Fixing sick Britain: getting people back to work through good occupational health and safety

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Foreword

The UK is grappling with record levels of work-related ill-health. This is damaging both economic growth and individual livelihoods. Yet instances of work-related ill-health and diseases can be prevented. Coupled with this, too many people are being kept out of the labour market by long-term health conditions, while businesses face rising costs and economic impacts from reduced productivity and staff shortages.

Worklessness and ill-health are closely linked, with long-term health conditions increasingly driving people out of the labour market. Strengthening occupational safety and health (OSH) systems and building occupational health (OH) capacity can help to reverse this trend.

A robust OSH framework includes both occupational safety and occupational health provision and capacity. Strong OSH and OH capacity will mean the right awareness, skills and competencies exist within the framework. A national OSH framework includes having policies, action plans, enforcement and prevention cultures in place, with skilled and competent professionals using data systems and driving positive workplace conditions and working practices that prevent harm and reduce health and safety risks.

At the workplace level, we need robust health and safety management systems that drive prevention of harm and protection of workers. Within this system, when we reference the 'health' of the worker, it means both physical and mental. So provision should be in place to promote health and wellbeing, which includes mental health and the management of psychosocial risks. By prioritising prevention-first approaches, workplaces can become active contributors to healthier communities and society rather than sources of harm.

OH capacity building and provision can help drive opportunities and improvements within the health system, as well as harness the positive role that workplaces can play in prevention and health promotion. Having a strong OH service can help to prevent ill-health, promote good health and provide early intervention and rehabilitation, support recovery, and, importantly, support people to return to work and keep people in work. Yet access to such services remains limited, uneven, and often reserved for those in larger employers or higher-paid roles.

The Government has launched its Keep Britain Working Review. This has highlighted the urgency of the challenge, making clear that tackling health-related worklessness is essential to boosting participation and productivity. Against this backdrop, IOSH has brought together a group of organisations from across health and wellbeing to set out how they believe the UK's OSH and OH systems can be strengthened. Each contribution offers a different perspective – from reforming funding models to supporting small businesses. Yet all are united by a shared recognition that rethinking health at work is vital to fixing Britain's sickness problem.

Kelly Nicoll CFIOSH, President, Institution of Occupational Safety and Health, September 2025

How occupational safety and health and occupational health can fix sick Britain

Institution of Occupational Safety and Health

Executive summary

Workplaces and their performance are vital to the UK economy. The provision of good work, robust occupational safety and health (OSH) and occupational health (OH) are essential for keeping them operating.

Yet both of these disciplines are underutilised in tackling the country's rising levels of ill-health and economic inactivity. Work-related ill-health now affects more than 1.7 million people within Great Britain, with poor worker health estimated to cost employers up to £150 billion annually through sickness absence, lost productivity and recruitment costs. At the same time, more than 2.8 million working-age adults are economically inactive owing to long-term sickness – the highest on record.

Despite the scale of the challenge, access to OH services in the UK remains limited and uneven. Only around 45 per cent of workers have access to OH, with provision largely concentrated in large employers and higher-paid roles. Only 18 per cent of small employers provide some OH support. Gig and platform workers and the self-employed are least likely to benefit, despite facing the same work-related health and safety risks.

The UK has also yet to ratify International Labour Organization (ILO) Convention 161 on OH services, leaving our provision behind many European comparators such as France and Italy, where access is mandatory and embedded in labour market systems. In 2022, following a landmark decision, the ILO recognised a safe and healthy working environment as a fundamental principle and right at work and recognised two OSH conventions as fundamental. The UK is still to ratify one of these conventions, Convention 155 – Occupational Safety and Health Convention. Ratifying this convention would demonstrate the UK's commitment to safe and healthy working environments and signal its intention to strengthen national OSH policy and standards.

It's therefore time for a culture shift. We need investment in principles of prevention with a focus on stopping harm before it occurs. Workplaces and OSH are key enablers for prevention-first strategies, for managing health and safety, and for embedding principles of good OSH. The IOSH principles of good OSH focus on prevention, the rights of workers, ethical values, collaboration, accountability, commitment, evidence-driven risk mitigation, learning and improvement, and rehabilitation. These should be applied within workplace OSH management systems (which is a proportionate, structured framework for ensuring safe and healthy workplaces) and as part of OSH and OH capacity-building, alongside universal access to OH for all workers.

Robust OSH management and OH can prevent work-related injury and ill-health through proactive risk management and control strategies, and OH can provide early intervention and rehabilitation, and support people with long-term health conditions to stay in or return to work as well as providing statutory provisions such as health surveillance. OSH plays a key role in preventing and managing psychosocial risks and mental health issues, preventing musculoskeletal disorders, and embedding policies to support employees going through the menopause – three of the leading causes of sickness absence. OH provision also supports these activities through

health promotion activity, fitness for work and pre-employment health screening, through reasonable adjustments and the provision of other support services, with both disciplines working collaboratively together, within a robust framework.

Beyond individual health, safety and wellbeing, principles of good OSH within businesses, coupled with robust OSH management and with a stronger OH system, would reduce demand on the NHS, improve productivity and help address the UK's persistently high rates of sickness-related worklessness.

The Keep Britain Working Review was launched by the UK Government to investigate the causes of rising economic inactivity linked to long-term sickness. It is examining the barriers that keep people out of work, including poor health, limited access to OH, and labour market challenges. The review aims to inform policies that can help more people stay in or return to work, reduce pressure on the NHS, and strengthen productivity across the economy.

