



DEPARTMENT FOR WORK AND PENSIONS - PATHWAYS TO WORK

Veterans

1. Unemployment is generally considered an important indication of social exclusion. The evidence is that – certainly initially and on the whole – those leaving service who have had opportunity to take advantage of the resettlement packages successfully translate to the civilian job market with more than 85% successful in finding work.
2. The right to work is at the heart of the government's social welfare programme and DWP Pathways to Work Initiative is an important contribution. The welfare to work strategy is based on the premise that work is good for physical and mental health – provides more than financial reward and that everyone, particularly those with disabilities and receiving incapacity benefits should be supported in accessing work opportunity. Equally the Initiative is not about requiring people with the most serious disabilities to find work. Rather the idea is “work for those who can, security for those who cannot!”
3. 7.5% of the working age population is on incapacity benefits. About 50% have been on it for 5 years. A similar percentage are aged under 50, and 75% of the total population aged 50-65 are on incapacity benefits. The level has trebled since the 1970s while at the same time the health of the nation has improved. This pattern is seen in many other OECD countries.
4. Most of those on benefits are not seriously disabled
 - about 35% have mental health problems but not serious psychotic illness,
 - 22% have musculo-skeletal problems – mainly low back and neck pain
 - 11% have high blood pressure, angina or chronic bronchitis.
5. The award of incapacity benefits does not mean that a person cannot or should not work. It just means they are deemed not obliged to seek work. Surveys show that most people with these disabilities, particularly early on, want to work. Often there are barriers which are not related to their health e.g. they live in a part of the country which has seen traditional heavy industries now closed – they may lack confidence – there may be employer prejudice – the longer they are away from work, the more difficult it is to get back. There may be perceived financial disincentives to work.
6. Building on processes already in place the new approach proposes a series of actions to raise the issue of return to work early in a person's illness or disability. These include:
 - work focussed interviews – using a new type of skilled special adviser able to provide support in terms of literacy, skills, CVs etc.
 - job brokers – as now under the New Deal for Disabled people

- financial incentives – there are already important provisions such as linking rules, job grants, permitted hours and new incentives such as adviser discretionary awards, Return to Work credits are planned.
 - age/sex discrimination is being addressed via extensions of the Disability Discrimination Act
7. The MoD and UK armed forces have a distinguished tradition in respect of successful rehabilitation and return to work. That tradition, continues through the supported approach to medical downgrading (focus on rehabilitation at community level and by Headley Court), consideration of employability and the resettlement arrangements for those eligible.
 8. Of these medically discharged each year, only a small number have serious disorders. The armed forces are a highly selected population and many medical discharges leave only because of the very high standards of mental and physical health required for operational fitness and the relative lack of downgraded opportunities in the post Options for Change World.
 9. Commonly associated disabilities include musculo-skeletal problems, mental health symptoms and for those who have completed (or almost) a full career, disorders like high blood pressure, angina and bronchitis i.e they are precisely the Pathways to Work target population. It is important for MoD and DWP to maintain close contact on this Initiative for awareness and so that where appropriate approaches to disability management are consistent.
 10. ***The Pathways Pilots, which started in October 2003, are now under way. These are run jointly by DWP advisers covering employment aspects and multidisciplinary teams from the NHS. Unlike in standard clinical practice they focus not on the most serious disabilities but on the mental health problems, back and neck pain and the blood pressure, angina, chest problem, which are at the heart of the IB epidemic. The approaches involve modification of behaviours, coping strategies and employability training.***
 11. ***An associated venture is the Framework for Vocational Rehabilitation which will be launched in autumn 2004 by the HSE division of DWP. This is of considerable interest to MoD for both service personnel and veterans.***