



A new deal for welfare: Empowering people to work

IOSH response to the DWP
Green Paper on Welfare Reform

Consultation
response
21.04.06

About IOSH

Founded in 1945, the Institution of Occupational Safety and Health (IOSH) has over 29,000 individual members, is Europe's largest occupational safety and health (OSH) professional body and has strong OSH links worldwide, with members in over 50 other countries. Incorporated by Royal Charter, a registered charity and international NGO, IOSH is the guardian of OSH standards of competence in the UK and provider of professional development and awareness training courses. The Institution regulates and steers the profession, maintaining standards and providing impartial, authoritative, free guidance on OSH issues. Regularly consulted by government departments and other bodies on OSH issues, IOSH is the founding member and secretariat to UK, European and International professional body networks. The Institution also has a research and development fund, which is helping to establish and develop the evidence-base for OSH policy and practice and is closing knowledge gaps in this area.

IOSH has 25 Branches in the UK and worldwide including the Caribbean, Hong Kong and the Republic of Ireland. We have 15 special interest groups covering the following employment sectors and topic areas: communications and media; construction; consultancy; education; environment; fire risk management; food and drink; healthcare; international; offshore; public services; railways; retail and distribution; rural industries; and safety sciences. IOSH members work at both strategic and operational levels across all employment sectors and our vision is:

“A world of work which is safe, healthy and sustainable”

In compiling this response, the opinions of representatives of membership groups were considered. The initial IOSH position was balloted to: the Board of Trustees (11 members); the Council of Management (47 members); the Technical Committee (12 members); and the Groups management Sub-Committee (16 members), building on the evidence submitted to the Work and Pension Committee Inquiry “Incapacity Benefit and Pathways to Work”.

Summary

IOSH believes a ‘sea-change’ in thinking is required if the government is to achieve its objectives as outlined in *‘A new deal for welfare: Empowering people to work’*. The IOSH consultation response calls for:

- Workplaces to be more “worker friendly”, with better monitoring and prevention of long term health problems
- Better provision of health support in the workplace, so that problems, when they arise, are recognised early and people can return to work quickly
- Doctors, nurses, health and safety practitioners and HR professionals to work together to ensure that illness or disability does not mean permanent absence from the workforce, and
- Better information and incentives for employers to take back employees who have been ill or become disabled back

Among the points covered in the IOSH response are:

- Those entering the workplace for the first time, returning after long absence, or embarking on a change of occupation, should be given adequate safety and health awareness training
- There are currently only a few thousand specialist occupational health doctors and nurses in the UK. With training, we believe that an additional 10,000 health and safety practitioners can play an active role in preventing ill health, recommending early intervention and facilitating return to work. We believe the government should fund this training as part of its reforms.
- Most doctors receive little training in occupational health. We believe this must change, or the government's aim of increasing the numbers of workers retained or supported back into work, will fail. We have recommended to the Royal College of General Practitioners practical ways of improving doctors' understanding of the health needs of the working age population, including changes to the curriculum and workplace visits.
- Employers must be given incentives to rehabilitate workers who have been on long-term sick leave. We believe the information on current incentives is confusing and that the tax system must be amended so that employees are not taxed on health support they get from their employers
- For any reform to be effective, we believe that leadership is vital. For that reason, we believe there is a need for company directors to have clear duties in relation to the health of their employees, and that this should be supported by an Approved Code of Practice and revised guidance from the HSE. We also call for the mandatory implementation of the Operating and Financial Review, which would require companies (where appropriate) to report on their workplace health performance.

For further information about IOSH, its members and its work, please visit our website at www.iosh.co.uk

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1. Introduction

IOSH recognises the value to people's health and well being that well managed work can bring. We note the government's increased focus on workplace health issues and its aim of improving access to advice and support, rehabilitation, return to work programmes and early interventions, as outlined in this Green Paper on proposed welfare reforms '*A new deal for welfare: Empowering people to work*'¹.

In our response, we take the opportunity to highlight the key role of OSH practitioners in supporting employers and workers, helping to prevent injury and illness occurring in the first place and where it does occur, helping to 'bridge the gap' between absence and a safe return to work, as part of a co-ordinated multidisciplinary approach.

