

# How AHPs contribute to Work and Health

Reducing inequalities, improving  
outcomes and supporting meaningful  
occupation: an evidence-into-practice  
briefing

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## Executive summary

Good work is a powerful determinant of health. Secure, meaningful employment supports physical and mental wellbeing, reduces health inequalities, and benefits families, communities and the wider economy. Conversely, worklessness and poor-quality work are associated with increased morbidity, mortality and long-term disadvantage.

Across the UK, economic inactivity due to long-term sickness remains historically high, with millions of people of working age living with long-term conditions or disabilities who wish to work but face significant barriers. As the population ages and working lives extend, supporting people to enter, remain in, and return to good work is an urgent public health priority.

Allied Health Professionals (AHPs) play a critical but often under-recognised role in this agenda. Through prevention, early intervention, rehabilitation, workplace adjustments and health promotion, AHPs improve functional ability, confidence and participation across the life course. Their work supports educational attainment in childhood, employability in adulthood, and job retention and return-to-work following illness or injury.

This document is an evidence-into-practice briefing, providing guidance and examples of best practice on how AHPs can play a role in workplace health. It shows how AHP interventions:

- reduce the health-related barriers that prevent people from entering or sustaining employment
- support people with long-term conditions or disabilities to remain in, or return to, work safely and sustainably
- improve workplace health, wellbeing and productivity
- help reduce health inequalities linked to deprivation, disability and long-term illness

The report covers the impact of AHPs across key health conditions - including musculoskeletal conditions, mental health, Long Covid, cancer, visual impairment, speech, language and communication needs, and adverse childhood experiences -

and across key intervention points, from early years and education through to occupational health and vocational rehabilitation.

### Key messages

- Work should be routinely considered a health outcome, and discussions about work should be embedded across health and care pathways.
- AHPs are well placed to deliver biopsychosocial, person-centred interventions that address physical, psychological, cognitive and environmental barriers to work.
- Early, multidisciplinary and workplace-focused interventions lead to better health outcomes and more sustainable employment.
- Greater system-level recognition, commissioning and integration of AHP-led work and health interventions is needed to maximise their impact.

## Introduction

Work and health are deeply interconnected. Employment status, job quality and working conditions are among the most important social determinants of health, influencing physical wellbeing, mental health, financial security and social participation. At the same time, health conditions and disabilities can act as barriers to entering, remaining in or returning to work, contributing to sickness absence, reduced productivity and economic inactivity.

This report was originally commissioned following a Welsh Government tender on behalf of the UK Allied Health Professions (AHP) Public Health Strategy Board, which was awarded to the Royal Society for Public Health (RSPH) in late 2021. The intention was to produce a UK-facing resource, demonstrating how AHPs contribute to the health and work agenda, aligned with public health priorities around prevention, inequalities and population health.

An initial draft was developed in 2022, this has since been refreshed with the support of the Office for Health Improvement and Disparities in 2025 to reflect more recent evidence, policy developments and practice examples. The report aims to provide an evidence-into-practice briefing to support learning, influence policy and promote wider understanding of the role of AHPs in improving work and health outcomes.

The purpose of this report is to:

- highlight the scale and nature of work-related health challenges in the UK
- demonstrate how AHPs already contribute to addressing these challenges through clinical practice, prevention and system-level interventions
- provide examples of effective AHP-led and multidisciplinary approaches
- support policymakers, commissioners, employers and practitioners to better utilise AHP expertise in the work and health agenda

The report is intended as a reference document. Readers may wish to focus on specific sections and links relevant to their interests or responsibilities.

This report has been developed to be utilised alongside the published guidance [Promoting work as a health outcome: guidance for AHP leaders - GOV.UK](#).

## The relationship between health and work

Work has long been recognised to be a core determinant of health, which has an impact on the individual, their family and community. It is an important factor which can influence health and wellbeing and therefore needs to be a priority for Allied Health Professionals (AHPs) as part of their commitment to reducing health inequalities.

Health and care professionals, including AHPs, play a crucial role in preventing worklessness and promoting return to work through holistic, person-centred approaches

Health and work are deeply interrelated: employment status, occupation and working conditions are significant determinants of mental and physical health; on the other side, illness and poor health can be a barrier to employment, and lead to sickness absence (absenteeism), lower productivity (presenteeism), and withdrawal from the labour force or early retirement.

The influence of work on health can be positive or negative. 'Good work' meaning safe and secure employment with good working hours and conditions, supportive management and opportunities for training and development; is better for health than being out of work. Conversely, unemployment is associated with an increased risk of mortality and morbidity, including limiting illness, cardiovascular disease, poor mental health, suicide and health-damaging behaviours.<sup>1</sup> However, poor working conditions can increase the risk of a health problem or aggravate an existing one.

### Case for action

Office for National Statistics data for May to July 2025 showed there were 2.8 million people who were economically inactive due to long-term sickness in the UK. The percentage of people whose main reason for being economically inactive is long-term sickness has generally been increasing since before the pandemic. In addition, the ONS highlights that from April to June 2025 there were 10.2 million

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<sup>1</sup> M.Marmot, J.Allen J, P.Goldblatt , T.Boyce, D.McNeish, M.Grady, and others. Fair society, healthy lives: strategic review of health inequalities in England post 2010. London: The Marmot Review; 2010

people with a long-term health condition who were employed, of which 5.5 million are disabled.<sup>2</sup>

As the population of the UK ages, there will be an increase in the number of people with one or multiple long-term conditions. Many older people will still wish to remain in work and will benefit from the positive associated health outcomes if they are supported to do so. It is increasingly important for organisations to proactively consider and take action to support the employment of people with health conditions and disabilities.

Addressing this is a societal challenge. We need to ensure people have access to more holistic support, when and where it is needed, to reduce health disparities and avoid the negative health impacts associated with being unemployed. This not only benefits individuals, their families and communities, but also supports economic growth which can be reinvested into public services.

The most recent data available from the Office for National Statistics (ONS) as of 2024 offers us important insights into the scale of the opportunity:

### **Prevalence of long-term health conditions**

- As of 2023, approximately 34% of working-age people in the UK reported having a long-term health condition, according to the ONS Annual Population Survey.<sup>3</sup>

### **Disability prevalence**

- Around 22% of the working-age population (16-64 years) in the UK were classed as disabled under the Equality Act 2010 in 2023 (ONS, “Outcomes for disabled people in the UK: 2023”).<sup>4</sup>

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<sup>2</sup> Office for National Statistics (2025). Economic inactivity due to long-term sickness. Newport: ONS.

<sup>3</sup> Office for National Statistics (2023). Outcomes for disabled people in the UK. Newport: ONS.

<sup>4</sup> Office for National Statistics (2023). Labour market status of disabled people. Newport: ONS.

## Employment rate for disabled people

- The employment rate for disabled people of working age in the UK was 54.2% in 2023, compared to 82.5% for non-disabled people—a disability employment gap of 28.3 percentage points (ONS, “Labour market status of disabled people: UK, 2023”).<sup>5</sup>

## Employment rates by condition

ONS data for 2023 indicates

- People with autism: 30% employment rate
- Severe or specific learning difficulties: 27.6%
- Mental illness or other nervous disorders: 37.1%
- Epilepsy: 39.5%
- Progressive illnesses: 36.4%<sup>6</sup>

All remain significantly below the average employment rate for disabled people.

## Occupational status

Disabled people in work are still less likely to be employed as managers, directors or senior officials, or in professional occupations, and are more likely to work part-time than non-disabled people.<sup>7</sup>

## Work transitions

In 2023, disabled workers moved out of work at a rate of 9.2%, compared to 5.1% for non-disabled workers. Workless disabled people moved into work at a rate of 12.5%, while the rate for workless non-disabled people was 27.8%.<sup>8</sup>

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<sup>5</sup> Office for National Statistics (2023). Labour market status of disabled people. Newport: ONS.

<sup>6</sup> Office for National Statistics (2023). Labour market status of disabled people. Newport: ONS.

<sup>7</sup> Office for National Statistics (2023). Labour market status of disabled people. Newport: ONS.

<sup>8</sup> Office for National Statistics (2023). Labour market status of disabled people. Newport: ONS.

## Sickness absence

In 2022, the ONS reported that 185.6 million working days were lost due to sickness or injury, the highest figure recorded since 1995. This equates to an average of 5.7 days lost per worker.<sup>9</sup>

These figures provide a more current view of the ongoing challenges and disparities faced by disabled people and those with long-term health conditions in the UK labour market.

- Dame Carol Black's Review of the Health of Britain's Working Age Population estimated that the annual economic costs of sickness absence and worklessness (where a person is unemployed because of their health) is estimated to be over £100 billion.<sup>10</sup>
- Analysis by Deloitte in 2020 indicates that poor mental health costs UK employers up to £45 billion each year – a rise of 16% (an extra £6 billion) since 2016.<sup>11</sup>
- 40% of people with a long-term condition say that their condition affects their work.<sup>12</sup>

According to recent data from the Office of National Statistics, disabled people aged 16-64 are three times more likely to have no qualifications than non-disabled people (15% compared to 5.4%), and while 40% of non-disabled people have a degree or equivalent qualification, only 23% of disabled people of working age are equally qualified.<sup>13</sup> This may explain why disabled people are significantly less likely to be employed as managers, directors or senior officials, or to be employed in professional occupations (27.2% for these two occupation groups combined) than non-disabled people (34.5% for both occupations combined).

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<sup>9</sup> Office for National Statistics (2024). *Sickness absence in the UK labour market*. Newport: ONS.

<sup>10</sup> Black, C. M. (2008). *Working for a healthier tomorrow: Dame Carol Black's review of the health of Britain's working age population*. London: The Stationery Office.

<sup>11</sup> Deloitte (2020). *Mental health and employers: Refreshing the case for investment*. London: Deloitte.

<sup>12</sup> Department of Health (Jan 2008). *Raising the profile of long-term conditions care: a compendium of information*.

<sup>13</sup> Office for National Statistics (2021). *Outcomes for disabled people in the UK: 2020*. ONS.

Supporting people with health conditions to access and remain in good work, minimising the health-risks of work, and promoting health through work is not only beneficial to individuals' health but has wide-ranging outcomes in terms of savings to businesses, to healthcare services, and to the economy. As well as reduced productivity, poor health negatively impacts the economy through increased time spent on informal caregiving, reduced income tax and national insurance receipts and increased healthcare costs and benefit payments.

As the population of the UK ages, there will be an increase in the number of people with one or multiple long-term conditions and limiting long-term conditions. It also means that people are likely to be working for longer, with over 9 million people aged 50 to 64 in the UK who are employed, an increase of more than 2 million since 2008.<sup>14</sup> There is a strong business case, therefore, for employers, managers, as well as policymakers to consider how they can improve the health of their workforce, and how they can support the employment of people with health conditions and disabilities.

### **Examples of how AHPs' clinical practice supports the health and work agenda**

The healthcare professional's consensus statement for action on health and work, was refreshed by the Academy of Medical Royal Colleges, Royal College of Nursing and Allied Health Professionals Federation in 2025<sup>15</sup>. It sets out that:

- work is considered a health outcome
- there is a clear role for all health and care professionals to include understanding the person's work role in their assessments

This may be a goal in their treatment, but there should also be a broader preventative conversation around healthy lifestyle, promoting a culture of seeing work as

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<sup>14</sup> Office for National Statistics (2020). *State of Ageing: Work and the Labour Market*. ONS / State of Ageing series.

<sup>15</sup> Academy of Medical Royal Colleges, Royal College of Nursing & Allied Health Professions Federation (2025). *Healthcare professionals' consensus statement for action on health and work*. London: Academy of Medical Royal Colleges.

beneficial to health and wellbeing and offering advice which may help the person to remain in work.

The **5 principles** set out within the consensus statement are as follows:

1. Ask the work question- what you do for work, how you are managing in work, and what may help you get back to work?
2. Understand through training the importance of work as a health outcome, how health may be promoted through good work, and where to signpost their patients who need further support.
3. Be able to advise their patients through easy access to up-to-date guidance from government, professional bodies, and work and health professionals on the impact of health conditions and treatment on their work, and on adjustments to assist with these disabilities.
4. Derive most value from the fit note, in primary care, hospitals and in the community, through training for health professionals, and utilising updated easy to use guidance.
5. Recognise their own role to support healthy and safe working environments, looking after their own health and wellbeing, and promoting the health and wellbeing of their colleagues within their organisations.

The close relationship between work and health means that virtually all interventions by Allied Health Professionals which improve the health and wellbeing of children, young people, and those of working age support the health and work agenda.

This report begins by highlighting how specific health conditions impact the ability to work, to demonstrate the wider impact of AHPs' interventions when supporting individuals with:

- Musculoskeletal conditions
- Mental Health
- Long Covid
- Cancer
- Visual impairments
- Speech, language and communication needs
- Adverse childhood experiences

The report will then showcase instances where AHPs make more direct interventions to support the health and work agenda, including:

- Supporting children and young people's educational outcomes
- Talking about work
- Helping people into work
- Supporting people with health conditions or disabilities to start, return to and remain in work- including Occupational Health and Vocational Rehabilitation
- Minimising the health-risks of work
- Workplace health promotion

### Musculoskeletal Conditions

Musculoskeletal (MSK) conditions, encompassing disorders of the bones, joints, muscles, and spine, remain a leading cause of chronic pain and long-term physical disability in the UK.

The annual report 2023-24 from the Health and Safety Executive (HSE), highlights that MSK disorders (MSDs) accounted for 7.8 million working days lost that year, reflecting a sustained burden on workforce productivity.<sup>16</sup> Furthermore,

- **543,000 workers** suffered from work-related MSDs (new or long-standing) in 2023/24, a **15% increase** from the previous year, and the largest single-year rise in a decade.
- **7.8 million working days** were lost due to MSDs, up 18% from previous year.
- MSDs now account for **32% of all work-related ill health**.
- The rate of MSDs is the highest since 2015/16, with almost 2 in every 100 workers affected.<sup>17</sup>

MSK conditions continue to be among the top two causes of sickness absence, with back disorders and upper limb issues particularly prevalent among working-age adults.

