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ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

How AHPs can best support the health and work agenda

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Good work – a safe and secure job with good working hours and conditions, supportive management and opportunities for training and development – has a positive impact on people's health and wellbeing. Unemployment, by contrast, is associated with an increased risk of mortality and morbidity.

The digital resources which accompanies this report explores how AHPs can contribute to the health and work agenda through: supporting children and young people's development and educational outcomes; helping people with health conditions and disabilities into work; vocational rehabilitation; occupational health; and workplace health promotion. This paper addresses the scale at which AHPs' skills are already being utilised in these areas and how they can be best employed.

Methodology

To explore AHPs' confidence and understanding around their role in the health and work agenda, and any barriers to their involvement, RSPH conducted a survey, which was answered by 1,054 AHPs across the UK. The survey was designed and disseminated with the support of an advisory group, which included representatives from each of the devolved nations and representing a variety of the Allied Health Professions. The survey was also shared by each of the professional bodies representing AHPs, to RSPH members within these professions, and on social media. A demographic breakdown of survey respondents and the membership of the advisory group consulted throughout this project can be found in the appendix.

The survey was open for three months (18 February 2022 until 18 May 2022), then quantitative analysis of the responses was conducted by RSPH. Where the survey generated qualitative data through open text responses, these were coded and thematically analysed. To supplement this data and to identify recommendations for addressing some of the barriers highlighted by the survey, RSPH interviewed a number of experts and stakeholders, and drew upon the findings from the case studies collected, research evidence and other resources included in the report.

Results

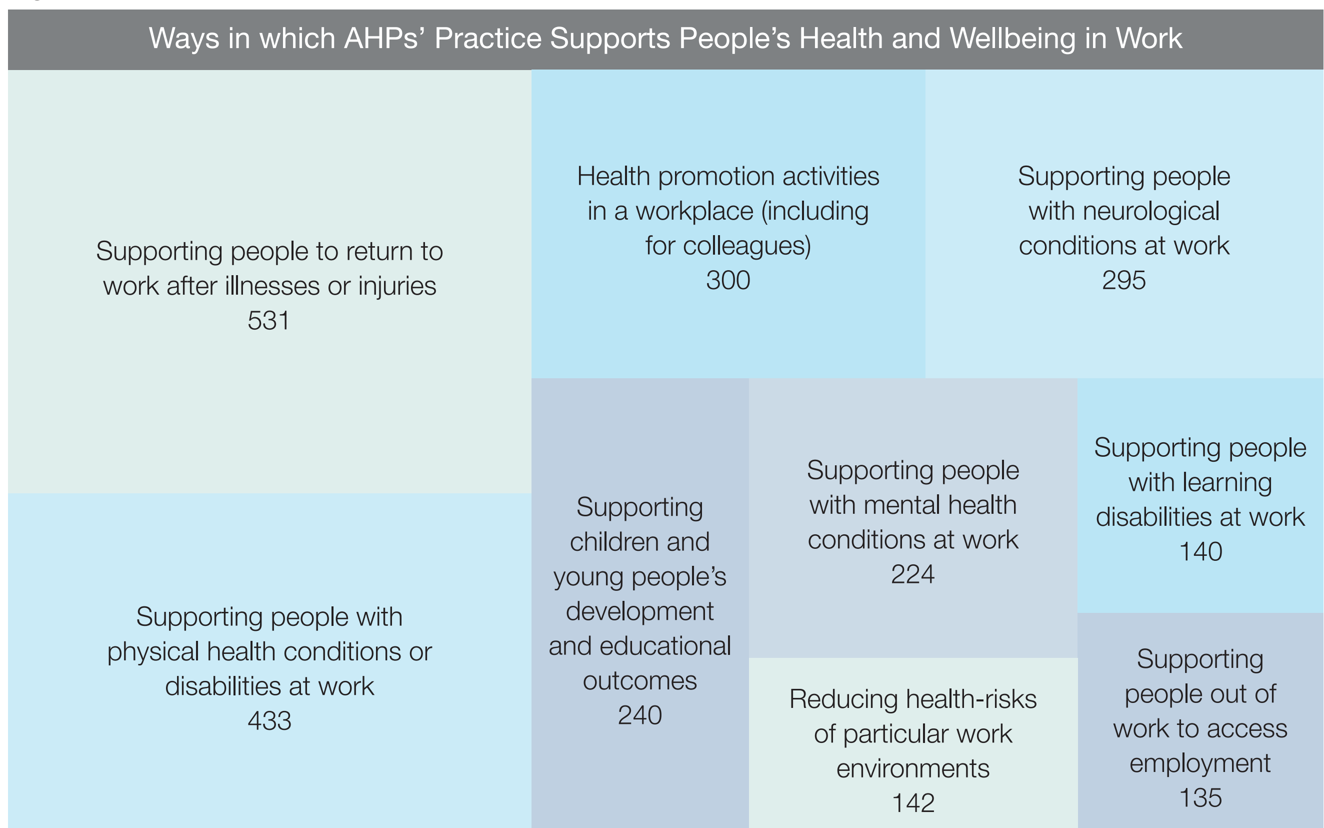
Current Involvement and Interest in the Health and Work Agenda

