2017/8, 11.9 % of total Access to Work spend (£12.8 million in real terms 2015/6 prices) was on people with problems in their hands or arms, legs or feet and back or neck. Over the last five years since 2013/4 the proportion of Access to Work spending on this group has slowly fallen (from 14.8 %). See Annex 3.

^{xiii} Query: does programme spend include administrative costs, and the costs of promotion the scheme as well as direct grants?

6. Operation of Access to Work

The Access to Work programme is operated by the Department for Work and Pensions. The programme has several parts, including service provision which is contracted out:

- **Operational centres.** A number of operational centres deliver the Access to Work scheme, including in Harrow (within Harrow JobCentre plus), Halifax and Basildon.^{xiv} There are a number of operational teams which focus on quality assurance, complaint resolution and reconsiderations.
- **Specialist teams** (within operational centres) focus on self-employment^{xv}; deaf or hard of hearing; visual impairments and hidden impairments (expansion of mental health).
- **Central call centre system.** This was introduced in May 2014. Prior to this, Access to Work had been delivered at a local level through 72 sites within the Department for Work and Pension's national network of Jobcentres.²⁴
- **The Mental Health Support Service.** The Access to Work Mental Health Support Service was established in December 2011. It is operated by Remploy^{xvi} under the name 'Workplace Mental Health Support Service'.²⁵
- **Promotion team** (within Welfare Reform Communications and part of DWP Strategic Communications) based in Sheffield.
- **Policy team** based within the Department for Work and Pensions, Caxton House, London.
- **Access to Work customer forum.** Convened by the operational team. Every 3 months, one of the Access to Work operational centres leads an engagement exercise, involving a group of service users to feed back on their experiences of using the scheme.
- **Access to Work Stakeholder Forum:** Although mostly independent of the Department for Work and Pensions, an Access to Work Stakeholder Forum was established in March 2018. The Department is represented, but the Forum also represents almost 30 disability organisations, mainly from the voluntary sector.

7. Findings from our Working with Arthritis Survey 2018.

In 2018, we carried out an on-line survey 'Working with arthritis'. The survey was developed by our campaigns team, adapted from a survey from the RNIB. It was piloted among people with arthritis and related conditions before being promoted through the charity's social media channels (facebook, website, twitter) and through partner organisations between 17 May and 21 June. It was promoted as a survey about people's experiences of working life and included questions about the impact of people's health condition(s) on their working life as well as specific questions about the Access to Work scheme. Responses from 1,582 respondents, all of whom reported that they had arthritis or a related condition, were included in the subsequent analysis. For most questions, respondents were asked to select options (for some, multiple options could be selected); free text responses were also captured for some questions. Response rates to individual questions varied. A separate full summary of the survey findings is available.²⁶

Summary of respondents

| | |
|--------|--|
| Age | All respondents were 16 years or older; 60% (891/1491) were aged 41-60 years. |
| Gender | 84% (1244/1483) of respondents identified as female; 16% (230/1483) as male; 1% (9/1483) preferred not to say. |

xiv To add information on any operational centres in Scotland and Wales.

xv Established Feb 2015

xvi Remploy the only specialist employment support provider in Britain which operates major programmes across England, Wales and Scotland. It is a partnership between MAXIMUS (a leading provider of employment and health related services), and employees (who own 20% of Remploy).

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| Location | 74% (1099/1488) respondents lived in England; 17% (249/1488) in Scotland; 5% (69/1488) in Wales; 3% (43/1488) in Northern Ireland. |
| Health | All respondents included in the analysis reported they had arthritis or a musculoskeletal condition. Among the range of conditions 46% (724/1582) of people reported osteoarthritis; 36% (566/1582) chronic or long-term joint pain; 34% (540/1582) rheumatoid arthritis. 52% (750/1447) of respondents reported having another physical or mental health condition in addition to arthritis/a related condition. |

The survey confirmed previous findings that arthritis and related conditions have a substantial impact on the working lives of the majority of people with them.^{xvii} People described a range of types of support – either provided by employers as reasonable adjustments, or support through the Access to Work scheme – that could improve their working life. However, people’s experiences and ability to access such support was variable.

