

TUDA NEWS APRIL 2006

Welcome to TUDA News – Once again Incapacity Benefit and Welfare Reform are very much in the News. The Government published its Green Paper proposing changes to Incapacity Benefit. Responses by 21 April.

In this edition we publish some of the key points TUDA made in its response to the Select Committee on Incapacity Benefit. Also– the DRC Consultation the Definition of Disability.

Richard Cook reports on the TUC Disability Committee and the United Campaign against Fascism conference and much much more.....

You may have noticed! Over the last few weeks a letter will have dropped through your post-box. Yes it's that time of year again. TUDA cannot function without you our members. So please get your chequebook out and send your payment to:-
Sherrell Martin, Membership Secretary, BM TUDA, London, WC1N 3XX

While on the subject of our Membership Secretary, Sherrell, you may have noticed her change in family name and coincidentally it is the same as our Secretary Alan Martin. Can we wish Sherrell and Alan all TUDA's best wishes following their wedding in Gretna Green?

If you require TUDA News in an alternate format please let Richard Cook know his e-mail address is findcook@hotmail.com.
[TUDA acknowledges Change Picture Bank for pictures throughout this edition.]

**To Contact TUDA then:
E-mail: mail@tuda.org.uk
Post: BM TUDA,
London, WC1N 3XX**

Bruce is not well and I am sure we all wish him a speedy recovery.

Just a thought from the TUDA newsletter **editor**

In an attempt to try to save both TUDA money, and speed up the provision of information. If you have e-mail (and we understand that not everyone does) would any TUDA members like to have all future newsletters via e-mail? Please let us know!

Am I being cynical or did anyone else notice the coincidence that during the very week the changes to Incapacity Benefit and Welfare Reform were introduced the BBC was running a six-week series on Benefit fraud?

So what has TUDA got to say on the reforms produced?

Ju Gosling co – chair of TUDA produced the following response for the Select Committee on Welfare Reform. Although this document is available on www.tuda.org.uk, we know that disabled people are not always able to access the web, so, as this is such a key issue we are reproducing the majority of Ju's response.

Tackling the root causes of disabled people's unemployment

1. Discrimination

TUDA believes that the overwhelming reason why so many more disabled people are claiming Incapacity Benefit than 25 years ago has been grossly understated by the Government: namely, the fact that the discrimination disabled workers face within the workplace has increased. Unless and until the Government focuses much more actively on workplace discrimination and introduces much more active strategies to tackle this, no real progress can be made in getting disabled people back into the workforce.

According to the Government's own figures, 80% of people who become disabled are in work at the time. However, only 60% are in work a year later, and only 36% are in work the year after that: i.e. more than half of all workers who become disabled lose their jobs within two years. Far from this being the fault of GPs who encourage people to believe they are incapable of work once they develop impairment or long-term health condition, this is the responsibility of employers who have no desire to employ anyone whose productivity they regard as being affected in any way. Employers either fail to make reasonable adjustments at all or make inadequate reasonable adjustments, and pressurize workers to resign in many different ways, both subtle and direct.

Once they are unemployed, disabled people are four times less likely than non-disabled people to be able to obtain work. And when disabled people do get jobs, one in three are out of work again by the following year, compared with only one in five of non-disabled people. Again, employers have no desire to employ anyone whose productivity they

regard as being affected in any way. There is clearly a major problem with workplace discrimination within the United Kingdom. The experience of the United States shows that only punitive legal action has any effect on this.

However, only a minority of disabled people are in a position to launch an Employment Tribunal claim when they face workplace discrimination, and of these less than one in 20 result in a judgment for the claimant. Even then, Tribunals have no power to order employment or reinstatement. Disabled people are necessarily at a major disadvantage when it comes to bringing Tribunal cases, which are also far lengthier and more complicated than other employment law cases. Yet they currently have no access to legal aid for representation within Tribunals. It is unsurprising then, that 50% of all disabled workers are unemployed.

We welcome the Government's aim of educating employers about the benefits of employing disabled workers. However, in order to reduce the number of disabled workers claiming Incapacity Benefit, the Government needs to go much further than this, including taking punitive action. We believe the Government needs to launch a detailed strategy, in partnership with the trade union movement, to tackle workplace discrimination. In particular, this needs to include:

- Funding for the trade union movement to implement disability equality policies, as laid out in the TUDA Trade Union Charter for Disability Equality.
- Ongoing funding for the trade union movement to train workplace representatives in tackling disability discrimination, using Amicus Disability Champions scheme as a model for this.
- The legal aid for disability discrimination cases. Given the scale of the problem and the complexity of discrimination cases, it is quite unrealistic to expect the trade union movement to represent disabled workers effectively within Tribunals without access to external funding for this.
- The definition of disability in the DDA represents a huge barrier for disabled seeking to challenge discrimination and resolve workplace problems. (It is the most common reason for applications under the DDA to fail). It is confusing for employers as well, and based on an outdated 'medical model'. It needs to be scrapped and replaced with a definition based on the 'social model'. It is a nonsense that employees have to wait until their impairment can be shown to have had a substantial effect for 12 months before they are legally entitled to a reasonable adjustment. By this time in most cases they will have lost their job and their condition may have further deteriorated as a result of failure to put in place adjustments to work practices.