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<sup>16</sup> Health and Safety Executive (2024). *Work-related stress, depression or anxiety statistics in Great Britain*. Bootle: HSE.

<sup>17</sup> Health and Safety Executive (2024). *Work-related stress, depression or anxiety statistics in Great Britain*. Bootle: HSE.

Current evidence indicates that MSK conditions significantly impact employment outcomes.

- Recent research from Versus Arthritis (2023) shows that 40% of working-age adults with arthritis or related MSK conditions report their condition has directly affected their ability to remain in work.
- Among those with rheumatoid arthritis, 24% have left employment prematurely, and 18% have reduced their working hours within the past two years due to their symptoms.
- Furthermore, only 17% of respondents with moderate to severe MSK conditions stated that their employment had not been affected at all.<sup>18</sup>

According to a 2024 survey by Versus Arthritis of people living with MSK conditions, 76% of individuals with a diagnosed MSK condition reported limitations on the type or amount of work they can undertake, and 85% acknowledge that their health restricts the range of jobs available to them.<sup>19</sup>

These statistics underscore the continuing need for targeted workplace interventions and policy initiatives to support people with MSK conditions, reduce work loss, and improve occupational health outcomes.<sup>20 21</sup>

A high proportion of people with musculoskeletal conditions either have to change jobs, reduce their hours, give up work, or take early retirement because of how their condition affects their ability to work.<sup>22</sup>

As well as affecting people's ability to work, work itself is often cited as causing, or exacerbating, MSK conditions. Occupations which involve manual handling, working

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<sup>18</sup> Versus Arthritis (2023). *Working with arthritis: Policy report*.

<sup>19</sup> Versus Arthritis (2024). *The State of Musculoskeletal Health 2024*.

<sup>20</sup> Health and Safety Executive (2024). *Work-related musculoskeletal disorders statistics in Great Britain 2023/24*.

<sup>21</sup> Versus Arthritis (2023). *Working with arthritis: Policy report*.

<sup>22</sup> Versus Arthritis (2023). *Working with arthritis: Policy report*.

in awkward or tiring positions, keyboard work or repetitive activities are most associated with affecting musculoskeletal health.<sup>23</sup>

Accordingly, the highest burden of days lost due to work-related musculoskeletal conditions are in construction, transport and storage, and the human health and social care work industries.<sup>24</sup>

There were an estimated 53,000 workers suffering from a work-related musculoskeletal disorder (new or long-standing), 19% of all ill health in this sector.<sup>25</sup>

Supporting musculoskeletal health is especially important given its interaction with mental health, noting that musculoskeletal conditions are more common in older people and the relevance with people choosing to work for longer.<sup>26</sup>

### **MSK Conditions Can Lead to Mental Health Problems Chronic pain and Disability**

MSK conditions (like arthritis, back pain, or repetitive strain injuries) are strongly associated with increased rates of anxiety, depression, fatigue, and insomnia. The more severe or widespread the pain, the higher the risk of mental health symptoms. People with MSK conditions often experience limitations in daily activities and work, which can lead to social isolation, loss of self-esteem, and financial stress, all risk factors for poor mental health.

### **Mental Health Problems Can Worsen MSK Symptoms**

Depression and anxiety can increase the perception of pain, reduce motivation for self-care or rehabilitation, and slow physical recovery. This can create a vicious cycle where pain and low mood reinforce each other. Stress and poor mental health can cause muscle tension, increase inflammation, and lower pain thresholds, making MSK symptoms feel worse.

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<sup>23</sup> Health and Safety Executive (2024). *Work-related musculoskeletal disorders statistics in Great Britain 2023/24*.

<sup>24</sup> Health and Safety Executive (2024). *Work-related musculoskeletal disorders statistics in Great Britain 2023/24*.

<sup>25</sup> Health and Safety Executive (2024). *Health and safety statistics for the human health and social work sector, Great Britain*.

<sup>26</sup> Versus Arthritis (2023). *Working with arthritis: Policy report*.

### **Biopsychosocial Factors**

The relationship is not just physical: psychological and social factors (like beliefs about pain, coping skills, work environment, and social support) play a major role in both the development and persistence of MSK conditions and mental health issues.

### **Workplace Impact**

MSK conditions and mental health problems are among the top causes of long-term sickness absence in the UK. They often co-occur, compounding the impact on productivity and workforce participation. Interventions that address both physical and mental health—such as workplace-based rehabilitation, cognitive-behavioural therapy, and supportive work environments—are most effective for helping people stay in or return to work.<sup>27</sup>

### **Cycle of Chronicity**

Chronic pain increases the risk of depression, and depression can delay physical recovery from MSK injuries. This cycle can lead to prolonged disability and greater healthcare needs.<sup>28</sup> This highlights the importance of timely interventions from Allied Health Professionals including:

**Osteopaths** – as specialist clinicians for musculoskeletal health, osteopaths use manual therapy and self-management strategies to treat pain in the muscles, joints and soft tissues.

- an osteopath may work with a patient suffering from chronic lower back pain by providing hands-on techniques such as joint mobilisation and soft tissue massage to relieve discomfort. In addition, they might develop a personalised exercise programme and offer advice on posture, ergonomics, and lifestyle changes to help the patient manage their symptoms and prevent future episodes. This holistic approach can enable individuals to regain mobility, improve function, and enhance overall wellbeing.

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<sup>27</sup> Waddell, G., Burton, A.K., & Kendall, N.A.S. (2008). *Vocational rehabilitation: What works, for whom, and when?* London: TSO.

<sup>28</sup> Waddell, G., Burton, A.K., & Kendall, N.A.S. (2008). *Vocational rehabilitation: What works, for whom, and when?* London: TSO.

**Podiatrists** – who assess, diagnose and offer early and ongoing treatments for musculoskeletal disorders affecting the foot, ankle and lower limb. Podiatrists can manage foot and ankle pain through exercise therapy, footwear advice, advice on activity pacing, management of work commitments, and provision of orthotic devices.

- a podiatrist may work with a patient experiencing persistent heel pain due to plantar fasciitis. The podiatrist would begin by conducting a thorough assessment to diagnose the condition and then provide early intervention through tailored exercise therapy aimed at stretching and strengthening the foot muscles. They might also offer advice on selecting appropriate footwear to relieve pressure on the affected area, suggest strategies for pacing activities to avoid aggravating symptoms, and discuss how to manage work commitments that involve prolonged standing or walking. If needed, the podiatrist could supply custom orthotic insoles to support the foot and improve alignment, helping to reduce pain and facilitate recovery. This comprehensive approach not only alleviates symptoms but also supports the patient in returning to their usual activities and work.

**Physiotherapists** – through exercise therapy, manual therapy, and self-management strategies, musculoskeletal physiotherapists can assess and treat injuries and conditions which affect the muscles, joints and soft tissues, such as back pain, ligament sprains, muscle strains, and arthritis. These interventions can improve strength, mobility and coordination of muscle action.

- a physiotherapist might work with a patient experiencing chronic knee pain caused by osteoarthritis. The physiotherapist would begin by conducting a detailed assessment to identify the specific movements and activities that trigger discomfort. Treatment could include manual therapy techniques to reduce joint stiffness and pain, a tailored exercise programme to strengthen the muscles around the knee and improve joint stability, and education on self-management strategies such as pacing activities, using supportive equipment, and making ergonomic adjustments at work or home. By combining hands-on therapy with practical advice and exercises, the physiotherapist helps the patient regain mobility, increase strength, and maintain independence in daily activities.

**Orthotists** – who increase the mobility and reduce the pain and risk of falling associated with MSK conditions by designing orthoses that modify the structural

or functional characteristics of the patients' neuro-muscular and skeletal systems

- an orthotist may assist a patient experiencing foot drop, a condition where the individual has difficulty lifting the front part of their foot due to nerve or muscle weakness. The orthotist would assess the patient's walking pattern and overall mobility before designing a custom ankle-foot orthosis (AFO). This device supports the foot and ankle, helping to lift the foot during walking, reduce the risk of tripping and falling, and alleviate pain caused by abnormal gait. By providing this tailored orthotic solution, the orthotist enables the patient to walk more safely and comfortably, supporting their ability to remain active and independent in daily life.

**Occupational Therapists** – who work with patients holistically, looking at their environment and daily routine as well as their physical abilities to help people with MSK conditions to stay active and independent.

an occupational therapist might support an individual with rheumatoid arthritis who is struggling to manage daily tasks at home and work due to joint pain and stiffness. The occupational therapist would carry out a comprehensive assessment, considering not only the patient's physical limitations but also their living environment, work responsibilities, and personal goals. Support could include recommending adaptive equipment—such as specialised kitchen tools or ergonomic office furniture—to make everyday activities easier, suggesting modifications to the home or workplace layout to reduce strain, and teaching joint protection techniques. In addition, the OT may help the patient develop strategies for pacing activities, balancing rest and movement, and setting achievable goals to maintain independence and participation in valued activities. This holistic, tailored approach helps the individual continue to live as actively and independently as possible, despite the challenges posed by their MSK condition.

#### Further reading and resources:

- Health and Safety Executive's [Reports and Resources for Musculoskeletal Disorders](#)
- Business in the [Community's Musculoskeletal \(MSK\) Health Toolkit for Employers](#) explains the importance of MSK health to businesses, and how to prevent MSK problems and reduce work loss whatever the size of the organisation

- Versus Arthritis, [Working with Arthritis Policy Report](#)

## Mental health

Mental health remains one of the most significant determinants of people's ability to enter, remain in, and thrive in work. While many people living with mental health conditions want to work, they often face fluctuating symptoms, stigma, and workplace environments that are not designed to support psychological wellbeing. Mental health problems are also closely linked with long-term sickness absence, reduced productivity, and premature exit from the labour market, particularly where physical health conditions coexist. Addressing mental health in the context of work therefore requires integrated, person-centred approaches that recognise the interaction between psychological wellbeing, physical health, and the working environment.

### Employment Rates

According to the ONS Labour Force Survey (2023), the employment rate for people with long-term mental health conditions in the UK has seen a modest increase, with approximately 53% of working-age adults with such conditions in employment. This is an improvement from the previously cited 49.6% in 2020/21, but it still lags behind the general population employment rate, which remains over 80%.<sup>29</sup>

### Severe Mental Illness (SMI)

The employment rate for individuals with SMI remains low, with the NHS Digital Mental Health Bulletin (2023) reporting a rate of around 9% for people receiving secondary mental health services, suggesting only a slight improvement from the 8% previously noted.<sup>30</sup>

### Desire to Work

Recent surveys by Mind (2024) and the Mental Health Foundation confirm that the majority of people with mental health conditions continue to express a desire to

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<sup>29</sup> Office for National Statistics (2023). *Labour market status of disabled people*. Newport: ONS.

<sup>30</sup> NHS Digital (2023). *Mental Health Services Monthly Statistics*. Leeds: NHS Digital.

work, with barriers including stigma, lack of workplace support, and fluctuating mental health symptoms cited as ongoing challenges.<sup>31</sup>

### **Work-Related Stress**

The Health and Safety Executive (HSE) statistics for 2023/24 indicate that work-related stress, depression, or anxiety continues to account for a significant proportion of work-related ill health, with 875,000 cases reported, representing 51% of all work-related ill health cases. Workload, tight deadlines, and lack of managerial support remain the most commonly reported causes.<sup>32</sup>

In summary, while there have been small improvements in employment rates for people with mental health conditions, significant disparities persist compared to the non-disabled population.

The impact of work-related stress and the challenges faced by those with severe mental illness remain pressing concerns, with only incremental progress in recent years.

For the most up-to-date statistics and further reading, the following sources are recommended:

- [Office for National Statistics: Health and Wellbeing](#)
- [NHS Digital: Mental Health Services Statistics](#)
- [Health and Safety Executive: Work-Related Stress, Anxiety or Depression Statistics](#)
- [Mind: Latest News and Campaigns](#)

### **Work and mental health**

There is strong evidence that work is generally good for mental health, and work has the potential to be part of the recovery and rehabilitation process from mental ill-

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<sup>31</sup> Mind (2024). *Work and mental health survey findings*. London: Mind.

<sup>32</sup> Health and Safety Executive (2024). *Work-related stress, depression or anxiety statistics in Great Britain*.

health.<sup>33</sup> By providing structure, social contacts and a sense of purpose, work can be a source of several protective factors for mental health.

Therefore, AHPs who promote mental wellbeing in the workplace, and create working environments that are well-adapted for people with mental health conditions can improve health outcomes. This includes:

**Art, Music and Drama therapists**, who use creative media to develop a therapeutic relationship, and offer an alternative to talking-based therapies. The creative therapies allow people to explore difficult or painful experiences and communicate feelings or thoughts they find difficult to verbalise.

- **Art Therapy:** A young person struggling with anxiety might use painting or drawing to depict their emotions, helping them to express worries that are difficult to articulate verbally. This visual medium enables them to process and manage their feelings in a safe environment.
- **Music Therapy:** Someone experiencing depression may engage in songwriting or playing instruments as a way to communicate their inner state. Working with a therapist, they can explore different musical styles or rhythms that reflect their mood, offering a non-verbal outlet for their experiences.
- **Dramatherapy:** An individual with trauma might participate in role-play or improvisational exercises, allowing them to act out scenarios related to their experiences. This can help them gain insight, process emotions, and develop coping strategies in a creative, supportive setting.

These creative therapies provide alternative routes for emotional expression and healing, particularly for those who find traditional talking therapies challenging.

**Occupational Therapists (OTs)**, are dual trained to treat both physical health and mental health issues at the same time; support children and young people with mental health problems to fulfil their educational potential; and assess the employment needs of adults with mental health problems and Severe Mental Illness

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<sup>33</sup> Lelliott, P., Boardman, J., Harvey, S., Henderson, M., Knapp, M., & Tulloch, S. (2008). *Mental health and work*.