The review began with a discovery phase to understand the drivers of rising economic inactivity and ill-health, the role of skills and qualifications, and how employers support disabled people and those with health conditions in practice. The second phase will develop practical recommendations for employers and Government, covering recruitment, retention, prevention, early intervention, return to work, and skills.

IOSH believes a key part of that solution will be good OSH management and the provision of OH services. We need to lead with prevention-first approaches and have them at the heart of management systems to prevent and manage hazards and risks in the workplace, with the right awareness, training, and skills for managers and workers, and make sure that there is universal access to OH services for all workers.

IOSH commissioned YouGov to survey 1,100 workers to find out more about their experiences. Among the key findings were:

- Only half of workers (48 per cent) believe that their employer views mental health as seriously as physical health in the workplace.
- Only two in five workers (40 per cent) believe that their employer provides mental health and wellbeing training/support for their managers.
- Yet 70 per cent felt that mental health training for managers should be mandatory for all businesses.
- Three in five workers (62 per cent) felt that employees in small businesses are less likely to get the support they need for mental or physical health issues compared with workers in large organisations.
- Nearly three-quarters of workers (73 per cent) felt there should be universal OH services in everyone's local area, independent of work.
- Three-quarters of workers (75 per cent) felt that workers should be able to refer themselves to occupational health services without going through their employer.

Sick Britain: a workforce under strain

Britain is facing a health crisis that is damaging lives, businesses and the wider economy. Poor health and safety in the workplace harms people directly. But its effects ripple much further, from the harm to those individuals to affecting their families, friends and colleagues, communities, businesses, the NHS and the country's long-term prosperity.

In 2023-24, 1.7 million workers were reported to be suffering from work-related ill-health.[1] Alongside this, an estimated 33.7 million working days were lost to work-related illness or injury.[2] These figures relate to ill-health that is caused or made worse by work, so we have a chance to prevent these before they occur. At this stage, when the harm has already occurred, this is a large number of people needing NHS

1 HSE, Work-related ill-health and occupational disease in Great Britain, 2025. www.hse.gov.uk/statistics/causdis/overview.htm

2 HSE, Key figures for Great Britain (2023/24), 2025. www.hse.gov.uk/statistics/overview.htm

services and requiring support to return to work and to stay in and thrive at work. We also know that the longer people are out of work, the less likely they are to return.

For those with long-term health conditions, the barriers are particularly stark. Between 2014 and 2023, just three per cent of people with work-limiting health conditions who had been out of work for more than a year managed to move back into employment annually.[3] In 2023, less than half (48 per cent) of people with a work-limiting condition were in work, compared with 82 per cent of those without such conditions.[4] Research has shown that the onset of sickness increases the risk of people leaving their role by up to 112 per cent and impacts annual earned income by up to £2,200.[5]

The scale of this disparity highlights how Britain's sickness problem is driving inequality in the labour market and holding back economic growth. The economic costs are vast. The Health and Safety Executive (HSE) estimates the cost of workplace injury and new cases of work-related ill-health at £21.6 billion (2022-23).[6] It was estimated in 2023 that the total economic cost of lost output among working-age people owing to ill-health is around £150 billion per annum, equivalent to seven per cent of GDP. [7]

The wider labour market is already showing the strain. One in 10 people of working age are now claiming a sickness or disability benefit. [8] The Government has argued that without reform, this is set to more than double this decade to 4.3 million.[9] In addition, Government spending on working-age disability and incapacity benefits has risen to £20 billion since the Covid-19 pandemic and is projected to reach £70 billion a year by the end of the current Parliament.[10] Yet a 2023 study estimated that the cost to Government, in terms of lost tax income, benefits payments and costs to the NHS, is already around £70 billion or £1,000 per person.[11]

These figures paint a clear picture that Britain's sickness rates are not just about ill-health. They represent a systemic failure to prevent harm, intervene early and support people to stay in or return to work. Imagine the benefits we could unlock by shifting the focus away from dealing reactively with the after-effects and moving towards a prevention-first approach that is proactive and prevents harm before it occurs and promotes better workplace health and principles of good health and safety.

When IOSH members were surveyed ahead of the General Election in 2024, 89 per cent agreed

3 The Health Foundation, Action for healthier working lives: final report of the Commission for Healthier Working Lives, March 2025. www.health.org.uk/sites/default/files/upload/publications/2025/Action%20for%20healthier%20working%20lives.pdf
4 The Health Foundation, Action for healthier working lives: final report of the Commission for Healthier Working Lives, March 2025. www.health.org.uk/sites/default/files/upload/publications/2025/Action%20for%20healthier%20working%20lives.pdf
5 IPPR, Healthy industry, prosperous economy, 2024. www.ippr.org/articles/healthy-industry-prosperous-economy
6 HSE, Key figures for Great Britain (2023/24), 2025. www.hse.gov.uk/statistics/overview.htm
7 Oxera, The economic cost of ill-health among the working-age population. Prepared for The Times, 2023. www.oxera.com/wp-content/uploads/2023/01/230116_The-Economic-Cost-of-Ill-Health-Among-the-Working-Age-Population.pdf
8 DWP, Welfare bill will protect the most vulnerable and help households with income boost, 2025. www.gov.uk/government/news/welfare-bill-will-protect-the-most-vulnerable-and-help-households-with-income-boost#:~:text=Spending%20on%20working%20age%20disability,%C2%A370%20billion%20a%20year
9 DWP, Welfare bill will protect the most vulnerable and help households with income boost, 2025. www.gov.uk/government/news/welfare-bill-will-protect-the-most-vulnerable-and-help-households-with-income-boost#:~:text=Spending%20on%20working%20age%20disability,%C2%A370%20billion%20a%20year
10 DWP, Welfare bill will protect the most vulnerable and help households with income boost, 2025. www.gov.uk/government/news/welfare-bill-will-protect-the-most-vulnerable-and-help-households-with-income-boost#:~:text=Spending%20on%20working%20age%20disability,%C2%A370%20billion%20a%20year
11 Oxera, The economic cost of ill-health among the working-age population. Prepared for The Times, 2023. www.oxera.com/wp-content/uploads/2023/01/230116_The-Economic-Cost-of-Ill-Health-Among-the-Working-Age-Population.pdf

