

**REPLY BY THE PRESIDENT OF THE COMMITTEE *FOR* EMPLOYMENT & SOCIAL
SECURITY TO QUESTIONS ASKED PURSUANT TO RULE 14 OF THE RULES OF
PROCEDURE BY DEPUTY JOHN GOLLOP**

Question 1

Recently the UK Secretary of State for Work and Pensions announced a programme of hitting the ground running to get people back to work. Is ESS continuing to work with GET, the Guernsey Employment Trust, to monitor UK ideas and adopt or adapt if appropriate?

Answer to Question 1

Maximising work opportunities for everyone is a vital but significant challenge faced by governments around the world.

The Committee *for* Employment & Social Security keeps abreast of policy developments in neighbouring jurisdictions and further afield and we are aware of recent announcements made by the UK Secretary of State for Work and Pensions in reforming benefits and pathways to work. Additionally, as a member of the International Social Security Association (ISSA), the Committee has access to research and an awareness of work being developed globally in respect of work rehabilitation strategies and initiatives. This insight is helpful to the Committee when developing programmes of work and ensures that we remain aligned with effective strategies that are right for Guernsey and Alderney.

The relationship between work and health is crucial for individual wellbeing and economic productivity, particularly within small jurisdictions. In the context of an ageing population with reducing birth rates, maintaining a healthy workforce is essential.

The Committee has recently published a Work & Wellbeing Strategy (available [here](#)), in collaboration with other States Committees. The Strategy outlines a focus on health and wellbeing in the workplace, over the next five years.

The Committee recognises that there is a lot of good practice already happening in workplaces today, but we are also cognisant that some employers don't always have the resources or support they need. The development of the Strategy recognises that for most people, work is good for physical and mental health. Many islanders with a health condition or disability want to be in work and, with the right support, they can. Extended absence from work decreases the likelihood of returning and often leads to complex barriers which become harder and more costly to address over time.

The Strategy contains relevant actions which are structured around three pillars:

1. Community awareness

Engagement with stakeholders to raise awareness of the connection between health and work. This pillar will also provide practical and easily accessible resources to

help support health and wellbeing in the workplace and the early identification of potential health concerns.

2. Prevention and early intervention

Primary preventative programmes and early pilots which support health and wellbeing. This is particularly relevant in areas of mental health and musculoskeletal conditions as Social Security data indicates that a significant proportion of incapacity claims are related to these conditions.

3. Effective services – Evolving for tomorrow

Looking ahead to enhance occupational health and wellbeing services to meet future needs. This pillar also commits to collaborative working to establish comprehensive support that aligns with the evolving needs of the workforce.

The Strategy sets out an important vision, but it is important to note that the Committee already supports many initiatives within the scope of its mandate and through the administration of Back to Work benefits legislation, which was introduced in 2004.

The Committee recognises that sickness is often a personal journey. Individuals with a health condition face different challenges and barriers to employment and it is important that a variety of initiatives are available to meet different needs. The Committee works with educators, employers, practitioners and third-party organisations to actively respond to those needs and develop joint approaches to incentivise and enable workforce participation.

The third-sector partners which the Committee currently works with, include:

- Guernsey Employment Trust
- Grow
- UnLtd
- GO
- GSPCA
- Les Cotils
- Guernsey Caring for Ex-Offenders

The Committee is dedicated to engaging with third-sector partners and continually improving the benefits system to support work rehabilitation, thereby enabling individuals to stay in work or return to work and, in doing so, support a diverse, inclusive and healthier workforce.

Question 2

In the context of the successful SOHWELL programme will there be changes to medical assessments, so they do not replicate the apparently time consuming and stressful Work Capability Assessment?

Answer to Question 2

The Social Security system in Guernsey is distinct from that of the UK, particularly in respect of the tailored approach which can be delivered within a smaller community.

In Guernsey, assessments are done in different ways depending on the benefit type and the purpose of the assessment. For example:

➤ **Industrial disablement benefit**

Under the Social Insurance Law people claiming industrial disablement benefit must undergo a medical examination, similar to the UK process.

The assessment is arranged by Social Security and takes place within one of the local primary care practices. The examination by two independent General Practitioners provides a detailed assessment of the loss of faculty a person may have as a result of an accident at work or prescribed industrial disease.

The degree of disablement is expressed as a percentage and, if the claim is accepted, benefit is pro-rated. If the degree of disablement is determined to be less than 20% no benefit is payable. The assessment may determine a period within which to carry out a review (if the condition is likely to change) or recommend a life assessment.

As industrial disablement benefit is a longer-term benefit and can be paid beyond pension age, this type of assessment is considered appropriate.

➤ **Severe disability benefit**

Severe disability benefit is payable if a person has a significant physical or mental disability, which requires a lot of attention or supervision by day or night.

