

**August 2018**

Arthritis Research UK incorporating Arthritis Care response to 'Increasing the Employment of Disabled People in the Public Sector: a consultation.'

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1. Arthritis Research UK incorporating Arthritis Care welcomes the opportunity to respond to the Scottish Government's consultation 'Increasing the Employment of Disabled People in the Public Sector: a consultation.'<sup>1</sup> We also contributed at the face-to-face engagement event in Riverside Campus of Glasgow College on 14 June 2018.
2. We understand the purpose of this consultation is to fulfil the Government's commitment, as set out in 'A Fairer Scotland for Disabled People' to consult on setting targets for the employment of disabled people within public bodies in Scotland.<sup>2</sup> More broadly, it seeks views on what can be done to support more disabled people into work in the Scottish public sector, and what further actions are needed to contribute to the Government's ambition of reducing, by at least half, the disability employment gap in the Scottish workforce as a whole.<sup>3</sup> We understand that the Government will publish a cross-Government disability employment action plan in Autumn 2018.
3. Arthritis Research UK and Arthritis Care have joined together so that we can do more to help people with arthritis to live full and active lives.<sup>4</sup> We invest in breakthrough treatments, the best information and vital support for everyone affected by arthritis. We combine cutting edge research and the expertise of people with arthritis to make everyday life better for 17.8 million people with arthritis and related conditions in the UK.<sup>5</sup>
4. This response includes:
  - **Prevalence of musculoskeletal conditions and their impact in Scotland**
  - **How can the public sector support self-declaration of disability?**
  - **Public sector targets for disability employment rates**
  - **Other measures to employ and support more disabled people in the public sector**
  - **Monitoring and reporting**
  - **Case studies**
  - Annex: Respondent information form

### **Prevalence of musculoskeletal conditions and their impact in Scotland**

5. Arthritis and related musculoskeletal conditions are the most common cause of disability in adults in the UK and accounted for a third (30.5 %) of all years lived with disability (YLDs) in the UK in 2010.<sup>6</sup> Musculoskeletal conditions are the fourth largest burden of disease in

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1 Scottish Government (April 2018). <https://consult.gov.scot/fair-work-employability-and-skills/disability-employment/>

2 Scottish Government (2016). <https://www.gov.scot/Resource/0051/00510948.pdf>

3 This is the gap in employment rates between those with and those without disabilities or long-term health issues. Based upon 2016 Annual Population Survey data, this is around 37 percentage points (42.8% - 80.2%).

4 For further information see [arthritisresearchuk.org/merger](http://arthritisresearchuk.org/merger).

5 Institute for Health Metrics and Evaluation (IHME) (2017). Global Burden of Disease Collaborative Network, "Global Burden of Disease Study 2016 (GBD 2016) Results."

6 Murray C et al. (2013). UK health performance: findings of the Global Burden of Disease Study 2010, *Lancet* 381, 9871, 997-1020.

Scotland (assessed by disease group and measured in disability-adjusted life years, DALYs).<sup>7</sup>

6. In Scotland, there are approximately 700,000 people over the age of 45 with osteoarthritis and 44,000 people with rheumatoid arthritis.<sup>8</sup> One in five people in Scotland (around 800,000) live with long-term (chronic) pain and one in twenty experience disabling chronic pain with the commonest sites being the back and joints.<sup>9,10,11</sup>
7. Arthritis and related musculoskeletal conditions often limit people's mobility and dexterity and so stop people being able to do activities of everyday life. People with these conditions often experience pain and fatigue; for some people a musculoskeletal condition can result in a loss of independence, isolation and reduced quality of life.
8. Many people with arthritis and related musculoskeletal conditions want to work and are able to work if they have the right support. However, arthritis can make working life more difficult. The employment rate for people with arthritis (59.4%) is lower than that for people without health problems (73.5%).<sup>12</sup> Arthritis and related conditions are now the most common long-term health problems in the UK working-age population.<sup>13</sup> They are also a leading cause of sickness absence. In 2016, they caused the loss of 30.8 million working days, a fifth of all sickness absence, in the UK.<sup>14</sup> In Scotland, over one-third (34%) of all working days lost to ill-health in 2016-7 were related to musculoskeletal conditions.<sup>15</sup>
9. Healthcare is one of the employment sectors with significant levels of sickness absence. The NHS in Scotland has had a recent increase in sickness absence and the Government's target of 4% has yet to be achieved at the national level. Arthritis and musculoskeletal conditions are among the greatest causes of sickness absence for NHS staff in Scotland.<sup>16</sup>
10. **As arthritis and musculoskeletal conditions have a high prevalence among the working-age population and a significant negative impact on people's ability to work, the Scottish Government must take the needs of people with these conditions into account when seeking to achieve a reduction in the disability employment gap.**

