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Championing better work and working lives

WORK, HEALTH AND DISABILITY

Response to consultation on the Work, Health and Disability Green Paper.

Chartered Institute of Personnel and Development (CIPD)

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Acknowledgements

As the professional body for HR and people development, our response focuses on the consultation questions about the role of employers in helping to halve the disability employment gap and provide more effective support for people with disabilities and health conditions to access and remain in work. We have therefore restricted our comments and recommendations to questions in Chapter 4 and Chapter 5.

In preparing its response, the CIPD convened two roundtables of its membership and other key stakeholders and we would like to thank the following for their invaluable insights and experiences that helped inform the CIPD's response:

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- Andrew Walker, former Board member House of Commons responsible for HR and chair of the Parliamentary Medical Panel
- Dianah Worman OBE, CIPD Senior Diversity Network chair and Director of Inclusive Talent
- George Selvanera, strategy and external affairs director, Business Disability Forum
- CIPD members and stakeholders who attended the **CIPD Birmingham Branch** Roundtable event

Key recommendations

We need a considerable step change in employment practice relating to the management of people with a disability and/or health condition if we are to halve the disabled employability gap by 2020. Despite awareness of workplace health issues and the business case for taking action, there remains a stubborn implementation gap for health and well-being initiatives, and disability confident practice, at work. So we welcome the Government's attention in this area.

The CIPD's worldwide community of over 140,000 HR professionals has the potential to play a pivotal role in helping to achieve a much wider and more sustainable integration of health

and well-being and disability inclusive practices at work. We welcome the opportunity to comment on the far-reaching proposals relating to the role of employers, and we make ourselves available to work with the Government in furthering this agenda.

We have made a number of recommendations in our response to this consultation, including calling on the Government to:

- **Launch a major, ongoing and well-resourced publicity and education campaign** to raise awareness and encourage a culture of inclusion among employers that is broader than, but aligned with the Disability Confident campaign.
- **Establish a 'one-stop shop' for employers** to make it easier to navigate the many sources of information, advice and guidance already available.
- **Re-design SSP** so that it can support employees make a more effective and sustainable phased return to work.
- **Allow other allied healthcare professionals to sign fit notes** and undertake an in-depth review of how the fit note operates.
- **Improve the Fit for Work Service to increase take-up,** for example by shortening the referral period for employers, changing the current limit on the number of referrals, and including resources for more preventative and targeted occupational health advice.

Should disabilities and health conditions be treated with the same policies?

One of the—perhaps unintended but nonetheless fundamental—issues raised by the Green Paper is how employers should view and manage health conditions and disability from both a policy and case management perspective. Sometimes disability and long-term health conditions are treated as one category and sometimes we talk about them in isolation. Our London Roundtable involving senior HR and diversity and inclusion professionals were keen to explore whether or not we should view people with disabilities and people with long-term health conditions as one group for all purposes.

It was agreed that this can be a challenging area for employers; yes, there's an overlap between long-term ill health conditions and disability, but they also raise different issues from the employer perspective. For example, some people who *do* have a disability may unconsciously or consciously not categorise themselves as such. For example, those with dyslexia and other Specific Learning Difficulties (SpLD) do generally fit the requirements of the Equality Act (2010) which is the definition used for disability within the Green Paper. However, despite this representing our largest disability group, most people with these conditions would not say they were disabled and therefore do not tick the disability box on disclosure.

> *'We have an employee network that supports people across the business. We've had to be quite careful about how we communicate that because people in that network don't all consider themselves to be disabled. But they might be managing a physical or mental health condition. So we've just been quite careful in terms of the language that we use to make sure that we're not unintentionally excluding people. So I do think in terms of the way that people consider themselves, there is a difference. But in terms of how we approach it as a business, we tend to pull everything together for simplification.'*
>
> Participant, CIPD London Roundtable

This does have implications for how employers effectively support and manage people in practice. An individual with a certain kind of health condition could expect to get better whereas another type of health condition could be fluctuating and progressive and require a different kind of support from the employer.

However, most participants agreed that, purely from a policy perspective, their organisation tends to manage people with either a disability or a long-term health condition in a similar way but *in practice* the focus is on providing individualised support. As one participant commented: '*It's about looking at the individual. Our policies are the same whatever the long-term sickness is in terms of how we monitor that and how we guide managers to work with people, whether it is a disability or a long term health issue.'* The collective view was that the crucial factors are to:

- recognise that each case is different, be it long-term illness, or disability or impairment, and to manage each case in an individual and tailored way; and
- give managers clear guidance on how to manage someone with either a disability or health condition in a consistent way, including how to ensure they implement appropriate adjustments to support that individual's specific needs, whether it is a disability or an underlying health condition.

As one participant explained: '*So it's about having the individual [manager] responding to that particular person's needs at that particular point,*' while another participant underlined the importance of a case management approach, '*because even people who have the same condition may need different adjustments.'*

CHAPTER 4 – Supporting employers to recruit with confidence and create healthy workplaces

1. What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?

That just 8% of employers have recruited a person with a disability or long-term health condition over a year, as quoted in the Green Paper, is a strong indication of the extent of the barriers that continue to hinder employers recruiting and retaining the talent of disabled people and people with health conditions. These barriers are manifold but some of the most significant ones include:

- **Employers' and line managers' lack of awareness, knowledge and understanding of disability and the many different types of disability and health conditions that may affect people in many different ways, and in particular knowledge about reasonable adjustments.** The collective view at our London Roundtable was that there's a need for more clear and accessible generic guidance but also more specific information about particular disabilities and health conditions.
- **Misconceptions and unconscious bias on the part of employers and managers in relation to recruiting people with a disability and/or health condition.** Many (particularly small) employers and line managers are unlikely to have had previous experience of recruiting or managing someone with a particular disability before. Participants at both Roundtables agreed that often it was a lack of familiarity and fear of 'saying the wrong thing' rather than hard-edged prejudice that acted as a barrier

preventing employers being open and inclusive in their recruitment and management practices.

- **Lack of training for line managers.** CIPD's *2016 Absence management survey report*[1] found that, while employers increasingly recognise the vital role that line managers play in supporting employees with health issues, most are not giving them the tools they need to manage absence effectively; less than half (44%) train managers to handle short-term absence, while just 38% said managers are trained to manage long-term absence. Just three in ten (29%) agree that 'managers are confident to have sensitive conversations with staff and signpost to expert mental health sources of help if needed' while just one in five (20%) think that managers are 'confident and competent to spot the early warning signs of poor mental health.' Worryingly, just 22% of organisations train managers to more effectively manage and support people with mental health problems.
- **Not enough open and inclusive working environments to support the effective disclosure of a disability and/or health condition.** For example, in relation to mental health, our *2016 Employee Outlook: Focus on mental health report*[2] surveyed over 2,000 UK employees and found that just over two in five (44%) would feel confident disclosing unmanageable stress or mental health problems to their current employer or manager. While the perceived stigma in relation to mental health can act as a heightened barrier in relation to disclosure, we believe there are similar barriers facing people needing to disclose a wide range of disabilities and/or health conditions.
- **Employers and managers do not make full use of job design and flexible working patterns.** Redesigning work and working patterns based on individual need could help to accommodate both staged returns to work and long-term impairment, but this depends on employees' willingness to disclose their impairments and challenges to management.