- The introduction of measures to secure broader changes to the workplace – not just relying on individuals to bring claims and indirectly through this mechanism provide the incentive for employers to introduce genuine equal opportunities in their workforce. Contract compliance has been shown in USA to be an effective motivator for change. A positive duty to promote disability equality should be imposed on the private sector.

2. The 'long hours, short breaks, work when sick' culture.

Discrimination has grown alongside working hours, with British workers now routinely expected to work the longest hours in Western Europe. The predominant culture is now one of long hours shortened or missed break periods and pressure to take additional work home. It is unsurprising that disabled workers who would be able to work successfully under best practice working conditions are unable to work under the conditions that are now widespread in British workplaces. Nor is it surprising that there has been such a growth in the number of people claiming Incapacity Benefit because of stress-related conditions when workplace stress has increased so dramatically.

It is also unsurprising that many workers suffer long-term health problems as a result of this employment culture. Far from us living in a 'sick note' culture, workers are reluctant to take adequate time out to recuperate from illnesses or even to receive early treatment from their GP when symptoms develop. There is substantial research to show that long-term health problems develop as a result of the failure to take adequate short-term sick leave, and that this is a bigger problem in the United Kingdom than in the rest of Western Europe.

We welcome the Government's aim to create healthier workplaces. However, without challenging this 'long hours, short breaks, work when sick culture', including legislating further to protect workers' rights, we fail to see how they will succeed in making any real impact. And without doing so, more and more workers will continue to develop chronic health problems and become unemployed. At the same time, it will be impossible for many disabled people to re-enter the workforce who could otherwise do so.

3. Lack of flexible working rights.

Many disabled people are not covered by the limited rights the Disability Discrimination Act provides for disabled workers to ask to work flexibly. Even when workers are covered by the DDA, Tribunals do not seem to regard flexible working as being a 'reasonable adjustment'. However, the ability to work flexibly is often crucial to retaining employment. For example, workers may need to attend regular medical appointments, and/or avoid traveling during the rush hour, and/or work from home on

'bad' days, and/or work shorter hours one week and longer the next as their condition fluctuates.

The introduction of the right to ask to work flexibly for parents has caused considerable ill-feeling amongst workers who do not have these rights. Rather than extend the right to ask to work flexibly to all disabled people, we believe that flexible working rights should be extended to every worker irrespective of whether they are disabled or have children. We also believe that the Government should put considerable resources into educating employers about the benefits of flexible working.

4. 'Disability leave' entitlement.

We believe that all disabled workers should be entitled to take disability leave, not just when they become disabled but when their condition makes it impossible for them to work for short periods.

(Currently this is classed as 'sick leave', with resulting costs for employers and a tarnished employment record for disabled workers.)

This must be accompanied by the means to move easily and swiftly between disability benefits and paid work, rather than expecting employers and disabled workers themselves to meet the costs.

5. The National Health Service.

Many disabled workers are unable to remain in employment because of the under-funding of the National Health Service. Often workers who become disabled have to wait for a year or more to see a consultant for the first time. This in itself allows many acute, treatable conditions to become chronic conditions that can only be managed rather than cured. People with conditions that are still treatable when they do see a consultant may then wait years before tests and then surgeries or other treatments are completed. These delays not only cause unemployment; they make it extremely difficult for workers to re-enter the workforce at a time when their skills and experience are still current.

To make matters worse, in order to cut costs, the focus of the NHS is on diagnosis rather than treatment when conditions are not life-threatening. Many people with back problems; stress and depression receive no treatment at all, while the majority who do receive treatment are limited to medication, which is proven to be the least effective, though cheapest, treatment option. Without ongoing treatment and support, it is unsurprising that so many people with back problems; stress and depression in particular are forced to rely on benefits rather than working.

Another effect of cost-cutting is the almost complete withdrawal of GP services outside of office hours. It is obvious that disabled people who use medication should receive regular reviews, and many conditions require regular monitoring by GPs regardless of whether any medication

is being prescribed for them. When receiving these services is incompatible with working, again, it is hardly surprising that people who require regular GP appointments remain on benefits.

Medical culture is also unhelpful when it comes to disabled people receiving adequate and appropriate treatment. The lack of a holistic approach means that, while back pain is a major cause of disability within the United Kingdom, diagnosis and treatment is still split between the neurology, rheumatology and orthopedic departments. Patients with spinal problems are therefore required to visit as many as three different specialists, all of whom are general specialists in their area rather than being back specialists. There are also considerable delays while a patient is referred between departments. Setting up specialist back clinics and training doctors as spinal specialists would have a major impact on the numbers of people with back pain claiming Incapacity Benefit, and would also be a far cheaper means of providing services to this group.

It will be impossible to have a real impact on the numbers of disabled people claiming Incapacity Benefit without increased funding for the NHS as well as a change in culture. In particular, there needs to be:

- **Early diagnosis and treatment before conditions become chronic.**
- **Ongoing treatment aside from medication for people with conditions such as stress, depression and back pain.**
- **Expansion of GP surgery hours so that GP services can be accessed during the evenings and weekends.**
- **A holistic approach to disability and ill-health, and in particular the establishment of specialist back clinics.**

Barriers to employment

In addition to the above causes of unemployment, unemployed disabled workers face a number of barriers when trying to enter employment.