Overall, where support was provided through the Access to Work scheme, the majority of people felt it improved their working life. However, awareness of the scheme and what it can provide among people with musculoskeletal conditions is low. In a proportion of cases where Access to Work support had been approved, people received only some of the support/equipment that had been recommended or none at all.

Several aspects of the operation of the scheme were also reported to be difficult by some respondents. These included: communication with the scheme; arranging travel support; issues with equipment provision including repairs or upgrades and processes for review of support.

Key findings are included in the table below (please see summary document for further detail).²⁷

| Area | xviii | Findings |
|--|--------------|---|
| Impact of condition on work | 7 8 11 | 96% (1510/1573) respondents said arthritis or a related condition had made it harder to do their job at some point. As a result of their condition 95% (1433/1507) had experienced pain at work; 89% (1343/1507) stiffness or restriction of movement; 86% (1303/1507) fatigue; 53% (800/1507) stress; 43% (653/1507) anxiety; 39% (582/1507) depression. As a result of their arthritis/related condition 36% (542/1507) had reduced their hours; 26% (399/1507) had changed the type of work they did; 19% (294/1507) had stopped working or retired; 27% (407/1507) had carried on without change. |
| Disclosure | 6 | 85% (1288/1511) respondents said they had told their employer about their condition; 12% (183/1511) said they had not. |
| Reasonable adjustments | 13 FT | 29% (415/1444) of respondents said their employer had made all possible adjustments to support them; 25% (367/1444) said their employers had made some adjustments but that there were additional things that would have been helpful; 25% (355/1444) said their employer had not made reasonable adjustments; 13% (190/1444) did not feel they needed adjustments. Of 430 free text responses about the types of reasonable adjustments that had been provided by employers: 57% (247/430) were equipment; 55% (239/430) were changes to working patterns or locations; 61 changes in duties; 21 physical changes to the office/accessibility; 13 human support e.g. a support worker; 10 provision of transport; 4 changes to HR/recruitment/training; 14 other. |
| Awareness of Access to Work and what it provides | 14 15 | 59% (932/1581) respondents had never heard of Access to Work; 7% (108/1581) had received it in the past; 4% (64/1581) were currently receiving Access to Work. 78% (799/1018) of respondents thought the scheme provided aid and adaptations; 19% (191/1018) thought it provided |

xvii For a summary of previous surveys and research see Arthritis Research UK (2016). 'Working with arthritis'.

xviii Survey question reference; FT = free text. Numbers in this column refer to the questions in the survey.

