

Written evidence from the Council for Work and Health

1. About the Council for Work and Health

1. The Council represents a number of organisations providing health at work services:
 - In the field of prevention of injury at work and work-related disease (e.g. safety officers, hygienists, ergonomists),
 - Advice to employers and employees on health and fitness for work (e.g. occupational physicians, nurses, physiotherapists, occupational therapists, psychologists, speech and language therapists), and
 - Advice on rehabilitation (e.g. vocational rehabilitation specialists).

Its membership also encompasses representatives from the TUC and the CBI and observers from the Department of Health, the Department for Work and Pensions and the Health and Safety Executive.

2. Executive Summary

- 2.1. This submission is in response to the Commons Select Committee's inquiry into the disability employment gap. Further information on any aspect of the response can be gained from the Secretary of the Council.
- 2.2. If employers are to have the necessary information about employing people with disabilities they will have to have access to skilled professionals to assess functional capacity, advise on possible adjustments to the workplace and working practices, and support the return to work process itself.
- 2.3. The Council has recently published its cornerstone research report on the future for Work and Health:

“Planning the future: implications for occupational health; delivery and training” available at www.councilforworkandhealth.org.uk
- 2.4. The Report identifies a significant gap between demand and supply of the professionals who are equipped to deliver these services, and identifies the training requirement to deliver these skilled professionals to the UK marketplace.

2.5. The report makes six recommendations.

1. Extend mainstream healthcare provision to include the integration of occupational health provision in commissioning and outcome measurements. Managers and clinicians should recognise that return to work where the patient is of working age is a measurable clinical outcome.
 2. The Government should create incentives to encourage investment in healthy workplaces and the uptake of occupational health and wellbeing initiatives, so that workers are less likely to fall out of work for long periods with health problems and are more likely to return to work in a shorter space of time.
 3. Measures should be taken to ensure that employers understand the return on investment in occupational health and have access to skilled and competent professionals to assist them.
 4. Following on from the third recommendation, it is important to develop a competency framework for a multi-disciplinary occupational health workforce through quality assured training.
 5. This will involve workforce planning to predict the match between demand and supply.
 6. It will be necessary to attract and train the required number of high calibre occupational health practitioners to meet predicted occupational health needs. There is currently a particular shortage of occupational health professionals, especially doctors and nurses, and it is important to support training initiatives.
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3. **To what extent are the current range of proposed measures likely to achieve the Government's ambition of closing the disability employment gap?**
 - 3.1. We support the idea of a new Work and Health programme to assist those with a disability to return to work. This will need skilled trained professionals to undertake assessments and support those in the programme.
 - 3.2. It is important that health care providers, the Department of Health, the Department for Work and Pensions, employers and employee representatives, together with charities representing those with

disabilities and other stakeholders, should be consulted and work together to maximise successful outcomes.

- 3.3. Individuals may be encouraged to begin with voluntary work and should not be penalised by the withdrawal of benefits if they accept such work.
- 3.4. Employers should be encouraged to support disabled people returning to work and Access to Work should be provided with funds to support employers in this by, for example, providing transport to work or helping to pay for necessary equipment.
- 3.5. Organisations represented on the Council have skills and experience in this area and are available to be consulted and give guidance on proposed measures.
- 3.6. Returning people to work who have been out of the workplace is known to be difficult, and the longer the absence the lower the probability of success. The Council urges the government to focus on prevention and early intervention, locating these strategies in the workplace and with the professionals most qualified to assist the workplace in identifying and remediating issues which we know pose a significant risk of long term absence from work.
- 3.7. The government should support employers who protect their employees in a number of different ways, including early intervention which prevents long term sickness absence and departure from the workforce, and which improves access to workplace services and education which promote their health.

4. Should the Government set interim targets along the way to meet the commitment to halve the disability employment gap? What should they be?

- 4.1. Any programme spending considerable amounts of public money needs to be monitored to ensure that money is being well spent. Realistic targets will demonstrate that the programme is working. However, success will depend as much on the state of the economy in a particular area as on the efforts of those trying to place disabled people in paid work. Targets should therefore vary according to geographical areas. Individual employers could be encouraged to set their own quotas for the recruitment of people with disabilities.

5. How effective is the Disability Confident campaign in reducing barriers to employment and educating employers?

- 5.1. The message that good work is good for you needs to be more widely promulgated. General practitioners can assist by using the fit note to encourage patients to return to work when not fully fit.
- 5.2. Employers need to be made aware that disabled people can in many cases provide reliable and efficient service and do not in general create an additional health and safety risk. They also need to be made aware of their responsibilities under the Equality Act 2010 to make reasonable adjustments for job applicants and employees with a disability.
- 5.3. A programme of education, partly by government but partly through trade unions and employer associations should be undertaken. The Council for Work and Health through its member organisations could assist in such a programme.

6. What more could be done to support employers?

- 6.1. The Health and Work Programme offers an opportunity for the UK to develop an inclusive vocational rehabilitation strategy, to ensure that employers and employees across the UK have access to skilled providers when they face a health problem that puts their ability to work at risk. For almost all employers and their employees, this service is either piecemeal or entirely missing, leading to many lost opportunities for preventative action and early intervention. Employers need support both in terms of skills and the financial incentives to own the process of keeping employees at work during this time, rather than deferring to the NHS to manage their ability to work (which it is currently ill-equipped to do), and the DWP to manage the employee's economic safety net (which is often too little, too late).
- 6.2. A key need of employers is for information and education. Regional roadshows highlighting successful workplace retentions, and successful placements of disabled employees in the workplace could be organised. Social media could be utilised to promulgate the message that employing disabled people is good business, not just a charitable exercise. The Council for Work and Health could be involved in supporting such a campaign.

7. What should support for people with health conditions and disabilities in the proposed Work and Health programme look like?

7.1. The Council is dedicated to promoting and helping to create a multi-disciplinary occupational health workforce. It represents most organisations involved in such a workforce. It can therefore call upon a considerable range of expertise. It has a wide portfolio of professional contacts. Its members have vast experience in dealing with the problems of recruiting and supporting employees with health conditions and disabilities.

7.2. The Council is ready able and willing to advise on policies and their implementation and several of its member organisations offer occupational health and rehabilitation services to support individuals.

7.3. The Work and Health programme needs skilled occupational health professionals not just to advise on policy but also to assist individuals by assessing their needs and advising on return to work. They should be backed by an efficient administration and also financial support, through benefits in the transition phase and assistance to employers to provide equipment and services to create a level playing field for disabled and non-disabled employees alike.