1. The difficulty in reclaiming benefits after temporary employment.

Many unemployed disabled workers wish at least initially to opt for temporary employment. There are two main advantages to this: recently disabled workers can use temporary employment to test their abilities and limits before trying to re-enter permanent employment; and workers with fluctuating conditions can use temporary employment to improve their income and long-term job prospects during times when their condition is most manageable.

However, while benefits are now protected for 12 months when disabled people leave Incapacity Benefit to enter permanent employment, claimants report extreme difficulty in trying to sign off for a period of days or weeks only. This is in itself an incentive to fraud, but in reality the vast

majority of disabled people turn down temporary employment opportunities because they feel unable to face the bureaucracy involved in dealing with the benefits system if they come off benefits temporarily, and cannot manage financially when there is a delay in having their benefits reinstated.

The ability to access temporary employment is crucial if the overall number of disabled workers claiming Incapacity Benefit is to be reduced. For many disabled workers, moving long-term between temporary employment and benefits and back again is they're only realistic employment option. It is essential that a simple process is introduced involving one short form or the accessible equivalent that would allow unemployed disabled workers to take up temporary employment opportunities without having to wait for their benefits to be reinstated after the work finishes, and without receiving overpayments which leave them in debt to the Benefits Agency.

2. The lack of adequate social care.

Adequate and appropriate social care is essential in order for many disabled people to retain/obtain employment. TUDA recently responded to the Government's Green Paper on social care, "Independence, Well-Being and Choice". We concluded that: 'it will be impossible for the Government's employment strategy for disabled people, set out in "Improving the Life Chances for Disabled People", to succeed if service provision is not first increased.'

Adequate and appropriate social care must be provided before the numbers of people claiming Incapacity Benefit can be significantly reduced.

3. The cost of social care.

Disabled people with high social care needs are generally unable to enter the workforce because of Independent Living Fund and local authority regulations which mean that social care is only free while claiming benefits. This is not only a disincentive to employment; it means that disabled people with high social care needs are literally prevented from working because they cannot afford to pay for their care needs. As evidenced in our response to the Government's Green Paper on social care, care needs also rise once a disabled person is in work.

The abolition of charging for social care is essential if disabled people are to be enabled to come off Incapacity Benefit and enter the workforce.

The cost of prescriptions required for chronic conditions can also be a significant barrier to moving off benefits and thus losing access to free prescriptions. England should follow the Wales lead and re-instate free prescriptions.

4. No Access to Work provision for job-seekers.

Another major barrier to disabled workers moving off Incapacity Benefit into work is the lack of Access to Work provision for job-seekers. For example, the Government's Access to Work scheme will provide taxi transport to allow a disabled person to travel to and from their workplace, but will not provide taxi transport to allow a disabled person to travel to and from the Job Center or other employment agencies. They will pay for a reader to support a visually impaired or print impaired person within the workplace, but not to read job advertisements. They will provide a support worker to help a disabled person in their work, but not in their job-seeking. They will pay for a laptop computer with speech recognition to enable a disabled person to work, but not to apply for jobs. **While some alternative provision does exist through the Jobcentre Plus system and contracted specialist agencies, disabled jobseekers report that this is entirely and wholly inadequate.** It is also extremely unhelpful to have one system for jobseekers and another one for workers. It is essential to extend the Access to Work scheme to disabled jobseekers before any real impact can be made on the number of people claiming Incapacity Benefit.

5. Delays in Access to Work provision.

Throughout the country, disabled workers also report significant delays in the provision of support via the Access to Work scheme once they enter employment. This can result in job offers being withdrawn without this being in breach of the DDA, and certainly affects employers' decision to employ disabled workers in the future once they have experienced the delays with one employee. When support is put in place it is often inadequate, and workers may wait years before appropriate support is finally provided.

If Access to Work provision is extended to jobseekers, this will reduce the number of workers affected by delays in providing support once a job offer has been received, as many workers will already have the support structures in place that they need. However, the system still needs to be streamlined to ensure that all disabled workers are enabled to start work with adequate and appropriate support in place within four weeks of a job offer being received. It is unrealistic to expect an increase in the number of disabled people obtaining work and coming off Incapacity Benefit until this has happened.

6. Inadequate information about Access to Work.

The most relevant information about the Access to Work scheme for disabled jobseekers is the availability of ongoing grant funding for support workers and taxis to work, together with grant funding for specialist equipment such as ergonomic seating and laptop computers. Once in the possession of this knowledge, Incapacity Benefit claimants

can begin to make an informed decision about whether they are able and ready to return to the workforce.

However, publicity for Access to Work concentrates on the provision of advice for employers and employees and does not advertise these grants at all, and so there is little awareness of the extent of the provision that is actually available. Similarly, Job Centre staff seem generally unaware of the assistance available through Access to Work, and even the specialist Disability Employment Advisers assigned to disabled job seekers are often more or less ignorant about how Access to Work actually operates in practice. Often workers report that they would never have become unemployed in the first place if they had been aware of the Access to Work provision available to them.

Information about the extent of the assistance available through the Access to Work scheme needs to be made available to all disabled workers and jobseekers. All Job Centre staff need to receive training on Access to Work in order that they can advise their clients correctly. Disability Employment Advisers need access to further training and more detailed information. Only then will Incapacity Benefit claimants be in a position to make an informed decision about their suitability for work.