To understand how AHPs are already involved in supporting the health of working age people and the workability of people with health conditions, we asked respondents which of the following they did as part of their routine practice (respondents were able to select more than one response):

- Supporting children and young people's development and educational outcomes
- Supporting people out of work to access employment
- Health promotion activities in a workplace (including for colleagues)
- Reducing health-risks of particular work environments
- Supporting people to return to work after illnesses or injuries
- Supporting people with physical health conditions or disabilities at work
- Supporting people with neurological conditions at work
- Supporting people with mental health conditions at work
- Supporting people with learning disabilities at work

The distribution of responses is shown in Figure 1

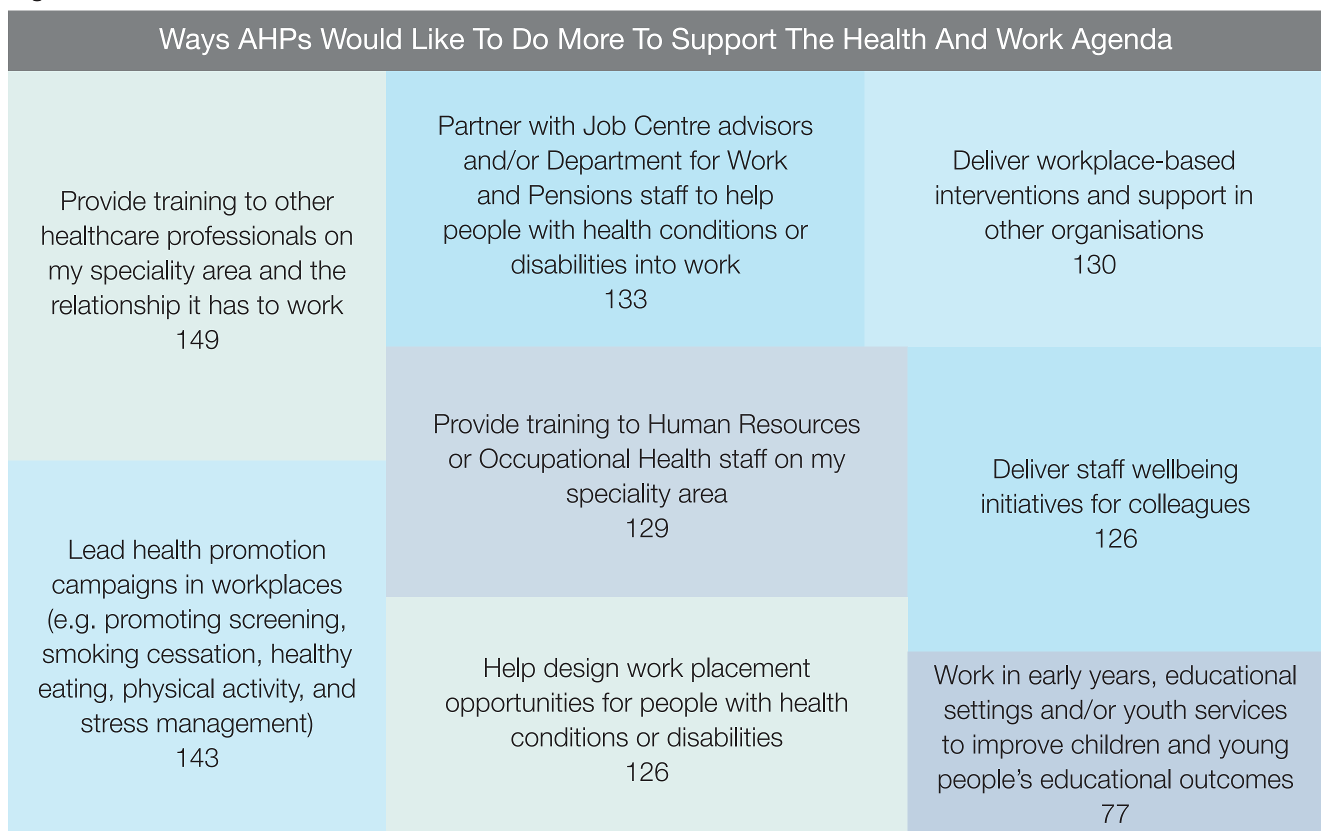
Figure 1



We then asked respondents whether they would like to be more involved in supporting people's entry into, ability to stay healthy in, or return to work. 59% of respondents said they would like to do more in this regard; nearly 18% said they were satisfied with what they were already doing; and 13% said they did not consider this part of their role (Figure 2).