> *'It's a big challenge for people to disclose disability. I always encourage people to do so, but I know it's not easy for some people, they are nervous, quite understandably sometimes. Particularly, well not necessarily a small employer, but they just feel that their employer or their manager often doesn't really understand what they've got. Because for that manager, it may well be the first time they've ever been exposed to that particular health scenario. And that's tricky for the manager sometimes.'*
>
> Participant, CIPD London Roundtable

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

There has been a shift in responsibility for people's health and well-being towards enterprises and voluntary action on the part of good employers, which we support. Participants in our Roundtables also emphasised the crucial role played by socially responsible organisations in promoting this agenda.

Supporting people's health and well-being, and fostering disability confident working environments, can bring benefits for people at all levels inside and outside the workplace. Research suggests that a culture of health and well-being, driven by great people management, is good for employees and good for business. It makes the workplace a more productive, attractive and socially responsible place to work. Public policy drivers, such as

an ageing workforce, poor productivity performance and the forthcoming restrictions on employers' ability to recruit talent across the EU mean that creating more inclusive resourcing strategies is becoming an even greater imperative for UK employers. Looking after people's health and well-being and fostering organisations that support and progress people with a disability is also the *right* thing to do in the modern workplace of the 21st century, and that is the core message we promote to our membership.

But what responsibility are employers feeling or assuming for their people's well-being? Our research[1] shows that, despite the enhanced awareness of workplace health issues and the wider promotion of a strong business case for taking action, there remains a stubborn implementation gap for health and well-being initiatives at work. For example, two-thirds (65%) say they are more reactive than proactive in this area, just a third (34%) say health and well-being is taken into account in business decisions, just three in 10 (31%) say health and well-being is on senior leaders' agendas, and just a quarter (26%) say line managers are bought in to its importance

We believe that UK workplaces can play an important role in improving people's health and well-being and supporting people with a disability through a range of activities including:

- health promotion and ill-health prevention activities
- early detection of some ill-health symptoms
- effective reasonable adjustments
- robust policies and practices in areas such as absence management, disability leave, inclusive recruitment, rehabilitation, return to work, etc
- open working environments that support the disclosure of a disability and/or health condition
- training for line managers so that they are competent and confident to manage and support people with a disability and/or health condition
- encouraging lifestyle changes.

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

The barriers to employers using the support currently available

We address this question under our response to question 6 below.

The role a 'one stop shop' could play

CIPD believes that, in principle, establishing a 'one stop shop' could be helpful for employers. The collective view from both our Roundtables of HR practitioners and diversity experts was that it can be confusing to navigate the many sources of disability and health related information, advice and guidance (IAG) already available.

Participants in our Roundtables suggested that active promotion of the one stop shop would be needed rather than a passive online portal. We concur with the Business Disability Forum (BDF) following its own roundtable[3], that*: 'Moreover, the support needs to be grounded in a relationship. It cannot only be trying to find information on your own by looking on a website at case studies or guidance, for example.'* To optimise its effectiveness, a one-stop-shop could also signpost to more personalised and specialist advice; for example, employers could be referred to the Fit for Work and/or Access to Work services if appropriate for occupational health/return to work advice and/or more practical support on reasonable adjustments.

'Because I think a lot of people just struggle with where to find this information. I mean even stuff like things like Access to Work, people don't know where to find that sometimes, and more information on how to use that, or Fit for Work as well. It would be helpful to have it all in one place where you can see what sort of support is available and how to access it.'

Participant, London CIPD Roundtable

'I think it's a really good idea, but I still struggle with it, because I think of how you would provide all that in the one-stop shop, unless you were using different agencies to support that one-stop shop?'

Participant, London CIPD Roundtable

'If there was sufficient training of the one-stop advisers and their role was to signpost to others with significant knowledge that might be helpful.'

Participant, London CIPD Roundtable

There was also a consensus in our Roundtables that a one-stop-shop would need to provide IAG in a format that meets the needs of employers with very different needs and starting points in this area, particularly SMEs. A range of practical help and guidance categorised into clear topic headings based on the employee journey including case studies, toolkits, simple flow charts and signposting links to other sources of advice and support on specific health conditions/disabilities would be helpful.

How government can support the development of effective networks between employers, employees and charities

Effective networks are crucial to exchange learning and encourage a step-change in the behaviour of employers to help halve the disability employment gap by 2020. We have talked elsewhere in this response about the importance of information, advice and guidance (IAG). But we also need in place strong networks to ensure that all employers can be reached and best practice shared. Networks will be particularly useful in supporting SMEs to take an active role; this is a group that is often harder to reach for policy-makers but given their majority share of the labour market, they are vital to achieving a significant increase in the employment of people with a disability and/or health condition.

The UK Commission for Employment and Skills invested in a number of pilots in 2015, demonstrating how successfully sector-based (eg, supply chains) or location-based networks (eg, chambers of commerce) can be used to improve the quality of leadership and management skills. The issue may be different but useful lessons from those trials can still be relevant here and may offer some useful insights on the role of networks.

There are a number of policy levers at the disposal of government on this agenda, as outlined in this response. However, with its influence and reach nationally and regionally we believe that government also has a significant role to play as an enabler of networks, with a number of options available to it at a national and local level.

At the national level, it can convene prime organisations and encourage them to work together, particularly along industry lines. Prime organisations sit in a position of power with respect to their supply chain and can use those relationships to influence employer behaviour, share best practice and encourage action among the traditionally harder-to-reach SMEs.

Also, the one-stop shop mentioned above (p 6) could include links and tips on how employers can spread best practice using their networks. Government could also work with trade and professional bodies to tailor generic IAG, supporting the members of those organisations to take action.

Developing networks at the local level is also very important, particularly for smaller employers; the harder-to-reach SMEs tend to be more connected to local institutions. Government should work with local authorities, Local Enterprise Partnerships, chambers of commerce and large employers to carry out targeted campaigns and provide support at a much more local level.

Finally, in engaging with employers, government should to the extent possible reach out to those employers who are not already exemplars of best practice. Roundtables and similar activities risk becoming talking shops among the enlightened, achieving very little by way of expanding best practice. Using existing local networks and leveraging existing relationships between trusted local institutions and employers could significantly extend the reach of government policies. This includes extending the reach of the Disability Confident Business Leaders group beyond the FTSE 250 (see our response on p 13).