that the Government should focus on preventing illness and improving occupational health.[12]

Britain's mental health challenge

Mental health has become one of the most pressing issues facing the modern workforce. Rising levels of stress, anxiety and depression are not confined to certain sectors or age groups, with 776,000 workers suffering from these conditions.[13]

Work-related stress and psychosocial hazards and risks cut across industries and occupations, affecting people at every stage of their working lives, impacting people's health both physically and mentally. The HSE defines work-related stress as 'the adverse reaction people have to excessive pressures or other types of demand placed on them', adding that, by its very nature, stress is multi-causal.[14] The combination of work-related risk factors, life events and external factors, along with broader societal and economic pressures, is contributing to challenges in maintaining good mental wellbeing, which highlights the need for holistic and integrated health and wellbeing strategies and approaches across health pathways.

Before the pandemic (in 2019), 2,500 people a month were awarded personal independence payments (PIPs) for anxiety and depression as their main condition. This more than tripled to 8,200 a month in 2023.[15]

It has been estimated that workers' poor mental health costs UK employers £51 billion a year.[16] This translates into greater challenges in how employers prevent harm, design and provide good work and safe and healthy working environments, support staff to stay in work, whilst retaining talent and sustaining productivity.

Yet mental health at work is not just about managing absence or responding when problems become acute. It is about creating workplace cultures and working environments that prevent harm that could be caused or made worse by work, protect health and wellbeing, and support people to thrive. This requires a shift towards prevention-first strategies, with employers actively identifying and addressing psychosocial hazards and risks, such as unmanageable workloads and demands, poor job design, violence and aggression at work, lack of support, etc. All need to be embedded within workplace OSH management systems which strive for continual improvements.

Control strategies must include primary, secondary and tertiary interventions, with a comprehensive strategy needing all three levels to be integrated (e.g. with policy and prevention, training and awareness as well as recovery and support). Research has found that for every £1 spent on supporting the mental health and wellbeing of their workforce, employers get (on average) about £4.70 back in increased productivity.[17]

Many workers clearly don't feel employers are switched on to this. IOSH's YouGov survey of 1,100 workers found that only four in 10 believe their employer views mental health as seriously as physical health in the workplace.

Robust OSH management systems are needed. OSH practitioners can play a fundamental role in this and are pivotal in creating better and more aligned workplace policies that incorporate different aspects of mental health and wellbeing into OSH management systems (which includes supporting culture, work design, and safe work environment and conditions). Part of

12 IOSH, Safer, healthier, happier: protecting workers to rebuild our economy, 2024. read.iosh.com/manifesto/working-it-out/#top
13 HSE, Key figures for Great Britain (2023/24), 2024. www.hse.gov.uk/statistics/overview.htm
14 HSE, Work-related stress and how to manage it. www.hse.gov.uk/stress/overview.htm
15 DWP, Welfare bill will protect the most vulnerable and help households with income boost, 2025. www.gov.uk/government/news/welfare-bill-will-protect-the-most-vulnerable-and-help-households-with-income-boost#:~:text=Spending%20on%20working%20age%20disability,%C2%A370%20billion%20a%20year
16 Deloitte, Mental health and employers: the case for employers to invest in supporting working parents and a mentally healthy workplace, 2024, Deloitte Mental Health Research, 2023. www.deloitte.com/uk/en/about/press-room/poor-mental-health-costs-uk-employers-51-billion-a-year-for-employees.html
17 Deloitte, Mental health and employers: the case for employers to invest in supporting working parents and a mentally healthy workplace, 2024, Deloitte Mental Health Research, 2023. www.deloitte.com/uk/en/about/press-room/poor-mental-health-costs-uk-employers-51-billion-a-year-for-employees.html

the required capacity-building is also for OH provision for workers.

The provision of an OH service will support prevention strategies, and provide health promotion, early intervention, tailored advice and rehabilitation support. It can help people stay in work or return more quickly after a period of absence for ill-health or injury and can support workers with long-term medical conditions and/or disability.

IOSH advocates for embedding mental health into OSH management systems, as this will also ensure that it is treated with the same priority as physical health, and supports the adoption of a holistic, prevention-first approach (i.e. for mitigating psychosocial risks).