7. Planned cuts in Access to Work provision.

The Government is now proposing withdrawing Access to Work provision for the public sector. This will inevitably result in higher unemployment rates for disabled workers and an increase in the number of people claiming Incapacity Benefit. Instead Access to Work provision should be increased so that best practice is mirrored throughout the country.

8. Lack of access, and medical and cultural attitudes, to mobility aids.

Many people currently claiming Incapacity Benefit will not be in a position to obtain work unless they have access to appropriate mobility aids and assistive technology. In particular, a large proportion of people with back and other mobility problems, and/or with conditions that limit their energy, are unlikely to be able to make a successful return to work unless they use wheelchairs.

Wheelchairs deal with the issue of appropriate ergonomic seating at the same time as removing the need to stand and walk for long periods, and so dramatically reduce pain and fatigue levels. This in turn reduces the frequency with which conditions become acute, as well as enabling workers to work on 'bad' days when it would otherwise be impossible for them. For the majority of this group, powered wheelchairs will be necessary because of the physical upper body strength needed to operate a self-propelled chair.

However, wheelchair provision is strictly limited through the NHS and social services departments. In general, social services departments will not provide powered wheelchairs, whereas the NHS will only provide powered chairs to people whom they consider to be seriously disabled. If people are able to manage within the home and their immediate social environment without wheelchairs, no wheelchairs will be provided at all, however necessary they may be for work. Where manual chairs are provided, these are the cheapest available and so are very heavy. This makes it impossible for most disabled people to use them for more than very short distances, and therefore these chairs are unsuitable for employment purposes. Access to Work will currently provide appropriate wheelchairs to meet employment-related needs, but there are proposals to strictly limit this provision in future.

The current attitudes of rehabilitation professionals, particularly physiotherapists, also mitigate against the use of mobility aids. In particular, the use of wheelchairs is seen as being a failure on the part of both the therapist and the disabled person concerned. From a physiotherapist's perspective, it is overwhelmingly important for a disabled person to be able to stand and walk however restricted and fatiguing this is. Professionals are aware that, once provided with a wheelchair, the majority of disabled people will continue to use it because of the increased mobility and reduced pain and fatigue that this creates. For this reason even short-term use of wheelchairs is heavily discouraged, despite the fact that many people could return much more quickly to work under these circumstances.

Medical attitudes towards wheelchairs are reflected in cultural attitudes. Despite the fact that 95% of wheelchair users have some ability to walk, wheelchair users are perceived by the media and general public as being 'wheelchair bound' and unable to walk at all. Anyone who has any ability to walk therefore finds it hard to envisage themselves as a wheelchair user, even if an employment adviser encourages it. They also fear, quite justifiably, that with the current level of media and public ignorance, they will be seen as dishonestly claiming a medical condition that they do not have if they become a wheelchair user. This in turn exposes them to harassment, abuse and violence.

Overcoming medical and cultural attitudes to wheelchair use will not be easy or quick, but must be central to any strategy to return disabled people to work. Adequate and appropriate wheelchair provision needs to be greatly increased via every route — the NHS, social services departments and Access to Work — and plans to limit wheelchair provision via Access to Work should be abolished.

9. Government and media attitudes to disability

In the past few years there has been a concerted effort by the Government, reflected in the media, to classify unemployed disabled workers as 'scroungers' and 'benefit fraudsters' who reflect a 'sick note' culture? This has enabled ancient and deeply ingrained stereotypes about disabled people to become common currency once again, and a number of myths about Incapacity Benefit claimants in particular to be widely regarded as being factual, including by MPs. This is deeply offensive and inappropriate in a 21st century society, particularly given the new public sector duty to promote disability equality.

As we have already said above, we do not believe that this 'sick note' culture exists. Fraud levels too are in fact very low. However, the impact of these attacks on unemployed disabled workers, as a whole cannot be underestimated. It is not surprising that Incapacity Benefit claimants are reluctant to take part in sporting and fitness activities and other activities that would increase their ability to re-enter the workforce when they feel judged by everyone around them. Disabled people already suffer the highest level of abuse, harassment and violence of any group in the country. Disabled people are therefore very reluctant to take part in any activity that would lead people to judge them as lying about their condition.

Government and media myths about scroungers and fraudsters completely obscure the reality of life for disabled people. It is unsurprising that someone may appear to be 'perfectly all right' when seen outside of their home, given that they are only able to leave their home at times when their condition is most manageable. It is equally unsurprising that someone may be able to take part in physical activity for a short period, but need substantial periods of rest afterwards and not be able to do this regularly. It is also unsurprising that someone who has great difficulties lifting is still seen carrying their shopping when there is no one else to do this for them, yet they will suffer considerable pain and fatigue as a result. And of course many disabled people appear to be much more able than they would be if working, because the physical and mental demands of that work are what causes their condition to become acute.

The Government's active promotion of myths and stereotypes about disabled people as being dishonest, lazy scroungers is increasing violence, harassment and abuse against disabled people. It also encourages disabled people to opt out of active participation in their society for fear of the consequences. If the Government is to succeed in substantially reducing the number of Incapacity Benefit claimants, it will have to reverse its policy of demonizing disabled people and educate the media and the general public about the reality of disabled people's lives.