Applicants must submit a comprehensive application form, which includes a medical report, but there is no separate medical examination required as part of the claim process.

By comparison, in the UK, applicants for the Personal Independence Payment are typically asked to attend a medical assessment designed to evaluate functional capacity.

➤ **Incapacity benefit**

Sickness benefit and long-term incapacity benefit are paid in respect of any day a person is incapable of work due to illness or injury, provided that the period of incapacity lasts for at least four days. To claim sickness benefit, a person must also be below pension age and supply a medical certificate from a doctor, dentist, physiotherapist, osteopath, or chiropractor confirming that they are unable to work.

A person who has claimed sickness benefit for an aggregate period of 26 weeks and is still unable to work might be eligible for incapacity benefit, which is paid instead of sickness benefit.

Incapacity benefit can be claimed until the recipient returns to work, reaches States pension age, or until it is determined that they are no longer incapable of all work.

As sickness benefit and incapacity benefit are contributory benefits, applicants must have 26 or more reckonable contributions paid or credited in the relevant contribution year in order to receive a monetary benefit. Neither sickness benefit nor incapacity benefit can be paid at the same time as the States pension, unemployment benefit, or parental benefits.

➤ **Work Capability Assessment**

Officers at Social Security review claims for sickness and incapacity benefit regularly, based on information provided on the medical certificate and factors such as diagnosis and age.

This review may include obtaining formal updates from the treating practitioner, a face-to-face meeting or telephone update with the customer or a paper assessment. Another option available to the Committee is to request a person attend a *Work Capability Assessment*. This is an examination by two independent General Practitioners which provides an assessment of how a person's medical condition impacts on day-to-day life and ability to work.

➤ **Work & Wellness Assessment**

As part of the Supporting Occupational Health & Wellbeing Programme (SOHWELL), the Committee has been piloting an earlier *Work & Wellness Assessment*.

These assessments, conducted within primary care, provide an independent assessment of a person's current and future health, wellbeing and work needs. Although not a formal occupational health assessment it does have a clear occupational health focus and incorporates a biopsychosocial model to address health issues holistically.

Noone expects a person to return to work before they are well enough to do so. But the Committee believes that early, supportive actions and interventions can help prevent people with common health problems ever reaching the point of needing long-term incapacity benefit.

The Work Capability Assessment and Work & Wellness Assessment support officers and medical practitioners in setting specific and timely goals to help improve a person's health and work ability, at the right time.

In some cases, this might involve supporting conversations with an employer to facilitate a gradual return to work or workplace adjustment. If an occupation is no longer well suited to a person's current or future health needs, it is also a way to explore different career options, job opportunities, training, or work placements.

Although independent assessments are a normal part of monitoring a claim, officers work hard to reduce any anxiety around attendance and may decide to review the claim in a different way, based on medical or other information which might be available.

Question 3

Would the ESS committee agree that a right to try policy which would allow people to try work without the fear their benefits will automatically be put at risk, as I recall ESS has already worked pilots in this area.

Answer to Question 3

The Committee is mindful of the anxiety and challenges about returning to work following an extended period of incapacity or unemployment. Therefore, the Committee is dedicated to supporting initiatives that help individuals return to work, without the fear of losing benefits.

While a 'right to try' policy is not explicit within operational processes, this approach aligns with the Committee's ongoing efforts to create a more supportive and flexible benefits system.

The Committee recognises that returning to work after a few days or weeks of illness is very different from going back to work or starting a new job, after a longer period.

The Social Insurance (Back to Work Benefits) Regulations, 2004 were introduced to prevent a 'benefit cliff edge' and support individuals transitioning back to employment. These Regulations include a variety of back-to-work support, designed to help individuals overcome barriers to employment. This might include introducing routine, increasing confidence, providing new learning opportunities or skills training.

Current provisions, administered through the Back to Work Benefits, are shown in Table 1.

Table 1: Description of Back to Work initiatives

Back to work initiative	Description
Short-term training	Provides access to various training and courses to improve skills and employability.
Voluntary work	Provides opportunities to assist recovery and gain work experience and routine through volunteering.
Therapeutic work	Helps individuals with health conditions to undertake some limited paid or unpaid work if it forms part of a treatment plan designed to improve health or increase capacity for employment.
Beau Sejour gym membership	Short-term provision to incentivise and improve wellbeing and routine.