- an OT might work with a young person experiencing anxiety that is affecting their ability to attend school. The OT could use a combination of strategies to address both the psychological aspects, such as developing coping skills for anxiety, and any physical symptoms, like headaches or fatigue. At the same time, the OT could collaborate with teachers to adapt the classroom environment and routines, ensuring the young person is supported to participate fully in lessons and school activities.

In adults, an OT may assess an individual with severe mental illness to identify barriers to employment, then support them in developing practical skills, such as time management or workplace communication, while also addressing mental health needs, helping them to secure and maintain suitable employment.

**OTs and Art, Music and Dramatherapists**, are also able to support children and young people with mental health needs so that they can develop social skills and perform better academically.

For example, studies of arts therapies interventions have found them to have positive outcomes for children with:

- behavioural difficulties<sup>34</sup>;
- oppositional defiant disorder<sup>35</sup>;
- self-esteem and social difficulties<sup>36</sup>;

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<sup>34</sup> Cohen-Yatziv, L., & Regev, D. (2019). The effectiveness and contribution of art therapy work with children in 2018-what progress has been made so far? A systematic review. *International Journal of Art Therapy*, 24(3), 100-112; Moula, Z. (2020). A systematic review of the effectiveness of art therapy delivered in school-based settings to children aged 5–12 years. *International Journal of Art Therapy*, 25(2), 88-99; Rosal, M. L. (1993). Comparative group art therapy research to evaluate changes in locus of control in behavior disordered children. *The Arts in Psychotherapy*.

<sup>35</sup> Khadar, M. G., Babapour, J., & Sabourimoghaddam, H. (2013). The effect of art therapy based on painting therapy in reducing symptoms of oppositional defiant disorder (ODD) in elementary school boys. *Procedia-Social and Behavioral Sciences*, 84, 1872-1878.

<sup>36</sup> Cohen-Yatziv, L., & Regev, D. (2019). The effectiveness and contribution of art therapy work with children in 2018-what progress has been made so far? A systematic review. *International Journal of Art Therapy*, 24(3), 100-112

- and anxiety and emotional difficulties.<sup>37</sup>

Qualitative research with children, parents and teachers has found that children who engage with art therapy were perceived as happier, more settled, calmer, having fewer behavioural outbursts, more confident, and engaging better with schoolwork.<sup>38</sup>

#### Further reading and resources:

- Business in the Community's [Mental Health Toolkit for Employers](#)

IOSH webinar, [Sustainable Return to Work in Mental Health Issues: What Works for Whom?](#)

#### Long Covid

Long Covid is a term to describe the effects of Covid-19 that continue for weeks or months beyond the initial illness. It is a multi-system condition with a range of physical, psychological and cognitive symptoms, including:

- fatigue
- breathlessness or shortness of breath
- difficulty sleeping
- anxiety, depression or post-traumatic stress disorder
- heart palpitations
- chest tightness or pain
- joint or muscle pain
- not being able to think straight or focus ('brain fog')
- change to your sense of smell or taste
- persistent cough

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<sup>37</sup> Moula, Z. (2020). A systematic review of the effectiveness of art therapy delivered in school-based settings to children aged 5–12 years. *International Journal of Art Therapy*, 25(2), 88-99.

<sup>38</sup> Deboys, R., Holtum, S., & Wright, K. (2017). Processes of change in school-based art therapy with children: A systematic qualitative study. *International Journal of Art Therapy*, 22(3), 118-131;

As of March 2024, the Office for National Statistics estimated 2 million people in the UK were experiencing self-reported Long Covid.

As a proportion of the UK population, prevalence of self-reported Long Covid was greatest in people aged 35 to 69 years, females, people living in more deprived areas, those working in health care, social care, or teaching and education, and those with another activity-limiting health condition or disability. Nearly two thirds (64%) of those with Long Covid said their symptoms adversely affected their day-to-day activities, and one fifth (20%) said their ability to undertake their daily activities had been “limited a lot”.<sup>39</sup>

The condition is most prevalent among those of working age—specifically people aged 35 to 69 years—with higher rates observed among females, individuals in more deprived areas, and those employed in health care, social care, or education. Notably, nearly two thirds (64%) of affected individuals reported that symptoms negatively affected their day-to-day activities, while one fifth (20%) said their ability to undertake daily activities was “limited a lot.”

These findings suggest that Long Covid could significantly hinder the ability of many adults to return to or remain in work, as well as reduce productivity for those who remain employed. The adverse effects are not limited to physical health; cognitive symptoms such as ‘brain fog’ also impact concentration and performance. The evidence underscores the need for tailored support and rehabilitation, including reasonable adjustments in the workplace, to enable affected individuals to continue working where possible.

The care pathway for Long COVID has been designed around three core principles:

**Supporting and enabling self-care** - some people with milder symptoms may be able to help themselves through self-management.

**Personalised care** - a personalised care and support planning process based on what matters most to individuals

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<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/6january2022>

**Multidisciplinary and rehabilitation** - a multidisciplinary team should tailor support and rehabilitation for the person to enable the development of individual care plans for physical, mental and social needs.

Services exist that are commissioned specifically to support people who present with long covid, sometimes as a stand-alone clinic or combined with similar condition specific services such as myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) however it is important to note that it is possible that people may present without a long covid diagnosis into different pathways due to the time elapsed since the 2020 pandemic and less testing.

The 2021/22 NHS Plan for Long Covid explicitly states that there is a clear role for multiple AHPs in this regard, including **physiotherapists, occupational therapists, dietitians and speech and language therapists**.

**Physiotherapists:** May develop tailored exercise programmes to help individuals regain physical strength and stamina, offer advice on pacing and energy conservation, and support symptom management such as breathlessness or fatigue.

**Occupational Therapists:** Can assist with strategies for managing daily activities, recommend reasonable adjustments in the workplace, and provide support for cognitive symptoms such as memory or concentration difficulties ('brain fog').

**Dietitians:** Advise on nutrition to help manage symptoms such as loss of appetite or taste and ensure optimal dietary intake for recovery and overall health.

**Speech and Language Therapists:** Support individuals experiencing difficulties with communication, swallowing, or voice changes, which can be associated with Long Covid.

These professionals work together as part of a multidisciplinary team to create individual care plans addressing the physical, mental and social needs of people living with Long Covid, supporting them to remain in or return to work where possible.

The AHP Work and Health report can be a tool to outline recommendations for reasonable adjustments to enable a person to remain in work. [Allied Health Professions Federation](#)

## Evidence

Most Long Covid work/occupation evidence is qualitative studies, service evaluations, cohort surveys, and expert consensus rather than RCTs.

Vocational rehabilitation (VR) models are often adapted from other energy-limiting conditions (ME/CFS, post-ICU, chronic pain).

## Key themes across studies and guidance:

**Energy impairment and post-exertional symptom exacerbation (PESE):** “Standard” graded return-to-work approaches can worsen symptoms if they ignore energy envelopes and pacing.

**Fluctuating and invisible disability:** Stigma, disbelieving managers, and rigid HR policies are major barriers to return to work.

**Multidisciplinary VR:** Strong emphasis on integrated occupational health, AHPs (especially OT and physio), and employers collaborating around flexible, personalised plans.

**Public health lens:** Inequalities in exposure, infection, and support are baked in; precarious workers and those in public-facing roles often have the fewest adjustments and most exposure.

The evidence base provides us principles and patterns, rather than defined pathways or interventions. AHPs are often the ones turning those principles into workable local models.

AHP group	Key contributions for Long Covid & work	Typical work-focused interventions
Occupational therapy	Functional assessment, activity analysis, work role negotiation, pacing, environmental modifications Adjustment, anxiety, trauma, and stigma associated with Long Covid	Phased return plans, job carving, cognitive strategies, fatigue management, assistive tech, liaison with employers/HR Brief interventions to support pacing adherence, fear of activity, workplace disclosure, and negotiating boundaries
Physiotherapy	Symptom-informed movement, breathlessness management, orthostatic intolerance support,	Pacing within physical tasks, safe manual handling limits, graded activity tailored to PESE, advice on

AHP group	Key contributions for Long Covid & work	Typical work-focused interventions
	physical conditioning within energy envelope	commuting and physically demanding roles
Speech & language therapy	Cognitive-communication, voice and swallowing where affected	Communication strategies for meetings, scripts and prompts, word-finding strategies, pacing of communication load, training colleagues
Dietetics	Nutritional support where appetite, weight, or GI issues impact function	Nutrition plans to support energy levels, advice around blood sugar stability and hydration for orthostatic symptoms
Podiatry/Orthotics	Supporting mobility, pain and posture for people whose role requires prolonged standing/walking	Footwear/orthotic solutions, load management, guidance on safe standing/walking demands at work

Even though Long Covid is often framed as a tertiary rehabilitation issue, the evidence and guidance you have point clearly to a prevention continuum where AHPs can operate:

### Primary and secondary prevention (system level)

- **Infection prevention and control in workplaces:** The Society for Occupational Medicine (SOM) paper explicitly includes prevention of infection and workplace public health messages, recognising Long Covid as a major public health issue.
- **Workplace risk management:** Use traditional occupational health hierarchies of control (ventilation, task redesign, PPE) not only for acute Covid but as a Long Covid prevention strategy for high-risk workplaces.
- **Population inequalities:** Embed Long Covid into wider ICS-level strategies on inequalities, long-term conditions, and “work as a health outcome”, emphasising disproportionate impacts on lower-paid, front-line, and minority ethnic workers.

### Tertiary prevention (VR and adaptation)

- **Preventing repeated failed RTW attempts:** Parkin et al (2024). highlight how poorly planned returns can worsen health, financial security, and function; structured VR acts as tertiary prevention against further deterioration.
- **Preventing job loss:** SOM resources emphasise early, strategic support for workers to retain employment, rather than leaving line managers to navigate alone.

AHPs actively support people to recover health and prevent job loss through their support to people with this condition.

### Further reading and resources:

- The Society of Occupational Medicine have produced a [series of resources](#) to support employees who are experiencing Long Covid.
- [Returning To Work With Long COVID: SOM Resources](#) includes both a position statement (2022) along with a manager's guide (2024) which is a comprehensive guide to help support employees in their work role.
- [Long Covid Physio](#) develops resources, including videos and a podcast, to support people with Long Covid, produced by physiotherapists also living with that condition.
- [Work and vocational rehabilitation for people living with long covid | The BMJ](#)
- The World Health Organisation's [Support for rehabilitation: self-management after COVID-19-related illness](#) is a leaflet aimed at adults who are recovering from Covid-19.
- CSP [Long Covid resources | The Chartered Society of Physiotherapy](#) support physiotherapists and other healthcare professionals in the provision of safe and effective Long Covid rehabilitation practice
- RCSLTs Long Covid resources <https://www.rcslt.org/members/clinical-guidance/long-covid/> support SLTs and those living with Long Covid
- [Vocational rehabilitation for Long Covid: a roadmap for recovery | Occupational Medicine | Oxford Academic](#) (Parkin et al., 2024) offers a commentary in Occupational Medicine proposing the first Long-Covid-specific VR roadmap, based on research with patients, therapists, employers and employment specialists.

### Cancer

In 2025, an estimated 1.2 million people of working age are living with cancer in the UK and around 1.1 million people are juggling work and caring for someone with

cancer. Ten-year survival rates have more than doubled since the 1970s, so 4 million people could be living with or beyond cancer in the UK by 2030.<sup>40</sup> The increasing survival rate, along with the rising retirement age, means that supporting employees with cancer during their treatment, with returning to work, and managing any long-term health effects is important for a holistic and sustained recovery.

Returning to work after cancer can be disrupted by physical and mental health problems, or limitations caused by the illness and its treatment. Macmillan estimate that 25% of cancer survivors (over half a million people) suffer from long-term disabilities, including chronic fatigue, mental health issues, heart problems; high blood pressure; lung problems (including reduction in lung capacity); musculoskeletal problems; nervous system side-effects (including peripheral neuropathy), gastrointestinal problems and lymphoedema.<sup>41</sup> Fatigue, a common symptom for those living with and beyond cancer, has been found to severely impact functional ability in the workplace as it is associated with a diminished concentration span as well as a physical sense of tiredness and weakness.<sup>42</sup>

Research by Demos explored the wider social and economic costs of cancer, finding:<sup>43</sup>

- Nearly half (48%) of cancer patients make structural changes to their working patterns because of their illness
- Over 20% had stopped working permanently, 17% had stopped working temporarily, 16% had reduced their hours and 5% had taken unpaid leave
- Over half (53%) reported their income falling at least one income bracket and 57% said cancer has had a negative financial impact on them and their family

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<sup>40</sup> Quaresma M, Coleman MP, Rachet B. 40-year trends in an index of survival for all cancers combined and survival adjusted for age and sex for each cancer in England and Wales, 1971-2011: a population-based study. *Lancet* 2015;385(9974):1206-18.

<sup>41</sup> Macmillan Cancer Support. Cured – but at what cost: Long-term consequences of cancer and its treatment. July 2013.

<sup>42</sup> Wagner L I, Cella D. Fatigue and cancer: causes, prevalence and treatment approaches. *Br J Cancer* 2004;91(5):822-8.

<sup>43</sup> Demos (2020). *The cost of cancer: The impact of cancer on people's lives and livelihoods*

- One fifth of cancer patients were supported by a family member or friend who changed their own working patterns to care for them.

Even where cancer patients can return to work, it is a gradual process, often taking more than 12 months – meaning that in many places they are not covered by their organisation’s sickness absence policy.<sup>44</sup>

But returning to work can be positive for cancer survivors, helping them to feel ‘normal again’: the increased social interaction and feeling of belonging which work can provide has been shown to restore a more positive outlook to living with cancer.<sup>45</sup> Returning to work also has clear benefits in terms of an individual’s financial situation, which has its own impact on their health and wellbeing.

Therefore, where AHPs can offer timely treatment, and supportive insights about the benefits of meaningful activity, this contributes to support individuals to be able to return to work.