10. Housing.

Many people find that their housing needs change when they become disabled and that their current accommodation is inappropriate.

Inappropriate housing can also impact severely on mental health, and can be a major barrier to users/survivors of the mental health system entering employment. There are two major problems with housing that affect-disabled people's ability to work:

I: The lack of social housing means that many disabled people are trapped in housing that does not meet their needs. For example, many people with mobility problems are still trapped in housing on the first-floor or above with no lift access, or have steps leading up to the ground floors of their properties. The toll that this takes on their physical health and energy, the impact on their impairments, and the lack of storage facilities for their wheelchairs, all leaves them unable to work when they would otherwise be able to do so. Meanwhile many people with mental health problems are trapped in the worst type of social housing, where they feel so unsafe that every aspect of their lives is affected.

II: Homeowners, housing association tenants and private tenants all report major delays in accessing Disabled Facilities Grants. Sometimes people may wait many years for grant applications to be processed, with local authorities avoiding time limits on grant processing by refusing to allow disabled people to make an 'official' application until years after the process has actually started. Local authorities may also demand large financial contributions towards adaptations when disabled people have little or no access to credit facilities, and could not afford the repayments if they did. The criteria for adaptations also rules out anything which has purely 'therapeutic' benefits, although these are the benefits which are most likely to enable disabled people to be able to work.

Disabled people are also trapped when they are provided with 'sheltered' housing where the rent includes high charges for support. While they remain on benefits, these charges are paid for them, but when they are in work, they become liable for the charges themselves. This means that they literally cannot afford to work. As above, charging for all types of social care provision needs to be abolished before any real impact can be made on disabled people's ability to work?

The Government needs to rethink its housing strategy taking into account the needs of disabled people, including how this impacts on their ability to work. The supply of social housing needs to be increased, by buying existing housing as well as by building new homes. Since the vast majority of us will eventually become disabled, all new housing needs to be suitable for adaptation for disabled people, not just the small percentage that is currently being built. The system for accessing Disabled Facilities Grants needs to be streamlined, and

increased resources made available for this. The criteria for Disabled Facilities Grants needs to be changed so that therapeutic benefits are also considered to be legitimate.

The role of disabled people in assessing their own needs.

The picture that the Government paints is of disabled people who are at best unaware of their actual ability to work, aided in this by GPs who are ignorant of current research showing the benefits of working. We believe that this could not be further from the truth. The reality is that disabled people themselves, together with their GPs, are the only ones expert enough to judge their abilities and limitations within the situations they face. In terms of professionals, GPs are the only workers who have long enough ongoing contact with their patients to be able to judge the situation accurately.

Of course it is helpful for disabled people to receive professional support and advice in making these judgments. In particular, it is helpful for them to have information about the support available once they return to work via Access to Work and the Tax Credit system, along with their legal rights to reasonable adjustments. But the support provided needs to be accurate and appropriate, and in the vast majority of cases is neither. Professionals providing support are also under extreme pressure to meet targets to move people off benefits into work rather than being encouraged to listen to what disabled people are actually telling them.

We believe that disabled people need to be at the center of efforts being made to help them to re-enter employment. They need appropriate and accurate information to be provided to them to enable them to judge for themselves whether and when they can return to the workforce. Rather than being assisted by 'experts', the expertise of disabled people themselves needs to be recognized as being central to efforts to return to work.

The role of trade unions

We find it extraordinary that there is no defined role for trade unions in the Government's employment strategy for disabled people. As above, we believe that trade unions need funding to implement disability equality policies as laid out in the TUDA Trade Union Charter for Disability Equality, and ongoing funding to train workplace representatives in tackling disability discrimination, as well as support to take discrimination cases via the legal aid system.

We also believe that trade unions should be encouraged to play an integral role in strategies to tackle disabled people's unemployment, and should be consulted on how this might best work in practice. In addition, we believe that funding should be provided so that all unemployed disabled workers are provided with information about the trade unions that might be relevant to them and

the help and support that these unions can offer within the workplace. Funding should also be provided so that disabled workers re-entering employment do not have to pay their first year's membership subscription to the relevant trade union themselves, thus encouraging them to join and take advantage of the support on offer.

Conclusion

We believe that the Government's analysis of why there has been such a substantial increase in the numbers of people claiming Incapacity Benefit in the past 25 years is deeply flawed. As listed above, there are many barriers to disabled people retaining or re-entering employment, but we do not believe that the 'attraction' of remaining on 'over-generous' benefits is one of them. Nor do we believe that a 'sick note' culture has developed. Rather, we believe that the increase in working hours alongside worsening working conditions has impacted on many workers' health, as well as making it impossible for many disabled people to work who otherwise could do so.

The proposed 'reforms' to the Incapacity Benefit system will result in increased poverty, stress and misery for many thousands of disabled people. However, it is the least important of any of the factors that affect disabled people's ability to work. The Government's aim to increase the number of disabled people in work is doomed to failure unless and until they tackle all of the factors affecting disabled people's ability to work, including putting an end once and for all to the demonizing of Incapacity Benefit claimants.

TUDA is currently working with the British Council of Disabled People, People 1st and other organisations of disabled people to respond to the Green Paper on Welfare Reform. If you have any comments or points you wish to bring forward please e-mail Sheilab@bcodp.org.uk.

Disability Champions@Work Enters its Third Phase – report by Dave Parr.