> *'I would also hold up one initiative an example of really good practice…so within the legal sector a number of employers are coming together as organisations to share best practice in these areas, and there is a disabilities network within the legal sector. So us law firms get together on a regular basis, we do in-depth deep dives into particular disabilities or long-term health conditions. And so that is a great way for organisations like ourselves, who are relatively small, with limited resources, and so on, to actually benefit. We're pooling the resource across the sector, if you like, and using those as learning opportunities to improve not only recruitment but also retention.'*
>
> Participant, London CIPD Roundtable

The role of information campaigns to highlight good practices and what they should cover

We believe that there needs to be a major and ongoing publicity and education campaign to raise awareness and encourage a culture of inclusion among employers in relation to the recruitment, development and retention of people with a disability and/or health condition. This needs to be driven by government as the enabler on a national level but made meaningful on a regional and local level using existing and new stakeholder networks and relationships across employment.

Government information, advice and guidance (IAG) for employers
We need high-profile and accessible IAG for employers that challenge the often negative myths and misconceptions associated with disability and reflect a positive narrative in relation to the huge potential of this largely untapped source of talent.

Government should explore opportunities to partner with charities, primary health and occupational health professionals, trade bodies and others like the CIPD to ensure IAG is

available across the very wide spectrum of different health and disability issues. For example, charities dedicated to a specific condition can tailor generic government guidance and provide further information to employers as and when they need it. Similarly trade bodies can translate generic government IAG to specific support on how a particular condition can affect someone in a specific industry. Larger employers might have the resources in-house to individualise support, but for smaller employers more tailored information and guidance will make them more confident to hire, retain and develop individuals with long-term health conditions or disabilities.

Any case studies of best practice produced should be representative of the business base in the UK. They should cover small and large employers alike and represent as many of the main industries as possible. In our experience business listens to business, and employers reading these should feel inspired and be able to discern achievable steps to take them from wherever they are to becoming a good practice employer. Case studies should tell the stories of those that started from a very low base, instead of focusing only on 'superstar' employers.

Finally, and above all else, government needs to dedicate enough resources to any information campaign—it needs to be ongoing and reinforced over the long term in order to build momentum and achieve the cultural shift needed to change behaviour on a sustainable basis at a grassroots level. To really move the dial on the discourse around employing those with a disability and/or long-term health condition, we need significant investment in a campaign that uses multiple channels and networks to disseminate IAG, building on and broadening the work done for the Disability Confident campaign.

We have made some more specific points on how to develop a meaningful business case for employers and how this can be best disseminated by government in collaboration with business below (see p14)

We have also made comments on the merits of having a one-stop shop on p6.

Employer information for employees
Participants at our London Roundtable felt employers should do more to communicate to prospective applicants that they have the resources in place to support those with a long-term health condition and/or disability. The collective view was that organisations need to think about their employer brand and the benefits of being recognised as a good employer in this space.

Careers advice and guidance
One participant explained how they are working with schools to make sure that, from a young age, those with disabilities and long-term health conditions are aware of the opportunities available to them and the steps they need to take to access these.

While employers certainly have a key role to play in ensuring that their recruitment practices are designed in such a way that they are accessible to all, we believe that there is also the need for better quality and more targeted careers advice and guidance in schools in this area. Cultural and societal attitudes around health and disability do not begin with employment and attitudinal change needs to start at the earliest opportunity to have an impact on the expectations of young people entering the labour market as well as those of their peers. Careers advice and guidance—as well as the broader educational culture—should not only highlight the opportunities available but equip *all* young people with the tools and confidence they need to enter the labour market.

The role for government in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles

A 2016 survey by PMI Health Group[4] found that more than a third (37%) of UK workers believe disability is still a barrier to career progression, despite anti-discrimination legislation. So it's absolutely right that government (working with businesses) should consider the *progression*, as well as the recruitment and retention, of disabled people and people with health conditions at work.

There is no single public policy initiative that will accomplish this aim: the core focus for government, as the enabler, should be the effective, well-resourced and high-profile implementation of the many different health and disability friendly initiatives set out in the Green Paper, to encourage employers to build more inclusive, disability confident workplaces. A key challenge for government is achieving a joined-up and mutually reinforcing approach on the part of the many agencies and stakeholders whose work impacts on the workplace health and disability agenda. CIPD therefore welcomes the establishment of the Joint Work and Health Unit as an enabler to achieve more cohesive public policy in this area. We also look forward to the establishment of effective national and localised networks across employment: we need to work together to build momentum on this agenda and achieve a cultural step change in societal and employer attitudes towards people with a health condition or disability.

This will not happen overnight but will only be realised if appropriate and adequately resourced government services are in place to support employers, supported by high-profile national campaigns. The support and services available needs to be tailored to meet the needs of different employers, widely promoted, joined up and responsive. This will require clear signposting and the availability of accessible tools, advice and guidance showing how employers can facilitate the career progression of people with a health condition and/or disability. They will need to share good practice and understand the practical employment strategies they need to put in place, such as:

- high-quality training for line managers so that they are confident and competent to manage people with a disability/health condition and make reasonable adjustments
- a proactive approach to flexibility that enables all roles, including senior-level ones, to be available for job-share
- regular career reviews to discuss career development and potential adjustments as part of a lifelong learning approach that is responsive to fluctuating health/disability conditions.

Personal and professional development is a key area to support the employment and progression of all workers in the labour market, including those with a disability and/or health condition. One recommendation of Baroness Altmann, former Business Champion for Older Workers, was for government to introduce a 'mid-life career review' to help retain and retrain older workers[5]. The CIPD has recommended that this career development tool be introduced for *all* workers, as part of a life-long learning approach. This framework would provide the opportunity for an individualised and supportive discussion that could include health and disability related issues as they may develop over time.

In order to ensure that disabled people and people with health conditions can progress in work, including securing senior roles, government could therefore consider designing and piloting a career review, in the context of a lifelong learning approach, which incorporates clear provision to take account of health and disability considerations as part of employees' wider career progression. Employers would need to monitor the progress and outcomes of such an approach at board level and ensure that it was integrated into its diversity and inclusion strategy and monitoring.

The impact previous financial, or other, incentives have had and the type of incentive that would influence employer behaviour, particularly to create new jobs for disabled people

Providing and promoting a financial incentive for employers to introduce health interventions (beyond the tax relief available through the Fit for Work Service which is set at a ceiling of £500 and available only when people are already likely to have been off sick for at least four weeks) could encourage more employers to take a preventative and positive approach to supporting people's health. Therefore, we recommend that the ceiling is lifted on the tax-relief £500 limit relating to the cost of treatment for an employee recommended by an OH practitioner, and that this tax relief is not restricted to health interventions recommended via the Fit for Work service.

Further, we need to encourage a more preventative approach to people's health and wellbeing as the current approach does not encourage employers to implement health and wellbeing initiatives to help prevent people falling out of work, for example, if an individual experiencing a common mental health problem would benefit from a course of counselling. CIPD's 2016 *Employee Outlook Focus on mental health*[2], for example, found that most people carry on going into work even if they are experiencing a mental health condition.