## How can the public sector support self-declaration of disability?

### Question 1 - 3:

1. *In your view, or the view of your organisation, how could public sector bodies better support self-reporting (self-declaration) of disabilities for members of their workforce, to improve response rates and the quality of data collected?*
2. *What should be the time scale for implementing these measures?*
3. *What support, if any, and from where, would public sector bodies need to implement measures, such as improving data collection*

7 The Scottish Burden of Disease Study (2015). <https://www.scotpho.org.uk/media/1474/sbod2015-overview-report-july17.pdf>

8 Arthritis Research UK (2017). MSK Calculator data <https://www.arthritisresearchuk.org/arthritis-information/data-and-statistics/musculoskeletal-calculator.aspx>

9 NHS Scotland (2014). 'Chronic Pain Services in Scotland: Where are we now?'

[http://www.healthcareimprovementscotland.org/our\\_work/long\\_term\\_conditions/chronic\\_pain/where\\_are\\_we\\_now.aspx](http://www.healthcareimprovementscotland.org/our_work/long_term_conditions/chronic_pain/where_are_we_now.aspx)

10 International Association for the Study of Pain (2012). Classification of Chronic Pain, Second Edition (Revised). <http://www.iasp-pain.org/PublicationsNews/Content.aspx?ItemNumber=1673&navItemNumber=677>

11 Smith B (2016). Chronic Pain in Scotland: Highlighting the need for chronic pain services in 2016 and beyond.

<http://chronicpainscotland.org/wp-content/uploads/2016/05/Chronic-Pain-in-Scotland-v1-4-Briefing-and-Background-Paper.pdf>

12 Employment rates for people aged 16-64, taken from the Labour Force Survey (Department of Work and Pensions, February 2015). Employment rate of people with heart conditions 69.8%; with diabetes 71.3%; with mental illness 42.7%.

13 BUPA (2009). Healthy work challenges and opportunities to 2030.

14 Office for National Statistics (ONS). Sickness Absence Report 2016. Online at <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2016>

15 Health and Safety Executive (2017). <http://www.hse.gov.uk/statistics/regions/tables.htm>

16 <https://bmjopen.bmj.com/content/8/1/e018085>

11. The consultation is based on the definition of disability set out in the Equality Act 2010.<sup>17,18</sup> However, as the consultation recognises, many people in employment - who would satisfy the definition of disabled set out in the Act - don't perceive themselves as disabled. This is true of some people with musculoskeletal conditions.
12. In our view, **the approach and questions on disability included in the Scottish census 2011 provided a more straight-forward approach to identifying people with disability or long-term health conditions.**<sup>19</sup> This should be adopted in future work on disability and employment and may led to more people self-declaring their health/disability status and so more accurate data.
13. It may also be useful to use more open questions to identify people who need support, for example, 'Does your disability or health condition affect your ability to work?'

### Public sector targets for disability employment rates

Questions 4 – 7:

4. In your view, or the view of your organisation, would setting targets improve the disability employment rate in the public sector?
5. If you said yes to Question 4, please rank the following options in order of preference, where 1 is your least preferred option, and 4 is your most preferred option, and use the space provided to explain your rationale.
6. Please also tell us: Where appropriate, what is your view, or the view of your organisation, on how long it would take to achieve the target set out from your preferred option above?
7. N/A

14. All public sector bodies listed in the Equality Act 2010<sup>20</sup> are subject to the Public Sector Equality Duty (PSED). This states that public authorities must to have due regard to the need to 'eliminate discrimination ... advance equality of opportunity and foster good relations between persons who share a protected characteristic [including disability] and those who do not'.<sup>21</sup> In Scotland, further duties on public authorities are set out in regulations. These include requirements to produce reports on equalities and to use information about the recruitment, development, retention and pay of employees with protected characteristics.<sup>22</sup> Enforcement of the regulations is carried out by the Equality and Human Rights Commission (EHRC).<sup>23</sup> Despite this legislative and regulatory framework, currently disabled people make up 20% of the Scottish population but only 11.7% (around one in nine) of the public sector workforce.<sup>24</sup>
15. The consultation identifies targets as one way of demonstrating Public Sector performance around the employment of disabled people with and sets out four potential options for targets for public sector bodies (A-D). In our view:
- We believe there would be value in setting targets.