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| | | a support worker; 27% (272/1018) thought it provided taxi fares to or from work; 14% (147/1018) thought it provided taxi fares within work. ^{xix} |
| Access to work provision | 35 FT | Of those respondents currently receiving Access to Work; 71% (66/93) had aids, adaptations or equipment; 23% (21/93) were receiving taxi fares to and from work; other provision included taxi fares within work; vehicle adaptations; support workers; disability training for colleagues; training to use equipment. Types of equipment provided included: ergonomic chair; desk; footrest/stool; lumbar support; arm support; crutches; raised or soft-touch keyboard; tablet; adapted computer mouse; adapted monitor/riser; writing slope; chunky pens; wheeled computer case; speech recognition software; dictaphone; phonic pen; phone adapters; ventilation/fan; lighting. |
| Impact of Access to work | 46 | 81% (61/75) of respondents agreed or strongly agreed that equipment provided through Access to Work improved their working life. |
| Receipt of support | 31 | 62% (74/120) respondents said they had received everything that was recommended by the Access to Work assessor; 26% (31/120) had received some, but not all the support, that had been recommended; 10% (12/120) said they had not received support. |
| Application process | 22 | 53% (82/154) said they found the application process for Access to Work very easy or easy; 19% (30/154) said they had found it difficult or very difficult. |
| Assessment | 27 28 | 66% (62/93) people said they found the assessment process very easy or easy; 13% (12/93) said they found the assessment process difficult, or very difficult. 41% (37/91) respondents said that they felt the assessor understood their condition completely; 44% (40/91) said the assessor partly understood their condition and took their opinions/experience into account; 7% (6/91) said the assessor understood their conditions but did not take their opinions/experience into account; 3% (3/91) said their assessor had a weak understanding of their conditions but did take their opinions/experience into account; 3% (3/91) said their assessor had a weak understanding of their conditions and did not take their opinions/experience into account. |
| Waiting for a decision, assessment, or support | 21 26 33 | After applying for Access to Work 15% (22/149) waited for less than a week to be told they qualified for support; 30% (44/149) waited for more than a week but less than a month; 22% (33/149) waited for more than a month but less than 3 months; 7% (10/149) waited for over 3 months and up to a year. After being told they were eligible for support 6% (6/93) respondents waited less than a week for an assessment; 43% (40/93) waited for over a week, but less than a month; 23% (21/93) waited for more than a month, but less than 3 months, 7% (7/93) waited between 3 months and a year. After applying for support 5% (5/97) of respondents said they waited less than a week to receive the support; 29% (28/97) said they waited more than a week but less than a month; 39% (38/97) said they waited more than a month, but less than 3 months; 24% (24/97) said they waited from more than 3 months and up to a year; 3% (3/97) waited over a year. ^{xx} |
| Communication with Access to Work scheme | 76 | 35% (45/129) of respondents said they found it easy, or very easy to communicate with the team who run the Access to Work scheme; 26% (34/129) of respondents said they found it difficult or very difficult to communicate with the Access to Work scheme. ^{xxi} |
| Equipment upgrades/repairs | 48 50 | <i>[NB: The number of people responding to these questions was small.]</i> 12/23 people said they had found it difficult or very difficult to get equipment upgraded or repaired; 5/23 people said they had found it very easy or easy to get equipment upgraded or replaced. 18/25 people said |

xix Leonard Cheshire's report (reference 46) highlighted differential take-up of Access to Work across Scotland, Wales and also in the parallel scheme in Northern Ireland.

xx Research by Leonard Cheshire (reference 46) found that 69% of disabled people who had successful application for Access to Work waited more than three months for support to be put in place.

xxi There is also a need for better information for employers about Access to Work. Leonard Cheshire's report (reference 46) notes the potential of employers' hubs to increase employer confidence, based on models in Australia and the USA.

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| | | unavailability of equipment [whilst waiting for repairs/upgrade] caused problems. ^{xxii} |
| Arranging travel | 9 55 | 46% (691/1493) respondents said that they found it harder to travel to, or from, work because of their arthritis or related condition. 36% (532/1493) said their condition made it harder to travel around as part of their role, e.g. to attend events or meetings. 36% (17/46) of respondents said they found it difficult or very difficult to arrange travel through Access to Work; 35% (16/46) said they found it easy or very easy to arrange travel through Access to Work. |
| Reviews | 60 | 74% (73/98) respondents were not aware that their Access to Work support would be reviewed every 3 years. 20% (20/98) were aware of this. |

8. Return on investment

There is no officially recognised figure for the return of investment in Access to Work.

The Royal National Institute of Blind People (RNIB) commissioned the Centre for Economic and Social Inclusion to carry out a cost benefit analysis of the Access to Work scheme, which was published in 2015.²⁸ This study considered the extent to which Access to Work support, for blind and partially sighted people and disabled people in general, benefits the wider economy. It produced an estimate that ‘the overall benefits of Access to Work to society outweigh its costs by a considerable margin, with ratios of these benefits to the costs of 3.86 for Access to Work as a whole and 2.48 for that part of the programme that assists blind and partially sighted individuals.’