There was broad support amongst those who did want to be more involved in the work and health agenda across each of the options presented. The most popular option was to provide training to other healthcare professionals on their specialty area and the relationship it has to work, followed by leading health promotion campaigns in workplaces.

Figure 2



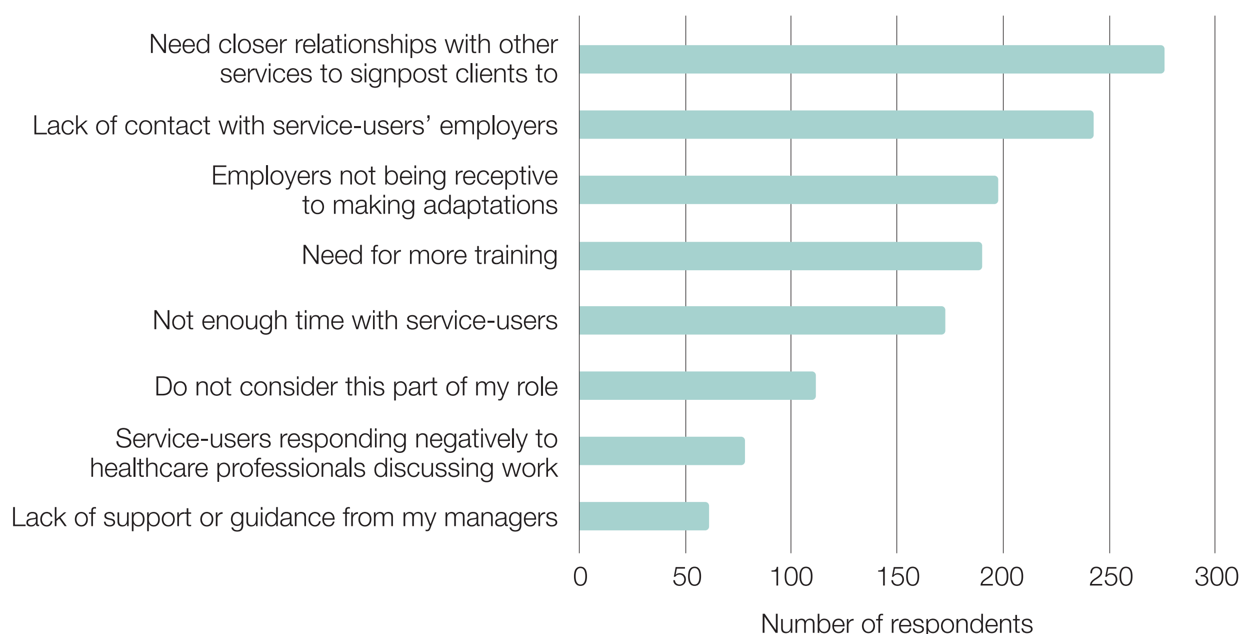
Barriers to AHPs supporting the work and health agenda

In research by the Work and Health Unit, 79% of Clinical Commissioning Groups in England reported that none of their services were commissioned specifically with employment needs or vocational rehabilitation in mind. [1]Other studies have found that funding for vocational rehabilitation varies significantly across the country, and that there is a lack of consistent definition of what it involves. [2]Respondents to our survey were wished to see this addressed, and suggested new services or initiatives they would like to see commissioned, including:

- More Vocational Rehabilitation services available on the NHS
- More Individual Placement Support services so there is equitable access to them across the UK, for them to be put on a sustainable financial footing, and for this model – healthcare professionals working in partnership with employment specialists – to be rolled out for patients with a wider range of health conditions.
- Supported employment opportunities within the NHS
- Vocational clinics in primary care

Our survey also revealed other barriers which AHPs face in relation to supporting people's entry into, ability to stay health in, or return to work. These are summarised and discussed below.

Figure 3



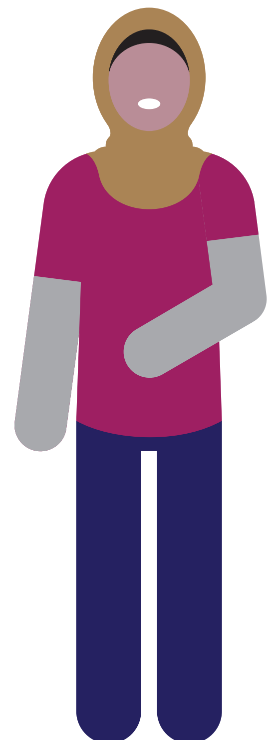
[1]Tindle, A., Adams, L., Kearney, I., Hazel, Z., & Stroud, S. (2020). Understanding the provision of occupational health and work-related musculoskeletal services. Available at: https://www.gov.uk/government/publications/understanding-the-provision-of-occupational-health-and-work-related-musculoskeletal-services

[2]Hayward, K., Mateen, B. A., Playford, E. D., & Eva, G. (2019). Developing vocational rehabilitation services for people with long-term neurological conditions: Identifying facilitators and barriers to service provision. *British Journal of Occupational Therapy,* 82(6), 337-347.