The challenge is to ensure that employers, especially small and medium-sized enterprises (SMEs), have access to the guidance, tools and services they need to embed principles of good OSH. They need to ensure that work is 'good work', meaning it is safe, healthy and sustainable and accommodates people's needs. Building capacity in both OSH and OH for SMEs, strengthening links between the health and work agendas, and ensuring cross-Government coordination are all essential steps. In doing so, mental health can move from being seen as an individual problem to being addressed as a systemic issue, with collective solutions that benefit workers, businesses and society.

Work in progress: young people

Young people are our future generation of workers. We must ensure that they have the right skills – including health and safety awareness and capacity – to undertake their role, and that they know their rights, and are supported at work.

Yet, for young people, the world of work is becoming increasingly complex and uncertain. The transition from education to employment has never been straightforward, but today's younger generation faces a unique set of challenges that risk leaving them at a disadvantage compared with previous generations. Rising rates of mental health difficulties, the growth of insecure and precarious employment, and the long-term effects of the pandemic on education and training pathways all contribute to this picture.

Mental health stands out as a particular area of concern. Evidence shows that rates of anxiety, depression and stress-related disorders among teenagers and young adults have risen sharply in recent years. NHS England reported in 2023 that 23.3 per cent of 17- to 19-year-olds in England had a probable mental disorder, which was an increase from 17 per cent in 2021 and 10 per cent in 2017. Among 20- to 25-year-olds, 21.7 per cent had a probable mental disorder in 2023.[18]

For those entering the workplace, this can translate into difficulties in sustaining employment, reduced confidence, and the risk of becoming trapped in a cycle of insecure jobs and unemployment. Workplaces that lack the skills, resources and awareness to respond effectively to these needs may unintentionally compound the problem, leaving young people disengaged and unsupported. Young workers are disproportionately likely to be in lower-paid jobs (36.1 per cent of employees aged 16 to 21 were on low pay[19]) and in temporary or zero-hours roles and are often in sectors with weaker health and safety protections and with limited access to OH services.

Low-paid roles with limited OSH and OH support increases young people's exposure to workplace risks but also restricts their opportunities to access the kind of early intervention and support

18 NHS England, Mental health of children and young people in England 2023 report, 2023. digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up

19 ONS, Low and high pay in the UK: 2024, 2024. www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/lowandhighpayuk/2024#:~:text=Also%2C%20the%20employees%20more%20likely,with%202.8%25%20of%20men

that could prevent ill-health from developing in the first place. Good OSH principles and practice within the workplace will provide a framework that seeks to prevent injury and ill-health and promote health and wellbeing. In practice, this creates a system that supports good work and job and workplace design, which in turn supports all workers – including young workers – to start work and remain in work. Without this approach and capacity building, it can cause costs to the worker, the business and society. For example, an IOSH-commissioned survey of young workers in August 2025 found that one in six young workers (17 per cent) said their wellbeing has worsened since starting their career. More than a quarter (28 per cent) feel cut off from their workplace community, a figure that rises to 36 per cent among entry-level workers and 32 per cent among those at intermediate level.[20]

Short-term challenges can escalate into long-term barriers to work, contributing to higher economic inactivity among young people. A recent report by the Work Foundation has found that two in five young workers are worried that their declining health could push them out of work in the future.[21]

An ageing workforce: challenge and opportunity

The UK workforce is ageing rapidly, with people working longer and later in life than previous generations. Between 2000 and 2020, the

number of people aged 50-64 in employment rose by over three million. Those aged 65 and over in work tripled, from 457,000 in 2000 to 1.4 million in 2023.[22] From April to June 2022, the number of people aged 65 and over in employment increased by a record 173,000 to 1.468 million, which is also a record level.[23]

This shift brings opportunities for businesses and the wider economy, as older workers bring valuable experience, knowledge and stability to the labour market. However, it also poses significant challenges for health and safety, and the job and workplace design.

Older workers are more likely to experience long-term health conditions, including musculoskeletal disorders, cardiovascular issues and chronic illness, which can affect their ability to continue working. They are also more vulnerable to severe outcomes from workplace accidents, with fatal injuries disproportionately concentrated among those aged 60 and over. In 2023-24, 34 per cent of workers killed in workplace accidents were aged 60 or over.[24]

These factors highlight the importance of proactive age management, adapting work environments, job design, training, flexible working, age-sensitive risk assessments and support systems to meet the needs of an ageing workforce. From an OSH perspective, we know that the challenge is not only about safety hazards and risks, and health hazards and risks, but also about workplace culture. Age discrimination, limited access to training/retraining and redeployment, and inflexible working practices can make it harder for older employees to remain in meaningful work. Without targeted interventions, many risk being forced out of the labour market prematurely, contributing to the UK's rising economic inactivity rates and putting additional strain

20 IOSH, Home working damaging young workers, 2025. iosh.com/about/media-centre/home-working-damaging-young-workers
21 Work Foundation, A divided workforce? Worker views on health and employment in 2025, 2025. www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/lums/work-foundation/reports/WF_ADividedWorkforce-17June2025.pdf
22 The Centre for Ageing Better. Work: the state of ageing 2023-24, 2023. ageing-better.org.uk/resources/summary-report-state-ageing-2023?gad_source=1&gad_campaignid=15353176687&gclid=EAIaIQobChMI-I3xs5rBjwMVQ4pQBh0miwzwEAAYASAAEgKEBPD_BwE
23 ONS, People aged 65 years and over in employment, UK: January to March 2022 to April to June 2022, 2022. www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/peopleaged65yearsandoverinemploymentuk/januarytomarch2022toapriltojune2022
24 HSE, Key figures for Great Britain (2023-24), 2024. www.hse.gov.uk/statistics/overview.htm

on public finances through increased health and disability benefit spending.