The Disability Champions@Work project is now entering its third phase. The project has received funding from the Department of Trade and Industry to continue its work for a further 15 months

There are currently 193 Disability Champions from 17 different trade unions. 55% of these are Amicus members. This is a very significant statistic showing that the project is reaching other trade unions in line with TUC policy. Of the 193 Champions 42% consider themselves disabled, 39% are women and 29% are aged 50 or over.

Recent transactional work has led to the project receiving the highest accolades from the European Commission. Full details of this can be found on the project website www.disabilitychampion.com.

Back in the UK the new funding has enabled the team to recruit a second project worker to work with Dave Parr. This person is Margie Woodward seconded from Scope. The five-day training course is now available at many colleges around the country; what we need now is more people to take up the role and get on the courses.

To become a Champion just log onto the website or contact Dave or Margie dave@disabilitychampions.com and margie@disabilitychampions.com or call Dave on 01482 382512

TUDA Joins the Campaign in Support of Rehabilitation Leave

TUDA's last Executive Committee meeting has decided to join the campaign to support a bill introduced by John Robertson MP for a legal right for rehabilitation leave (also known as disability leave).

Rehabilitation leave is a scheme to enable newly disabled people and those whose impairments change to retain their employment, through providing a limited period of rehabilitation and retraining.

Disabled people are nearly five times as likely as non-disabled people to be out of work and claiming benefits. The number of disabled people in work who are or become disabled will increase as the Government encourages us to all go on working longer. Measures to maximise job retention are essential if we are to head towards and maintain the employment rate of 80 per cent of the working age population which both the DWP set out to achieve in their five year plan and which TUDA also support. To continue to allow those in work who develop an impairment to lose their job and be pensioned off or join those on incapacity benefit surely defeats the purpose of the Government's welfare reforms.

Rather than lose employees through early retirement or resignation, an effective Rehabilitation Leave policy enables organisations to:

- Retain experienced staff
- Minimise the cost of temporary cover
- Avoid the cost of unnecessary recruitment, selection and training of replacement staff
- Reduce staff turnover
- Reduce early drain on pension funds
- Improve individual staff performance

- Consider and introduce innovative ways of working

Rehabilitation leave is supported by a number of large employers including the Royal Mail and Barclays Bank. It also has the support of a number of trade unions including UNISON Amicus, TGWU and Community. Last Year's TUC Congress overwhelmingly passed a resolution in favour of disability leave which was also part of the Warwick Agreement. The Government gave a commitment to implement the Warwick Agreement in full in its 2005 General Election manifesto. The Government in the Republic of Ireland introduced a scheme of disability leave in 2003.

Please join TUDA in writing to Stephen Tims MP Minister of State, Department for Work and Pensions Richmond House 79 Whitehall London SW1A 2NS calling on the Government to support the bill and send a copy to your local MP.

Nicholas Russell

Now for articles from Richard Cook – our Newsletter Editor

I think learning from other discriminated groups is an important part of what we do. Just like disability discrimination, anti-fascists probably feel much like we do. Unfair for us but so it is for them too. Here is some of what was said at their conference.

United against Fascism – report of Conference held on 18th February, 2006

Mick Connolly SERTUC regional secretary the opening speaker

He is chair of the SouthEast region of the TUC (SERTUC). He said the timing of this conference and the reports is timely. The number of racist attacks has increased. This was started in the Middle East and is now happening in London and all major cities. All of this increases tensions between communities who normally exist reasonably well. The British National Party (BNP) has exploited those issues. The BNP managed to get 800000 votes nationally this is a big wake up call for us all. But it is not all bad news for instance in the Southeast region and we have a long and proud history of opposing the far right. This has now been reversed with much fewer votes now. But trade unions and others have a big task to do to keep race hate out of the workplace and our local councils.

Lee Jasper chair of first session entitled “Why we must act now to stop the BNP”

We see the rise of Islam phobia, the demonisation of Muslim communities, the murder of black youths. We must ensure we present a

united front against the BNP and the far right. Don't ever forget we the anti-fascists are in fact the majority.

Michael Meacher MP

We have experience in Oldham when Nick Griffin stood against me in 2001 and fermented a riot. But they still do not have a single seat in Oldham. In 2005 the BNP vote is much reduced still. His advice is to take them on and expose the lies, fight back to tell people of the good things in the town. Expose them for what they are criminals and thugs who fail to deliver anything, totally unfit to hold office. We rebutted their lies, which said Asians were attacking whites; we proved the reverse was true instead. The BNP said money was spent in areas where black people were but again the reverse was true because it was being spread all over the town instead.

Gurinder Chadha director of bend it like Beckham

Told a story about life in the 70's before the anti-fascist movement got going and what she wanted was a society tolerant to all races and religions. Her living in Britain goes back over 400 years so my ancestors love Briton and that is our future.

Keith Sonnet Unison Deputy General Secretary

Important we learn from others experiences. The BNP pedal the politics of the gutter it is up to us to keep them in the gutter where they belong. Provided we organise we can beat the BNP wherever they stand. We must increase general turnout because we will benefit.