Barriers to supporting service users who are out of work on account of their health into work

Connections to Other Services and Professions

The biggest barrier described by survey respondents to being involved in vocational rehabilitation or supporting people with health conditions into work was the lack of a relationship with other organisations, and particularly local welfare services, to which they could signpost service users.



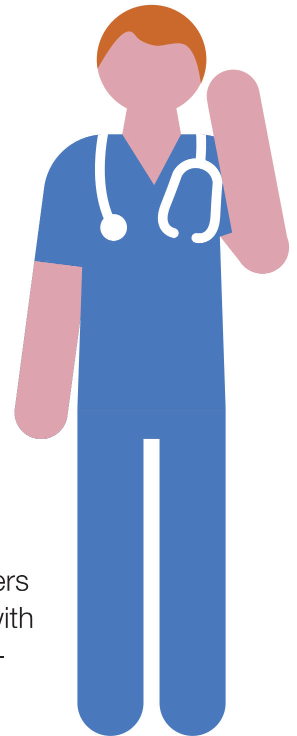
Several respondents to our survey described specific other professions and services in order to provide consistent, joined-up support to enable service-users into, or to return to, work. These included:

- Jobcentre Plus
- Social services / Social Work and Social Care services
- GP Practices
- Practitioners belonging to other Allied Health Professions
- Occupational Health services
- Disability Employment Advisors and Remploy
- Schools, colleges, and universities (in order to support young people with additional needs as they enter employment)

One way of ensuring all the relevant services and professionals work together to provide holistic support for those looking to return to work after an illness or injury is to establish a Vocational Rehabilitation pathway with an accompanying signposting resource, an example of which has been developed by NHS Grampian. Developing comprehensive signposting resources (akin to NHS Grampian's Z Card) would allow professionals across the system to support service-users to access support with housing, employment, training, social care, and the full range of relevant health services – no matter which 'door' they enter through to engage with the health and care sector.

Survey respondents also described wanting closer links to employers, Occupational Health and Human Resources departments, in order to support clients returning to work, to deliver workplace-based interventions, and to offer training or input into the design of work environments so as to prevent the development of health conditions and enable early intervention.

There is also an opportunity through closer relationships between AHPs and employers, HR and Occupational Health departments to raise awareness of the AHP Health and Work Report. This report provides a mechanism for AHPs to provide an employee and their employer with information which may be used to support work adjustments to enable the employee to remain in work. It can also be used as evidence by clinicians signing a fit note for statutory sick pay.

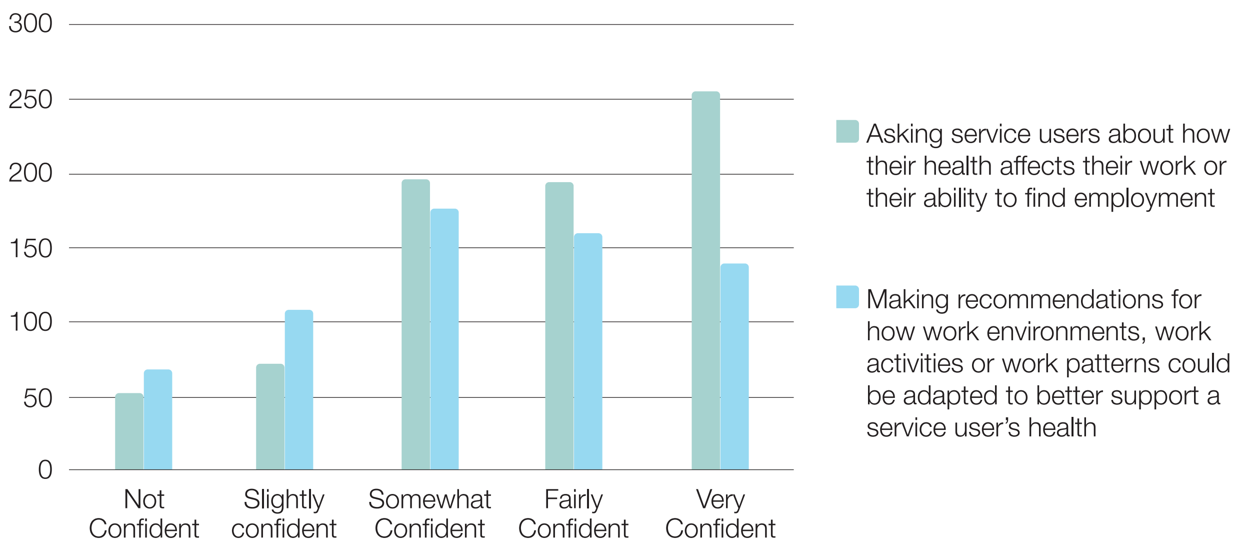


Other respondents described lacking confidence when making recommendations for employers on a client's behalf because they had not received feedback from employers about their advice. Having the opportunity and confidence to communicate directly with managers and HR personnel (with the patient's consent) to discuss a patient's return-to-work or reasonable adjustments would open up such a feedback mechanism.