However, there needs to be careful thought about the design and impact of financial incentives which could be a blunt tool if not thoroughly researched, piloted and evaluated—particularly in relation to how they moderate employer behaviour and succeed in sustaining an appropriate culture and good practice over time. As one participant noted: '*I don't think these generally work. The one area that did work was when Access to Work covered all costs of reasonable adjustments for new employees. However, the scheme was only for the first six weeks in employment and often that wasn't long enough to get the process going*.'

While understanding the motivations behind the initiative, participants in our London Roundtable expressed concern about the 'Small Employer Offer' currently being trialled, whereby SMEs who sustain employees with a disability and/or health condition at work for three months receive £500 'to provide ongoing mentoring and support for employees.' As one senior diversity and inclusion professional commented:

> *'I would be very concerned that the reasoning and the rationale would get lost over time, and the interpretation, I think, would be very difficult to manage in a positive way. Personally, I've never worked in a very small organisation, but what it does call to mind for me is working in a more global organisation with businesses in countries which have previously offered money for the employment of disabled individuals, and how sometimes that encourages the wrong behaviours; individuals are employed but they're put into non-jobs, really.'*
>
> Participant, London CIPD Roundtable

We concur with the Business Disability Forum (BDF) following its own roundtable[3], that the evidence base for showing such an approach works and whether or not it will engender the right attitudes:

> *'Our collective view is that paying employers to retain people with health conditions and disabilities undermines the (correct) view that all people with health conditions and disabilities are just as trained and capable as anyone else. It is not coherent.'*
>
> Business Disability Forum Roundtable

There could be more effective ways of providing support—for example, the BDF refers to the funding of adjustments for small businesses or providing access to free training. Participants in our London Roundtable agreed there could be scope for scaling up the financial incentives available to employers who provide ongoing mentoring and support accessed via Access to Work. If there was more extensive funding available for an actual mentoring or similar service via Access to Work, for example, it could be a more sustainable way of incentivising and supporting employers to recruit and retain people with a disability and/or health condition.

Any other measures you think would increase the recruitment and retention of disabled people and people with health conditions?

Employers have a vital role in promoting employee well-being, but their health and well-being activities will be most effective if supported by wider, joined-up action by government and other stakeholders. Crucially, employers need **greater awareness and understanding of disability** and how to manage/support people with a disability and/or long-term health condition. The disability employment gap will only close when employers and managers are confident in this area.

There are a number of organisational measures that employers need to implement to increase the recruitment and retention of disabled people and people with health conditions. Aside from the ones already set out in our response, some of the key ones include:

- **A robust organisational framework of health and disability related policies and support:** this will provide the bedrock for encouraging a positive and open culture; employers should understand their legal obligations under the Equality Act in managing disability, and making reasonable adjustments when necessary. This needs to include a proactive and supportive approach to managing absence including a disability leave policy that differentiates between sickness and disability absence. A **condition management plan** or 'wellbeing action plan' developed by the individual, can empower the individual to manage their health and/or disability in partnership with their manager.

- **Training for line managers:** managers need to be equipped with the confidence and competence to manage people with a health condition and/or disability, and spot early warning signs of ill health. Training is vital to ensure that managers have the knowledge and interpersonal skills required to implement relevant policies and support, and have sensitive and supportive conversations with individuals where appropriate. Line managers are not medical experts, but can develop an understanding of someone's condition and how it impacts on them and their ability to perform their role at certain times.

- **Creating a healthy and disability inclusive culture:** this requires commitment from senior leaders and managers. Employers need to develop a working environment that fosters diversity and does not tolerate bias towards people with a disability and/or health condition, even if it is unconscious. Training, education and awareness-raising for managers and employees can help, and employers need to identify who in the organisation has influence and can act as a change agent, ie individuals who understand the issues, are good communicators, can connect with colleagues and make them sit up and take notice. These people can help drive cultural change.

- **Supporting a climate of disclosure:** Creating an open culture around health and disability issues is the first fundamental step in fostering an environment where

people feel comfortable to disclose: if individuals don't disclose their condition, they will not receive any organisational support. Many employers are aware of their need to act on health issues but many feel ill-equipped to do so, with disclosure often seen as the biggest barrier, creating a vicious circle for both employees and employers.

- **Tailoring solutions to suit individual need:** while it is important that employers' policies to support people's health are implemented fairly and consistently across the organisation, it is also important to remember that different individuals can experience the same health condition and/or disability in very different ways. Therefore, employers should develop a strong case management approach to managing people's health and/or disability and base their support on individual need. This should include application of a proactive flexible working policy enabling individuals with a health condition and/or disability to flex their hours and responsibilities to suit any fluctuating health needs.

- **A preventative approach:** employers need to implement a holistic approach to health and well-being that is preventative and proactive, as well as reactive with a focus on rehabilitation back to work. Their approach should promote good physical health, good lifestyle choices and good mental health, as well as taking on board the importance of 'good work' in enhancing employee well-being.

4. Should there be a different approach for different sized organisations and different sectors?

We understand the Green Paper's concern to give special consideration to how SME businesses can be encouraged to invest in health and well-being. Smaller organisations are more likely to lack the HR, diversity and occupational health expertise and wider resources, compared with larger organsiations. As CIPD research[1] finds, this can translate into less robust policies and practices in relation to health and well-being in smaller workplaces. However, the collective view at our CIPD Birmingham Branch Roundtable was that, while larger organisations have more resources and expertise, the flip side is that smaller employers are more likely to have strong relationships at an informal level which can help to enhance the retention of people who become ill and/or develop a disability.

More outreach work is needed on the part of government to support the challenges facing SMEs (where the majority of UK employees are based) and communicate a convincing business case outlining the need to take action on health and well-being. We believe that the business case needs to be made more relevant and tangible to meet the needs of employers of different sizes operating in different sectors. A 'business case' will be persuasive only if it is relevant and based on the unique needs and desired outcomes for the employer in question, including smaller employers. Case studies showcasing how smaller employers have tackled health and well-being and disability related challenges, and have benefited from investing in this area need to be communicated to similar-sized organisations.

The CIPD therefore welcomes the commitment to extending the role of the public sector as an exemplar to help drive better practice and investment in the recruitment, retention and progression of people with a disability and/or health condition. This should be translated locally through public sector organisations' influence in communities and local businesses. We also welcome the intention to use procurement as a lever to encourage better practice through supply chains which could be implemented across both public and private sectors. Particular efforts need to be made to reach the SME sector and encourage effective action

via third party intermediaries who already have established relationships with smaller organisations, for example accountancy professional bodies such as ACCA and other bodies representing the SME sector such as chambers of commerce and the FSB.

Participants at both of the CIPD Roundtables underlined the need for government-provided information, advice and guidance to be flexible and offered in an accessible format that meets the needs of employers who are at a range of different starting points for developing healthy and inclusive, and disability confident, working practices. They also felt that the establishment of a Disability Confident Business Leaders Group in the FTSE 250 needed to be broadened to reach the SME sector.