Siobhan Endean Amicus Head of Equality

Picking up on what has already been said about the BNP and trade unions. Not too concerned about that, concerned about the BNP trying to set up a trade union and taking over our trade unions. They are not joining it, and they are not welcome. I believe in black leadership and empowerment. The cause of black members in their workplaces to take on the issues of racism, take on the issues of institutional racism with their employers, but a long hard long-term slog for our members. We believe that is the only way by tackling the low pay, tackling low skills, by tackling job losses in our heartlands in the UK, we will tackle racism in our country. We believe in our communities, we believe in working in our workplaces and getting our black members to do that. Our black members have said what we need to do, as a union is to campaign with the white community, against racism. So we are working very carefully to do that. We are launching a campaign in the summer during the world cup called pride not prejudice its about our members being able to wear a St. George's flag on tee shirts during the world cup to say we will not accept racism during the world cup in football. We are also going to produce a DVD in our young member's community, to bring back that whole rock against racism business. Rebuild it in the UK today. I

remember when I was young I used to be saying I have a badge which said, "I will pogo on a Nazi" on it. I used to pogo quite a lot and I thought pogo-ing on a Nazi was quite a good idea as well and that is why I bought the badge and that is what brought me into the anti-racist movement. This is why it is important that we reach out to our young white people today to bring them into the movement. We are also working hard in keeping the BNP out. I am surprised about the by-election in Keithley by the resignation of the BNP councillor. But what I do know is this is the time for action, and if we all go back and we talk to everyone we know and tell them whatever you are doing next weekend get up to Keithley and campaign against the BNP because now is the time for action.

Richard says: I wonder if there is such a thing as a pogo stick for disabled people because then I could do that too.

The next speaker was Dominique Walker sister of Anthony Walker who was savagely murdered by racists was given a standing ovation at the start and end.

Talking about the issues of the BNP there are truly life and death issues. Talking of that, we are seeing the brutal and savage murder of Anthony Walker an exceptional Fifteen-year-old student. There must not be a place where black people cannot walk in the UK in peace and safety.

Siobhan Endean presented Dominique with a Cheque for £3000 collected.

Chair for 2nd session entitled "Alliances necessary to stop the BNP" Billy Hayes CWU General Secretary

Ken Livingstone UAF chair

What was remarkable about the bombings is that there was not one incident of one Londoner turning against another but there was some verbal abuse. We do a poll every year where people go into the homes of 1500 people for about 1½ hours. Asking every aspect of life in London, we do this every November. We were worried about whether what was very good findings on anti-race Londoners being invaded by abuse. What was remarkable this November was people said they had never been happier living in London than at any time in memory. All the polls we done the figures we got was 75% said they thought the race and religion worked well together, 85% saying they like the diversity, and I think that is a result of a whole range of people who have gone out decade after decade and made the case for multi-culture, what was particularly striking, because we had over recent months this debate about whether multiculturalism was wrong. But decided we should not follow France's lead. London is 20% ahead of the next city, which is Brussels, and on average twice as productive as the cities of Eastern Europe. We are all united to defeat the BNP. No problem about that,

however disparate or argumentative we all are in our many ways. It would cost £60,000 to improve voter registration and black people get the blame for all of this but it is to improve registration for many different groups and we must do this. Ken says I will always engage in the fight racism.

Kirsten Hearne Regard LGBT liaison also a disabled person

Many of us belong to more than one community. Quite hard to work out which bit we are oppressed by, I find that quite hard. That is why we must unite against all forms of oppression, not only because it is unjust, awful and hideous but also because many of us belong to those other groups. For us it is extremely difficult to deal with when you are beaten down from all sides. Unity must cover respect, understanding and acceptance. I understand people have difficulties about other communities, but we have to work together. One group attacked by Hitler was disabled people. On two grounds, one was the purity of the race; the second was on economic values. They were targeted by mass sterilisation then children and babies were murdered then adults were murdered. Thousands upon thousands of people were killed as a result of that. Some of the values were about: what life was worth. Whether or not someone would cost lots of money. Some of those values are still here today by Mary Stopes a pioneer on birth control but her motivation was as a eugenicist. The racist BNP use that fear to turn people against each other.

Disability Committee delegate Richard Cook now tells us about a few important aspects that has been happening at TUC Disability Committee: -

The TUC Disability Conference 2005 report

After the disability conference where the resolutions are passed I was wondering if you knew what happens after that. Well **TUC Disability Committee** gets reports at our meetings on any progress made. We also help make decisions about what we should do with all the organisations that contact us. When the TUC gives me things to read I actually read them to bits, usually more than once. To make sure I fully understand them properly and I often decide if there are any questions.

Welfare Reform Committee TUC

Submission (See front article for TUDA'S submission)

The most exiting thing I think we talked about this year. You know all you ever read in the press is how much incapacity benefit (IB) costs and the fact that it is increasing. Well that is definitely wrong because (IB) it is

actually falling. It is true income support with a disability premium is increasing but this is a much smaller number than (IB). When I started reading the report I could not put it down because it was truly amazing. Richard Exell wrote this and as I said at the meeting as a result of this he has gone up still further in my estimation.

DRC's consultation on whether the Definition of Disability should be changed

A very important issue to discuss: Because it will influence in a profound way the shape of disability legislation, particularly for the single equality legislation for a very long time. As well as those issues of broad principle which underlie this definition. The TUC and at the disability conference it was decided we did not like the medical definition. A social model approach is therefore needed.