Confidence and Competence

Many of the ways in which AHPs can support people of working-age into, to remain in, or return to work begin with the 'health and work conversation'. Our survey of AHPs found that, within and between professions, there were different levels of confidence when it came to talking to service-users about how their health affects their work or ability to find employment, and making recommendations about how work environments, work activities or work patterns could be adapted to better support the health and wellbeing of a service user. Overall, confidence was lower in the second category of work-related conversations, with the mode response (175 respondents) being 'somewhat confident' (Figure 5).

Figure 5



A significant resource through which AHPs can make work-related recommendations is the AHP Health and Work Report. However, less than half (44%) of respondents to our survey said they were aware of them, and a lack of awareness was the most commonly cited reason for not having completed one. The second most common was not having received training on how to issue a Report (Figure 6).

It may not fit the scope of practice for all AHPs to produce a Health and Work Report. But given that the Report was developed with particular input from the professional bodies for Occupational Therapists, Podiatrists, and Physiotherapists, it is notable that among Podiatrists and Physiotherapists those who had not heard of the AHP Health and Work Report outnumbered those who had (Figure 7).

Figure 6

AHPs' Confidence Levels in Supporting Service-Users' Health in Work

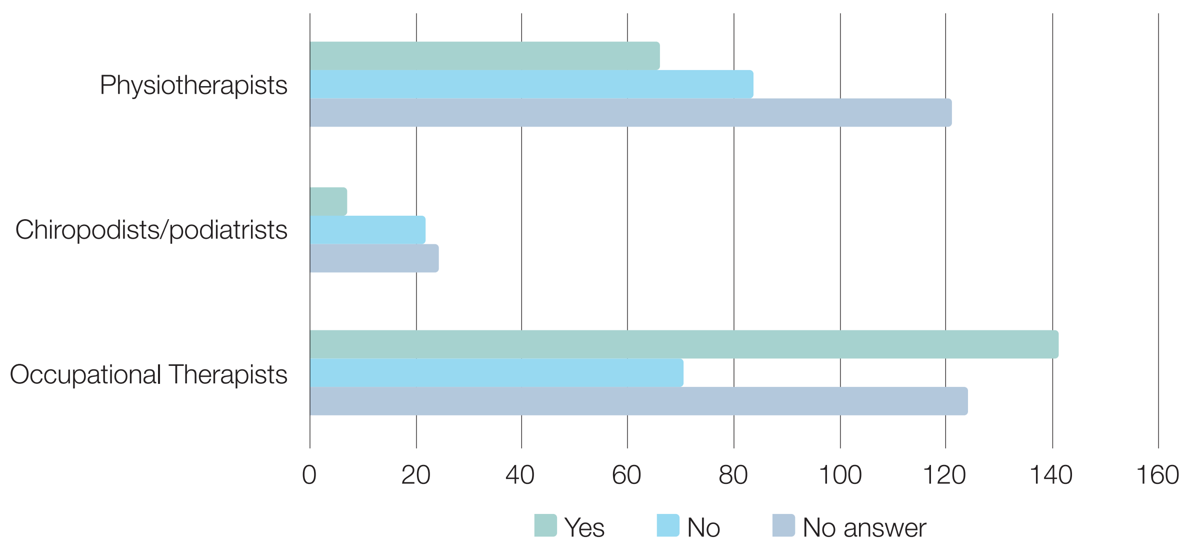
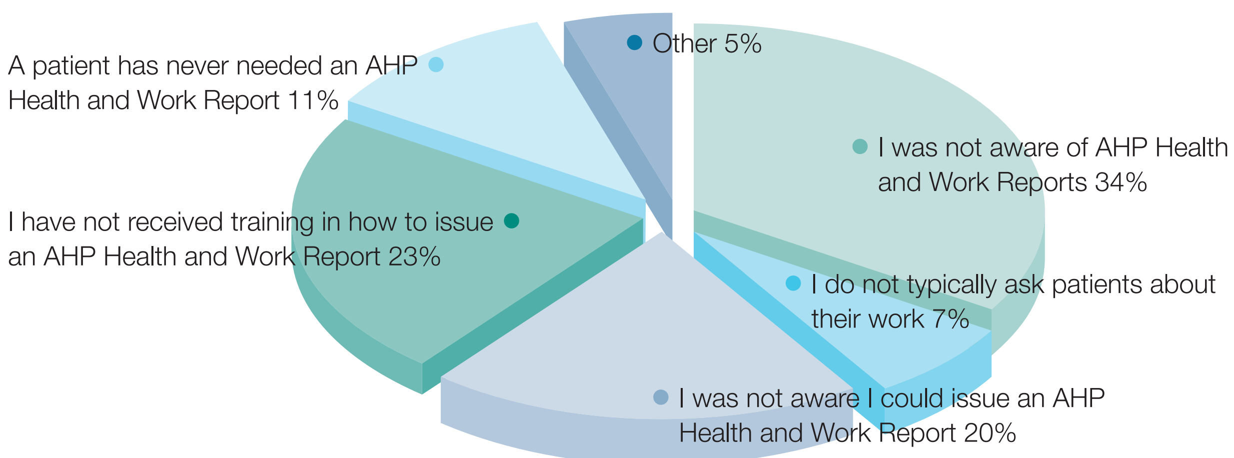