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

We need to consider how we boost *demand* from employers to develop more diverse and inclusive resourcing practices to attract, recruit, retain and progress people with health conditions and/or a disability. It is not enough to develop supply-side strategies. Progress will not happen overnight but needs to accelerate considerably if there is to be a quantifiable shift in culture and attitudes to halve the disability employment gap by 2020.

CIPD research[1] has found that the growing recognition of the importance of workplace health and well-being has not been matched by consistent and comprehensive action on the part of many employers. Most report that operational demands take precedence, senior leaders have not bought into its importance and the vast majority are reactive rather than proactive. As many employers are still not prioritising the health of their workforces, we need to look seriously at how the 'business case' is articulated and communicated.

The business case to convince employers of the potential benefits of employing disabled people has been around for some time but is clearly not having the required traction across workplaces. It should not focus on the bottom line alone but spell out the ethical and reputational benefits. It also needs to be more concrete and relevant. For example, widening employers' access to skills and talent is a well-established element of the 'business case' but this should be more concretely articulated as a growing and urgent strategic imperative in view of factors such as the ageing workforce and employers being far less likely to be able to tap into EU migrant labour following Brexit.

A business case will not resonate with employers if it is communicated only at a 'macro' level —ie the 'global' cost of sickness absence or even the national challenge of the ageing workforce (as set out in the Green Paper). The evidence needs to be researched and presented for how these wider trends will affect different industries, regions and employers at a more micro level.

For employers to be motivated to act on the business case, it needs to:

- be multi-faceted and grounded in evidence
- be flexible and built on the understanding that different levers will need to be developed to motivate different employers to take action
- be communicated in such a way that it is perceived by employers of all sizes and capability (eg if they have no HR or OH or D&I expertise) to be achievable
- spell out the risks of not acting as well as the potential and tangible benefits of taking action
- highlight good practice and link to practical 'how to' advice, using employers in a 'story-telling' approach to make the case to other employers, thereby creating momentum
- be communicated in a consistent, inspiring and high-profile way using the range of

trusted stakeholders and channels, eg by scaling up the campaign work carried out by Disability Confident and greater involvement of employers already engaged in this agenda.

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

We focus in our response on the two key schemes referred to in the Green Paper: Disability Confident and Access to Work (our comments on Fit for Work and the Small Employer Offer are covered elsewhere in our response).

Disability Confident

We welcome the three-level structure to the scheme and its extension to retention as well as recruitment practices. There was consensus in our London Roundtable that, in principle, it covers the right issues and offers a simple and accessible framework for employers of all shapes and sizes to improve their confidence and competence in recruiting and developing people with a disability.

However, some concern was expressed in our London Roundtable that the scheme does not yet have the profile or credibility needed to encourage a step change in how employers recruit and retain people with a disability. We echo the concerns of the Business Disability Forum[3]; for example, that while Disability Confident 'can be a useful first step for employers', the information and advice provided on the website isn't built around the employer journey and it doesn't distinguish between good and poor quality because self-reporting that an employer has a workplace adjustment process doesn't mean it's a good example of one.

Further, as evidenced by the insights from both our Roundtables, we believe that awareness of the scheme is very low. As one diversity and inclusion expert commented: '*This is currently invisible. We had one meeting with staff on it when it first came out but now I do not hear anything about it from employers and I have heard the same from my colleagues in other charities*.' Therefore, there needs to be much greater promotion of Disability Confident by government as part of a well-funded national campaign, in collaboration with employers, and relevant special interest group and stakeholders. This should include clear guidance on its key features, what the three tiers mean in practice and how participation will help employers to further their business and diversity goals.

> *'I feel that it's not yet widely recognised enough by applicants. So even if you say, "We're Disability Confident" on your application site, not a lot of people are encouraged to actually disclose as they aren't confident that you're Disability Confident, and I think more needs to be done around how Disability Confident is marketed to potential employees and applicants.'*
>
> Participant, CIPD London Roundtable

Disability Confident Business Leaders Group

We also asked our Roundtable participants about their views on the Government's plans to set up a 'Disability Confident Business Leaders Group' who will work alongside ministers and officials to increase employer engagement around disabled employment, starting with FTSE 250 companies.

While welcoming any initiative that encourages very large private sector companies to lead by example, we have some reservations (also expressed by our Roundtable participants) about simply trying to mirror the approach of the Women on Boards FTSE work. The Lord Davies review, now the Hampton-Alexander Review, focuses on using voluntary and business-led targets to improve gender balance at the very top of organisations but halving the disability employment gap requires a much greater 'whole organisation' approach to building diverse and inclusive recruitment and retention practices.

> *'I think we all probably acknowledge the benefits of such an approach as the Women on Boards, obviously there have been some successes, but I think actually this could be an opportunity to do things a little bit differently and learning from some of the feedback and experience as a result of the whole Women on Boards initiative. And one of the key learnings that keep coming out of any of those approaches is that actually there continues to be a big gap, a gulf in some cases, between those big senior leaders that get on some of the leadership groups, and the practical implementation—so translating that into some action in the organisation. So if we're starting from a blank sheet of paper, I would have started with more of the more middle-manager group.'*
>
> Participant, CIPD London Roundtable

We would welcome more information on what action is intended to accompany the Disability Confident Business Leaders Group, for example will FTSE 250 companies use procurement to cascade good practice via their supply chains; otherwise we are not confident there will be an automatic transfer of 'good practice' beyond the FTSE 250.

Our London Roundtable participants also expressed concern that disabled people should be closely involved in this Disability Confident Business Leaders Group, if they are not already, in order to develop appropriate and credible aims and action plans, bringing their experience to bear on what is likely to work on a practical level. Further, many participants in both our Roundtables also felt that this initiative would need to be broadened to include a wider field of employers, including the SME sector.

> *'I do hope they've got a mix of people who are disabled on, and with different types of disability, because they can add to the practical experience.'*
>
> Participant, CIPD London Roundtable

Access to Work

> *'A wonderful concept but too much red tape'*
>
> Participant, CIPD Birmingham Branch Roundtable

CIPD believes that Access to Work is an important scheme, a view broadly supported by our Roundtables, as well as by the APPG MS report on *Supporting people with MS in the workplace*[6], to which the CIPD gave evidence: '*Access to Work provides an example of how important support to retain employment can be for people with MS. Many respondents felt that the support from the service was what enabled them to do their job*.' (Seventy-two per cent of people with MS were satisfied with the support they received from Access to Work[6].)

However, aspects of the scheme received mixed reviews among our panels of HR and diversity and disability experts. Described in one of our Roundtables as 'a best-kept secret', its lack of awareness among jobseekers, employees and employers alike is seen as a major barrier to fulfilling its potential, a view supported by the APPG MS report. Barriers to its use also reflect some of the findings of the APPG MS report, including having to pay upfront for adjustments and wait for reimbursement (a particular problem for SMEs in the view of our panels), a complicated application process and eligibility requirements on the part of the employer. Further, there is no requirement on the employer to implement the scheme's recommendations for adjustments.