17 Government Equalities Office (2010). The Equality Act (2010).

18 The consultation adds that 'Scottish Government's approach to policy for disabled people is based unequivocally on the social model of disability which emphasises society's inability to provide for disabled peoples' needs, rights, and aspirations, rather than the medical model which places emphasis on the impairment.'

19 <http://www.scotlandscensus.gov.uk/>

20 Government Equalities Office (2010). The Equality Act (2010). Section 19

21 Government Equalities Office (2010). The Equality Act (2010). Section 149

22 Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

<http://www.legislation.gov.uk/sdsi/2012/9780111016718/contents>

23 <https://www.equalityhumanrights.com/en>

24 Scottish Government (2016). <https://www.gov.scot/Resource/0051/00510948.pdf>

- We favour option (C) - *Scottish public sector bodies to set targets for their organisation taking into account their starting point in terms of the level of disabled people in their workforce, their size and differing core functions.*) or (D) - *Scottish Government to set a target for its own core Civil Service workforce, while working with other public bodies to encourage them to set their own voluntary targets.*

16. Targets may provide an incentive for Public Sector bodies to recruitment people with disability. However, we are aware that people who develop musculoskeletal conditions during their working lives are at risk of falling out of employment. **A structured programme of support is needed, within public sector bodies and more widely, so that people who acquire a disability or long-term health condition are supported to stay in work.**

### **Other measures to employ and support more disabled people in the public sector**

8. *What other measures or options do you, or your organisation, think could be put in place to: a) employ more disabled people in the public sector; and, b) support disabled people to remain in employment in the public sector?*

17. Improving information on disability on the 'myjobscotland'<sup>25</sup> portal: this is the national shared recruitment portal for Scotland's 32 local authorities and public sector bodies. The portal should be enhanced with information and content on disability and links/sign-positing to additional employment support services for people with disability and long-term health conditions.

18. Improving information on disability on job search sites: the 'Find a job' website (which recently replaced 'Universal Jobmatch') should include advice and information on employment support that is available to help people with disability and long-term health conditions including the Access to Work scheme.<sup>26</sup>

19. 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. 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.<sup>27</sup> The scheme can provide much needed support. However, the findings from our recent survey - of over 1,500 people with arthritis and related conditions across the UK - illustrate that few people with arthritis know the scheme and the help it offers. In addition, some who successfully received support face problems with how the scheme operates.<sup>28</sup> **The Scottish Government should encourage immediate and ongoing promotion of Access to Work to people with arthritis and related conditions in Scotland.** Access to work should be promoted in all job centres.

20. Data collected by the Access to Work scheme should also be improved, including how effective the scheme is (has using the service helped applicant stay in work?); more accurate recording of the health conditions which users of the scheme have; data on job retention to provide an evidence base on how the scheme supports people who develop a health condition during employment; data on the use of the Access to Work scheme by the public sector.<sup>29</sup>

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<sup>25</sup> <https://www.myjobscotland.gov.uk/>

<sup>26</sup> <https://www.gov.uk/jobsearch>

<sup>27</sup> For further information see <https://www.gov.uk/access-to-work/>

<sup>28</sup> Arthritis Research UK incorporating Arthritis Care (2018). Working it out. In press.

<sup>29</sup> Access to Work operates differently for public sector employers, as the assessment process is available but not the provision of support.

21. Disability leave: Adopting a disability leave policy within public sector and monitoring take up and outcomes may serve to highlight good practice in retention of staff who develop a long-term condition or disability. Disability leave could be part of a wider package of support to help people stay in work, also including access to retraining, self-management support and guidance.
22. Training for people to re-orientate: the former 'work preparation programme' was helpful in supporting some people whose ability to work was changed significantly by a long-term condition or disability. A new scheme should be considered and linked to employers rather than focused on those out of work.