OSH with the inclusion of OH service provision and wider workplace support has a critical role to play in addressing these challenges. By focusing on prevention, early intervention and rehabilitation, OH provision can help older workers manage long-term conditions, recover from illness or injury, and remain active in the workforce for longer. Within the OSH framework, flexible and age-inclusive workplace policies including training provision, adaptations to working hours, job design, and physical environments are essential in making sure work remains safe, healthy and sustainable. Effective OSH management and OSH professionals can help support employers with these initiatives and also support workers to fulfil their potential.

At a time when labour shortages are affecting many sectors, retaining and supporting older workers is not just a social imperative but an economic one. By investing in health, safety and age-inclusive practices, employers can harness the value of older workers' experience while reducing the costs of ill-health, early retirement and economic inactivity.

Musculoskeletal disorders

Musculoskeletal disorders (MSDs) remain one of the leading causes of work-related ill-health in the UK. Figures show that 543,000 workers were suffering from a work-related MSD in Great Britain in 2023-24.[25] Conditions such as back pain, upper limb disorders (including aches and pains) and joint problems are often linked to poor ergonomics, manual handling activities, repetitive work, awkward postures, exposure to vibration, the work environment or long hours spent in static postures. Employers must protect workers from MSDs – whether caused or made worse by the work they do. These issues not only cause significant discomfort for workers but also contribute to chronic conditions, long-term sickness absence and reduced productivity.

The impact of MSDs is particularly pronounced among older workers, for whom recovery may take longer and injuries are more likely to be severe. However, younger workers are not immune from the risk factors and can also suffer MSDs and lifelong health issues.

At work, through good OSH management systems and risk management, MSD hazards and risks can be identified and managed. Such controls can include good job design, regular breaks, provision of ergonomic equipment, and training and awareness in safe handling and working practices. Having reporting processes in place to spot and report symptoms is also needed. Good OSH management will help with prevention-first approaches – risk assessment and control strategies, and well-designed work.

Well-designed work, in which physical and psychosocial risks are properly managed, can both prevent the development of MSDs and support employees with non-work-related MSDs at work.

OH services also play a key role, offering advice on worker fitness, early intervention, rehabilitation, and advice on any restrictions or adaptations to the work that will enable workers to remain in employment.

IOSH advocates for organisations to create well-designed, ergonomically-sound work that prevents work-related MSDs, is tailored to individual needs and capacities, and supports those with health conditions and disabilities. This will include suitable risk assessments and controls, effective management of workload and physical and psychosocial risk factors, and the provision of appropriate training, equipment and supervision. Strengthening workplace awareness and embedding musculoskeletal health into broader OSH and OH strategies can reduce the burden on individuals, employers, and the health system.

25 HSE, Key figures for Great Britain (2023-24), 2024. www.hse.gov.uk/statistics/overview.htm

Disabled workers

Disabled people make up a significant proportion of the UK's working-age population, yet they continue to face systemic barriers to good-quality and sustainable employment. In the second quarter of 2024, the employment rate among disabled people was 53.1 per cent, compared with 81.6 per cent for non-disabled people.[26]

While progress has been made in reducing the disability employment gap, stark inequalities remain. Disabled workers are more likely to be in lower-paid, less secure jobs, and they face higher rates of workplace discrimination and exclusion. The Trades Union Congress has found that seven in 10 disabled workers earn less than £15 an hour.[27] With IOSH and others as part of a working group, HSE has developed principles to support disabled workers and those with long-term health conditions.[28]

These barriers not only limit opportunities for individuals but also represent a missed opportunity for the economy, with large pools of talent underutilised. Good OSH that includes workplace adjustments and inclusive job design is often simple and inexpensive but remains underused. Many disabled workers report delays or resistance to receiving the reasonable adjustments that would enable them to thrive. By reducing the disability employment gap, the UK can unlock productivity, strengthen fairness in the labour market, and improve health and wellbeing outcomes for millions of people.

Menopause and the workplace

There are 657 million women aged 45–59 worldwide, of whom 47 per cent are employed and potentially impacted by issues of menopause at work.[29] Those numbers will continue to rise, with 1.2 billion of the world's female population experiencing this biological transition by 2030.[30]

Globally, menopause-related productivity losses could amount to more than $150 billion a year. IOSH believes this is a unique opportunity for the UK to lead the way in promoting the development of more empathic work cultures and menopause-friendly workplaces to achieve a much-needed level playing field for women at work. This call to action is based on the emerging evidence that the effective management of menopausal transition as a specific work-related concern through fit-for-purpose Government policies and workplace practices can result in positive benefits in productivity, better work culture, and more importantly in the bottom line.

With that in mind, we actively encourage governments and businesses to better support menopausal women as part of a holistic organisational approach to employee health and wellbeing. Within the OSH framework, this relies on age and gender-appropriate risk assessments to make suitable adjustments to the physical and psychosocial work environment, the provision of information and support, and training for key functions such as line managers. We also recommend the development of sound OSH and OH practices, policies, procedures and programmes that are age- and gender-appropriate.

If we don't get this right, many women will continue to be forced to use annual leave, reduce their hours, or leave work entirely to manage their symptoms.