So we answered that we do need a change. We all agreed.

Question 2 of the Consultation asks what alternative definition there should be. The DRC asked whether everyone should be protected from discrimination on grounds of impairment regardless of level or duration. The purpose would be to focus the attention of the law not on impairment but on barriers of discrimination. But one option would be to use the Irish and Australian definitions which are so patronising, with awful language which would say what the law actually meant, without this definition the courts could decide for us and we would not like that. Other people did not seem keen that temporary conditions would be covered too and as I like to be controversial sometimes and said this. People with a broken leg for instance should be welcome too, but there must be recognition somehow of people who are disabled full time. As has been said before and this is Important "we must not lose what we have now" If these people help us fight our battle so it is not just full time disabled people then that is great and I look forward to things getting better much quicker as a result.

So after a long discussion we decided we did not like the language used in any definitions in the document. There needs to be a definition that includes all those people the disability committee think should be covered. It is up to the DRC to write such a definition that we can all then agree.

As a subsidiary point lawyer David Rubin said we would then need another second definition to trigger the right to reasonable adjustment so you have your general definition and then a second tier as well for the adjustment. Our view was: the whole purpose of the change was to make the definition simpler and not to complicate it. What we want is

something employers and union representatives can easily understand what it means.

Incapacity for work Questionnaire

I am truly really pleased that disabled people are going to get help to get a job at long last. But recently I received this questionnaire from jobcentreplus that is part of the Department for work and Pensions (DWP). On 29/11/2005 I was asked to fill in what looked so much like the form I did when I first claimed invalidity benefit many years ago, a bit shorter but the same questions. But it was not the same form of course. Since filling in that first form my writing has worsened somewhat so I wrote and asked if it could have the form sent to me by email instead because then I could type much easier all my answers, hoping that would be OK.

On 28/12/2005 I was told we need your reply urgently. What a cheek because no right minded disabled person would object to providing this information. So I phoned

Them and said what I had asked for. I was told they don't send things by email. Why on earth not I said, Because apart from my requirements, what about easy read, a person with a sight impairment who uses their computer to talk to them, or perhaps Braille, CD or tape. Clearly they should send the information to people in whatever format they need. If the DWP needs further information they could at least make it possible for people to provide it. Trade Union Disability Alliance a disabled Organisation do using the services of British Council of Disabled People (BCODP) they translate all our information into whatever people require, but DWP will not and when you compare TUDA budget to the DWP budget, well it is not unreasonable is it, but DWP think it is, and that is really no good to disabled people.

I did send my version of their form but it took me ages to do. DWP stopped my benefit. No letter or anything. I thought that was awful. I rang and it is now reinstated again. But what about the people that just could not do that easily or not at all without it being accessible, it is totally unfair and definitely unhelpful.

They do provide a Text phone but nothing else if you don't need that you are left wanting. This is just not good enough. To ignore my request was unfortunate at least for me.

On a different but similar subject at a meeting I had with the NHS, I asked how people would feel if everyone else had all this information but they did not. Because there are deaf people, blind people and people with learning disabilities and so many other people who needed the information in a format suited to them and we should provide this. But

the NHS never even considered this. The DWP is yet another Organisation with a similar situation.

I went to a Southeast political meeting, Labour Party of course with lots of big names so I asked if I could speak on this subject and this was agreed. The most important person was Peter Hain but my first attempt with Joe-public was good, with Peter Hain not so good. Later my delegation met with Peter Hain again, I asked him directly would he ensure the DWP do as I suggest using alternative formats but he just would not say he would.

But a woman MP said she would try to get an answer from the minister responsible for the DWP. I wonder if that will produce a satisfactory answer. Wish me luck.

I have sent all this information to DWP already but wonder if anyone else has had a similar experience I could also include that I could send later.

If so Email findcook@hotmail.com or write to Richard Cook 141 Vale Road, Northfleet, Kent DA11 8BX

Then perhaps we can ask why.

Are we pleased the quota system is now abandoned?

The old quota scheme was abolished when the DDA was introduced, as the Government assumed that it was just not needed now. But unfortunately clever employers still manage their dastardly nasty discrimination still.

Before the DDA Legislation said a certain percentage of disabled people had to be employed. The problem was not all employers did this because there was no real compulsion for them to comply?

As it happens my brother who is also a disabled person but with a different disability to me, has worked using the quota scheme since leaving school? For well over 20 years now and I think he has been happy working this way.

So what about the future? Well I actually think there are good points in both systems. What if we in future have a mixture of the two? A quota system saying there must be at least a certain percentage. Plus best person for the job as under the DDA. Have all this policed to make sure of compliance.

I have tried to be a little controversial to try to generate some debate. Tell me what you think.

If you want more information about how to join TUDA then please send this form back to us: -

Name.....

Post (if applicable).....

Trade Union.....

Address:

Post Code.....

E-mail:

Disc Audio

Large Print size

BSL Video

Preferred format:

Print Braille

Membership Fees: Individual Disabled Person £7.00

Supporting Subscriber £10.00

Union Branch £25.00

Union Region £50.00

Union National £100.00

Donation

Please make cheques payable to Trade Union Disability Alliance.

The views expressed in this Newsletter are not necessarily the views of the union's represented on the TUDA Executive Committee but reflect the opinion and policies Of most of them.