The same study also estimated the fiscal impact of Access to Work by comparing the costs of the programme against the estimated fiscal flow backs to the public purse in terms of additional tax revenues and reduced benefit expenditure. For Access to Work as a whole over 2011/12 to 2013/14, the programme was estimated to generate on average £1.14 in fiscal flow backs per £1 spent on the programme. The equivalent figure for that part of the programme assisting blind and partially sighted individuals is £0.72.^{xxiii}

In December 2014, a report from the House of Commons Work and Pensions Committee recommended that the ‘DWP undertake research to establish ... a cost-benefit analysis of Access to Work expenditure, including its likely long-term impacts on social security expenditure and income tax returns.’²⁹ The Government response was that ‘*Officials have undertaken research to explore the potential costs and benefits of Access to Work expenditure, including the impacts on social security expenditure and income tax returns. However, it is difficult to establish an overall value for money figure and it would be misleading to publish such a figure. The main reason for this is that there is no readily available comparison group against which to assess the difference the programme makes to someone’s likelihood of being in work. Despite this the Government recognise the value users, employers and stakeholders place on the scheme and so the Government is committed to continue to build the evidence base with stakeholders’ input to understand the value Access to Work adds.*’³⁰

The DWP subsequently commissioned NatCen Social Research to undertake a study to further consider the feasibility of evaluating the impact of the Access to Work programme. This work was published in November 2018.³¹ It provided a detailed overview of the difficulty of evaluating Access to Work, in particular the methodological challenges of estimating a counterfactual (absence of treatment comparison group) and the lack of existing administrative data on which to base an evaluation. It concluded *the complex challenges facing an evaluation of AtW would require a potentially expensive survey approach... Moreover, further knowledge should first be enhanced ...*”.

xxii Additional feedback is that this is an important issue and suggested that responsibility for maintenance should be made clear in the initial assessment.

xxiii Note this figure updated a £1.48 flow back for every £1.00 estimated produced by RNIB in 2004. Note: the 2015 study used a different methodology from the earlier work and the 2015 study is considered more robust.

9. Policy changes to Access to Work

The Access to Work scheme has been amended in many ways since its introduction. Changes have been made from a policy perspective (to the scope and limits of the scheme) as well as to the way the scheme has been operated. Key changes include:

- **Equality Act (2010).** The Equality Act (2010) set out the legal duty of employers to provide reasonable adjustments to support people with disability or a long-term health conditions in the workplace.³² Following the Act, between 2009/10 and 2011/12, there was a sharp fall in both the number of people awarded Access to Work support who had a recorded primary medical condition of 'back or neck' and also in the number of people who had 'special aids and equipment' approved. These falls have been associated with a change in guidance for Access to Work advisors, which clarified 'the distinction between provision that can be approved by Access to Work and the reasonable adjustments that employers are required to make under the Equality Act 2010.'³³ (See Annex 3).
- **Sayce review (2012).** In December 2010, Government commissioned Liz Sayce to conduct an independent review of specialist disability employment services, including Access to Work. Published in June 2011, '*Getting in, staying in and getting on*' focused on the right, set out in the UN Convention on the Rights of Persons with Disabilities: 'to work on an equal basis with others in a labour market and work environment that is open, inclusive and accessible.'³⁴ It dubbed the Access to Work scheme 'Government's best-kept secret' and set out a series of recommendations specific to Access to Work. In March 2012, Government accepted the recommendations of the Sayce review in full (see Annex 5.1) and announced £15 million of additional funding for the programme over the spending period.³⁵ A marketing campaign was announced and an Expert Advisory Panel, led by Mike Adams OBE, appointed to provide further independent proposals for improvement to Access to Work.
- **Expert Advisory Panel recommendations (2013).** In July 2013, Government responded to the final proposals of the Expert Advisory Panel and made announcements including that £2 million from the Access to Work budget would be reserved for traineeships, internships and work trials.³⁶ (see Annex 5.2).
- **House of Commons Work and Pensions Committee inquiry on improving access to work for disabled people (2014).** The Committee's inquiry ran from May 2014 to publication in December 2014. Government responded in September 2015, and although not all recommendations were accepted a package of further reforms was announced. (see Annex 5.3).
- **Ombudsman's review (2014-17).** In 2014, the Parliamentary and Health Service Ombudsman received 60 complaints about the Access to Work scheme. The Ombudsman investigated and reported in 2017.³⁷ It was found that during 2013, Officials had briefed Ministers on changes to improve the value for money of Access to Work. At the same time, rules including a 30-hour per week maximum for support worker costs were applied more rigidly, with the intention of reducing the number of very high-level awards and so enabling more people to be supported at a lower level. The Department for Work and Pensions simultaneously carried out their own complaints process. Changes were made throughout 2014-7 including the establishment of teams focusing on complaint resolutions, reconsiderations and quality assurance; specialist teams for self-employed customers, deaf customers and those with hidden impairments; and centralisation of operations. Access to Work became a digital service.
- **Spending review and Autumn statement (2015).** In Autumn 2015, the Government committed to a real-terms increase in spending on Access to Work, with the aim of providing 'specialist IT equipment or support, to help a further 25,000 disabled people each year remain in work.'^{38,xxiv}
- **Improving lives: work, health and disability (2016/7).** A Green Paper on work, health and disability was published in October 2016. This included a commitment to increase the funding for the Access to Work Mental Health Support Scheme, and the ambition that Access to Work would

