Health and Disability Long-term Work  
Programme - supporting disabled people  
and people with health conditions into work

# Objective

The objective of the Health and Disability Long Term Work Programme (the work programme) is to increase employment and economic opportunities for all disabled people and people with a health condition[[1]](#footnote-1) living in New Zealand.

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) sets out an overarching obligation that needs to be considered in all of our work. The Health and Disability Long Term Work Programme contributes to New Zealand’s implementation of the UNCRPD by taking a particular focus on Article 27: Work and employment,whichrecognises the right of disabled people to work on an equal basis with others, as well as all the other Articles in the UNCRPD supporting Article 27.

The work programme has been developed with New Zealand’s health and disability sector (Disabled People’s Organisations, specialist employment providers, the wider disability sector, health practitioners, Work and Income and other government agencies). Successful implementation of the work programme will rely on the sector working together and taking leadership of the different action areas set out in the work programme. The different roles of the sector are:

**Disabled People’s Organisations (DPOs)** – Article 4.3[[2]](#footnote-2) is the mechanism where DPOs represent the voices, experience and knowledge of disabled people who are the right holders of the UNCRPD.

**Government agencies** - delivering better public services that meet the needs of New Zealanders. In particular, focusing on the health outcomes of work, employing disabled people and people with a health condition, providing accessible workplaces, and providing opportunities for work experiences, entrepreneurship, educational achievement and skill development.

**Work and Income** – helping New Zealanders to help themselves to be safe, strong and independent. In particular, providing support for disabled people and people with a health condition[[3]](#footnote-3) in the benefit system to realise their work goals, and providing a range of assistance and individual support, including financial assistance.

**Community employment services[[4]](#footnote-4) –** focusing on facilitating personalised outcomes, building employers’ confidence to employ disabled people and providing specialist support[[5]](#footnote-5) for disabled people to find and stay in employment and to participate in their communities in meaningful and valued roles.

**Health Practitioners** – verifying the client’s condition and determining a client’s medical eligibility for benefit, assisting in determining if a client should be invited to engage in planning towards work, estimating the length of time the client is likely to be unable to work and providing work-focused health care, including discussing the role of employment providers.

# Who is involved in increasing employment and economic opportunities for disabled people and people with health conditions?

# Implementation of the work programme

The principles underpinning the implementation of the work programme are:

* disabled people and people with a health condition are in control of their lives, and supports and services are tailored around their interests, preferences and goals
* using a strength based approach - the skills and abilities of disabled people and people with a health condition are recognised and they have opportunities to be employed on an equal basis to other New Zealanders
* closely consulting with and actively involving disabled people and people with a health condition directly and/or through their representative organisations as part of the commitment to Article 4.3 of the UNCRPD
* building employers’ confidence to employ disabled people and people with a health condition
* promoting the use of mainstream services, with specialist disability services and specialist supports tailored to people’s individual needs and goals as required
* services and supports are accessible, as flexible as they can be, and make things easier for people
* we look for opportunities for innovation to get the best outcomes for people
* acknowledging the relationship between Mäori and the Crown under the Treaty of Waitangi - the Treaty relationship as set out in the New Zealand Disability Strategy will be core to this work programme. The relationship will be based on three key principles of participation at all levels including partnership in delivery of support, and the protection and improvement of Mäori wellbeing
* considering the needs of high risk groups including Pacifica and young disabled people who transition straight onto the Supported Living Payment (SLP).

Integral to the implementation of the work programme is:

* each sector making a commitment to the area of work they are leading
* embedding a culture change[[6]](#footnote-6), which focuses on working in partnership with disabled people and people with a health condition to develop their skills and abilities to adopt effective workplace
* changes being embedded as an everyday way of working and not being viewed as an add-on to existing culture and practice
* protecting the privacy of individuals
* progressively making information accessible (ie ensuring websites are compliant with the New Zealand Government Web Standards)
* monitoring and evaluation of all action areas on an on-going basis to ensure outcomes are achieved.

We will know the work programme is successful when more disabled people and people with a health condition are in work and fewer are on benefit.

**Work Programme**

Some actions proposed for this work programme are standalone actions in the Disability Action Plan. These are footnoted.

# Overarching implementation actions for Work and Income Plan for 2014/2015

Establish a Health and Disability Reference Group to support the implementation of Work and Income’s actions. The group will include representatives from Disabled People’s Organisations, the National Beneficiary Advocates Group, other organisations representing people with health conditions or disability, health professionals and community employment providers.

Develop a communication plan that is available to range of people (health professionals, Community Employment Services, clients).

Develop a monitoring framework, which includes data collection, implement and generate regular reports.