26 DWP, The employment of disabled people 2024, 2025. www.gov.uk/government/statistics/the-employment-of-disabled-people-2024/the-employment-of-disabled-people-2024
27 TUC, New TUC analysis reveals disabled workers are much more likely to be low paid than non-disabled workers, 2023. www.tuc.org.uk/news/tuc-7-10-disabled-workers-earn-less-ps15-hour
28 HSE Principles to support disabled workers and workers with long-term health conditions. www.hse.gov.uk/disability/best-practice/index.htm
29 European Menopause and Andropause Society, 2020. https://emas-online.org/press_release_menopause_must_become_a_global_policy/emas-news/#:~:text=In%202020%2C%20657%20million%20women,on%20the%20corporate%20policy%20agenda
30 Bayer, With more science and less silence, menopause enters a new age. 2021. www.bayer.com/en/news-stories/with-more-science-and-less-silence-menopause-enters-a-new-age

Creating a menopause-friendly workplace means addressing the physical, mental and social factors involved. Positive outcomes are clear when organisations foster supportive cultures, where women feel heard, supervisors are equipped to respond, and management takes women's health seriously. Flexible working and hybrid models can also make a significant difference, helping women to stay in work and thrive.

The importance of leadership, worker involvement and culture

At the heart of the OSH management system lies leadership and worker involvement. Active and visible leadership commitment to workers' health, safety and wellbeing must come from top management, with adequate resource, capacity building, role modelling, and inclusion of OSH within decision-making. Two-way consultation that includes workers in health and safety is a key part of the systems and worker voice is imperative.

Strong and proactive leadership and meaningful worker involvement and voice helps set the tone of the health and safety culture, and a culture that is proactive and positive to drive health and safety but is also inclusive and compassionate in how it supports all workers.

For example, leadership commitment is crucial for the prevention and management of work-related psychosocial risks. Psychosocial risk management also needs embedding within the OSH management system, one which strives for continual improvement. There must be strategy alignment and commitment from all levels and functions of the organisation, leading with prevention measures first, raising awareness and building competency, providing support and interventions, and developing the right culture.

The importance of line managers

Owing to the nature of their role and responsibilities, line managers are well placed within the organisation to play a pivotal role in preventing harm to workers, driving the culture – through the right values, behaviours and role modelling – that supports their direct reports' and team's performance, and their safety, physical health and mental wellbeing.

They are able to spot signs and symptoms within their workers and are often the first point of contact for employees experiencing stress, anxiety, or other challenges, and their ability to listen, respond with empathy, and signpost to appropriate support can make a significant difference. Equipping managers with the right training, tools, and confidence is therefore essential. By fostering open conversations about mental health, being alert to early warning signs, and creating supportive working environments, line managers can help prevent issues from escalating and contribute to healthier, more productive workplaces.

IOSH's YouGov survey found that only two in five workers believe that their employer provides mental health and wellbeing training/support for their managers. Yet seven out of 10 workers felt that mental health training for managers should be mandatory for all businesses. These findings demonstrate that businesses are not prioritising and being proactive enough when it comes to tackling poor mental health in the workplace. Mental health training for managers and for employees should be mandatory and provided as part of the OSH management system.

The role of OSH and OH professionals

OSH frameworks are in place to protect workers from physical harm, ill-health and disease and mental harm. UK health and safety legislation requires employers to appoint competent people for health and safety assistance. This means they have the necessary skills, experience and knowledge to manage health and safety. There are also other requirements within health and safety legislation where specific roles, responsibilities and competencies are identified, and other legal requirements where competency is required, e.g. for specific statutory health surveillance. Therefore, OSH and OH capacity building is essential.

The interconnectedness of OSH and OH are clear. OSH professionals traditionally focus on preventing harm and protecting workers and others who could be harmed as a result of the work they do. This is done through proportionate risk assessment processes that identify risks and then managing these risks in the workplace to prevent accidents, injuries, and ill-health – all within the OSH management system (which follows a plan-do-check-act model and includes leadership, worker involvement, competency and culture). Meanwhile, OH professionals focus on health promotion, support prevention of work-related ill-health, and provide medical expertise. They also provide health surveillance and health monitoring, assess fitness for work, and oversee rehabilitation and support for workers who develop health conditions. Taken together, they form the backbone of a prevention-first approach that protects workers, reduces economic inactivity and supports productivity.

Strong OSH systems reduce exposure to physical, chemical, biological, mechanical, environmental, and psychosocial (organisational) hazards, which in turn lowers the demand on OH services and public health systems. Conversely, OH plays a critical role in ensuring that those who do experience ill-health are supported back into work quickly and safely, preventing long-term absence and worklessness. This integration is particularly important in the context of rising rates of long-term sickness and an ageing workforce, where MSDs and mental ill-health are increasingly prevalent.

The challenge for the UK is that provision of OH remains patchy and uneven, often concentrated in larger organisations with resources to invest. Smaller employers, who make up the majority of the UK economy, often lack access to OSH and to OH professionals, meaning that the benefits of these disciplines and services are not fully realised. Without consistent provision and good job design, opportunities are being missed to prevent ill-health, support recovery and keep more people in sustainable work.

