Work, health and disability: consultation - Health, Wellbeing and Work Network (HAWWN) academic group response

About you

Are you?

Other

Academic researchers on work and health

Please tell us why you have an interest in this area

Work and health is an active field of research for many of our members

Please tell us why you have an interest in this area

What is your name?

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What is your job title / job role? (if applicable)

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This is optional, but if you enter your email address then you will be able to return to edit your consultation at any time until you submit it. You will also receive an acknowledgement email when you complete the consultation.
Can we use your email address to update you with progress on the topic of this consultation?  
(Required)  

Yes, please keep us up to date on progress

Are you answering on behalf of?  

an organisation (in an official capacity)

If you are answering on behalf of an organisation, what is the name of the organisation.  

Academic network on Health, work and well-being: HAWWN  
https://www.jiscmail.ac.uk/cgi-bin/webadmin?A0=HAWWN

Where are you/your organisation based?  

This consultation covers the whole of Great Britain. Are you or your organisation based in:  

Other: Across all of GB

If you answered other please tell us where you or your organisation are based
All the questions in the consultation

You can save your questions at any time and return to the consultation later. Scroll to the bottom of the page and press ‘Save and come back later’

1. Achieving lasting change: investing in innovation

1.1 What innovative and evidence-based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?

No response

1.2 What evidence gaps have you identified in your local area in relation to supporting disabled people or those with long term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?

Gaps in your local area in supporting disabled people or those with long term conditions

The local GPs report that the waiting lists for the excellent specialist pain management services are too long and there is a “revolving door” syndrome. This means that people in pain are helped for a little while but once they are back in the community, they struggle to maintain health gains. GPs wanted more resources so that people could be helped back into work with more long-term (albeit tapered) support, with the idea that this would save money and suffering in the long run as people would be more able to stay in work. This was reported in Wainwright et al 2011 and the local situation has not greatly developed in this regard.


1.3 How should we develop, structure and communicate the evidence base to influence commissioning decisions?

**RCT evidence is obviously extremely valuable but we also need qualitative evidence (e.g. to explore why people drop out of RCTs or to unpack unintended consequences of decisions)**

In addition, commissioners need to be educated in other methods of evaluating evidence apart from RCT vs the rest. This includes using new methodologies for evaluating complex interventions such as the Grading of Recommendations Assessment, Development and Evaluation (GRADE) which has developed a common, sensible and transparent approach to grading quality (or certainty) of evidence and strength of recommendations for complex interventions
2. Building work coach capability

2.1 How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?

No response

2.2 What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

No response

3. Supporting people into work

3.1 What support should we offer to help those ‘in work’ stay in work and progress?

No response

3.2 What does the evidence tell us about the right type of employment support for people with mental health conditions?

There is now a wealth of evidence on the role of stressful working conditions and related poor working conditions in influencing poor mental health outcomes, and reducing the wellbeing of those with chronic health conditions. The right type of employment support needs to actively consider the working conditions that are driving the reduced wellbeing of employees with disabling conditions. Without tackling those causes that originate from the employment conditions, employment support will not be able help employees with chronic mental and physical health conditions to remain at work.


4. Improving access to employment support

No response
4.1 Should we offer targeted health and employment support to individuals in the Employment Support Allowance Support Group, and Universal Credit equivalent, where appropriate?  
Please explain your views  
No response

4.2 What type of support might be most effective and who should provide this?  
No response

4.3 How might the voluntary sector and local partners be able to help this group?  
No response

4.4 How can we best maintain contact with people in the Support Group to ensure no-one is written off?  
No response

5. Supporting young people

5.1 If you are an employer who has considered providing a supported internship placement but have not done so, please let us know what the barriers were. If you are interested in offering a supported internship, please provide your contact details so we can help to match you to a local school or college.  
No response

6. Reforming the assessment process

6.1 Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?  
No response
6.2 How can we ensure that each claimant is matched to a personalised and tailored employment related support offer?

No response

6.3 What other alternatives could we explore to improve the system for assessing financial support?

No response

7. Assessments for benefits for people with health conditions

7.1 How might we share evidence between assessments, including between Employment Support Allowance/Universal Credit and Personal Independence Payments to help DWP benefit decision makers and reduce burdens on claimants? What benefits and challenges would this bring?