> *'Access to Work needs to be run more efficiently. We've got examples where we get people into a job and they need the adjustments on day one, and then we actually apply for Access to Work on their behalf, and weeks go by before you get any kind of response'*
>
> Participant, CIPD London Roundtable

Likewise, many participants in our Roundtables said it can be helpful for advising on and funding reasonable adjustments but it's thought to be too slow, overly bureaucratic, and inflexible. Some previous users of the scheme said that they had not been able to access the specialist knowledge of particular types of disability through advisers at Access to Work, forcing them to find other sources of expert advice. Other reported that, since the funding thresholds had changed, it was more cost-effective to provide the equipment or other adjustments themselves rather than via Access to Work.

> *'When it comes to [Access to Work advisers] giving the recommendations, there's little support on implementing those recommendations… and I think there could be more done on how Access to Work supports employers in implementing those recommendations.'*
>
> Participant, CIPD London Roundtable

In 2015/16 Access to Work supported over 36,000 disabled people but as 1.3 million disabled people could be seeking work it was broadly felt to be only scratching the service. CIPD is of the view that Access to Work as a concept has tremendous value and potential, but that it needs to be reviewed and made more high-profile, flexible and responsive, with much greater promotion of its potential benefits for employers. Some participants also thought that there is more scope for the service to more effectively support people with a disability who are already in employment.

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

CIPD[1] research shows a wide range of action on the part of employers to promote health and well-being and support people to return to work after a period of sickness absence, for example:

- Just 8% of employers are not currently taking any action to improve employee health and well-being.

- Nearly half of respondents (46%) report that their organisation's focus on well-being has increased compared with the previous year and just 3% say it has decreased.

- Nearly three-quarters (74%) of organisations offer some sort of health promotion benefit, the top three being access to a counselling service (56% of employers); an employee assistance programme (52%); and advice on healthy eating (34%).

- Over a quarter of respondents report that absence management is currently among their top three greatest people management priorities.

- The main approaches used to manage long-term absence are: return-to-work interviews (69%); occupational health involvement (61%); sickness absence information given to line managers (57%); trigger mechanisms to review attendance (55%); flexible working (53%); changes to working patterns or environment (51%); risk assessment to aid return to work (49%); line managers take primary responsibility for managing absence (43%); and employee assistance programmes (40%).

- Stress remains the most-common cause of long-term sickness absence, and just over three-fifths of organisations (63%) are taking steps to identify and reduce it, using a range of methods such as staff surveys, flexible working options, improved work-life balance and risk assessments/stress audits.

- A third (34%) of organisations have a policy that covers mental health (public sector employers are twice as likely to have one), and a further 12% are developing a policy.

- Most organisations, particularly those in the public and non-profit sectors, are taking some action to promote good mental health and/or support employees with mental health problems. Among those taking action, the main types of support are: flexible working options (52% of employers); an employee assistance programme (47%); a counselling service (43%); greater involvement of occupational health specialists (32%); increasing awareness of mental health issues across the workforce (31%); and training for line managers in this area (22%).

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

Changing the SSP system so that SSP can be paid on a part-time basis to encourage a phased return to work where appropriate

As part of CIPD's Labour Market Outlook survey (weighted and representative of the UK business population) administered by YouGov in December 2016, we asked 1,051 senior HR professionals about their views on potential changes to Statutory Sick Pay (SSP) as set out in the Green Paper. Of the 685 respondents who answered the question, 'to what extent do you support or oppose changing the SSP system so that SSP can be paid on a part-time basis to encourage a phased return to work where appropriate?' three in four HR professionals (75%) said they either 'support' (54%) or 'strongly support' (21%) the change. A further 16% said they neither support nor oppose the change, while just 7% oppose or strongly oppose the change (3% didn't know).

This finding indicates that, in principle, this change to SSP would be welcome and could have the potential to support a more effective return to work on the part of individuals who

are off sick. The professionals who took part in our Birmingham Branch Roundtable also, in principle, supported changing SSP to support phased returns where employees could return on part-time hours and not be worse off financially. However, they were mindful of the potential administrative implications for HR and payroll departments arising from this change, as any complications arising from its implementation could impact on the willingness of employers in practice to promote a phased return to work to those on sick leave.

It was felt that any new SSP system would need to be flexible and allow SSP to be paid to an individual on a sliding scale depending on how many days they returned to work, even though this could be more complex for HR/payroll systems to administer. Some concern was expressed about the administrative complexity of implementing such a change, but it was felt that this challenge was outweighed by the potential benefits of facilitating a more effective return to work.

Changing the SSP system to mandate regular contact and supportive conversations between the employer and employee who is off work with ill health

In our survey we asked 681 HR professionals, 'to what extent do you support or oppose changing the SSP system to mandate regular contact and supportive conversations between the employer and employee who is off work with ill health, to agree steps that can be taken to support employees back into work'. The majority (73%) said they support the change. A further 15% said they neither support nor oppose the change, while just 9% oppose or strongly oppose the change (2% didn't know).

The senior HR and diversity professionals who took part in our London Roundtable agreed, in principle, that there should of course be in contact with an employee who is off work with ill health, and noted that this already happens in a number of organisations that have in place good sickness absence management and rehabilitation policies. Some participants expressed concern that, if such a mandated approach was not implemented within a culture and framework that positively supports people's health and well-being and trains line managers to have sensitive and supportive conversations with employees who are ill and off work, introducing a compliance-based approach could have unintended consequences. As one Roundtable participant commented: "This is good practice already…I think it should be encouraged but I am not sure that making it mandatory will mean it is done well.'

Most organisations represented at our Birmingham CIPD Branch Roundtable raised questions about how a mandatory approach could be enforced in practice; for example, would there be penalties for the individual and/or employer if an absent employee didn't want to engage during their period of sickness absence? However, there was consensus that allowing someone not to engage with the organisation during their sick leave in the first place was a bigger problem that the employer had to tackle as it limited the amount of support an organisation could provide.

However, the collective view was that this is an area where HR can make a difference and create the right culture around health management and sickness absence, so that the individual perceives contact as a supportive measure and line managers feel comfortable and competent to have the right kind of conversations with absent employees. Therefore, to be successful, mandating contact between employer and absent employee would need to be introduced:

- within an organisational culture that has a positive and supportive approach to health and well-being
- in the context of a robust rehabilitation framework including an expert and positive approach to making appropriate adjustments to encourage effective return to work
- as part of a training programme for line managers so that they are equipped to have

sensitive and supportive conversations with people who are off sick.

Several participants highlighted the effectiveness of a 'health passport' system if an employee has a long-term, fluctuating health condition. This approach can be empowering for the individual and can be used to communicate the individual's health and attendance issues over time.

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

Group risk benefits are a useful tool to manage and mitigate the risks associated with employing people. The CIPD believes that the insurance sector could potentially play a bigger role in supporting the recruitment and retention of disabled people and people with health conditions, if more employers were encouraged to participate in group risk insurance policies and use them as an integral part of their absence management and rehabilitation framework. Taking out health-related group risk insurance policies provides a benefit that can be highly valued by employees, as well as access to a wide range of extra support at relatively low expense.