Embedding universal access to OH within a strong national OSH framework would ensure that health and safety at work is approached holistically, treating physical and mental health with equal priority, to the benefit of all workers. By strengthening both prevention and rehabilitation and return-to-work pathways, workplaces can not only protect workers from harm but also play a proactive role in promoting health and wellbeing. This dual approach reduces pressures on the NHS, lowers costs for employers, and helps to tackle the rising levels of economic inactivity linked to ill-health.

For organisations, effective rehabilitation and return-to-work strategies also have the twin benefits of increasing inclusivity and diversity at work and helping ensure that those with health conditions and disabilities can fulfil their potential. IOSH advocates that rehabilitation and return-to-work policies should be part of a wider employer health, safety and wellbeing strategy geared towards a human-centred, worker-friendly work environment. Such interventions should be tailored to the worker's needs and abilities.

Occupational health and the gig workforce

The rise of the gig and platform economy has reshaped the UK labour market, offering flexibility for workers and agility for employers. Yet this model also exposes gaps in OSH and OH provision. IOSH identified some of these health and safety concerns and made a series of calls to action in our white paper A Platform for Success.[31]

Unlike employees in more traditional forms of employment, gig workers lack access to employer-provided OH services, experience poor risk assessments and lack of OSH information and training and so on, leaving them more vulnerable to unmanaged health risks, both physical and mental. Many gig and platform jobs are in sectors with higher exposure, from delivery and driving roles with musculoskeletal strain to digital platforms where long, irregular

31 IOSH, A Platform for Success, 2025. iosh.com/about/what-we-do/white-papers/a-platform-for-success

hours and algorithmic monitoring can impact safety, health and wellbeing and cause fatigue. Without structured support, health and safety problems can go undetected, worsen over time, and eventually push workers out of the labour market.

International solutions to occupational health

OH systems vary widely across countries, offering lessons for the UK. The International Labour Organization Convention C161 Occupational Health Services[32] provides a framework for OH provision and its functions. The UK has not ratified this convention.

Out of two fundamental health and safety conventions, the UK has ratified one of them, C187 Promotional Framework for Occupational Safety and Health Convention.[33] As yet, it has not ratified C155 Occupational Safety and Health Convention.[34] IOSH advocates for the ratification of both fundamental OSH conventions.

In the US, provision of OH is largely employer-led and often tied to private health insurance. This creates uneven access, with workers in smaller firms and lower-paid roles less likely to benefit from comprehensive support. In Italy, by contrast, OH services are mandatory for all employees, with employers required to appoint a competent occupational physician who oversees workplace health surveillance and risk prevention. France also takes a statutory approach, with employers obliged to provide access to OH services, including regular health checks and preventative measures delivered by specialised teams.

Both Italy and France embed OH within national labour protection frameworks, ensuring broader and more equitable coverage across the workforce. International models highlight the benefits of structured, legally mandated OH systems, while underscoring the challenges of ensuring accessibility and consistency in more market-driven approaches like those in the US and the UK.

Italy

- Italy is recognised as the birthplace of modern occupational medicine.
- OH service provision is specified by law.
- Under Italian law, all public and private sector employers must provide access to OH services for all employees.
- OH services are integrated with primary healthcare.
- Each regional health authority provides an OH service.
- Occupational medicine is an established academic and professional discipline.
- The roles of employers, occupational physicians (OPs) and workers are defined by law.[35]

France

- OH provision is obligatory.
- France offers a near-comprehensive OH system, with many provisions specified by law.
- OH services coverage and health surveillance are compulsory for all private and public sector organisations with one or more employees.
- Employers cover cost of mandatory OH services.
- There are two types of OH services:
  - OH ‘group services enterprises’ (or inter-company services, generally for smaller sized companies and non-profit organisations).
  - Autonomous (in-house) OH services run by an individual company.

32 ILO, C161 Occupational Health Services Convention, 1985 (no. 161), NORMLEX. normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO::p12100_instrument_id:312306
33 ILO, C187 Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), NORMLEX, normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312332
34 ILO, C155 Occupational Safety and Health Convention, 1981 (No. 155), NORMLEX, normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312300:NO
35 DWP, International comparison of occupational health systems and provisions, 2021 assets.publishing.service.gov.uk/media/60edc107e90e0764d1be2733/international-comparison-of-occupational-health-systems-and-provisions.pdf

- OH services are predominantly physician-led but increasingly supported by a multidisciplinary team.[36]

Japan

- OH services provision is specified by law.
- Requirement that all workplaces employing 50 or more workers appoint an OP.
- In smaller companies, a part-time OP must be contracted but can be shared across companies.
- Government provides support to smaller companies through the provision of OH services and support through Regional Occupational Health Centres and Occupational Health Promotion Centres.
- Extensive infrastructure to promote vocational rehabilitation and return to work, and a strong national focus on workplace health promotion.
- Legislation on primary prevention – Total Health Promotion Plan.[37]

Fit for work? Occupational health in the UK

OH provision in the UK remains limited, uneven, and fragmented, leaving large sections of the workforce without access to support that could prevent ill-health, aid recovery, and sustain employment

The UK's OH system relies heavily on voluntary provision, leading to patchy coverage and inequity across the workforce. This approach has left OH underdeveloped compared with other areas of OSH, with limited workforce capacity and an ageing OH professional base. There is concern over shortages within the OH workforce, particularly of clinical staff. Combined with relatively small amounts of spare OH provider capacity, this risks limiting the market's ability to deliver services in the future, as 44 per cent of OH providers report having roles (typically OH nurses and OH doctors) that they are unable to fill.[38]

OH services in the UK are delivered through a mix of different models. Some large organisations operate in-house providers, with dedicated OH departments or teams delivering services directly to their own employees. Alongside this, there are private providers, which range from specialist organisations to individual practitioners offering OH services on a commercial basis to employers of all sizes. Lastly, NHS providers deliver OH services within the health service itself for their own employees and, in some cases, extend their provision externally to other organisations. This mixed model reflects the absence of universal access to OH for all workers in the UK, with access determined largely by employer size, sector, and resources.