Figure 7

Reason for having written an AHP Health and Work Report



A lack of training was also raised by AHPs as a barrier to having work-related conversations with service-users; helping people with health conditions, remain in, return to, or access work. The importance of training was also demonstrated by how often it was cited by many of the respondents who described themselves as confident in talking to service-users about the relationship between their work and health, and to make recommendations to improve it. In addition to their undergraduate training, programmes which survey respondents often cited as improving their confidence in this respect covered:

- NIDMAR training to become a Certified Disability Management Professional
- Vocational Rehabilitation
- Producing Health and Work Reports
- Motivational interviewing and behaviour change
- Individual Placement Support Services
- Occupational Health and Ergonomics
- DSE assessments

Survey respondents also suggested that the following would increase their confidence in speaking to service-users about how their health affects their ability to work:

- Conversation guide, including helpful phrases to use with patients, techniques from motivational interviewing and acceptance commitment therapy. This would help address a barrier encountered by a number of respondents, namely service-users responding negatively to healthcare professionals discussing work
- Resources to support these conversations, e.g. information about benefits and local organisations, services and information to which service-users can be signposted
- Training on employment law and rights
- Local peer support, mentoring or multidisciplinary communities of practice to share knowledge and good practice
- Register of local vocational rehabilitation opportunities with supportive employers for those wishing to retrain, start or re-enter work

To improve their confidence in making, recommendations for how work environments, work activities or work patterns could be adapted to better support a service user's health, survey respondents also made the following suggestions:

- Access to continually updated training and resources so AHPs can keep abreast of new technologies, adaptive equipment, and emerging working practices and environments, and their associated health risks
- Guide to effective communications with employers, and opportunities to receive their feedback about the appropriateness of, and outcomes from, the AHP's recommendation
- A bank of case studies - examples of the types of workplace recommendations that are feasible and effective for different sizes of business and different industries

With this in mind, there is scope to build on the achievements of the Royal College of Occupational Therapists' Health and Work Champions and NHS Grampian's HealthWorks by increasing the confidence of those AHPs best positioned to have conversations about health and work to do so and to write AHP Health and Work Reports when appropriate. This could be achieved through:

- NHS services ensuring all healthcare professionals in their employ are trained to have 'health and work' conversations
- Professional bodies continuing to produce resources, roll out training, and create special interest groups exploring how their members can support their service-users to remain in or return to work
- Vocational Rehabilitation (VR) specialists employed at place or regional levels providing ongoing training and specialist support to other HCPs

- Establishing multi-disciplinary Communities of Practice with opportunities for CPD relating to VR as a local complement to profession-specific special interest groups at the national level

Funding and Staffing Levels

The most fundamental barriers to AHPs not being involved in the health and work agenda as much as they would like concern funding and workforce shortages. This affects both what services are commissioned but also the amount of time AHPs have with service-users. Over 150 respondents (19% of AHPs who answered this question) said that a lack of time with service-users was a barrier preventing them from supporting clients to access employment. 174 respondents (13% of AHPs who answered this question) said that they did not have enough time to support service-users to remain in, or return to, work.

In written comments, survey respondents described not having enough time to write AHP Health and Work reports, attend further training, deliver workplace-based interventions, or build relationships with employers, and other services.

The need for greater investment in vocational rehabilitation highlights the importance of demonstrating the economic benefits of AHPs being employed to help people access employment, remain in or return to work (by reducing spending on healthcare services and welfare benefits, increasing productivity and tax revenue).

AHPs' Abilities to Create Healthy Workplaces

This project has highlighted how AHPs can and do deliver population-level, and preventative approaches to workplace health and wellbeing, whether through creating healthier catering environments, reducing the risk of accidents or improving workplace culture as part of mental health and wellbeing interventions.

The NHS in particular as an employer is well positioned to lead the way in creating healthy workplaces. Employing more than 1.6 million people in the UK, the NHS is inevitably involved in the health and work agenda as both a healthcare service provider and an employer. It therefore has a particular incentive to offer the kind of 'good work' which is most beneficial for health - providing stable employment, paying a living wage, and offering fair working conditions, work-life balance and career progression. At the same time, they employ the full range of AHPs, and so can ensure they are appropriately trained and deployed to deliver positive health and work outcomes wherever possible.