## Monitoring and reporting

*9. Do you, or your organisation, have any views on monitoring and reporting on the actions needed to increase disability employment rates in the public sector?*

23. The consultation acknowledges that there is a 'lack of robust data' on disability employment levels in individual public bodies, and also that there is variance between official statistics<sup>30</sup> and survey data from individual public bodies (with some showing a disabled workforce of as low as 0.1%). In our view:
- There is a need for more robust data collection to inform policy on health and work. For detailed information on the data we have recommended should be recorded in relation to musculoskeletal health and work please see <https://www.arthritisresearchuk.org/arthritis-information/data-and-statistics/musculoskeletal-data-advisory-group-response.aspx>
  - Data sources relevant to employment should seek to capture, or be capable of linkage to, data on the types of long-term condition(s) people may have, including arthritis and related musculoskeletal conditions.
  - Data sources should cover retention, as well as recruitment, of disabled people.
  - There is a need for evaluation of the effectiveness of initiatives such as trainee schemes and return to work schemes in terms of short- and long-term employment outcomes for people with disability.
24. The Equality and human rights commission (EHRC) should develop a system to gather and publish data, including those detailed in (22).

## Case studies

**Joint working service**

The Joint Working service aims to provide people with arthritis and related musculoskeletal conditions with information, guidance and signposting to help them stay in work or, return to the workplace.

It also supports employers to learn more about arthritis and how best to support employees, through the delivery of short Arthritis Awareness sessions or the provision of an Arthritis Information stand in the workplace.

A full evaluation is available:  
[https://www.arthritiscare.org.uk/assets/000/001/777/Evaluation\\_of\\_Joint\\_Working\\_original.pdf?1498835072](https://www.arthritiscare.org.uk/assets/000/001/777/Evaluation_of_Joint_Working_original.pdf?1498835072) For further information see: <https://www.arthritiscare.org.uk/joint-working-project-scotland>

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<sup>30</sup> Annual Population Survey (APS) data, Jan-Dec 2011.

## **Joint working: case study**

### *Reasons for Engaging*

At the time this client was feeling quite depressed about the impact of arthritis on her life and particularly about impact on work as she had been off sick for a few weeks. Her job was very demanding and she felt her condition was impacting on her ability to do the job. She felt her manager did not understand her condition and was not willing to learn about it: [the manager] 'expected me to get better, she just didn't get it'. She was depressed about her work situation and worrying about money when she engaged: 'it was all getting on top of me and I was in a downward spiral'.

### *Ways JW Helped*

The client received information about how she is protected under the Equality Act, about how to deal with employers and was also provided with information for her employer, although 'the employer didn't read it; she wasn't interested she just wanted me to leave'. She also discussed the options available to her including, applying for benefits and Access to Work, flexible hours etc. with the adviser. These discussions helped her to make a decision to look for another job which would be easier to manage. One of the most important aspects of this was helping her to believe that she could get another job. The service 'made me see that I can still work and stopped me getting into a spiral of depression'. She began to believe that, despite having a health condition, she would not have to give work up. JW also put her in touch with Arthritis Care's Joint Potential which works with young people under the age of 25 to encourage them to engage in activities. She feels that: 'Joint Potential literally changed my life and got me back socialising'. The group was and continues to be a great source of friendship and peer support.

### *Outcomes*

The client has decided to leave her job and look for another one and is currently working her notice period. JW has provided her with information about sources of employability support. She feels that she may look for part time work until she gets used to her medication. The client feels it is very important to have a service for people with arthritis: ***'if it wasn't here I wouldn't have the confidence that I could get round arthritis and it's not stopping me working'***.

For further information on this submission please contact:

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**ANNEX 1**

**Increasing the Employment of Disabled People  
in the Public Sector: a consultation**

**RESPONDENT INFORMATION FORM**

**Please Note** this form **must** be completed and returned with your response.

Are you responding as an individual or an organisation?

- Individual  
 Organisation

Full name or organisation's name

Arthritis Research UK incorporating Arthritis Care

Phone number

t: 02076127275

Address

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S41 7TD

Email

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The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name  
 Publish response only (without name)  
 Do not publish response

**Information for organisations:**

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

- Yes     No