xxiv We have received feedback that there is a lack of clarity on the operation of the technology support fund ('Tech Fund').

support over 60,000 people a year by the end of Parliament.³⁹ The Government response to this consultation, in November 2017, continued to commit to 'enhancement of the Access to Work scheme' and set out a number of specific actions including a trial of managed personal budgets.⁴⁰ (see Annex 5.4).

- **House of Commons Work and Pensions Committee inquiry on Access to work cap on support grants (2018).** The Ombudsman's report (see above) had raised concerns about the impact of the cap set on Access to Work support, which limited funding for support workers to 1.5 times national earnings. The Committee's inquiry examined the effects of this cap. In April 2018, Government raised this limit and announced that all new applications would instead be subject to a maximum limit of twice the national earnings (then £57,200).⁴¹
- **Scheme updates from April 2019:** Two recent updates to the scheme include additional funding for Supported Businesses (announced July 2018 and effective from April 2019)⁴² and an increase in the annual cap of Access to Work to a maximum of £59,200 (announced February 2019 and effective from April 2019).⁴³
- **National Audit Office report on disability employment (March 2019)⁴⁴:** The National Audit Office (NAO)'s report on disability employment highlighted that Access to Work is the Government's most expensive disability employment support programme and noted that it had been observed that there is 'that there is likely to be more demand for the programme than it is currently meeting'. The report makes a number of recommendations about Government' strategy for employment support, but none specific to Access to Work. (see Annex 5.5.)

10. Key areas of interest/ongoing issues

Besides formal reviews, areas of concern about the Access to Work scheme have been highlighted by voluntary sector reports and through the recently established Access to Work stakeholder FORUM.

- Qualitative research commissioned by the DWP and conducted by IFF Research was published in November 2018.⁴⁵ This review found that views on Access to Work and its processes were mostly positive; where potential improvements were suggested, these related to specific elements of the process rather than the broad purpose or impacts of the Access to Work scheme. It identified eight areas for potential improvement. (See Annex 6.1).
- Recommendations published in report from the RNIB about Access to Work in 2017 are included at Annex 6.2.
- Recommendations about Access to Work published in Leonard Cheshire's 2019 report '*Reimagining the workplace: disability and inclusive employment*' are included at Annex 6.3.⁴⁶
- Key issues raised in recent FORUM meetings, and at a Scotland Access to Work stakeholder meeting (December 2017) are included at Annexes 6.4 and 6.5.

11. How is Versus Arthritis involved?

In November 2017, Arthritis Research UK and Arthritis Care joined together so that we can do more to help people with arthritis to live full and active lives. The new charity, Versus Arthritis, began in September 2018.

- We are a member of the Access to Work stakeholder FORUM.
- Our 'Joint working' service in Scotland supports individuals to focus on returning to or remaining in work, and helps employers learn more about arthritis and how best to support employees.⁴⁷
- Through our policy, public affairs and campaigning activity we work to influence local and national policy change and raise awareness of the importance of musculoskeletal health and well-being at work.
- We are developing our own working practices ('Flex working') and workspaces with the aim of becoming an exemplar employer for people with musculoskeletal conditions.