Recommending a 'sea-change', we draw attention to the need for much increased national occupational health service provision and leadership, more 'worker-friendly workplaces' and appropriate OSH awareness training for those entering or re-entering the workplace. We outline some important IOSH work in the OH arena and call for government-funded training for practitioners² in order to create the 'critical mass' needed to better achieve the inclusive and diverse workforce that the Green Paper is seeking.

We respond to the consultation question on giving the right incentives to employers to provide increased health support to their workforce. As well as promoting the business case and possible insurance benefits, we suggest there should be clearer information for employers on financial support available when employing people with disabilities and a review of the tax rules for employees receiving employer assistance for treatment. We also advocate the introduction of enforceable directors' duties for health and safety, supported by improved guidance, and making the Operating and Financial Review mandatory, which would include occupational health performance reporting as appropriate.

2. The role of occupational safety and health practitioners

OSH practitioners help to protect and improve the health and safety of workers and can give advice on absence management, reasonable adjustments and flexible working arrangements, helping those who have been ill or injured to remain in / return to or join the workforce as appropriate. Working closely with employers and workers, they advise on practical solutions to prevent people being made ill or injured by work, especially those most at risk, such as young, inexperienced or older workers, expectant mothers, migrant workers and people with disabilities and special needs. They are also involved in promoting health, communicating and sharing important health improvement messages, covering issues such as stress management, smoking cessation, fitness and healthy eating.

To support those with illness or disability seeking to remain in / return to or join the workforce, we believe a co-ordinated multidisciplinary approach is needed to 'bridge the gap'. This would involve workers, GPs, managers, human resource officers, employment advisers, OSH practitioners, occupational health nurses and physicians and others. As the government's proposals to support people on incapacity benefit back into work and to

¹ In February 2006, IOSH also submitted evidence to the Work and Pension Committee Inquiry "Incapacity Benefit and Pathways to Work"

² The term 'practitioner' is used generically to include relevant healthcare, OH and OSH professionals, as appropriate to need.

increase the number of older workers in the workplace take effect, we believe OSH practitioners could also help provide mentoring or advocacy, assisting new entrants to settle safely into new working environments.

However, with 35 million days lost last year to work-related injury and ill health and 2 million people suffering from an illness they believe was caused or made worse by work, we think a fundamental 'sea-change' is needed in how well the country manages its workplaces. Everyone needs to pull in the same direction: government, employers, professionals, advisers and workers. As a nation, we must ensure that everyone understands how to protect and improve health, and emphasise the message that good health and safety really is good business and that 'worker-friendly' workplaces are productive and mutually beneficial. Competent advice is essential, as is a flexible and sensible approach to adapting workplaces and work arrangements to meet the needs of an ageing workforce, those managing illness, disability or caring roles and also, the needs of employers.

3. National occupational health provision

We support the government's intention to tackle the enormous challenge of occupational health. Although we hope that extending *Pathways to Work* nationally and introducing the *Workplace Health Connect* scheme will go some way to improving access to occupational health services, we believe long-term planning, resourcing and leadership is necessary. Research ³ indicates only 15% of UK firms employ OH support (such as hazard identification, risk management, and provision of information) and that applying a wider definition (to include modifying work activities, providing training on OH-related issues, measuring workplace hazards and monitoring health trends) only 3% of UK firms do so. We believe it is vital for other support sources to be made more widely available. *Constructing Better Health*, a construction industry-led OH support pilot facilitated by the Health and Safety Commission / Executive, provides a central access point for free OH services to construction firms within the Leicestershire region. Early reports show a positive impact and we look forward to the project's evaluation, so lessons can be drawn regarding possible future delivery of similar services to other sectors, and on a national basis.

We note that the Department of Work and Pensions and Department of Health are soon to jointly appoint a National Director of Occupational Health and look forward to working with the new Director. We hope this appointment will help ensure the effective implementation of the *Health, Work and Wellbeing* strategy and help improve the leadership, profile, resourcing and co-ordination of occupational health across the country.