No response

What benefits and challenges would this bring?

No response

7.2 Building on our plans to exempt people with the most severe health conditions and disabilities from reassessment, how can we further improve the process for assessing financial support for this group?

No response

7.3 Is there scope to improve the way DWP uses the evidence from Service Medical Boards and other institutions, who may have assessed service personnel, which would enable awards of benefit to be made without the need for the claimant to send in the same information or attend a face-to-face assessment?

No response

8. Embedding good practices and supportive cultures
8.1 What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?

No response

8.2 What expectation should there be on employers to recruit or retain disabled people and people with health conditions?

No response

8.3 Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions?

*Encouraging employers/employees to identify skills and attributes of disabled people and people with health conditions in their workforce— not just the skills and attributes required by their current role*

8.3(a) What information would be reasonable for employers to be aware of to address the health needs of their employees?

*What it is about the employee’s health condition that makes/ might it difficult for them to conduct their work*

*How their work tasks might be modified if their health condition were exacerbated*

*What support is available to employers/employees*

*Legal issues*

8.3(b) What are the barriers to employers using the support currently available?

*Lack of knowledge/awareness of the support that is currently available*

*Frequently changing support services*

*Tendency to ‘google’*

*Not knowing where to go to get information about the support currently available*

*Possibly negative experiences or perceptions*
8.3(c) What role could a ‘one stop shop’ play to overcome the barriers?

Potentially:

* easier access to knowledge/information/support
* more likely to be up-to-date and reliable

8.3(d) How can government support the development of effective networks between employers, employees and charities?

No response

8.3(e) What role can information campaigns play to highlight good practices and what they should cover?

No response

8.3(f) What role can government play in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles?

No response

8.3(g) What impact did the previous financial, or other, incentives have and what type of incentives would influence employer behaviour, particularly to create new jobs for disabled people?

No response

8.3(h) Are there any other measures you think would increase the recruitment and retention of disabled people and people with health conditions?

*When interviewing people on long term incapacity benefits, we found that they were less worried about being shown how to write an up-to-date CV (although that was important) and more worried about being supported to get voluntary and then paid work that gradually increased in hours/status/interest. There was sometimes a mismatch between the kinds of work they were*
being offered and what they could see themselves doing. Could these issues be teased out very explicitly very early on? They may be, by now, as this was in 2012, but if not, our work suggest these issues need carefully delineating (Wainwright et al 2012 - Wainwright, D., Wainwright, E., Black, R., and Kenyon, S., (2012) Reconstructing the self and social identity: new interventions for returning long-term incapacity benefit recipients to work. In Vickerstaff, S., Phillipson, C. and Wilkie, R. (eds.) Work, Health and Wellbeing. Bristol: Policy Press.

8.3(i) Do you think there should be a different approach for different sized organisations and different sectors?

No response

8.4 How can we best strengthen the business case for employer action?

No response

9. Moving into work

No response

9.1 How can existing government support be reformed to better support the recruitment and retention of disabled people and people with health conditions?

No response

10. Staying in or returning to work

10.1 What good practice is already in place to support inclusive recruitment, promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?

When studying successful return to work for chronic pain patients (Wainwright et al 2013) what was interesting is that whilst people mentioned explicit resources that helped (being bought gel wrist mats/standing desks etc.), a lot of it came down the quality of the social relationships between protagonists. For example, people discussed how simply whether or not they trusted those involved in the RTW process was key. The good practice we found was mostly to do with individual line managers and absentees explicitly agreeing the type and quantity of contact whilst
sick-leave and RTW processes were underway. People were confused about the legality of such contact and concerned about it, but created their own systems which enabled successful RTW.


10.2 Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?

Yes

No

Please explain your views

No response

10.3 What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?

No response

10.4 What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

No response

11. Improving discussions about fitness to work and sickness certification

11.1 How can we bring about better work-focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual can do, particularly during the early stages of an illness/developing condition?

No response
11.2 How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working-age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?