AHP interventions will be making a substantial difference to individuals living with and beyond cancer, their families, and the wider society. This includes:

**Diagnostic radiographers** who work in screening programmes

- a diagnostic radiographer may work as part of the NHS Breast Screening Programme, performing mammograms to detect early signs of breast cancer in women, or in bowel and lung cancer screening initiatives, playing a vital role in early diagnosis and improved treatment outcomes.

**Therapeutic radiographers** contribute to improved outcomes and recovery

offering a timely intervention that supports early detection and treatment of cancers.

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<sup>44</sup> Institution of Occupational Safety and Health (IOSH) (no date). *Returning to work following cancer*.

<sup>45</sup> Wells M, Williams B, Firnigl D, et al. Supporting ‘work-related goals’ rather than ‘return to work’ after cancer? A systematic review and meta-synthesis of 25 qualitative studies. *Psychooncology* 2013;22(6):1208-19.

- a therapeutic radiographer might collaborate with public health teams to deliver smoking cessation workshops in the community and signposting to relevant support. By educating individuals about the benefits of quitting smoking and explaining the importance of lung cancer screening, the radiographer helps to reduce the risk of cancer recurrence and supports early detection. Through these initiatives, they not only contribute to better recovery prospects but also empower patients to make positive lifestyle changes that can lead to improved long-term health outcomes.

**Occupational Therapists, Physiotherapists, Speech and Language Therapists, and Dietitians** who all play a role in cancer prehabilitation and rehabilitation services

- An occupational therapist may offer a holistic assessment, considering roles, routines and adjustments needed over the course of treatment and to help return to work following. They may help a patient adapt their home or work environment before starting cancer treatment
- A physiotherapist could design exercise programmes to improve strength and reduce fatigue.
- A speech and language therapist may support someone experiencing swallowing difficulties due to head and neck cancer,
- A dietitian may provide advice on nutrition to help maintain the patient's strength and wellbeing throughout treatment and recovery

**Art, Music** and **Drama** therapists who can help with managing the pain of cancer treatment and the impact on their mental health

- An art therapist could guide patients through creative activities to help them express emotions related to their diagnosis and treatment,
- A music therapist might use guided listening and music-making to reduce anxiety and pain.
- A dramatherapist could help individuals process their experiences and build coping strategies through performance and role-play.

Further reading and resources:

- Macmillan's [Health and Social Care Professionals – Macmillan Orders](#) resources – gives guidance for HCPs on how to talk about work and signpost people to further sources of support alongside other helpful leaflets and reports.

- Macmillan's [Talking about cancer at work | Macmillan Cancer Support](#) – covers the importance of work for people with cancer, how to support people with cancer to manage the symptoms of cancer and side-effects of treatment while in work; the legal rights of employees and the obligations of employers; and the financial implications for people with cancer.
- IOSH, [Return to Work After Cancer Webinar](#)
- The Chartered Society of Physiotherapy's briefing on [Cancer Survivorship](#) shows how physiotherapy-led exercise can support cancer patients, improve their quality of life and access to work.

## Visual impairment

Visual impairment is broadly defined as a variation of vision that occurs when any part of the optical system is defective, diseased, or poorly functioning. Some common causes of visual impairment are glaucoma, retinopathy of prematurity, cataracts, retinal detachment, macular degeneration, diabetic retinopathy, cortical visual impairment, infection and trauma. In children, visual impairments (depending on the onset, the severity, and the type of visual loss) can have a significant impact on their development and education, including their gross and fine motor skills, cognition and concept development.<sup>46</sup> A child's sense of independence and self-esteem and their confidence in socialising with others can also be negatively impacted by reduced vision.

Children with visual impairments must be taught compensatory skills and adaptive techniques to acquire knowledge from methods other than sight. Therefore, where **Orthoptists** provide [vision screening](#) of age 4-5 year old children to detect Amblyopia at an early stage, this allows for the child to receive the appropriate treatment and support during the critical years of visual development, before their development is significantly delayed. Similarly, where Orthoptists treat children with Retinopathy of Prematurity or with [visual processing difficulties](#), they are also helping to remove barriers to their learning and development.

When visual impairments occur later in life, Orthoptists are able to support the rehabilitation of people after a [stroke or brain injury](#), and assess the [eye and vision](#)

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<sup>46</sup> Simui, F., Kasonde-Ngandu, S., Cheyeka, A. M., Simwinga, J., & Ndhlovu, D. (2018). Enablers and disablers to academic success of students with visual impairment: A 10-year literature disclosure, 2007–2017. *British Journal of Visual Impairment*, 36(2), 163-174.

[problems associated with neurological conditions](#) (such as Multiple Sclerosis, Headaches and Idiopathic Intracranial Hypertension, Parkinson's, and those recovering from brain tumours). These interventions can also help the safe return to work of adults who develop visual impairments who wish to do so.

The interventions of AHPs to supporting the employment of adults who are sight impaired (SI) or severely sight impaired (SSI) are highly valuable, given the barriers that many face to finding or returning to work.

In 2015, around one in four SI or SSI people in the working age population were in paid employment, compared to around three in four in the general population.<sup>47</sup> 27% of non-working SI or SSI people left their last job due to the onset of sight loss or deterioration of sight. However, many of those would have preferred to stay in employment with the right support.<sup>48</sup>

Orthoptists are well-placed to provide that support as they can both provide low vision advice and visual rehabilitation for patient's eye alignment, tracking, and visual processing. **Occupational Therapists** can advise on environmental modifications and adaptive equipment which can minimise the barriers that a visual impairment could pose to working or daily life.

#### Further reading and resources:

- IOSH, [Sight Loss Needn't Mean Job Loss](#) webinar
- [Guidance on supporting colleagues with Visual Impairments - GOV.UK](#)

#### Speech, language and communication needs

Speech, language and communication needs (SLCN) are the most common type of special educational need in children aged 4 to 11 years old, and they are associated

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<sup>47</sup> Hewett R (2015) Investigation of data relating to blind and partially sighted people in the Quarterly Labour Force Survey: October 2011 – September 2014. RNIB.

<sup>48</sup> Douglas G, Pavey S, Clements B et al (2009) Network 1000: Visually impaired people's access to employment. Visual Impairment Centre for Teaching and Research, School of Education, University of Birmingham for Vision 2020 UK.

with poorer educational attainment, emotional and behavioural problems, and, as adults, employment rates and mental health.<sup>49</sup>

- 10% of children have long-term SLCN which cause them significant difficulties with communication or learning in everyday life<sup>50</sup>
- 15% of pupils with identified SLCN achieved the expected standard in reading, writing and mathematics at the end of their primary school years compared with 61% of all pupils and only 20.3% of pupils with SLCN gained grade 4/C or above in English and maths at GCSE, compared with 63.9% of all pupils.<sup>51</sup> This has a significant impact on their life chances as children with poor vocabulary skills are twice as likely to be unemployed when they reach adulthood.<sup>52</sup>
- In areas of high social deprivation in the UK, between 40% and 56% of children start school with language difficulties.<sup>53</sup>
- More than 60% of young people in youth justice services and 88% of long-term unemployed young men have SLCN which have largely gone undiagnosed.<sup>54</sup>

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<sup>49</sup> Gallagher, T. M. (1999). Interrelationships among children's language, behavior, and emotional problems. *Topics in language disorders*.

<sup>50</sup> Public Health England (2020) Best start in speech, language and communication: Guidance to support local commissioners and service leads.

<sup>51</sup> Bercow, J. (2018). *Bercow: Ten Years On: An independent review of provision for children and young people with speech, language and communication needs in England*.

<sup>52</sup> Law J., Rush R., Schoon I. and Parsons S. (2009) Modelling developmental language difficulties from school entry into adulthood: literacy, mental health, and employment outcomes. *Journal of Speech, Language and Hearing Research*, 52(6): 1401-16

<sup>53</sup> Law J, McBean K, Rush R (2011). Communication skills in a population of primary school-aged children raised in an area of pronounced social disadvantage, *International Journal of Language and Communication Disorders*, 46(6), pp. 657-64

<sup>54</sup> Bryan, K. et al (2007). Language and communication difficulties in juvenile offenders. *International Journal of Language and Communication Difficulties*, 42: 505-520; Elliott N. (2009). *An Investigation into the Communication Skills of LongTerm Unemployed Young Men*. University of Glamorgan.

- In a study of pupils at risk of exclusion from school, two thirds were found to have SLCN.<sup>55</sup>

**Speech and Language Therapy** interventions have been shown to be effective with pre-and primary school age children with speech, language and communication needs, leading to improvements in their speech and language skills (both comprehension and expression).<sup>56</sup> Therefore, SLTs who work with infants, children and young people will be improving their educational outcomes and employment opportunities.

E.g. A child in primary school with delayed language development may receive regular Speech and Language Therapy sessions focusing on building their vocabulary, sentence structure and understanding of spoken instructions. Over the course of the school year, these targeted interventions could help the child move from struggling to follow classroom discussions to being able to participate confidently in lessons, understand new concepts, and express their ideas more clearly. This improvement in communication skills not only boosts the child's educational attainment but also lays the foundation for better opportunities in further education and eventual employment.

**Music, Drama and Art Therapies** can also all be used as a complement to Speech and Language Therapy for children with SLCN to support their speech development and communication skills.<sup>57</sup> For instance, a study by Groß, Linden, and Ostermann with children with delayed speech development showed that music therapy interventions resulted in clinically significant improvements in children's' phonological memory, understanding of speech, cognitive structures, action patterns, and IQ. Throughout the study period, the children's' developmental age

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<sup>55</sup> Clegg, J. (2004). Language and behaviour: an exploratory study of pupils in an exclusion unit. British Psychological Society Conference, University of Leeds, UK,

<sup>56</sup> Broomfield, J., & Dodd, B. (2011). Is speech and language therapy effective for children with primary speech and language impairment? Report of a randomized control trial. *International journal of language & communication disorders*, 46(6), 628–640. <https://doi.org/10.1111/j.1460-6984.2011.00039.x>

<sup>57</sup> Aldridge, D., Gustroff, D., & Neugebauer, L. (1995). A pilot study of music therapy in the treatment of children with developmental delay. *Complementary Therapies in Medicine*, 3(4), 197-205.

converged with their biological age, and their ability to relate to others also showed improvement.<sup>58</sup>

Difficulties with communication can also occur later in life, caused by strokes, brain injuries or progressive illnesses. One-third of stroke survivors, for example, experience aphasia (a language disorder caused by brain injury which can cause SLCN).<sup>59</sup>

Speech and Language Therapists, along with Physiotherapists and Occupational Therapists are all needed to support the rehabilitation of stroke survivors, including their return to work where that is appropriate and desired.<sup>60</sup>

Communication differences that are often experienced by autistic people can be a barrier to their employment. In a survey of autistic people, 77% of those who were unemployed wanted to work<sup>61</sup>, but according to data from the Office for National Statistics, just 22% of autistic people are in any kind of paid employment.<sup>62</sup> Where AHPs work with autistic children in early years and education settings, and then help to shape supported employment programmes or train employers on how to make reasonable adjustments for staff with autism, their skills are helping to close this gap.

### Further reading and resources:

The Royal College of Speech and Language Therapists have produced factsheets about the contribution which SLTs make to a variety of early years, education and

<sup>58</sup> Groß, W., Linden, U. & Ostermann, T. (2010). *Effects of music therapy in the treatment of children with delayed speech development – results of a pilot study*. *BMC Complementary and Alternative Medicine*, 10:39. doi: 10.1186/1472-6882-10-39.

<sup>59</sup> Royal College of Speech and Language Therapists (2009). *Resource Manual for commissioning and planning services for SLCN: Aphasia*.

<sup>60</sup> Koyuncu, E., Çam, P., Altınok, N., Çallı, D. E., Duman, T. Y., & Özgirgin, N. (2016). *Speech and language therapy for aphasia following subacute stroke*. *Neural Regeneration Research*, 11(10), 1591; Mattioli F. (2019). *The clinical management and rehabilitation of post stroke aphasia in Italy: evidences from the literature and clinical experience*. *Neurological sciences : official journal of the Italian Neurological Society and of the Italian Society of Clinical Neurophysiology*, 40(7), 1329–1334. <https://doi.org/10.1007/s10072-019-03844-0>

<sup>61</sup> The National Autistic Society (2016). *The autism employment gap - Too Much Information in the workplace*.

<sup>62</sup> Office for National Statistics (2021). *Outcomes for disabled people in the UK: 2020*

health settings, and about the specific speech, language and communication needs which children, young people and adults may experience, all available from [Speech and language therapy factsheets | RCSLT](#).

- The [Bercow Report: Ten Years On](#) is a report by Speech and Language UK and the Royal College of Speech and Language Therapists on the state of provision for children's speech, language and communication needs in England. They have produced a range of [resources](#) for parents, education professionals, SLTs and commissioners to raise the profile and level of understanding of SLCN.
- [The Speech, language and Communication Framework](#) is a free online professional development tool which sets out the key skills and knowledge needed by the children and young people's workforce to support the speech, language and communication development of all children and young people.
- The [What Works Database](#) is a moderated online library of evidenced interventions that aim to support children's speech, language and communication. It helps early years practitioners, teachers, school leaders, and speech and language therapists (SLTs) find the most appropriate interventions for children and young people by providing a free and easily accessible overview of the evidence base for each intervention.
- The National Autistic Society's report [Too Much Information: The Autism Employment Gap](#) covers the barriers which people with autism face to finding employment and how Government and employers can do more to support people with autism into work.