There are opportunities to increase the utility of AHPs in:

- Creating healthy workplace environments
- Developing occupational health and wellbeing services
- Creating supported employment opportunities for people with learning disabilities and those recovering from serious illness or injuries

Recommendations

1. Increasing the skills and confidence of all AHPs to support work and health conversations

The learning offer needs to be tailored depending on the role of each AHP, recognising AHPs may support the health and work agenda at a universal, targeted or specialist level. Below are some examples (not intended to be exhaustive) of items which could be covered in training to suit these different levels:

- Universal: awareness of how conversations relating to work and health may improve clinical outcomes and overall health; conversation guide to support brief interventions about work as part of clinical conversations; signposting resources; Health and Work Champions; use of AHP Health and Work Report; introductory level knowledge of employment rights
- Targeted: may include motivational interviewing and behaviour change; general vocational rehabilitation as part of overall intervention; use of Fit Note; understanding of the range of services available, such as Occupational Health
- Specialist: NIDMAR training to become a Certified Disability Management Professional; use of the Fit Note; Individual Placement Support Services; Display Screen Equipment assessments; extensive knowledge of employment law and rights; working in occupational health; provision of specialist VR services

This could be achieved through:

- Employers ensuring AHPs in their organisation are equipped to have work and health conversations relevant to their role
- Higher education institutions reviewing the work component of pre-registration education
- Professional bodies and others establishing or promoting communities of practice to share knowledge and good practice
- National organisations offering access to learning materials to support interventions at universal, targeted and specialist levels
- Promotion of the work and health champions programme coordinated by the Royal College of Occupational Therapists
- Promotion of the work and health champions programme coordinated by the Royal College of Occupational Therapists
- Promotion of the Health and Work eLearning programme

2. Improve connections between Allied Health Professionals and other services/ professions with a role in work and health

There is a need to support busy healthcare professionals to signpost or refer service users to specialist work and health support and vice versa. Increasing the focus on work and health is not intended to increase the workload of clinicians. Rather, the aim is for AHPs to help service users to access the support they need to secure, remain in, or return to work when that is the right thing for their long-term health and wellbeing. The use of systems approaches and partnership working will support this.

This could be achieved through:

- Local systems developing a directory of services and organisations offering support, including a register of local vocational rehabilitation opportunities with supportive employers for those wishing to retrain, start or re-enter work
- AHP teams ensuring they have signposting resources available
- Establishing multi-professional networks or partnerships to support relationship-building, intelligence-sharing, peer support, to share good practice and co-produce solutions to local challenges
- A guide to effective communications with employers, and opportunities to receive their feedback about the appropriateness of, and outcomes from, the AHP's recommendation
- A bank of case studies - examples of the types of workplace recommendations that are feasible and effective for different sizes of business and different industries

3. Developing capacity to deliver work and health interventions

The ambition is for all AHPs to consider including work and health conversations as part of a holistic approach to supporting health and wellbeing of the people they work with. The time required for interventions of a more targeted or specialist nature is not always available to clinicians. Therefore, there is a need to develop and promote the return on investment evidence to support business cases for vocational rehabilitation and the broader role of AHPs in workplace wellbeing.

This could be achieved through:

- Ensuring AHPs feel confident to use a personalised approach to patient care, focusing on what matters to the service user and prioritising their time with them accordingly
- Developing the economic case for investment in AHP roles in work and health
- Local systems considering the impact of increasing AHP capacity and leadership within vocational rehabilitation pathways. This would provide clinical champions for the positioning of work as a clinical outcome and supporting stronger systems-working between health, employers, Jobcentre Plus, occupational health services, Disability Employment Advisors and community and voluntary sector organisations supporting people with work, benefits and money advice
- Expanding the Work and Health clinical champions' programme led by the Royal College for Occupational Therapists

4. Developing AHP roles in the creation of healthy workplaces

The skills of AHPs and their teams should be utilised to support employees to remain healthy at work through the planning and delivery of healthy workplace environments, health promotion activities and occupational health services. The Welsh Government has recently committed to this approach in their plan for employability and skills 'Stronger, fairer, greener Wales'. The NHS, across the UK, has a dual role as health-promoting organisation and a major employer of 1.6 million people in the UK. This gives health services an opportunity to serve as a role model for healthy workplaces, and so they should lead the way in employing AHPs to protect and improve their employees' health and wellbeing.