For further information see our workplace health statement.⁴⁸

12. Recommendations

- **Recommendation 1: Awareness**

Awareness of Access to Work, and the types of support it can provide is low among people with musculoskeletal conditions

The Department for Work and Pensions should undertake immediate and ongoing promotion of Access to Work to reach more people with musculoskeletal conditions and their employers.
- **Recommendation 2: Definition of reasonable adjustments**

A lack of clarity about what is considered a reasonable adjustment and what is above this level of support (and so within the remit of Access to Work) can result in people with arthritis being unclear about whether to request support from their employer or from Access to Work.

The Department for Work and Pensions and the Government Equalities Office should commission or undertake work to clarify the meaning of reasonable adjustments, ensuring that people with arthritis and related conditions are consulted, so that it is clear what employers should provide.
- **Recommendation 3: Employers' role**

Around 40% of approvals of Access for Work support do not result in payments being made within 12 months, meaning that people may not be receiving the support that has been recommended. Whilst employers may be meeting this need, we are aware some employers do not put support advised by Access to Work in place in a timely manner.

The Department for Work and Pensions should investigate the reasons why approvals made by Access to Work do not result in payment. They should consider how to ensure that the recommendations made by the Access to Work scheme are implemented; and put in place additional measures, or employer incentives, to ensure people receive their approved support.
- **Recommendation 4: Communication with the Access to Work Scheme**

Processes for communication with the scheme should be improved. Applicants have had to repeat information to different advisers on the central call system. There is also a lack of adequate follow up to ensure that support provided by Access to Work continues to meet need.

The Access to Work central call centre system should be revised to ensure applicants' information is easily recalled; applicants should be offered the option of a named advisor to give continuity of support.
- **Recommendation 5: Provision of equipment and upgrades**

Specialist equipment can make huge difference to the working life of people with musculoskeletal conditions. However, applicants and assessors can be unaware of the range of equipment available. Processes to enable repair or upgrade of equipment within Access to Work could be improved.

The Department for Work and Pensions should ensure that all Access to Work approvals of equipment are followed up within 6 months to ensure that people have received appropriate support.
- **Recommendation 6: Reviews**

Processes for reviewing Access to Work support are inadequate. Reviews of equipment are conducted using a risk-based approach which can mean people are not reviewed and do not have support that continues to meet their needs. Conversely, people receiving ongoing forms of support including travel contributions and support workers may be not be aware of the three-year mandatory review.

The Department for Work and Pensions should ensure that people in receipt of any form of Access to Work support have their needs reviewed at a frequency of their preference. They should ensure adequate notice of the three-year mandatory review.

- **Recommendation 7: Provision of support for travel**
The processes for claiming travel costs through Access to Work are unduly complex. Applicants can be required to provide multiple quotes, submit hard copies of receipts and to wait for retrospective payment.
The Department for Work and Pensions should simplify the process for claiming travel costs and provide a digitised system to enable rapid reimbursement of travel costs and/or a system of agreed transport contracts (approved suppliers) for people requiring regular transport. Guidance on permitted journeys should be clarified to ensure applicants can claim for reasonable journeys to and from different work and residential locations.
- **Recommendation 8: Funding**
The National Audit Office reported that there is likely to be more demand for the [Access to Work] programme than it is currently meeting.
The Government should ensure that the Access to Work scheme continues to be supported by a greater than real terms increase in funding and can meet increased demand. The Department for Work and Pensions should increase Access to Work programme spend on promotional activity, particularly to reach more people with musculoskeletal conditions.
- **Recommendation 9: Data**
The health conditions which applicants to the scheme have are poorly recorded in existing Access to Work data. Only 'primary medical conditions' are recorded, and coding is at a very basic level e.g. 'problems with hands or arms'.
The Department for Work and Pensions should improve the way that health conditions, including musculoskeletal conditions are recorded in Access to Work data. They should also enable the more than one health condition to be recorded per applicant. Statistics about the scheme, including on approvals, elements, payments and spending should routinely be made available by health condition. The Department should publish reasons why approvals made by Access to Work do not result in payment.

Dr Laura Boothman, June 2019

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