# Implement an individualised approach to involve the client in identifying their aspirations, skills and strengths to work, and the support they need to find and stay in work.

## Work and Income actions

### What Work and Income has been doing during 2013/2014

In July 2013, changes were introduced including:

* clients completing a self-assessment to tell us their view of what they can do in work, and the supports and services they need
* changes to the medical certificate focusing on the types of work a person can do as well as the supports and services they need
* specialised and intensive case management to support clients, and to provide access to the right supports and services to assist clients find and stay in work
* a Work Ability Assessment to get specialised advice on what is stopping the client from working, and the supports and services they need to find and stay in work.

### Plan for 2014/2015

Make specialised and intensive case management more widely available.

Continue to evaluate the changes introduced in July 2013 to see if they are achieving the intended results.

### Plan for later years

#### 2015/2016

Explore how the principles of other individualised approaches (eg Whänau Ora and relevant parts of Enabling Good Lives) can be implemented into Work and Income’s practice.

## Government agency actions

### Plan for 2014/2015

Work with clients and other agencies (including contracted services) to design a ‘single employment plan’ that is owned by the individual and that agencies feed into.

Lead: Ministry of Social Development (MSD).

Involved: Ministry of Health (MOH), Ministry of Education (MOE) and ACC.

### Plan for later years

#### 2015/2016

Implement ‘single employment plan’ approach.

Lead: MSD.

Involved: MOH, MOE and ACC.

# Increase the capability of Work and Income staff to work with disabled people and people with health conditions.

## Work and Income actions

### What Work and Income has been doing during 2013/2014

Training to prepare for the July 2013 changes, including Mental Health 101 training to increase staff confidence when working with people with mental health conditions.

The introduction of specialised Health and Disability work focused case managers.

Improved support for Regional Health and Disability Teams when making decisions.

### Plan for 2014/2015

Continue building capability[[7]](#footnote-7) of all Work and Income staffworking with disabled people and people with health conditions by providing additional specialist support, including mentoring.

Areas of training suggested by stakeholders include:

* the United Nations Convention on the Rights of Persons with Disabilities
* the supports disabled people and people with health conditions may need in the workplace, including:
* reasonable accommodations
* enabling clients to have confident conversations with their employers about the supports and accommodations they need in the work place
* matching people with the right skills to the right job, including creating the right job within an existing role (job carving)
* understanding the different communication needs of some disabled people and people with health conditions
* strategies to use when working with people who have different impairments including how work environments impact differently on people (ie those with common mental health conditions and sensory impairments)
* motivational interviewing techniques
* the differences between the medical model and the social model
* strengths based approach and disability awareness/responsiveness
* involving others when appropriate, including working with health professionals
* assisting clients to complete self-assessments
* use of support funds
* principles of ‘self-management’[[8]](#footnote-8) and how these relate to the self-assessment process.

Provide reflective practice opportunities and introduce change management activities to embed new knowledge.

### On-going – year by year

Monitor, assess and improve the capability of Work and Income staff working with disabled people or people with health conditions, and identify the priorities for training and tools to increase capability as required.

### Plan for later years

#### 2015/2016

Provide staff with opportunities and time to work with other agencies involved with a client.

#### 2016/2017

Provide staff with opportunities and time to use available networks to coordinate services for clients.

# Provide accessible information, tools and forms

## Work and Income actions

### What Work and Income has been doing during 2013/2014

During 2013/2014 Work and Income:

* provided information on the Welfare Reform changes in New Zealand Sign Language (NZSL) and Easy Read and a range of formats for blind people
* designed an ‘Easy Read’ version of the self-assessment. We are now working through the process of designing the self-assessment in Braille and NZSL formats
* used strength-based language in the self-assessment questionnaire, the Work Ability Assessment and material for staff use.

### Plan for 2014/2015

Introduce a phased approach to increase accessibility of tools, forms and information.

#### Phase one

* Understand MSD’s clients and Disabled People’s Organisations’ preferences about how they want to access information and the formats they need information provided (ie Easy Read, NZSL, online and larger print, audio, Braille and different languages).
* Work with the Health and Disability Reference group to make recommendations on accessible information.

#### Phase two

* Design information in clients’ preferred formats.
* Design system changes (IT, forms etc) to record clients’ preferences in receiving Work and Income’s communications.
* Implement.

### Plan for later years - 2015/2016:

#### Phase three

* Develop information in accessible formats about all employment supports and services available from Work and Income and other agencies.
* Implement.

#### Phase four

* Ensure the language used in tools, forms and information is strength based.