However, employers are not legally obliged to extend provision of insured protection products beyond age 65 (currently) or the State Pension Age (as this increases to 66, 67, 68 and beyond). Given the urgent need for employers to develop health and well-being policies that meet the needs of an increasingly ageing workforce and the heightened risk of acquiring some health conditions and disabilities with age, this would need to be addressed as part of any proposal to introduce more cohesive coverage of insurance protection products in workplaces.

We have found that group risk benefits can be highly valued by employees as they provide financial protection for employees and their families, yet they can be relatively inexpensive for employers compared with some other components of the typical benefits package.

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

The 2016 CIPD Absence Management annual survey report[1] found that, as in previous years, three-fifths of organisations offer some sort of insurance or protection initiatives, at least to some groups of staff, with 12% of employers offering group income protection insurance to all staff. As the table below shows, these are considerably more common in the private sector and therefore there is a question, not only about the barriers and opportunities for employers of *different sizes* adopting insurance products for their staff, but for employers in *different sectors*—both of which are facing significant budgetary constraints in the current economic climate.

Insurance/protection initiatives provided by employers (% of respondents)					
Private medical insurance					
	All	**Manufacturing & production**	**Private sector services**	**Public services**	**Non-profit sector**
All employees	21	20	32	6	12
Depends on	26	43	32	10	11

seniority/grade					
Healthcare cash plans					
All employees	20	26	19	10	30
Depends on seniority/grade	3	5	4	3	1
Long-term disability/permanent health insurance/income protection					
All employees	15	13	22	7	3
Depends on seniority/grade	7	10	9	3	3
Group income protection					
All employees	12	11	19	2	3
Depends on seniority/grade	6	9	7	2	2
Self-funded health plans/healthcare trust					
All employees	9	6	11	10	7
Depends on seniority/grade	3	2	5	2	1
Personal accident insurance					
All employees	9	11	12	4	5
Depends on seniority/grade	7	5	11	5	2
Critical illness insurance					
All employees	9	9	13	3	2
Depends on seniority/grade	7	9	10	3	3
Base: 805 HR professionals Source: CIPD/Simplyhealth 2016 Absence Management 2016					

Exploring the views and motivations of employers is vital to understanding the barriers and opportunities to their potentially wider take up of health-related insurance products. Therefore, as part of CIPD's Labour Market Outlook survey administered by YouGov, in December 2016 we asked around 680 senior HR professionals about group income protection insurance. Among this sample (weighted and representative of the UK business population), 15% of organisations offer it for all employees, 10% for some employees depending on seniority and 3% only for some employees depending on occupation/location. Well over half (56%) don't offer it and are not considering offering it, but 6% are considering offering it to staff. Not surprisingly, far fewer smaller organisations offer it to all employees: 5% of employers with 1-249 employees compared with 22% of those with 250-plus employees.

Further, 43% of respondents agreed that their organisation believes that 'providing a financial safety net for employees in the event of ill health is 'the right thing to do' (15% disagreed, 32% neither agreed nor disagreed and 10% didn't know), but for those organisations with 1-249 employees, 34% agree with this statement compared with 50% of larger organisations with 250-plus employees.

Over half (54%) agreed that group income protection insurance 'would be a valuable benefit

to help employees manage the risk and impact of ill health (24% neither agreed nor disagreed and just 14% disagreed). There was not quite the same level of consensus over whether or not this type of benefit would help respondents' organisation to facilitate a more effective return to work for employees on sick leave: 39% agreed that it would, 24% disagreed and 28% neither agreed not disagreed.

However, our research shows that both cost and the associated administrative burden of operating such insurance scheme are significant obstacles to their wider take up by employers, particularly for smaller employers in the case of cost.

Overall, well over half (55%) agreed that 'offering group income protection insurance would be too costly to introduce in my organisation for all employees' (13% disagreed, 19% neither agreed nor disagreed and 13% didn't know). For organisations with 1-249 employees, 64% agreed with this statement compared with 49% of organisations with 250-plus employees.

Almost half (49%) of all organisations agreed that 'the administrative burden associated with providing health insurance products for employees is a major barrier to their introduction' (18% disagreed, 24% neither agreed nor disagreed and 9% didn't know).

Therefore, serious consideration needs to be made as to how health insurance products, such as group income protection insurance, could be provided on a basis that minimised the financial and administrative burden to employers. Given the more severe financial constraints typically experienced by SMEs, we welcome the Green Paper's announcement that the Government is working with the insurance industry to develop group income protection insurance products for smaller employers, and think it's a good idea in principle for smaller employers to pool resources to buy existing products as a collective.

Further, employers need to understand what accompanies a group risk policy (for example, employee assistance programmes, vocational rehabilitation, fast-track access to CBT, counselling, etc), and when and how to use these elements. These factors merit equal consideration along with price and core protection, and need to be taken into account in any proposal to broaden the use of insurance protection products by employers.

CHAPTER 5 – Supporting employment through health and high quality care for all

11. Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?

We believe that satisfaction levels with the fit note's effectiveness have not increased significantly since its introduction. If it continues in its current approach, further training and guidance for GPs is needed in areas such as understanding the work environments of patients and the relationship between health and work, including recognition of work being a positive clinical outcome. We're sure you're aware of the 2015 DWP survey[9], which found that GPs' use of the fit note varied significantly within and between practices, including the use of the 'may be fit for work taking account of the following advice' option, the provision of return-to-work advice and indicating the need for reassessment at the end of the fit note period.

A 2015 survey by the Engineering Employers Federation (EEF)[10] revealed that less than a quarter (22%) of employers said fit notes had helped them to facilitate earlier returns to work.

It found that insufficient training on the use of fit notes for GPs and other medical professionals, as well as a lack of collaboration with employers, was hampering them from being used effectively. Almost half (47%) of respondents believed that the advice given by GPs on employees' fitness for work in 2014 had deteriorated, and only 17% felt it had got better. Further research carried out with GPs could help to understand the barriers preventing currently impeding effective operation of the fit note.

This perspective was supported by participants in the CIPD Roundtables we held to inform this response; while it 'remains a good concept', the consensus was that the fit note is falling far short of its intended potential; in most of these HR practitioners' experience, very few GPs are ticking the 'may be fit for work taking account of the following advice' box. As one participant noted: '*We find that just the advice given on a fit note is very general, because there isn't the knowledge there to give those specifics, and so in that way it's not entirely helpful.'*

Most participants reported a lack of effective communication between employers and medical professionals to support a phased return to work and suitable adjustments. For example, one HR professional of a very large employer commented that the organisation 'had really struggled with it' and that 'line managers continue to treat the fit note more as a sick note.'