Training at all levels will be a key issue. We believe it is essential that those entering the workplace for the first time, returning after a long-term absence, or embarking on a change of occupation, be given adequate OSH awareness training before entering the workplace. IOSH emphasised the importance of this and discussed it in more detail in our response to the government's White Paper consultation, *21st Century Skills: Realising our potential* (2003) ⁴. We also call on the government to fund training for practitioners on absence management, return-to-work programmes, rehabilitation and reasonable adjustments, in order to create a 'critical mass' of

³ The Institute of Occupational Medicine report *Survey of Use of Occupational Health Support* (RR445/2002) commissioned for the HSE

⁴ For the full IOSH response see the archive section, September 2003, at: www.iosh.co.uk/condocs

practitioners ⁵ to support these aspects of the Welfare Reforms. While many professionals such as OH doctors and nurses, as well as healthcare and human resource personnel, may already be appropriately trained in this area, there are only a few thousand specialist occupational health doctors and nurses available in the system and we believe an overall training-needs assessment will be necessary. The core competence training for OSH practitioners, in addition to safety management, includes basic OH knowledge and ergonomics and some have specialist training in this area, however, we estimate that around 10,000 OSH practitioners could benefit from a focussed one-day training course. We would welcome the opportunity of contributing to the development of a suitable course, in consultation with our OH colleagues, and to helping arrange piloting. It should be noted that with over 29,000 members, IOSH greatly outnumbers the total membership of all the other OSH professional bodies put together and that therefore our members are more prevalent in workplaces throughout the UK and are potentially well positioned to make a difference.

In respect to mental health provision, we are concerned that the former Downing Street adviser, Lord Layard reports ⁶ “The least impressive feature is the poor quality of treatment for the majority of clients who suffer from depression and anxiety disorders. This failure is reflected in the ever-rising numbers of mentally ill people on incapacity benefits. If we did more for these people, the economic return and financial savings could be substantial.” He suggests that in order to provide the therapy needed an additional 10,000 trained therapists are required. IOSH believes that if the almost 40% of incapacity benefit claimants suffering mental illness are to be adequately treated and supported back into work, the lack of mental health provision needs to be properly addressed.

IOSH has long-called for increased national OH support and has been actively engaged in developing this area for a number of years, with examples including:

- a) Web-based OH Toolkits: we recently ran a successful workshop for OSH professionals in support of the government’s ‘*Health, Work and Well being*’ strategy, to explore how to facilitate early non-medical interventions and multidisciplinary working. This is a pioneering concept – initiated, led and funded by IOSH – in which all the major UK OSH professional bodies are collaborating to produce web-based OH toolkits. The purpose of these will be to provide essential information for non-medical OSH practitioners on key OH issues, such as musculoskeletal disorders, stress, inhalation hazards and skin disorders. The emphasis will be on preventing occupational ill health, on early recognition of problems, and on appropriate interventions. Further information about our research and development activities is available on the IOSH website ⁷.
- b) GP Training: earlier this year we responded to the Royal College of General Practitioners’ consultation on the revision of the GP curriculum ⁸, recommending inclusion of adequate OH training for all trainee GPs. In addition to suggesting a new section covering ‘Care of working age people’, we also advocated integrating OH throughout the GP curriculum. We proposed that trainee GPs could benefit greatly from visits to a variety of work environments and organisations providing OH support, in order to gain practical understanding of

⁵ The term ‘practitioner’ is used generically to include relevant healthcare, OH and OSH professionals, as appropriate to need.

⁶ Mental Health: Britain’s biggest social problem?, 2004, Richard Layard, www.strategy.gov.uk/downloads/files/mh_layard.pdf

⁷ IOSH Research and Development Fund webpages, at: www.iosh.co.uk/researchanddevfund05

⁸ For the full IOSH response see the archive section, January 2006, at: www.iosh.co.uk/condocs

workplace health hazards and to discuss controls and interventions with OSH practitioners, employers and employees. We expressed our willingness to explore with RCGP how OH teaching could best be delivered to GPs, including helping arrange workplace visits and possible speakers.