## Government agency actions

### Plan for 2014/2015

Decide which website will hold all the information about employment supports and services and ensure all relevant material is linked to that site.

Lead: MSD.

Involved: MOE, Ministry of Business, Innovation and Employment (MBIE), ACC, Ministry of Transport (MOT) and MOH.

### 2015/2016

Provide accessible information on the rights and responsibilities disabled people and people with health conditions have in the workplace.

Work with MBIE to implement accessible employment contracts (Easy Read, NZSL, online, larger print, audio, and different languages).

Lead: MSD.

Involved: MBIE.

# Work with employers to change attitudes, and increase the information and support available [[9]](#footnote-9)

## Work and Income actions

### What Work and Income has been doing during 2013/2014

Work and Income has been developing key messages for industry leaders and employers to enable them to be more confident in employing disabled people and people with health conditions.

### Plan for 2014/2015

Employer Services will contribute to and be part of the Disability Confident Employer Strategy, described below, being led by the Disability Employment Forum (DEF).[[10]](#footnote-10)

Work and Income staff (case managers, service centre managers, work brokers and employment coordinators) will participate in the Disability Confident Employer Strategy to improve their capability when working with employers to promote the employment of disabled people and people with a health condition by:

* developing strategies to maintain long term relationships with local employers, service providers and educational organisations to understand employer requirements, better match disabled people and people with health conditions to vacancies and ensure training opportunities are appropriate
* identifying the skills needed in the labour market and matching disabled people and people with health conditions with those skills into jobs
* assisting local employers to have an increased awareness of the reasonable accomodations some disabled people and people with health conditions may need in the workplace.

## Actions for the Disability Employment Forum

### Plan for 2014/2015

Introduce the Disability Confident Employer Strategy involving Work and Income, business leaders and Employer Networks, employment agencies and other stakeholder representatives. This will include:

* key messages for business leaders and employers
* a ‘Sector Wide Consistent Workplace Education Pilot’
* tools for jobseekers
* resources stories and discussion about disability and employment
* identifying business leaders who are considered exemplary employers (in terms of the recruitment and the retention of disabled people and people with health conditions) and showcase their approach.

## Government agency actions

### Plan for 2014/2015

Promote and support the Disability Confident Employer Strategy described above.

Lead: MSD.

Involved: MOE, MBIE, ACC and MOH.

Develop and promote guidelines on reasonable accommodations.

Lead: MSD.

Involved: MBIE, MBIE, ACC and MOH.

# Improve employment services and supports for people with a health condition or a disability [[11]](#footnote-11)

## Work and Income actions

### What Work and Income has been doing during 2013/2014

Mental Health Employment Services have been introduced in some regions for 1,000 people with common mental health conditions (eg depression and stress) on Jobseeker Support, who have part-time or deferred work obligations. These services are provided by contracted external providers who deliver wrap-around employment services to support people to prepare for work, or to find and stay in work.

### Plan for 2014/2015

Continue working with the sector to develop a policy framework for specialist employment services which promotes the value of work for everyone and embeds the principles of Enabling Good Lives.

Change contracts for specialist employment service providers so they can:

* build relationships with employers
* promote work experience for people at the earliest opportunity
* include casual employment as an employment option for people.

Educate and train Work and Income case managers and health practitioners about exisiting specialist employment services, and when to refer clients to these. This will include education on the relationship between Community Employment Services and Work and Income, evidence of effective interventions and case study examples of people working.

Trial new ways of supporting people to find and stay in work, such as:

* different ways to assist people on Supported Living Payment towards work
* providing seminars that are specifically designed to meet the needs of disabled people and people with health conditions
* different ways of preparing a CV
* Work and Income providing post-employment placement support (similar to the model provided by contracted Supported Employment services).

### Plan for later years

#### 2016/2017

Explore funding some specialist employment services through personalised budgets.

## Government agency actions

### 2014/2015

Review the specialist employment supports and services provided by MSD and MBIE that are targeted to disabled people and people with health conditions (ie Productivity Allowance, Start Up Wage and Wage Subsidies[[12]](#footnote-12)) and implement recommended changes.

Lead: MSD.

Involved: MBIE and ACC.

Work with all parties to gain a shared understanding of the ‘employment pathway’, setting out when people access mainstream services and when they access specialist services, to ensure disabled people and people with health conditions receive the right services at the right time.

Lead: MSD.

Invloved: Ministries of Social Development, Health and Education and ACC, Work and Income, Community Employment Services and Disabled People’s Organisations.

### Plan for later years

#### 2015/2016

Design and trial a new ‘transport’ scheme - a support programme for disabled people who can’t use public transport or a private vehicle to attend work or training.