Back to work initiative	Description
Work trial	Where a job vacancy exists and the employer is unsure about the skills match, benefit payments can continue for up to four weeks. This enables a person to undertake an unpaid work trial to demonstrate that they can perform or be developed into the role, at no cost to the employer.
Gradual return to work	<p>Supports a phased return to work for those recovering from illness or injury. This allows for a mixture of wages and benefit to be paid and supports individuals easing back into their existing role or into a new role in a gradual way.</p> <p>If the gradual return to work is unsuccessful because of a person's ongoing health problems, full benefit can be reinstated.</p>
Job start expenses	If a person has been out of work or in receipt of benefit for a long time, they may need help with some of the costs connected with getting back into work. This provision enables Social Security to pay some, or all of the costs involved.
Back to Work Bonus	A lump sum payment for those who have been out of work for six months or more. It is available once a person starts a new job and demonstrates that they have successfully re-entered the workplace.
Work 2 Benefit placements	<p>These are work and training placements that provide opportunities to build a work routine and develop skills and knowledge with a host provider.</p> <p>People on a Work 2 Benefit placement will continue to receive benefits for the duration of their placement provided they meet the tasks, objectives or goals they have been set by the placement provider.</p>
Kickstart placement	<p>Employers play a vital role in supporting skills development by offering Kickstart placements. These are paid, hands-on training placements with a host employer and an opportunity for individuals to learn skills within an active work environment.</p> <p>Kickstart placements are available for up to 13 weeks and are paid at the minimum wage rate, funded by Social Security.</p>
Recruitment grant	<p>The Recruitment Grant is a series of payments designed to support employers in recruiting staff who have been out of work for an extended period of time.</p> <p>The grant supports employers during the early stages of employing a new person during which additional support may be required due to a long period of unemployment.</p>

Back to work initiative	Description
Rehabilitation grant	<p>This grant is only available to charities and not-for profit organisations. It is available for organisations who work directly with people who need support to return to work and it is to help with the costs of work rehabilitation or a return to work.</p> <p>The grant scheme can also offer an organisation the opportunity to diversify and take on new activities which may not have previously been possible because of resource limitations.</p>

Back to Work benefits are discretionary and are designed to help a person overcome barriers to work. This does not lessen the expectation or requirement to work for those able to do so, and which forms a specific condition of receiving financial support. It does, however, recognise that over the course of longer-term unemployment, whether that is due to a health condition or otherwise, people will find that personal, financial, health and occupational factors change. Back to Work benefits enable officers to provide the right support at the right time. In some cases, individuals will experience a change in overall income when returning to work. Therefore, having a variety of initiatives which incentivise work and meet different needs is a vital way of facilitating a smooth transition back into the workplace and reducing fear of 'trying work' and losing benefits.

Back to Work benefits are agreed with Social Security officers as part of an individual return to work plan. This provides personalised support based on health and/or employment challenges and includes appropriate liaison with medical practitioners, employers and third-sector partners.

Through the Work & Wellbeing Strategy, the Committee will be further examining the Back to Work benefits currently offered and exploring new initiatives which could be introduced. The Committee looks forward to expanding provision and developing joint approaches to incentivise and enable workforce participation.

Question 4

Would ESS welcome a policy where top ups and income support can be adapted so higher benefits workplace disregards can be adapted and adopted to motivate part time participation in the workplace and economy?

Answer to Question 4

Income support is very much an in-work benefit, supporting those whose earning potential, for whatever reason, is insufficient to meet their own or their family's needs.

At present, the net weekly earnings of a person in work are reduced by £40 in the income support means test. This is known as the 'earnings disregard'. This means that a single person who is working and entitled to a top up from income support would be £40 per week better off than a single person who is not working and who is entitled to income support.

Likewise, a working couple who are entitled to a top up from income support would be £80 per week better off than a couple where neither member of the couple is working.

With regard to the above, it is important to understand that it is a legal condition of entitlement to income support that claimants of working age (and their dependents of working age) work full-time. Part-time hours (down to zero) can be agreed on a case-by-case basis for people who are unable to work full-time due to an illness or disability, or because they have caring responsibilities which restrict their capacity to work. If a person who has capacity to work fails to do so, income support can be suspended for a period or stopped.

As work is a condition of entitlement to income support for people of working age, it is not considered necessary to motivate people to work by increasing the earnings disregard. If this approach were taken, weekly income support expenditure would increase in respect of everyone in receipt of income support who are already working.

Question 5

Is the ESS committee looking through E government and other initiatives digital engagements with welfare recipient so staff resources can be targeted on the most vulnerable people and needy whilst at the same time training staff and claimants in MYgov digital programmes for claims thus enhancing skills and reducing costs?

Answer to Question 5

When encouraging customers to shift to accessing government services digitally, the Committee will take account of those who may not have access to, or be confident in, independently accessing services in this way. Face to Face interactions will remain available to those who need or prefer this method of interaction.

Digital Services are being designed around the customer. By adopting a customer-centric approach to design, it is intended that digital services will be easy to use, which, it is anticipated, will increase the level of customer adoption.

The Foundation Release of MyGov Digital will not deliver specific digital services to benefit recipients. However, MyGov Digital will work with the Committee *for* Employment & Social Security (and all other committee areas) to establish the foundations which will facilitate more digital services, such as those specifically for benefits applicants and recipients managed through a central customer record.

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