- c) IOSH Support for SMEs: we are keen to engage and support small- and medium-sized enterprises and have provided free health and safety resources for them, including:
- i. Safestartup: this is a special interactive website ⁹ and leaflet, devoted to providing user-friendly health, safety and environmental information for start-ups and small businesses. Users are guided through the basic requirements of registering a business, insurance, writing a health and safety policy, risk assessment (including fire), reporting accidents and provision of welfare arrangements. In addition to this general information the website allows users to access occupation specific information on hazards and controls for almost 50 different jobs, for example: builder, café owner, gardener, hairdresser and many more. The site also provides for Northern Ireland and the Republic of Ireland. The supporting leaflet gives a brief overview of the main issues that businesses need to consider, plus useful sources of further information and has been distributed to business start-ups and small firms via Companies House, the Princes Trust, Business Link and HSE.
 - ii. Risk Management Toolkit for SMEs: IOSH has produced this freely downloadable toolkit ¹⁰, designed to provide practical tools and easy-to-follow information on the risks facing today's businesses. The toolkit helps organisations to gauge their current risk management status and helps them to identify and focus on areas for improvement. It contains booklets covering risk management basics, vulnerability analysis and personnel risk management. There is also a series of work and information cards, helping users implement particular areas of risk management, including OSH. The toolkit is available in Dutch, English, Finnish, French, German, and Swedish, with partners in the Czech Republic and Russia currently working on translations.
- d) Worker Safety Advisers Challenge Fund: we have provided significant support to this three-year government initiative, with two of our senior staff serving as members of the fund's management board. We have contributed to the development of the scheme's governance and administrative processes, the evaluation of applications and the monitoring and mentoring of projects. By sponsoring worker safety advisers (WSA), this initiative aims to help small firms to engage their employees in OSH management. IOSH has provided free training and technical enquiry line access to appointed WSAs, in order to assist them in their work.
- e) Workplace Health Connect: as the professional body and guardian of competence standards for OSH practitioners, we were consulted by HSE on the competence requirements for the various levels of service offered by advisers involved in the '*Workplace Health Connect*' (WHC) initiative. Throughout the recruitment process for establishing the WHC services, IOSH was pleased to provide information and confirmation of equivalent qualifications as requested. Additionally, for the WHC level three 'specialist support' services, we offer free access to our 1,000 licensed IOSH Training Providers, and to the IOSH Register of Health and

⁹ To access the interactive website, visit: www.safestartup.org

¹⁰ To view and download the free IOSH toolkit go to 'small business toolkits' at: www.iosh.co.uk/techguide

Safety Consultants, listing over 300 advisers. We were also invited to suggest a possible organisational structure for the continued delivery of the WHC programme nationally over the long-term.

- f) Research: we are in our fifth year of co-sponsoring research by the British Occupational Health Research Foundation (BOHRF) into key OH issues and have contributed a total of £75,000 to this important work so far. An example was the 2004 research review *Occupational Asthma: Identification, Management and Prevention: Evidence Based Review and Guidelines*. The findings, including a full evidence review report and separate summaries for: GPs and practice-based nurses; employers, workers and their representatives; and OH professionals, are all freely downloadable from the BOHRF website. IOSH distributed hard copies of the leaflets via our network of Branches. More recently, in 2005, an evidence review on *Workplace interventions for people with common mental health problems* was completed and recommendations made. The full report and summary leaflets for employers and employees and for health professionals are available as free downloads from the BOHRF website and once again, hard copies of the leaflets have been distributed through the IOSH Branch network.
- g) OH Support for Teachers: government, teacher unions and organisations such as the Teacher Support Network (TSN) provide various measures to tackle workplace stress in schools. However, to date there has been little co-ordination to share good practice and resources and provide a fully integrated stress reduction programme in schools. In order to help remedy this, in 2005, IOSH hosted a ground-breaking one-day event with TSN, bringing together representatives from HSE, Worklife Support, teacher unions, OSH practitioners and colleges. The aims were to: identify challenges in addressing teacher stress and improving wellbeing; explore ways to work together to support teachers affected by stress; discuss preventative measures that schools and individuals can take before issues become damaging; and seek ways to create a healthy school environment and minimise the causes of stress. The seminar was very successful and an account of the outcomes, the *School Wellbeing Report*¹¹, has now been published by TSN. Among the recommendations is that IOSH and TSN will work together to map the provision of local authority support services and promote this widely to teachers. Such communication is vital – a 2004 study¹² estimated that in Scotland, almost three-quarters of teachers were unaware that OH services were available to them via their employer.
- h) Smoke-free Workplaces: IOSH has consistently advocated a total and prompt ban on smoking in enclosed public places and workplaces across the UK, in order to protect workers health and called for this in our response to the Department of Health consultation *Smoke-free Elements of the Health Improvement and Protection Bill*, in 2005¹³. Ahead of the total smoking ban in Scotland, we helped raise awareness by using the IOSH website homepage to ‘countdown’ to the ban, highlighting statements by GPs on behalf of their patients (from BMA) and providing a free IOSH guide *A Breath of Fresh Air: introducing a smoke-free policy at work*¹⁴, which has already been downloaded over 1,300 times. IOSH continues to press for an earlier ban and for smoke-free workplaces across the rest of the UK.