Lead: MOT, New Zealand Transport Agency, MSD and MOE.

Work with the MOH to align its disability support services and other health services to ensure a joined up approach to employment outcomes.

Leads: MOH and MSD.

#### 2016/2017

Review support and services to assist disabled people to become successfully self-employed (where appropriate).

Lead: MSD.

# Change the way Work and Income works with health professionals

## Work and Income actions

### What Work and Income has been doing during 2013/2014

The medical certificate has been changed to focus on the impact a person’s health condition or disability has on their ability to work.

Work and Income is working with health professionals to explain what the Welfare Reform changes mean for clients, particularly those on Jobseeker Support.

### Plan for 2014/2015

Improve the way Work and Income and health professionals communicate with each other to better support clients and their plans to find work.

Review:

* the medical information Work and Income needs about a person’s health condition or disability
* the types of health and disability professionals who can provide Work and Income with information about the impact of the person’s condition or disability on their ability to work.

Design and implement E-lodgement of medical certificates.

Work with professional bodies to develop tools, information and training to assist health practitioners assess ability to work.

### Plan for later years

#### 2015/2016

Trial application for benefit without requiring medical certificates in a Work and Income site.

# Remove financial disincentives to working

## Work and Income actions

### Plan for 2014/2015

Review Work and Income’s incentives and disincentives for people moving from benefit to work, including means-tested services, abatement regimes, and Supported Living Payment settings.

Make recommendations to remove the disincentives and increase incentives, and implement recommendations.

## Government agency actions

### 2015/2016

Review all government financial incentives/disincentives for disabled people and people with health conditions to work. This includes secondary tax and tax settings.

Lead: MSD.

Involved: Inland Revenue, MBIE, ACC, the Treasury and MOH.

### Plan for later years

#### 2016/2107

Make recommendations to remove disincentives and increase incentives and implement results of the review of all government incentives/disincentives to work.

Lead: MSD, Inland Revenue, MBIE, the Treasury and MOH.

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1. The term ‘disabled people’ includes all people who have an impairment or health condition that lasts for six months or more, and who face barriers to employment. The term ‘people with a health condition’ is used to make it clear that people with mental health conditions and short-term health conditions are included. [↑](#footnote-ref-1)
2. Article 4.3 of the UNCRPD states: Government departments shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations in the development and implementation of legislation and policies to implement the Convention, and in other decision-making processes concerning issues relating to persons with disabilities. [↑](#footnote-ref-2)
3. General services include Work Focused Case Management, Wage Subsidies, Job Search, Work Experience, Training Incentive Allowance, Course Participation Assistance, Seasonal Work Assistance, Transition to Work Grant, Recoverable Assistance for Study, Business Training and Advice Grant, Enterprise Allowance, Activity in the Community, Straight 2 Work, Work Confidence, Contracted services, which are a range of programmes and interventions designed to assist job seekers overcome barriers to employment, become work ready, and enter and retain sustainable employment. Targeted services include Sustainable Employment Trial, Employment Transition Assistance Employment Coordinator, Training Support Funds and Mainstream Employment Programme. [↑](#footnote-ref-3)
4. Community employment services include provider umbrella groups, which are federations of community organisations that support disabled people by helping them identify and fulfil their personal goals and aspirations, find work and participate in their communities, and other disability sector organisations such as Advocacy Services. [↑](#footnote-ref-4)
5. Current services are: employment placement, support funds, supported employment, business enterprises, transitions, community participation, and the Very High Needs Scheme. [↑](#footnote-ref-5)
6. Including Work and Income,Disabled People’s Organsiations, NGOs, employers and government agencies. [↑](#footnote-ref-6)
7. The Health and Disability Reference Group will be invloved when developing the training. [↑](#footnote-ref-7)
8. Recognising people are best placed to know what they need to find and stay in work. [↑](#footnote-ref-8)
9. There is an action in the Disability Action Plan 2014-2018 for Government to take a lead in employing disabled people and provide paid internships. [↑](#footnote-ref-9)
10. The Disability Employment Forum is about disabled people, Disabled People’s Organisations, disability organisations and employers being proactive in exploring options, finding solutions and developing collaboratively the way forward for disabled people in employment. [↑](#footnote-ref-10)
11. There is an action in the Disability Action Plan 2014-2018 to review transition services funded by MSD and MOE, and support greater collaboration between young disabled people, their families/whänau, schools, government agencies and providers. [↑](#footnote-ref-11)
12. There is an action in the Disability Action Plan 2014-2018 to review Minimum Wage Exemption Permits being led by MBIE. [↑](#footnote-ref-12)