This could be achieved through:

- Employers considering how AHPs could support the design and delivery of healthy workplaces
- AHP representation on workplace health and wellbeing committees
- Effectively utilising AHP skills in occupational health services to reduce sickness absence rates
- Promoting case studies, including cost benefit analyses, of AHPs being effectively utilised in workplace wellbeing programmes

Annex A: Demographic Profile of Survey Respondents

	Number of respondents	Proportion of respondents
Allied Health Profession	**1053**	
Art Therapist	5	<1%
Drama Therapist	5	<1%
Music Therapist	4	<1%
Chiropodist/ Podiatrist	71	7%
Dietician	86	8%
Occupational Therapist	346	33%
Operating Department Practitioner	7	<1%
Orthoptist	17	2%
Osteopath	6	1%
Paramedic	4	<1%
Physiotherapist	283	27%
Prosthetist/ Orthotist	89	8%
Radiographer	12	1%
Speech and Language Therapist	117	11%
Psychologist	1	<1%
Country		
England	248	25%
Scotland	597	59%
Wales	75	7%
Northern Ireland	92	9%
Organisation		
NHS Primary Care Service	201	20%
NHS Community Health Service	277	27%
NHS Acute Service	235	23%
NHS Mental Health Service	93	9%
NHS Specialist Service Provider	54	5%
Occupational Health Business	7	1%
Private Clinic	29	3%
Third Sector	11	1%
Disability Employment Service	1	<1%
Local Authority	30	3%
Prison/ Criminal Justice Service	1	<1%
Other	90	9%

Annex B: Advisory Group Members

Abigail Henderson, Chartered Society of Physiotherapy

Alexandra Macnamara, Hull York Medical School

Catherine Totten, AHP Professional Advisor - Mental Health, Scottish Government

Christine Parker, University of Salford and Vocational Rehabilitation Association

Emma Drinkwater, Condition Management Programme, South Eastern Health and Social Care Trust

Fiona Bush, British and Irish Orthoptic Society

Genevieve Smyth, Royal College of Occupational Therapists

Gethin Harries, Health Education and Improvement Wales

Helen Beaumont-Waters, College of Paramedics

Jan Burke, Swansea Bay UHB

Jo Lewis, British Dietetic Association

Judith John, Aneurin Bevan UHB

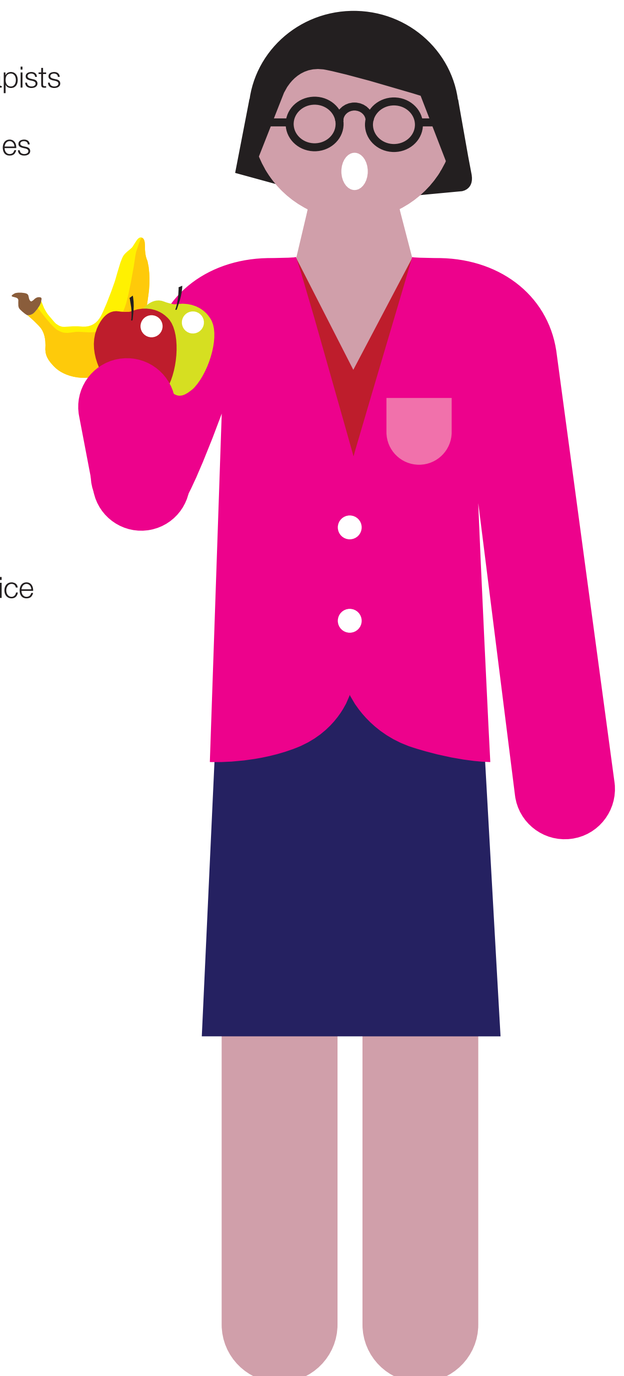
Kerrie Phipps, National AHP Lead for Primary and Community Care in Wales.

Linda Hindle, Deputy Chief AHP Officer for England, Office for Health Improvement and Disparities

Najmul Hussain, Royal College of Speech and Language Therapists

Paul Dunning, Swansea Bay UHB

Ruth Crowder, Chief Allied Health Professions Advisor, Welsh Government



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Charity Registration 1125949 and SC040750