Public Health England's [Best start in speech, language and communication: Guidance to support local commissioners and service leads](#)

### Adverse Childhood Experiences

An adverse childhood experience (ACE) is generally defined as a potentially traumatic event or circumstance that occurs during childhood (before age 18) and has the potential to negatively impact a person's health and wellbeing throughout their life. ACEs include, but are not limited to:

- Physical, emotional, or sexual abuse
- Physical or emotional neglect

- Household dysfunction (such as parental separation or divorce, substance misuse, mental illness, incarceration, or domestic violence in the home)

These experiences are associated with a higher risk of a range of negative outcomes in adulthood, including mental health issues, chronic diseases, and difficulties in education and employment

The impact of ACEs extends into adulthood, with evidence that addictions, mental health issues, crime, depression, anxiety, relational problems, anger and other difficult life issues stem from childhood trauma. Accordingly, adverse childhood experiences are associated with higher levels of school absenteeism and overall poorer school performance.<sup>63</sup> The harmful impact of ACEs can then follow an individual into the workplace: those with a (self-reported) history of childhood emotional, physical, and/or sexual abuse have been found to be more likely to report problems with work absenteeism in adulthood<sup>64</sup> and are more likely to have a permanent work disability by the age of 55.<sup>65</sup>

In a study which found that those with the highest childhood trauma level showed significantly more absenteeism and more presenteeism, the strongest mediating factors were current depressive disorders and current comorbid depression-anxiety.<sup>66</sup> Survivors of childhood trauma themselves made the link between their adverse childhood experiences and their work performance in research conducted by Nottingham Trent University. Over half of the individuals, they interviewed reported that their trauma had affected their productivity at work. 60% said that the

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<sup>63</sup> Stempel, H., Cox-Martin, M., Bronsert, M., Dickinson, L. M., & Allison, M. A. (2017). *Chronic school absenteeism and the role of adverse childhood experiences*. *Academic pediatrics*, 17(8), 837-843; Crouch, E., Radcliff, E., Hung, P., & Bennett, K. (2019). Challenges to school success and the role of adverse childhood experiences. *Academic pediatrics*, 19(8), 899-907.

<sup>64</sup> Anda, R. F., Fleisher, V. I., Felitti, V. J., Edwards, V. J., Whitfield, C. L., Dube, S. R., & Williamson, D. F. (2004). Childhood abuse, household dysfunction, and indicators of impaired adult worker performance. *The permanent journal*, 8(1), 30.

<sup>65</sup> Fahy, A. E., Stansfeld, S. A., Smuk, M., Lain, D., Van der Horst, M., Vickerstaff, S., & Clark, C. (2017). Longitudinal associations of experiences of adversity and socioeconomic disadvantage during childhood with labour force participation and exit in later adulthood. *Social Science & Medicine*, 183, 80-87.

<sup>66</sup> De Venter et al. (2020). The associations between childhood trauma and work functioning in adult workers with and without depressive and anxiety disorders. *European Psychiatry*, 63(1), E76. doi:10.1192/j.eurpsy.2020.70

trauma they had experienced had resulted in them taking time off work in the previous 12 months, and 21% had lost count of the number of days of absence they had had to take.

The evidence of the impact of childhood trauma on employment infers that Art, Drama and Music Therapists who help children to cope with their experiences of trauma will be having a positive impact on their mental, physical, financial and social wellbeing later in life.

## Examples of targeted ways in which AHPs support work as a health outcome

### Supporting children and young people's educational outcomes

The relationship between health and wellbeing and employment begins long before an individual enters the workplace – with roots not only in maternity, infancy, childhood and adolescence, but also in previous generations.

Analysis of data from the Longitudinal Study of Young People in England suggests that health in adolescence strongly predicts academic attainment and unemployment after controlling for childhood attainment, adult health and sociodemographic.<sup>67</sup> Young people with poorer health in early adolescence had an approximately 25% to 72% greater chance of low attainments or being “not in education, employment or training” (NEET) at the end of secondary schooling. Social exclusion, school behaviour, truancy, substance use, and long-term absences were identified as the mediators for these associations. For example, some studies note a school absence rate for children with a chronic condition of over five times that of

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<sup>67</sup> Virtanen, M., Kivimäki, M., Vahtera, J., Elovainio, M., Singh-Manoux, A. & Marmot, M. (2018). *Long working hours and depressive symptoms: systematic review and meta-analysis of published studies and unpublished individual participant data*. *Journal of Epidemiology & Community Health*, 72(6), pp.465–472.

healthy children<sup>68</sup> – which, given the strong association between school attendance and attainment, has clear implications for their future working life.<sup>69</sup>

Several AHPs are involved directly with supporting the development, social and cognitive skills of children and young people, which has, in turn, a positive effect on their educational outcomes and hence their future work opportunities. Accordingly, Music, Drama and Art Therapists, Occupational Therapists, and Speech and Language Therapists can all be employed in early years and education settings.

In these settings, **Art therapists** work with pupils with emotional, social, behavioural needs, and attachment disorders and those with learning and physical disabilities. Their support helps improve:

- listening, attention and engagement skills
- communication skills
- physical, sensory and cognitive skills
- self-regulation of behaviour
- recall of information and auditory processing
- levels of self-confidence, autonomy, and overall wellbeing
- decision-making skills
- access to the classroom environment through processing underlying issues and developing transferable skills

**Occupational Therapists** support school-age children using a universal (whole class or school), targeted (group) or specialist approach, and work in both special and mainstream education settings. OTs may be involved in:

- Assessing children’s sensory and motor skills needs
- Providing training, mentoring, information and resources to teachers, parents, and carers so that they are better able to support the child’s health, wellbeing and development.

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<sup>68</sup> McDougall J , King G , de Wit DJ , et al . Chronic physical health conditions and disability among Canadian school-aged children: a national profile. *Disabil Rehabil* 2004;26:35–45.doi:10.1080/09638280410001645076

<sup>69</sup> uldo S , Thalji A , Ferron J . Longitudinal academic outcomes predicted by early adolescents’ subjective well-being, psychopathology, and mental health status yielded from a dual factor model. *J Posit Psychol* 2011;6:17–30.doi:10.1080/17439760.2010.536774

- Running activities and workshops which help children develop gross and fine motor skills, improve eye–hand coordination, and learn basic life skills
- Advising on reasonable adjustments and environmental adaptations to ensure the school environment, curricula, teaching and assessment methods, and school routines are inclusive and accessible
- Providing adaptive equipment

**Speech and Language Therapists** work at an individual or service level to support children and young people to reach their full communicative and educational potential.

As well as providing specialised interventions to children with speech, language and communication needs (SLCN) to develop their skills, competencies and confidence in communicating,

- Provide training to parents, carers, teachers, and early years staff on how to recognise and respond to SLCN.
- Advise staff on changes that can be made to the learning environment and wider setting which can optimise children’s communication development.

Support the implementation of evidence-based language programmes in early years and education settings which improve outcomes for children and young people at risk of delayed language development

#### Further reading and resources:

- The [SEND Gateway](#) is an online portal offering education professionals free, easy access to high quality information, resources and training for meeting the needs of children with special educational needs and disabilities. It hosts a [What Works database](#) of evidence-based interventions across four areas of need: Communication and Interaction, Social, Emotional and Mental Health Difficulties, Sensory and/or physical needs, Cognition and Learning.
- The Royal College of Speech and Language Therapists’ [Guidance for education settings on commissioning speech and language therapy services and training](#)
- The Royal College of Occupational Therapists’ information on [Occupational therapy for Children and young people](#) outlines the universal, targeted and specialist interventions which OTs can make to support children and young people’s development

The Scottish Government's [Guidance on partnership working between allied health professions and education](#) includes case studies and advice on how children and young people's health and educational outcomes can be improved through AHPs (especially speech and language therapists, occupational therapists and physiotherapists) working with teachers and school leaders.

### Talking about work

Advice and support from healthcare professionals in relation to work, together with clear communication between the healthcare system and employers, can enable people to be informed of their choices about remaining in, or returning to work.

All healthcare professionals have opportunities to ask patients simple questions like "How is work?", "How are you coping with work at the moment?", "What does your job entail?" or "What is it about the job that is making it difficult to go back at the moment?". These brief, positive interventions which can help people consider the importance of work to their health and prompt further advice or support to improve their health at or through work.

Public Health England's 2019 report [Work conversations in healthcare: how, where, when and by whom?](#) explored how healthcare professionals could have conversations about patients' work situation which were more likely to have positive outcomes. Their research identified the several features as supporting the effectiveness of such conversations:

- Including work as one of the goals of treatment, by for example identifying psychosocial obstacles to work participation, talking to the patient and the employer about reasonable adjustments, and agreeing a date for returning to work
- Showing empathy, and being informal and gentle in one's approach
- Using open-ended questions, adjusted to match the person's work status/health condition.

Helping patients work through some of their uncertainties and misgiving about returning to work, encouraging them to see the therapeutic potential in work, and challenging the view that a person needs to be fully fit to work or return to work

### Further reading and resources:

- NHS Learning [Catalogue](#) includes Work and Health e-learning which covers the wider importance of work to patient health and future well-being; how to assess a patient's fitness for work; motivational interviewing techniques; and other sources of support to which patients can be signposted. Two disease-specific sessions focus on musculoskeletal conditions (MSK) and mental health, and there is also a module on self-care for healthcare professionals.
- The Council for Work and Health's [Talking Work](#) is a guide for discussing work and workplace modifications. It includes a checklist for having the health and work conversation, as well as case studies and examples of useful phrases to consider.
- Public Health England's [Health and work: infographics](#) are designed to help raise awareness and understanding of the relationship between health and work.
- Public Health England's [Work, worklessness and health: local infographic tool](#) includes a slide set with regional and local level data relating to work, worklessness and health for each county or unitary authority in England.
- An evidence-informed leaflet [Advising Patients About Work: An evidence-based approach for General Practitioners and other healthcare professionals](#)
- [Healthcare professionals: information from DWP - GOV.UK](#) provides information that GPs and other healthcare professionals need to help us provide benefits and welfare services relating to work and health.

### Helping people into work

#### **Supported and Sheltered Employment**

Supported Employment and Sheltered Employment are two different models for enabling people with disabilities to access work. With supported employment, people with disabilities access work opportunities in the open labour market – they serve as regular employees with the same wages, terms and conditions as the rest of the labour force. Sheltered employment, which can either be transitional or long-term, gives people with disabilities vocational opportunities in a segregated setting, removed from the open labour market.

In both models, the individual receives personalised support, in which AHPs often play a role. AHPs' skills can also be utilised in developing training and resources which help employers and managers better understand and support the needs of employees with disabilities. They may advise on reasonable adjustments to work

environments and recruitment processes (ensuring organisations' compliance with their duties under the Equality Act 2010).

### **Individual Placement and Support**

Individual Placement and Support (IPS) is a form of supported employment, which has been proven to be effective for people with mental health and addiction issues. It is a 'place then train' employment service originally developed for people with mental health and addiction issues, but now also increasingly available for prison leavers, veterans and people with physical health conditions. It is based on 8 evidence-based principles:

- It aims to get people into competitive employment – volunteering or sheltered work are not counted as outcomes.
- It is open to all those who want to work – with no exclusions based on diagnosis, health condition or benefits claim.
- It tries to find jobs consistent with people's preferences.
- It works quickly – Job search starts within four weeks of joining programme
- It brings employment specialists into clinical teams so that employment becomes a core part of mental health treatment and recovery.
- Employment specialists develop relationships with employers based on a person's work preferences, rather than on job availability
- It provides ongoing, individualised support for the person and their employer so that people can stay in work
- Benefits counselling is included so no one is made worse off by participating.

IPS services take a multidisciplinary approach, by embedding Employment Specialists within clinical teams, typically within drug and alcohol or mental health services.

**Occupational Therapists**, in particular, often work closely with Employment Specialists. The Employment Specialist provides vocational profiling, interview skills training and job-matching while the OT delivers occupational assessments and interventions to build the individual's self-efficacy and confidence before entering work. They also ensure the individual's health needs are met and managed within

work. The IPS model has been found to be more effective when it includes social or cognitive skills training<sup>70</sup> and OTs are well-placed to provide both.

### Case Study: Beyond Autism

BeyondAutism is a UK charity that empowers autistic children and young adults to lead fuller lives through education, therapy, and community support. Their case studies span early years, school-age, and post-19 services.

#### Early Years & School-Age Examples

- **Fun with Food:** Elliott, a child with extreme food aversion, engaged in weekly sensory-based food sessions. Over time, he expanded his diet and gained confidence in trying new textures and temperatures.
- **Communication Development:** Gautam, who struggled with rigid routines and expressing needs, was supported to use full sentences and tolerate changes. His spontaneous communication and emotional regulation improved significantly.
- **Parent Empowerment:** Stories like Noah's show how building parental confidence can lead to greater independence and better outcomes for children.

#### Post-19 & Community Integration

- **Priyan's Graduation:** The first student to graduate from BeyondAutism's Post-19 service, Priyan gained independence and community access through tailored support.
- **Work Experience & Life Skills:** Case studies highlight how students are supported to develop daily living skills, use alternative communication methods (e.g., PECS), and engage in meaningful work placements.

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<sup>70</sup> Arbesman, M., & Logsdon, D. W. (2011). Occupational therapy interventions for employment and education for adults with serious mental illness: A systematic review. *American Journal of Occupational Therapy*, 65(3), 238-246.

## Themes Across Beyond Autism Case Studies

- Reducing behavioural barriers
- Enhancing autonomy and choice
- Transitioning successfully between services
- Building inclusive community connections

A full archive of case studies directly on [BeyondAutism's website](#) or view school-specific examples from [Park House School](#).

### Case Study: NHS Lothian Work Support Services:

This service provides **expert, impartial assessments** of an individual's ability to perform work-related tasks, particularly for those navigating complex disability, rehabilitation, or workplace adjustments.

### Functional Capacity Evaluations (FCEs):

- Delivered by specialist **occupational therapists**
- Assess physical, cognitive, and psychomotor capacities
- Tailored to specific referrer questions (e.g., employer, insurer, legal)

### Assessment Settings:

- Clinic-based, home visits, educational settings, or workplaces

### Evaluation Components:

- Job demands analysis
- Work simulation and conditioning
- Reasonable adjustment planning
- Functional cognitive assessments
- Low vision condition assessments

### Report Outputs:

- Comprehensive clinical and functional assessments

- Detailed documentation and interpretation
- Clear recommendations with associated costing

This service supports rehabilitation, job placement, and compliance with workplace legislation.

A full service overview can be found on [NHS Lothian's official page](#).