¹¹ School Wellbeing Report, 2006, TSN: http://www.teachersupport.info/upload/TeacherSupport/documents/wellbeing_report.pdf

¹² The Teacher Health and Wellbeing Study Scotland, 2004, NHS Health Scotland:
<http://www.hebs.com/researchcentre/pdf/RE045Final0203.pdf>

¹³ For the full IOSH response see the archive section, September 2005, at: www.iosh.co.uk/condocs

¹⁴ A Breath of Fresh Air: introducing a smoke-free policy at work, 2006, IOSH at www.iosh.co.uk/techguide

- i) Shift Work Sleep Disorder: together with a variety of health professionals and researchers, IOSH recently took part in a workshop *Wising Up to Shift Work: Working Group* to explore developing a toolkit for addressing shift work sleep disorder. The workshop agreed to develop a toolkit for healthcare professionals, non-medical professionals, employers and shift workers, to help prevent the possible adverse health and safety effects associated with shift working. The toolkit will also facilitate early diagnosis and 'sleep hygiene' treatment and management.
- j) Stress Management: we contributed in 2000 to the content of the HSE stress management guidance for managers and employees. We subsequently helped in the development of the HSE stress management standards, attending early workshops, examining the key aspects of demands; control; support; relationships; role; and change. In 2002, IOSH also helped the Health Education Board for Scotland (HEBS) / Health and Safety Authority (Republic of Ireland) to distribute 4,000 of their *Work Positive* organisational stress assessment tool. IOSH trialled the tool at our head office and provided user-feedback on the questionnaire design, later used to update the tool in line with the HSE stress management standards.
- k) Health and well being in the workplace: in 2002, IOSH co-sponsored the Institute of Directors' (IoD) guide *Health and Wellbeing in the Workplace: managing health, safety and wellbeing at work to boost business performance*, covering health risk management, sickness absence management and rehabilitation. We also contributed two chapters of the guide and distributing free hard copies to our members.
- l) Securing Health Together (SH2): our members have actively participated in SH2, the government's long-term occupational health strategy, as representatives on all five Programme Action Groups (PAG): compliance; continuous improvement; knowledge; skills; and support (totalling 22 members). IOSH members contributed to the 2003 PAG reports: *A model for Continuous Improvement in OH and OSH Culture*; and *A Vision for Health, Safety and Rehabilitation Support in Work for Great Britain*. In the first of these reports, the improvement process is compared to an 'escalator', with those organisations deemed excellent in OSH management (at the top) developing new or improved methods. The model proposes that this best practice is then cascaded over time to those lower down the escalator seeking to improve, thereby gradually raising the overall standard nationally. In the second report, the foundation concepts for a national support delivery service, later to become *Workplace Health Connect*, were originally formulated.
- m) IOSH OH Guide: in 2001, in support of SH2 and to encourage a stronger multidisciplinary approach and more IOSH members to engage in OH issues, we produced a free short guide *Professionals in partnership* (PiP)¹⁵, sign-posting useful sources of OH information. The guide was supported by the HSE SH2 team, as well as by professional bodies representing OH nurses, doctors, hygienists and ergonomists. IOSH distributed 2,500 hard copies of the guide to the then Technician Safety Practitioner category of members and in order to gauge efficacy, also conducted a 'before and after' survey which indicated a positive self-perceived effect on levels of involvement in OH issues. The PiP initiative was registered as an SH2 project, a report posted on their website and a paper published in the *Occupational Health Review* journal. The