**Educate** all stakeholders in the appropriate use of the fit note, not simply providing guidelines and recommendations which they mostly won’t read, or may misinterpret.

11.3 Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification?

*In short, it depends! When researching doctor-patient interactions within sickness certification consultations (Wainwright et al 2015 and 2011), we found that some doctors knew patients and patients’ workplaces well enough to make this judgement and were confident about doing so and about their role in the RTW process. However, we found that many doctors were more worried about the need to preserve the doctor–patient relationship, and saw long term patient contact as taking precedence over making this judgement. As such, they would not directly challenge patients who wanted to be sick-listed even if they thought that this was not in the patients’ best interests (although they might set shorter and shorter periods of sick leave on fit notes). Doctors also struggled with inconsistent engagement from employers who they said did not respond to their letters. Doctors were worried about making decisions over people’s livelihoods when they did not feel they had sufficient specialist occupational health knowledge or knowledge of the patient’s specific workplace.*


11.4 Turning to the fit note certificate itself, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?

No response

11.5(a) Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information?

No response

11.5(b) Does the fit note meet the needs of employers, patients and healthcare professionals?

*Not on its own. We found that patients did really like the fit note’s medical authority and interrogative nature (i.e. comments can discuss shades of grey and not just be black and white) when presenting it to employers (Wainwright et al 2013).*
However, we found that doctors said it was hearts and minds that needed to be won, not the redesign of bits of paper (from sick to fit note). What happened in our 2015 research was that moral, socio-cultural and practical factors were invoked by doctors and patients to contest sick-listing decisions (such as whether or not there decent jobs to go to, and how much someone was suffering in non-medical ways), and although both groups supported the fit note’s focus on capacity, they doubted it will overcome tensions in sick-listing consultations on its own – they wanted wider cultural shift by which (for example) more people will recognise the value of what pain patients do to try to stay at work/more employers will be supported in having them as employees.

We found that doctors value tacit skills of persuasion and negotiation that can change how patients conceptualise their illness and respond to it e.g. they were skilled at slowly enabling the “one does not have to be 100 per cent fit to RTW” agenda. We think that policy-makers increasingly recognise the role of this tacit knowledge (as evidenced by alterations in the fit note guidance over the years) and we conclude that sick-listing can be improved by further developing these skills and acknowledging the structural context within which protagonists negotiate sick-listing.


12. Mental health and musculoskeletal services

12.1 How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?

No response

12.2 How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?

No response

13. Transforming the landscape of work and health support
13.1 How can occupational health and related provision be organised so that it is accessible and tailored for all?

No response

How can this be best delivered?

through employers

through private provision

through the health system

other

Please explain your views

No response

13.2 What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?

No response

13.3 What kind of service design would deliver a position in which everyone who needs occupational health assessment and advice is referred as a matter of course?

No response

14. Creating the right environment to join up work and health

14.1 How can we best encourage innovation through local networks, including promoting models of joint working such as co-location, to improve health and work outcomes?

No response
14.2 How can we encourage the recording of occupational status in all clinical settings and good use of these data?

Recording of occupational class and working conditions must be done as simply and quickly as possible in a clinical setting. The detailed social class questions needed in an academic study should be reduced to something quicker that can be administered easily in a clinical setting. Nowadays, in most clinical settings, patients are asked to update their contact details every time they visit a practitioner - if these contact details could be extended to include questions on their employment - that would be very effective.

14.3 What should we include in a basket of health and work indicators covering both labour market and health outcomes at local level?

No response

14.4 How can government and local partners best encourage improved sharing of health and employment data?

No response

14.5 What is the best way to bring together and share existing evidence in one place for commissioners and delivery partners?

No response

14.6 What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

No response

15. Changing the culture around work and health

15.1 How can we bring about a shift in society’s wider attitudes to make progress and achieve long lasting change?

The government needs to explicitly recognise that paid employment is not the only form of socially productive activity - there is a wealth of socially useful activities that non-employed adults are engaged in. Activities such as volunteering, child-care and grand-parenting get displaced because of
the low value the government and some sections of society place on those activities relative to paid employment. Changing social attitudes will first require a change in the government’s lack of valuation of non-paid socially productive activities.

15.2 What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?

No response