#### Further reading and resources:

- Beyond Autism has developed a range of [Developing Employability](#) resources to support people with autism find meaningful employment.
- IPS Grow's [advice for commissioners](#) on setting up an IPS Service
- [Quality in Supported Employment - The British Association of Supported Employment](#) provides detail and practical guidance on each stage of the supported employment model, and the evidence-base behind it.
- PHE's interactive return on investment (ROI) tool, [Movement into employment: estimation of benefits from moving individuals into employment](#), can be used by local decision-makers to assess the health and financial benefits (for individuals, the economy and wider society) of helping people in their area back into work. The ROI tool focuses specifically on the impact on mental health of moving from unemployment to employment. The results can be used by local authority and NHS commissioners, Jobcentre Plus and national policymakers to make the case for greater investment in health and work interventions.
- IPS Grow's [Cost and Outcomes Calculator](#) is a tool for calculating indicative service cost, workforce requirement and outcomes targets.
- PHE and the Local Government Association (LGA) developed a [guide for local authorities on health, work and health-related worklessness](#). This provides resources for local government and highlights practical ways local authorities can address worklessness while promoting health in the workplace, alongside case studies of best practice from across the country.

#### Supporting people with health conditions or disabilities to stay at, return to and remain in work

It is often believed, by both healthcare and human resources professionals, that after an illness or injury, an employee should not return to work unless they have fully

recovered. However, there is good evidence that, provided the right modifications are made, managing a health condition at work often leads to better health outcomes than prolonged periods of sickness absence. Waddell and Burton, for example, highlight the benefits of work in providing the economic stability, social networking and self-esteem which is important for people's physical and mental wellbeing.<sup>71</sup> By advising on those modifications and providing other biopsychosocial support, AHPs can help people access the health and wellbeing benefits of work.

The process by which someone who has suffered illness, injury or disability is helped to return to, or to remain in, work is known as vocational rehabilitation (VR). VR is not a separate service or intervention but is any process that enables people with functional, physical, psychological, developmental, cognitive or emotional impairments to return to, or remain in employment or other useful occupation.

The techniques involved in vocational rehabilitation may involve:

- Client assessment at home or work
- Workplace evaluation and job analysis
- Goal setting and intervention planning
- Mitigating the medical consequences of an injury or disability
- Support for self-management of health conditions
- Health advice relevant to returning to work
- Workplace modifications
- Injury prevention
- Psychological intervention
- Career counselling and job placement services
- Functional and work capacity evaluations.

Many AHPs will be involved in clinical rehabilitation services to help patients who are recovering from illness, injury or surgical procedures to improve their strength, activity levels and regain independence. But vocational rehabilitation specifically looks at how a person can be supported, through both healthcare and adjustments to the nature of their occupation and working environment, to experience a healthy

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<sup>71</sup> Waddell G and Burton K. Is work good for your health and wellbeing? The Stationery Office, 2006.  
[www.gov.uk/government/publications/is-work-good-for-yourhealth-and-well-being](http://www.gov.uk/government/publications/is-work-good-for-yourhealth-and-well-being)

and sustained return to work. AHPs may be part of the MDT team within Occupational Health services.

A review by Lunt and colleagues concludes that the length of sickness absence may be as much to do with an individual's beliefs about the cause, consequences and controllability of their health problem as the underlying condition.<sup>72</sup> This 'biopsychosocial' approach recognises that the onset and maintenance of common ill health conditions is driven by an interaction between physical, psychological, social and environmental factors. This includes factors such as individual characteristics (e.g. age, gender, past experiences), health beliefs and behaviours (e.g. smoking, drinking and exercise), the work environment, economic stability and social support outside work. A biopsychosocial approach to Vocational Rehabilitation is increasingly favoured over a biomedical one so that the physical, psychological, cognitive and social barriers to work are all addressed.

The holistic nature of VR means that the teams involved are inherently multidisciplinary, with AHPs playing a significant role.

### *Occupational health*

Occupational health is a multidisciplinary specialty that promotes the physical, mental and social well-being of workers by preventing work-related illnesses and injuries. It involves managing the impact of work on health and ensuring workers are fit for their roles through:

- assessments
- workplace adjustments
- health surveillance
- support for return-to-work plans

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<sup>72</sup> Lunt J, Fox D, Bowen J, Higgs G, Crozier S and Carter L. *Applying the biopsychosocial approach to managing risks of contemporary occupational health conditions: scoping review*. HSL/2007/24. HSL, 2007.

AHPs work in occupational health services alongside doctors, nurses and psychologists.

The range of activities as part of occupational health services can include:

- functional capacity evaluation
- ergonomic advice and display screen equipment assessment
- vocational rehabilitation and planning return to work
- advice on adjustments
- advice on prevention or managing conditions at work
- advice on inclusion
- accessibility and health promotion

The [Society of Occupational Medicine](#) is a useful source of relevant materials and hold regular training events.

#### Further reading and resources:

- The [Vocational Rehabilitation Association](#) is a membership body representing VR practitioners which seeks to support their professional development and to increase awareness of the role and benefits of vocational rehabilitation and return to work support for employers, commissioning services, human resources, occupational health and others within the world of health, work and wellbeing. They develop standards for practice and resources for [practitioners](#) and [individuals](#) with health conditions or disabilities.
- The World Health Organization's [Rehabilitation Competency Framework](#) is a model for the expected performance of the rehabilitation workforce across different countries and settings to enable quality care and service delivery.
- NICE Guidance on [Workplace health: long-term sickness absence and capability to work \(NG146\)](#) covers how to help people return to work after long-term sickness absence, reduce recurring sickness absence, and help prevent people moving from short-term to long-term sickness absence.
- Nice Guidance on [Overview | Workplace health: management practices | Guidance | NICE](#) covers how to improve the health and wellbeing of employees, with a focus on organisational culture and the role of line

managers including recommendations about supporting older employees, aged over 50 in paid or unpaid work.

- NHS Employers [Sickness Absence Toolkit](#) for managers gives guidance on managing frequent and long-term sickness, supporting staff off-sick, when they return to work, and how to prevent absence.
- The Chartered Society of Physiotherapy's briefings on Fitness to Work and [Occupational Health](#) demonstrate how physiotherapists can effectively help people stay in, or return to work, and how this can benefit both employees and employers.
- The Royal National Institute of Blind People's report [Vocational Rehabilitation: the Business Case for Retaining Newly Disabled Staff and those with a Long-Term Health Condition](#)
- Gordon Waddell, A Kim Burton, Nicholas AS Kendall produced [Vocational Rehabilitation: What Works, For Whom, and When?](#), an independent review of the scientific evidence on behalf of the Vocational Rehabilitation Task Group for the UK Government.

### The fit note (Med 3)

Healthcare professionals issue [fit notes](#) (also known as the Med 3) to people to provide medical evidence needed to facilitate access to Statutory Sick Pay or health related welfare benefits. Fit notes also give people advice about the impact of their condition on their ability to work and the time they need to recover.

Fit notes can either be issued as 'not fit for work' or 'may be fit for work.' They should record information about the functional effects of a person's condition so the person and their employer can consider ways to help them to return to work. The fit note is an opportunity to provide support to the person and their employer to understand what reasonable adjustments (such as altered hours or amended duties) might be needed to support a return to work. Fit notes can be issued in primary or secondary care settings and should be issued by the clinician closest to the patient at that point in their healthcare journey.

Fit notes were introduced in 2010 (replacing the sick note), but in 2022 legislation was amended to extend the ability to issue fit notes from just doctors to other healthcare professionals, including:

- registered nurses
- physiotherapists

- occupational therapists
- pharmacists working in GP surgeries or hospitals

However, despite this legislative amendment, 90% of fit notes in 2024 were still issued by doctors. [An evaluation of the reforms](#) was published in April 2025 and reported widespread support for the 2022 reforms, whilst identifying some barriers to the uptake of extended certification.

Fit notes are an important opportunity to provide people with work and health advice that supports people to stay in or return to work. AHPs can undertake training on issuing fit notes, and conducting high quality work and health conversations, at [The Fit Note - elearning for healthcare](#).

#### *The AHP health and work report*

Depending on whether the AHP is permitted to certify a fit note, the AHP health and work report can offer specific advice that can support the certifying colleague's decision and reduce duplication for the person and practitioner.

This report can be used to support fitness to work and return to work conversations and support discussions between employer and employee in relation to specific adjustments to enable the person to work.

AHPs offering the health and work report as part of their practice could support more people to remain in or return to work. This tool is available to facilitate AHPs to make detailed recommendations to:

- support employees to remain in work
- support employees to return to work with some modifications
- recommend a period of absence with statutory sick pay

It is similar to the fit note, but it offers:

- more detail about functional impact of a person's health condition
- specific advice on how a person may be supported to remain at work or return

It is still unusual for the fit note to offer this level of detail or advise that a person could remain in work but with adjustments.

The AHP health and work report is not sufficient on its own to provide the medical evidence needed to access ill health benefits or Statutory Sick Pay. In that situation the fit note would need to be issued by the relevant eligible HCP. Further guidance on [documentation needed to support benefits applications](#) is available.

### Making Adjustments to Work Environments, Equipment and Routines

Under the Equality Act 2010, employees have a right to reasonable adjustments.

A reasonable adjustment is a change, to the workplace, a procedure, or a work routine, enabling an individual to do their job. By law, employers need to consider reasonable adjustments when a disabled employee is finding an aspect of their job difficult; or when an individual's sickness or absence record (or a delayed return to work) is linked with their disability. Examples of reasonable adjustments include changing shift patterns, allowing more frequent breaks, removing obstacles, providing specialist equipment, or offering a phased return when someone has been off sick for an extended period.

### Workplace-based Treatments and Support

**Workplace-based treatment and support services** are multidisciplinary interventions delivered within or in direct relation to employment settings. They aim to enable individuals, particularly those with physical, mental health, neurodivergent, or long-term conditions, to remain well at work, return to work, or access meaningful employment. These services are typically led by Allied Health Professionals (AHPs) and integrate clinical expertise with vocational rehabilitation, reasonable adjustment planning, and employer engagement.

They may include:

- Functional capacity evaluations and job demand analysis
- Fatigue and energy management programmes
- Cognitive and psychological therapies tailored to work contexts
- Workplace coaching, job carving, and phased return-to-work planning

- Line manager training and organisational health consultancy

These services are evidence-based, person-centred, and aligned with national policy priorities around economic inactivity, health equity, and inclusive employment. They contribute to improved health outcomes, reduced absenteeism, and enhanced workforce resilience across sectors.

## Case Examples

### HEIW AHP Workforce Transformation Case Studies (Wales)

**Focus:** Early intervention, direct access, integrated care, and reducing health inequalities.

#### Examples:

- Enhanced AHP Rehab Service (EARS)
- Community-based **OT** and **physio**-led return-to-work pathways

[Explore case studies](#)

### RSPH AHP Case Studies by Profession

- **Disciplines Covered:** OT, physio, SLT, dietetics, arts therapies, podiatry, and more.
- **Highlights:**
  - Workplace mental health support via **dramatherapy**
  - **SLT**-led communication interventions for employment readiness
- [Browse by profession](#)

### Health Education England AHP Toolkit

- **Audience:** Commissioners and workforce lead in mental health, learning disability, and autism services.
- **Includes:**
  - Workplace-based interventions led by AHPs

- Examples of AHPs supporting recovery, enablement, and self-management

- [Download the toolkit](#)

#### 4. BMJ Open Systematic Review (2023)

- **Scope:** Workplace interventions for burnout and wellbeing in nurses, physicians, and AHPs.
- **Findings:**
  - Mindfulness, coaching, gratitude journaling, choirs, and job crafting
  - Significant improvements in wellbeing, resilience, and reduced burnout
- [Read the review](#)

#### 5. NHS England – AHP strategies

- **Includes** examples of innovative AHP-led practice:
  - Vocational rehabilitation
  - Workplace enablement and job retention strategies
- **AHPs into Action** [View the strategy](#)
- [NHS England » The Allied Health Professions \(AHPs\) Strategy for England: 2022 – 2027 AHPs Deliver](#)

#### Specialist Services

##### Case Study: South Coast Fatigue: Providing Workplace Functional Rehabilitation

South Coast Fatigue is a specialist **occupational therapy**-led service that supports individuals and organisations in managing fatigue, burnout, and energy-related challenges, especially in the context of long-term conditions and workplace wellbeing.

## Focus Areas

- **Fatigue & Energy Management:** Tailored programmes for people with Long COVID, burnout, and chronic fatigue.
- **Workplace Rehabilitation:** Helps individuals remain well at work or return to work through:
  - Functional assessments
  - Energy optimisation techniques
  - Workplace adjustments
- **Client Groups:** NHS referrals, private clients, case managers, and corporate partners.

## Outcomes & Impact

- Proven track record of sustainable, measurable return-to-work outcomes.
- Client feedback highlights:
  - Improved cognitive and physical function
  - Successful phased returns
  - Enhanced self-management and wellbeing

## Service Features

- Light-touch to complex bespoke interventions
- Responsive and evidence-based approach
- Line manager support and workplace liaison

You can explore the full-service overview and testimonials on [South Coast Fatigue's official website](#).

## Case Study: Condition Management Programme – Northern Ireland

The **CMP** is a short-term, work-focused intervention delivered by healthcare professionals across Northern Ireland's Health and Social Care Trusts. It supports individuals with physical and mental health conditions that act as barriers to employment.