> *'The trouble is, GPs don't understand the workplace, so it's very difficult for them. I had conversations with my GP when the fit note came out and she was struggling to know how to manage it. I mean, she thought it was a great idea, but she had to really go and always visit the place where people worked to understand what advice she could practically give to an individual who was off sick from that organisation. Well, they haven't got the time or the energy to do that.'*
>
> Participant, CIPD London Roundtable

> *'The medical and therapeutic communities have been thinking quite a lot about this, and it goes to this issue, is good work a clinical outcome? And if it is, what are the implications of that? Because if it is, then GPs' training and exams need to reflect that, whereas at the moment, they don't, and it's not in the exams of the Royal Colleges or anything like that. So currently a GP thinks of someone getting better, not getting back to work, and that underlies it.'*
>
> Participant, CIPD London Roundtable

The collective view among HR professionals in our Birmingham Branch Roundtable was that 'there's a big education piece for GPs' around the fit note, but that the 10 minutes allowed for a patient consultation is probably not sufficient to assess someone's medical and work-related situation. It was felt that many GPs also lack occupational health experience and in-depth knowledge of a patient's work situation in order to be able to make appropriate suggestions for a return-to-work on a 'may be fit' basis. Our panels were therefore broadly supportive of the Green Paper's proposal to allow other allied healthcare professionals such as physiotherapists to sign fit notes as it was felt there is too much reliance on GPs.

Another suggestion was for employers to supply the GP with work-related information about the individual's role and work situation and willingness to make adjustments, to help the GP to make more informed decisions about the basis on which an individual could return to work. One participant commented that the 'missing link' in the fit note system is a 'work

assessor', someone who can combine work and medical information and make informed judgments about an individual's readiness to return to work.

However, many of our participants were of the view that the fit note *'needs a wider overhaul and review of its design. For example, the "may be fit" box is buried and not easy to find.'* Therefore, we welcome the Government's intention to undertake a more in-depth review of how the fit note operates, and look forward to supplying more detailed comments from our community of HR professionals if the opportunity arises.

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

According to the CIPD Absence Management annual survey[1] (a survey of 1,091 HR professionals) just over two-thirds (69%) of respondents have heard of the Fit for Work service (although nearly a third of survey respondents did not answer this question so this figure may overestimate awareness of the service). Respondents from small organisations (less than 50 employees) were least likely to have heard of the Fit for Work service (50% of these organisations compared with 75% of organisations with 50-249 employees; 74% of those with 250-999 employees; 68% of those with 1,000-4,999 employees and 72% of those with 5,000 employees or more). Therefore, our findings indicate a need to increase awareness of the service among small organisations in particular.

Our findings also suggest that uptake of both types of service offered by Fit for Work (free, expert and impartial work-related health advice via a website and telephone line and referral to an occupational health professional for employees who have been, or who are likely to be, off sick for four weeks or more) remains limited, even among those who have heard of the service. Just 9% (of those organisations which had heard of Fit for Work) report they have used the service advice line.

One in ten (of those who had heard of the service) have had employees referred to the service (3% by their GP, 6% by the organisation and 1% by both their GP and the organisation) for a work-related health assessment. Of these organisations which had had an employee referred to the service, the vast majority (87%) had had less than a quarter of employees on long-term sick leave referred to the service.

However, among those organisations that have taken advantage of the Fit for Work service feedback is generally positive. Almost all respondents (97%) report that when their organisation had discussed referring an employee on long-term sick leave to the Fit for Work service for an assessment, in most cases the employee had agreed to the referral. Also, more than half (52%) say the service was helpful in supporting employees' return to work (just 17% said it was not helpful; a further 31% said it was neither helpful nor unhelpful).

'I think it needs more promotion.'

Participant, London CIPD Roundtable

'I think it needs more resources, probably.'

Participant, London CIPD Roundtable

These findings suggest that there is considerable scope to promote better awareness and uptake of the Fit for Work service, as well as more targeted guidance for employers on how to benefit from its use. However, it is still relatively early days (since employers were able to make referrals) for the new service to become fully embedded across workplaces.

We understand the current communications strategy of the FFWS to target those sectors with the highest sickness absence rates, but CIPD evidence shows that **small employers also need to be a high-priority target group**. It is crucial that government provides adequate and ongoing guidance and support for GPs and employers to increase understanding and take up. We believe there is scope to further explore the potential of using third party intermediaries as a bridge to reach SMEs, for example, accountancy professional bodies and HMRC with whom SMEs have to have regular contact.

The principle behind the new service—providing OH advice to a far greater range of organisations than were previously able to access it—remains a progressive step. However, consideration should be given to making some design changes to the service to improve take up. For example, **shortening the referral period** for employers could be one step, as waiting for an employee to be (or likely to be) off sick for four weeks could already make it harder to provide the appropriate health-related support and facilitate an individual's effective return to work. It is likely that many employers are in need of appropriate return-to-work guidance and support in the earlier stages of an employees' sickness absence.

Another possible reform could involve **changing the current limit on just one referral to the service per employee per year.** The rigidity of the current approach doesn't meet the needs of people with fluctuating chronic health conditions, which are likely to rise with the ageing population. Mental ill health experienced by employees can be fluctuating, for example. Further, an individual could experience more than one type of ill health episode within a 12-month period and require more than one return-to-work plan. Being able to tap into a service that they have tried and tested could significantly enhance use of Fit for Work by employers and build up repeat demand.

'The evidence, such as it is, from my OH background, is that once people have gone over four weeks it's much, much more difficult to get them back into work.'

Participant, London CIPD Roundtable

'This service delivery and the timelines associated with it are absolutely key… So if we're trying to encourage our people to want to use some of these services and to see them as being value-add services, they automatically expect this responsiveness and they want to know what's the service delivery agreement, and it has to be efficient and it has to be seen to deliver within certain timeframes. So, four weeks here, another couple of weeks before you get another part of it delivered, all of that just erodes any trust or value that will be felt to get people to use the service and it's just not going to happen.'

Participant, London CIPD Roundtable

We also believe that there is scope for the Fit for Work Service to provide more preventative and targeted occupational health advice, as well as support and guidance in relation to reasonable adjustments, for certain sectors, employee groups and occupations. For example, it could link up with other services such as Access to Work and develop a more specialist and tailored offering to help employers to manage the health risks of older workers and the support their need to stay in or return to work.

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About the CIPD

The CIPD is the professional body for HR and people development. The not-for-profit organisation champions better work and working lives and has been setting the benchmark for excellence in people and organisation development for more than 100 years. It has over 140,000 members across the world, provides thought leadership through independent research on the world of work, and offers professional training and accreditation for those working in HR and learning and development.

Our membership base is wide, with 60% of our members working in private sector services and manufacturing, 33% working in the public sector and 7% in the not-for-profit sector. In addition, 76% of the FTSE 100 companies have CIPD members at director level.

Public policy at the CIPD draws on our extensive research and thought leadership, practical advice and guidance, along with the experience and expertise of our diverse membership, to inform and shape debate, government policy and legislation for the benefit of employees and employers, to improve best practice in the workplace, to promote high standards of work and to represent the interests of our members at the highest level.