¹⁵ Professionals in Partnership, guidance on occupational health, 2003, IOSH, at: www.iosh.co.uk/techguide

development of the guide and details of the study were also presented at the International Commission on Occupational Health, 2003 Congress, Iguassu Falls, Brazil.

- n) IOSH CPD Course in OH: continuing professional development is an integral part of practitioner membership and IOSH offers courses ¹⁶ on a wide range of occupational health issues, including work-related stress; conflict management; ergonomics; musculoskeletal disorders (including from manual handling and computer use); respiratory and skin diseases; hazardous substance risk assessment; hand-arm vibration; and noise, asbestos and Legionella management. While these courses are designed primarily for OSH practitioners, they are also open to all those with the relevant knowledge.
- o) OSH Networks: IOSH has been instrumental in establishing a number of key national and international 'umbrella groups' for occupational safety and health professional organisations (POOSH, ENSHPO and INSHPO ¹⁷) to provide forums for sharing best practice. In the UK, we helped set-up and act as secretariat for the POOSH group, which involves all the main OSH professional bodies. We also helped found and provide the secretariat to ENSHPO and INSHPO; the former has 15 member countries from across Europe so far and the latter, for which we also provide the presidency, currently has 7 member organisations worldwide, including from: Australia; Canada; New Zealand; and the USA. Additionally, IOSH is a member of International Commission on Occupational Health and an Affiliate of the Asia Pacific Occupational Safety and Health Organisation; one of only five afforded this status from outside the Pacific Rim.

4. Incentives for employers to provide health support

- a) The following are suggested as a means of helping employers to understand and access available financial support for employing and rehabilitating people with temporary or permanent disabilities:
 - i. To support choice in appropriate treatment options, we suggest that where employers are prepared to give financial assistance (in the form of a limited cash sum) to employees seeking private treatment (e.g. physiotherapy) for non work-related injuries, the employee should not be required to pay tax on this, as is currently the case. We feel that this is short-sighted and that provided receipts are obtained and submitted, such transactions should not penalise the employee, who is, after all, trying to improve their health and maintain their employability.
 - ii. To encourage more people to make use of appropriate tax relief, we believe the HSE information sheet 'Tax rules and the purchase of occupational health support' (2004), could perhaps be retitled 'Tax and NIC relief on adjustments, services and equipment provided for workers with disabilities', to give a better idea of its content.
 - iii. To clarify eligibility on capital allowances, we think it would be helpful if the HSE information sheet on tax could explain why only 'qualifying hotels' (which requires definition) and industrial or agricultural

¹⁶ For full range of IOSH courses see: www.iosh.co.uk/pdprogramme

¹⁷ POOSH = Professional Organisations in Occupational Safety and Health, UK; ENSHPO = European Network of Safety and Health Practitioner Organisations; INSHPO = International Network of Safety and Health Practitioner Organisations

buildings are eligible for capital allowances for money an employer spends on the fabric of the building e.g. fitting ramps or widening a doorway, and not other places of employment.

- iv. To help communication on financial support, we suggest the HSE 'tax rules sheet' should cross-refer to the Jobcentre Plus section of the DWP website, on 'Access to Work' grants and vice versa.
- b) In addition to publicising the 'good health is good business' message and any possible insurance premium benefits, the following are suggested as legal and business drivers to encourage the increased provision of health support:
- i. Introduction of enforceable directors' health and safety duties, supported by practical guidance and an approved code of practice. IOSH is currently working in partnership with the IoD, HSE and others to produce improved guidance in this area
 - ii. Introduction of mandatory Operating and Financial Review, requiring appropriate inclusion of occupational health performance reporting