**Led by: Occupational therapists, physiotherapists, and specialist mental health nurses**

### **Focus Areas:**

- Stress, anxiety, depression
- Chronic pain and fatigue
- Heart, circulatory, and respiratory conditions
- Communication and confidence-building

### **Format:**

- Up to 12 weeks
- One-to-one sessions and group workshops
- Delivered in person or remotely

### **Eligibility**

- Individuals in work but struggling due to health conditions
- Those recently off work due to health
- People receiving benefits and facing barriers to employment
- Participation is voluntary and does not affect benefits

### **Access**

- Referral via local Jobs and Benefits office, healthcare professional, or self-referral
- Available across all five Health and Social Care Trusts

## Outcomes

- Improved understanding and management of health conditions
- Increased confidence and functioning
- Enhanced prospects for returning to or staying in work
- [Belfast Health & Social Care Trust CMP page](#)
- [NI Direct overview](#)

## Workplace health promotion

The workplace, according to the World Health Organization “has been established as one of the priority settings for health promotion in the 21st century” because it influences “physical, mental, economic and social well-being” and “offers an ideal setting and infrastructure to support the promotion of health of a large audience”.<sup>73</sup> The workplace is therefore an ideal setting for AHPs to offer interventions and/or provide training about certain health conditions or health-related behaviours. Doing so allows AHPs to take a population health approach, intervene early before conditions deteriorate, and prevent incidence of illnesses (for example, by supporting mental health and wellbeing, encouraging physical activity and healthy eating). This ultimately can ensure that work environments are health-promoting rather than health-harming.

Health issues that are most often tackled within the workplace through workplace health promotion are smoking, alcohol abuse, promotion of healthy food and physical activity and ensuring mental health.

These actions can happen in three ways: the first is providing information and raising awareness; the second is helping people change their habits; and the third is creating workplaces that make healthy choices easy.

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<sup>73</sup> World Health Organization (2010). *Healthy workplace framework and model: Background and supporting literature and practice*. Geneva

As noted above, the dual relationship between health and work, means that there is a strong business case for workplace wellbeing programmes. This was established in [Building the case for wellness](#), a report by PricewaterhouseCoopers for the Department of Work and Pensions.<sup>74</sup> The study, which included a review of available literature and 55 case studies, identified numerous benefits to businesses of implementing health and wellbeing programmes, including reductions in staff absenteeism, staff turnover, accidents and injuries and increases in employee satisfaction, employee productivity, and improvements to the company profile. These benefits were particularly realised in cases where healthcare professionals, such as physiotherapists, osteopaths, and occupational health experts, were employed to offer interventions to employees. The highest return to employers, for example, was generated by an in-house and discounted physiotherapy service at a call centre, which realised a benefit–cost ratio of 34:1 over six months.

### Case Examples of workplace health promotion initiatives involving Allied Health Professionals (AHPs)

#### 1. University Hospitals Dorset – Embedded MSK Physiotherapy Service

- **Model:** Physiotherapists embedded in Occupational Health team
- **Impact:** Rapid access to confidential MSK assessment and treatment for staff
- **Outcome:** Reduced absenteeism and improved staff wellbeing
- [Read case study](#)

#### 2. Manchester University NHS Foundation Trust – MSK Culture Change

- **Initiative:** Transforming musculoskeletal services for staff
- **Led by:** Physiotherapy and OH teams
- **Focus:** Prevention, early intervention, and culture shift around MSK health

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/209547/hwwb-dwp-wellness-report-public.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/209547/hwwb-dwp-wellness-report-public.pdf)

[Explore more](#)

### 3. Royal College of Occupational Therapists – “Good Work for Good Health”

- **Framework:** Universal, targeted, and specialist OT interventions
- **Examples:**
  - Fit note support and workplace adjustments
  - Vocational rehab embedded in primary and tertiary care
  - AHP Health and Work Report used to guide employer decisions

[Download report](#)

### 4. RCOT & SOM – OT Role in Workplace Wellbeing

- **Highlights:**
  - Job demand analysis and ergonomic assessments
  - Mental health support and condition management
  - Career redirection and job matching
- **Case Example:** £1,600 OT intervention helped a young professional remain in work and manage mental health

[View presentation](#)

Further reading and resources

#### NICE guidelines

- [Overview | Mental wellbeing at work | Guidance | NICE](#) is guidance for those who have a direct or indirect role in, and responsibility for, promoting mental wellbeing at work.
- [Overview | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#) is guidance for all those involved in providing employees with help to stop smoking.

- [Promoting physical activity in the workplace \(PH13\)](#) is guidance for employers and professionals in small, medium and large organisations, especially those working in human resources or occupational health.
- [Workplace health: policy and management practices \(NG13\)](#) covers how to improve the health and wellbeing of employees, with a focus on organisational culture and the role of line managers.
- The [NHS health and wellbeing framework](#) sets out the standards for what NHS organisations need to do to support staff feeling well and healthy at work. It sets out clear actionable steps and provides guidance on how NHS organisations can plan and deliver a staff health and wellbeing plan.
- The British Medical Association's report [Supporting health and wellbeing at work](#) focuses on the importance of supporting the mental and physical health of NHS staff, and recommendations for how to do so, but many of these could be applied to non-NHS settings
- BT Group, [Wellbeing toolkit for small businesses](#)

## Nutrition

Our diet has a pivotal role in our health, both in preventing illness, and in managing and recovering from other health-conditions.

The workplace is an apt setting to promote healthy eating behaviour and nutrition because:

- Adults working full time spend around 60% of their waking hours in their place of work and consume at least a third of their daily calorie allowance during their working day. Therefore, the workplace setting has a key role to play in supporting and encouraging adults to make healthier food choices.
- Certain types of occupations and working patterns have particular effects on diet and nutritional intake (e.g. shift work<sup>75</sup> and long working days<sup>76</sup>), so workplace-based interventions ensure that the wider environment in which someone lives and works is taken into account by the dietitian.

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<sup>75</sup> Gan Y, Yang C, Tong X et al (2015) Shift work and diabetes mellitus: a meta-analysis of observational studies. *Occup Environ Med*; 72: 72-78.

<sup>76</sup> Nakanishi N, Nishina K, Yoshida H et al (2001) Hours of work and the risk of developing impaired glucose or type 2 diabetes mellitus in Japanese male office workers. *Occup Environ Med*; 58(9):569-74.

Several systematic reviews have found that physical activity and nutrition interventions in workplaces which involve counselling, education and on-site group activities generally lead to significant changes in employee levels of movement and eating behaviour, improving employees' physical and mental health, and reducing absenteeism.<sup>77</sup>

Intentionally adjusting the design and structure of workplaces – can be even more effective across a whole population. For example, a cross-sectional comparison study in two hospitals, one of which had implemented a catering initiative designed to provide nutritious food while reducing sugar, fat and salt intakes, had statistically significant results.<sup>78</sup> In the intervention hospital: 72 % of respondents, compared with 42% in the non-intervention hospital, complied with the recommended under-3 daily servings of food high in fat and sugar; and 43% of respondents exceeded the recommended salt intake of 4-6 g/d, compared with 57 % in the non-intervention hospital.

Evidence demonstrates a clear business benefit for implementing workplace health promotion initiatives that prioritise nutrition.

Research indicates that lifestyle behaviours, including poor dietary choices and obesity, are responsible for up to 10% of employee sick leave and contribute significantly to reduced productivity.

Targeted workplace health interventions have been shown to improve productivity by 1–2%, a gain that typically exceeds the costs associated with implementing such programmes. Notably, employees classified as obese take on average four

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<sup>77</sup> Commissaris, D. A., Huysmans, M. A., Mathiassen, S. E., Srinivasan, D., Koppes, L. L., & Hendriksen, I. J. (2016). Interventions to reduce sedentary behavior and increase physical activity during productive work: a systematic review. *Scandinavian journal of work, environment & health*, 181-191; Hutchinson, A. D., & Wilson, C. (2012). Improving nutrition and physical activity in the workplace: a meta-analysis of intervention studies. *Health promotion international*, 27(2), 238-249; Pereira, M. J., Coombes, B. K., Comans, T. A., & Johnston, V. (2015). The impact of onsite workplace health-enhancing physical activity interventions on worker productivity: a systematic review. *Occupational and Environmental Medicine*, 72(6), 401-412; Van Dongen, J. M., Proper, K. I., Van Wier, M. F., Van der Beek, A. J., Bongers, P. M., Van Mechelen, W., & Van Tulder, M. W. (2011). Systematic review on the financial return of worksite health promotion programmes aimed at improving nutrition and/or increasing physical activity. *obesity reviews*, 12(12), 1031-1049.

<sup>78</sup> Geaney, F., Harrington, J., Fitzgerald, A., & Perry, I. (2011). The impact of a workplace catering initiative on dietary intakes of salt and other nutrients: a pilot study. *Public health nutrition*, 14(8), 1345–1349. <https://doi.org/10.1017/S1368980010003484>

additional sick days per year compared to their healthy-weight peers. In practical terms, for an organisation with 1,000 staff, this equates to an estimated annual productivity loss exceeding £126,000.

Furthermore, ensuring staff maintain adequate hydration and regular eating patterns has been linked to improved cognitive performance, leading to more accurate decision-making and reduced incidences of fatigue and anxiety.

These outcomes underline the measurable impact of workplace nutrition initiatives on both employee wellbeing and organisational performance.

### Case Study: The British Dietetic Association's Work Ready Programme

#### **Supporting workplace Nutrition & Wellbeing**

The **Work Ready Programme** is an evidence-based workplace nutrition initiative led by accredited **dietitians**. It aims to improve employee wellbeing, resilience, and productivity through tailored nutritional interventions.

**Delivered by:** BDA-accredited Work Ready dietitians

#### **Format:**

- Needs-based assessment
- Bespoke nutrition workshops and webinars
- Follow-up evaluation and impact reporting

#### **Topics Covered:**

- Mindful eating
- Food and mood
- Gut health
- Women's and men's health
- Hydration and shift work nutrition

#### **Case Study Highlights**

- **University College London:**
  - Webinar series for 15,000 staff (academic and non-academic)
  - 418 attended live sessions, many more accessed recordings
  - 95–100% reported increased understanding of nutrition topics
  - 86–96% felt more confident to apply strategies
  - 88% felt more valued as employees
  
- **Primary School Pilot:**
  - 12-week intervention post-COVID
  - Focused on staff wellbeing and nutrition education
  - Positive feedback on engagement and outcomes
  
- **Healthcare Settings:**
  - Adapted for inpatient mental health services (e.g. Thornford Park)
  - Addressed hydration and nutrition challenges for shift workers
  - Supported staff to model healthy behaviours for patients

For further case studies and programme details see the [BDA Work Ready Case Study page](#).

### Work-related Stress

The Health and Safety Executive define stress as ‘the adverse reaction people have to excessive pressures or other types of demand placed on them’, and identifies six main areas of work design which can affect stress levels:

- **Demands** – this includes issues such as workload, work patterns and the work environment
- **Control** – how much say the person has in the way they do their work

- **Support** – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues
- **Relationships** – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour
- **Role** – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles
- **Change** – how organisational change (large or small) is managed and communicated in the organisation

Not feeling supported, poor working relationships and organisational change are among the most frequently cited reasons for mental ill-health associated with work.<sup>79</sup> When approaching mental health and work, therefore, it is important to go beyond signposting to external support and NHS services. Taking a public health approach involves tackling the causes of mental ill-health within the work setting as well as offering treatment.

This preventative approach is beneficial to employers. In 2020, Deloitte calculated that for every £1 spent by employers on mental health interventions they get £5 back in reduced absence, presenteeism and staff turnover, with higher returns achieved through early interventions, such as organisation-wide culture change and education, rather than more in-depth, individual support.

In the health and care sector in particular, high levels of stress can result in burnout, otherwise known as compassion fatigue. Maslach describes three fundamental components of burnout: feeling emotionally drained or overextended (emotional exhaustion), feeling detached from or having negative reactions towards patients (depersonalisation), and feelings of professional inadequacy, ineffectiveness and failure (lack of personal achievement).<sup>80</sup> Burnout, Maslach noted, can negatively impact on how healthcare professionals engage with and treat patients. In addition,

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<sup>79</sup> Business in the Community (2019). *Mental Health at Work 2019: Time to Take Ownership*.

<sup>80</sup> Maslach, C., Jackson, S. E., & Leiter, M. P. (1997). Maslach burnout inventory. *Evaluating stress: A book of resources* (Vol. 3). London: The Scarecrow Press, Inc.

where burnout leads to sickness absence, an already stretched health and care workforce is put under even greater strain.

There is a growing body of evidence of the arts therapies being used to address or prevent burnout among health and care staff, which shows promising results (although the scale of the studies involved is small). For example, social action art therapy for counsellors has been shown to reduce burnout<sup>81</sup>, as has a course of six weeks of art therapy among oncology and palliative care doctors.<sup>82</sup> There is also evidence of art therapies (using a variety of methods) helping health and care staff to process emotions such as grief, develop personal insights, build relationships and empathy with their team, and thereby to improve wellbeing and resilience.<sup>83</sup>

### Further reading and resources:

The Health and Safety Executive have produced a [range of resources](#) around managing and reducing work-related stress, aimed at employers, managers and workers. This includes guidance on undertaking a [stress risk assessment](#), [talking toolkits](#) to help managers talk to their staff about stress, and a [management standards workbook](#).

### Case Study: Schwartz Rounds – Croydon University Hospital

A **dramatherapist** employed by Croydon Health Services NHS Trust, was working mainly with children with life-limiting and terminal illnesses when the first wave of

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<sup>81</sup> Reim Ifrach, E., & Miller, A. (2016). Social action art therapy as an intervention for compassion fatigue. *The Arts in Psychotherapy*, 50, 34–39. doi:10.1016/j.aip.2016.05.009

<sup>82</sup> Tjasink, M. & Soosaipillai, G (2019) Art therapy to reduce burnout in oncology and palliative care doctors: a pilot study, *International Journal of Art Therapy*, 24:1, 12-20,

DOI: 10.1080/17454832.2018.1490327

<sup>83</sup> Belfiore, M. (1994). The group takes care of itself: Art therapy to prevent burnout. *The Arts in Psychotherapy*, 21(2), 119–126; Brooks, D. M., Bradt, J., Eyre, L., Hunt, A., & Dileo, C. (2010). Creative approaches for reducing burnout in medical personnel. *The Arts in Psychotherapy*, 37(3), 255–263. doi:10.1016/j.aip.2010.05.001; Huet, V., & Holttum, S. (2016). Art therapy-based groups for work-related stress with staff in health and social care: An exploratory study. *The Arts in Psychotherapy*, 50, 46– 57. doi:10.1016/j.aip.2016.06.003; Huet, V. (2016). Case study of an art therapy-based group for work-related stress with hospice staff. *International Journal of Art Therapy*, 22, 1–13. doi:10.1080/17454832.2016.1260039; Nainis, N. A. (2005). Art therapy with an oncology care team. *Art Therapy*, 22(3), 150–154. doi:10.1080/07421656.2005. 10129491

Covid-19 hit. They were redeployed to the ICU to support staff who were struggling with the emotional and psychological impact of the outbreak.

Having built relationships with staff through her presence on the ward, they then set up weekly reflective practice sessions on Teams for anyone working within the Trust. Clinicians and support staff, those on-site and those working from home, all took the opportunity to join to collectively process how Covid-19 was affecting them.

Based on this work, they were employed by the Trust to facilitate Schwartz Rounds, three members of staff will share a story about an experience they have had about work, and then, guided by the practitioner, the audience are invited to reflect on what they have heard, to ask questions and to reflect on to share how it resonates with them personally.

Their skills as a **dramatherapist** mean that they were used to helping people tell stories, using narrative and metaphor as a means of processing difficult experiences and emotions. Having worked in a bereavement service also means that they could encourage those attending Schwartz Rounds to sit with uncomfortable feelings, and to start to change a 'stiff upper lip' culture to one where people are able to be open and vulnerable with one another. Finally, being independent to the people being discussed, they were able to keep Schwartz Rounds focused on staff's social and emotional experiences rather than the clinical details of a patient's case.

As the Schwartz Rounds are open to all staff, clinical and non-clinical, one of the aims is to create a feeling of solidarity and belonging across the organisation, to improve working relationships beyond the sessions themselves. As not feeling supported and poor working relationships are among the most common causes of work-related stress<sup>84</sup>, Schwartz Rounds may have a far-reaching impact on staff wellbeing and morale.

Evidence shows that Schwartz Rounds improves:

- professionals' relationships, sense of cohesion and common purpose<sup>85</sup>

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<sup>84</sup> Business in the Community (2019). *Mental Health at Work 2019: Time to Take Ownership*.

<sup>85</sup> Reed, E., Cullen, A., Gannon, C., Knight, A. & Todd, J. (2015). Use of Schwartz Centre Rounds in a UK hospice: Findings from a longitudinal evaluation. *Journal of Interprofessional Care*, 29, 365–366. <https://doi.org/10.3109/13561820.2014.983594>.

- the communication, and normalising of, emotions<sup>86</sup>
- professionals' perception of emotional labour<sup>87</sup>
- professionals' level of insight, which helps them care for their patients and improves their understanding of colleagues' feelings<sup>88</sup>

A review of the Schwartz Rounds literature and an independent assessment across 10 sites delivering Rounds found that attendees of Schwartz Rounds showed a 50% reduction in psychological distress and increased empathy and compassion for colleagues and patients.<sup>89</sup>

For more information about Schwartz Rounds, see the [Point of Care Foundation's](#) training opportunities and resources.

## Emerging themes for Workplace Wellbeing

### Menopause

AHPs can play a crucial role in supporting individuals going through menopause by providing tailored interventions and creating supportive work environments.

**Occupational therapists** can help design ergonomic workspaces and suggest adjustments to reduce discomfort and fatigue.

**Physiotherapists** can offer exercise programmes to manage symptoms like joint pain and muscle stiffness. Additionally, AHPs can facilitate workplace health

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<sup>86</sup> Barker, R., Cornwell, J. & Gischen, F. (2016). Introducing compassion into the education of health care professionals; can Schwartz Rounds help? *Journal of Compassionate Health Care*, 3, 3. <https://doi.org/10.1186/s40639-016-0020-0>

<sup>87</sup> Hughes, J., Duff, A. J. & Puntis, J. W. L. (2018). Using Schwartz Center Rounds to promote compassionate care in a children's hospital. *Archives of Disease in Childhood*, 103, 11–12.

<sup>88</sup> Chadwick, R. J., Muncer, S. J. & Hannon, B. C. (2016). Support for compassionate care: Quantitative qualitative evaluation of Schwartz Center Rounds in an acute general hospital. *JRSM Open*, 7, 7. <https://doi.org/10.1177/2054270416648043>.

<sup>89</sup> Taylor, C., Xyrichis, A., Leamy, M. C., Reynolds, E. & Maben, J. (2018). Can Schwartz Center Rounds support healthcare staff with emotional challenges at work, and how do they compare with other interventions aimed at providing similar support? A systematic review and scoping reviews. *British Medical Journal Open*, 8 (10), e024254.

promotion initiatives that educate employers and employees about menopause, reducing stigma and promoting understanding.

[Further reading and resources:](#)

## **AHP Support for Menopause in the Workplace**

### **1. North East London NHS Foundation Trust – Menopause at Work Case Study**

**Professionals Involved:** Occupational therapists and health & wellbeing leads

**Approach:** Mixed-methods case study exploring organisational culture and support for staff experiencing perimenopausal and menopausal symptoms

**Findings:**

- 40.6% of staff were aged 41–55 (menopause-relevant age group)
- Themes included access to support and workplace culture
- Highlighted need for person-centred support and manager training

[View the full study.](#)

### **2. CIPD – Menopause in the Workplace Report (2023)**

**Scope:** Survey of 2,000 UK women aged 40–60 in employment

**Insights:**

- Common symptoms: anxiety, depression, memory loss, fatigue
- Effective adjustments: flexible working, temperature control, mental health support
- AHPs (especially OTs and physiotherapists) play a role in fatigue management, ergonomic adjustments, and wellbeing coaching

[Explore the report.](#)

### **3. Royal College of Occupational Therapists – Health and Wellbeing at Work**

- OT-led interventions for managing fatigue, cognitive changes, and emotional wellbeing
- Support for workplace adjustments and phased return-to-work plans
- Advocacy for menopause-inclusive policies and environments

[View the presentation.](#)

#### 4. DWP Literature Review – Menopause in the Workplace (2025)

##### Highlights:

- Menopause symptoms can impair confidence, wellbeing, and job performance
- Workplace support is often lacking or inconsistent
- AHPs are well-positioned to deliver targeted interventions and shape inclusive policy

[Read the review.](#)

#### Supporting Neurodivergent employees in the Workplace

Neurodivergent individuals, such as those with autism, ADHD, or dyslexia, can benefit significantly from the support of AHPs.

- **Occupational therapists** can assess the work environment alongside activity analysis and recommend modifications to enhance accessibility and productivity.
- **Speech and language therapists** can provide communication strategies and training for both neurodivergent employees and their colleagues. AHPs can also offer role-emerging placements for students in work settings, helping to build a workforce that is more inclusive and understanding of neurodiversity.

[Further reading and resources:](#)

#### AHP Support for Neurodiversity in Work Contexts

##### 1. Orchard Hill College & Academy Trust – Neurodiversity & Occupational Health

**Professionals Involved:** Occupational therapists and OH specialists

**Model:** In-house neurodiversity support for staff and students across 16 special schools and colleges

**Interventions:**

- Communication assessments
- Workplace adjustments
- Staff training on neuroinclusive practice

**Impact:** Embedded culture of neurodiversity awareness and tailored support across education and employment settings

[View the case study.](#)

## 2. Acas & Birkbeck University – Neurodiversity in the Workplace

**Findings from Case Studies:**

- Proactive support reduced staff turnover from 34% to 8%
- Inclusive adjustments made without requiring formal diagnosis
- AHPs (especially OTs and SLTs) contributed to performance management and communication strategies

**Recommendations:**

- Neurodiversity training for line managers
- Accessible written materials and sensory-friendly environments

[Read the case study.](#)

## 3. CIPD Neuro-inclusion at Work Report (2024)

**Scope:** Survey of UK employers on neuroinclusive practices

**AHP Contributions:**

- SLTs supporting communication styles
- OTs advising on sensory regulation and executive functioning
- Physiotherapists contributing to fatigue and movement strategies

### **Guiding Principles:**

- Value diverse processing styles
- Create psychologically safe environments
- Embed neurodiversity into EDI and wellbeing frameworks

[Read the full report.](#)

### **Managing Multiple Conditions**

For individuals managing multiple health conditions, AHPs can offer comprehensive and coordinated care. **Occupational therapists** can develop personalised plans that address the unique challenges of managing multiple conditions, including strategies for energy conservation and task prioritisation. **Physiotherapists** can provide tailored exercise programs that consider the interplay between different conditions. AHPs can also facilitate conversations about work and health, helping individuals navigate their work responsibilities while managing their health effectively.

[Further reading and resources:](#)

### **AHP Support for Multimorbidity in Work Contexts**

#### **1. NHS Lothian Work Support Services – Functional Capacity Evaluation**

**Professionals:** Specialist occupational therapists

**Client Group:** Individuals with complex physical and mental health conditions

**Approach:**

- Holistic assessment of work-related function across multiple domains
- Tailored recommendations for workplace adjustments and phased return

**Impact:** Enables sustained employment for people with multimorbidity, including chronic pain, fatigue, and mental health conditions

[Explore the services.](#)

## 2. South Coast Fatigue – Workplace Rehabilitation for Long-Term Conditions

**Professionals:** Occupational therapists

**Client Group:** Individuals with Long COVID, ME/CFS, and overlapping mental health challenges

**Approach:**

- Energy management, pacing, and cognitive support
- Liaison with employers to implement sustainable work plans

**Impact:** High success rate in return-to-work outcomes for people with multimorbidity

[View service](#)

## 3. Condition Management Programme – Northern Ireland

**Professionals:** OTs, physiotherapists, mental health nurses

**Client Group:** Individuals on benefits with multiple health barriers to work

**Approach:**

- Short-term biopsychosocial intervention (up to 12 weeks)
- Focus on self-management, confidence, and functional recovery

**Impact:** Improved health literacy and work readiness across diverse conditions

[Read more.](#)

## 4. Royal College of Occupational Therapists – “Good Work for Good Health”

**Framework:** Universal, targeted, and specialist OT interventions

**Examples:**

- Support for individuals with multimorbidity including diabetes, arthritis, and anxiety
- Use of AHP Health and Work Reports to guide employer decisions
- Job carving and workplace enablement strategies

[Download report](#)

**5. Work Well – Greater Manchester Combined Authority**

**Professionals:** Multidisciplinary teams including OTs and physiotherapists

**Client Group:** People with multiple long-term conditions and barriers to employment

**Approach:**

- Integrated health and employment support
- Vocational profiling and condition-specific coaching

**Impact:** Reduced economic inactivity and improved health outcomes

[Explore programme](#)

**How AHPs can do more to support the health and work agenda?**

**Leading the development of preventative and proactive interventions.** AHPs can lead the way in creating and implementing interventions that prevent health issues before they arise and proactively address existing conditions. By focusing on early intervention and prevention, AHPs can help reduce the incidence of work-related health problems and improve overall workforce health. For example, **physiotherapists** can develop exercise programs to prevent musculoskeletal disorders, while **occupational therapists** can design ergonomic workspaces to reduce the risk of injury.

**Developing the evidence base.** AHPs contribute to the growing body of evidence that supports the link between health and work. By conducting research and collecting data on the effectiveness of various interventions, AHPs can help build a

robust evidence base that informs policy and practice. This evidence can be used to advocate for the importance of integrating health and work considerations into all aspects of healthcare delivery.

**Offering role emerging student placements in work settings.** By providing student placements in work settings, AHPs can help train the next generation of healthcare professionals to understand the critical relationship between health and work. These placements offer students hands-on experience in addressing work-related health issues and preparing them to incorporate work and health considerations into their future practice. This approach not only benefits the students but also helps to embed a culture of work and health awareness within the healthcare system.

**Include work and health conversations into existing services.** AHPs can integrate discussions about work and health into their routine practice, ensuring that patients understand the impact of their work on their health and vice versa. By asking simple questions about a patient's work situation and providing advice on how to manage health conditions in the workplace, AHPs can help patients make informed decisions about their work and health. This proactive approach can lead to better health outcomes and improved work performance.

**Contributing to policy development to promote inclusive and health-creating approaches to workplace wellbeing.** AHPs can play a vital role in shaping policies that promote inclusive and health-creating workplaces. By advocating for policies that support the health and wellbeing of all employees, including those with disabilities or long-term health conditions, AHPs can help create work environments that are conducive to good health. This includes promoting policies that encourage flexible working arrangements, reasonable adjustments, and access to occupational health services.

By leveraging our expertise and unique position within the healthcare system, AHPs can make significant contributions to the health and work agenda, ultimately improving the health and wellbeing of the workforce.

### **Further reading on this topic**

- To offer an insight on how AHPs consider their practice supports health and wellbeing in work and opportunities for extending this, read the report: [rsph-how-ahps-can-best-support-the-health-and-work-agenda.pdf](#)

- 2025 Guidance published: Work and Health guidance for AHP leaders  
This has been developed as an introductory resource for Chief AHPs on Work and Health.

## Conclusions

The evidence presented in this report demonstrates that Allied Health Professionals make a substantial and wide-ranging contribution to work and health outcomes across the UK. From early years interventions that support educational attainment, to vocational rehabilitation and occupational health services that enable people to remain in or return to work, AHPs play a vital role in reducing health-related worklessness and promoting good work as a determinant of health.

AHP practice aligns strongly with a biopsychosocial model of health, addressing not only clinical needs but also the functional, psychological and environmental factors that influence participation in work. This holistic approach is particularly important for people with long-term conditions, disabilities and complex needs, who are disproportionately affected by unemployment, insecure work and health inequalities. Despite this, the contribution of AHPs to the work and health agenda is not always visible or consistently embedded within policy, commissioning or service design.

Opportunities remain to strengthen integration between health services, employers and employment support systems, and to scale effective AHP-led models.

As economic inactivity due to ill health continues to pose challenges for individuals, communities and the economy, there is a clear case for greater investment in prevention, early intervention and rehabilitation. Maximising the impact of AHPs is an essential part of that response.