There is a mix of services OH providers offer in the UK. The below table shows the most common services commissioned by NHS providers, private providers and in-house providers. The table shows that the most common is for management referrals, which is when the problems have already started. The second most common are pre-employment health checks. We need to make sure that OH isn't a tick-box provision but offers that core support to workers to ensure that people of all ages can thrive in the workplace and prevent health problems at the start. Ill-health needs to be addressed quickly. This requires targeted health promotion and risk management with OSH professionals.

36 DWP, International comparison of occupational health systems and provisions, 2021 assets.publishing.service.gov.uk/media/60edc107e90e0764d1be2733/international-comparison-of-occupational-health-systems-and-provisions.pdf
37 DWP, International comparison of occupational health systems and provisions, 2021. assets.publishing.service.gov.uk/media/60edc107e90e0764d1be2733/international-comparison-of-occupational-health-systems-and-provisions.pdf
38 DWP, Government response: Health is everyone's business, 2021. www.gov.uk/government/consultations/health-is-everyones-business-proposals-to-reduce-ill-health-related-job-loss/outcome/government-response-health-is-everyones-business#chapter-4-helping-employers-access-quality-occupational-health-oh-support

OH services and provision across all three provider models

OH services	Currently offered	Most commonly commissioned
Management referrals or assessment of fitness for work for ill or sick employees	98%	88%
Pre-employment/post-offer of employment health assessments	94%	57%
Ongoing health assessments available for any employees (even if not ill or sick)	91%	36%
Support with health surveillance (this refers to assessing workplaces and workers for health)	88%	60%
Support with health risk assessments	78%	17%
Health promotion or healthy lifestyle schemes	72%	17%
Clinical interventions to manage health risks, e.g. vaccinations	69%	35%
General advice on organisational policy or procedures	69%	14%
Connection to wider services or support to address psychosocial issues	59%	10%
Training, instruction or capacity building, e.g. for managers or leaders	53%	7%
Knowledge management support such as sickness absence record-keeping, data analysis	53%	9%
Providing physiotherapy	46%	16%
Employee assistance programmes	44%	11%
Providing cognitive behavioural therapy (CBT)	43%	12%
Travel health, e.g. assessments, immunisation	29%	6%
Counselling	12%	0%

Table 1: DWP, Understanding occupational health provision 2023–24, 2025

www.gov.uk/government/publications/understanding-occupational-health-provision-2023-24/understanding-occupational-health-provision-2023-24#demand-for-occupational-health-services-and-provider-capacity

YouGov polling for IOSH found that 62 per cent (six in 10 workers) felt that employees in small businesses are less likely to get the support they need for mental or physical health issues compared with workers in large organisations. Five in 10 workers (54 per cent) felt that employees in smaller businesses wouldn't receive the same level of OH support as those in larger organisations. This is further supported by DWP research which found that 35 per cent of all providers wanted to provide support to SMEs as a typically neglected sector.

YouGov polling for IOSH went on to find that seven in 10 workers (73 per cent) felt there should be universal OH services in everyone's local area, independent of work. And 75 per cent of workers or seven out of 10 felt that workers should be able to refer themselves to occupational health services without going through their employer.

IOSH recommendations

1 Foundation building

Establish core occupational safety and health frameworks and systems.

- Implement IOSH principles of good occupational safety and health: embed robust occupational safety and health management systems in every workplace.
- Invest in strong occupational health systems: build capacity for prevention, rehabilitation and recovery.
- Build occupational safety and health and occupational health capacity: invest in skills, training and competence.

2 Prevention and early intervention

Prioritise preventive and proactive approaches to workplace harm and health.

- Prioritise prevention-first strategies: use robust holistic risk assessments, early intervention and rehabilitation, with practical strategies.
- Deliver targeted public health programmes: link occupational safety and health and the profession with public health to address risks early, raise awareness on health matters, and recognise workplaces as enablers.
- Increase investment in ill-health prevention: expand access to occupational health services.
- Design early intervention strategies: help people stay in or return to work.

3 Inclusive support systems

Ensure all workers receive appropriate protection and support.

- Support small and medium-sized enterprises: provide resources for occupational safety and health, occupational health and mental health.
- Improve provision and access for vulnerable workers: include gig, platform workers, informal workers and those in small organisations to ensure proportionate occupational health and safety provision.
- Ensure reasonable adjustments and accommodations: support disabled workers and those with health challenges.

- Address mental health investment and training gaps: equip managers and employees with awareness and training to support wellbeing.

4 System-wide change

Build lasting partnerships that work together.

- Promote cross-government collaboration and policy coherence: align departments and employers on workplace health.
- Incentivise 'good work' and safe and healthy working environments: prevent risks, accommodate needs, promote health and enhance long-term work ability through all stages of employment.
- Enforce safety and health rights and protections for all.

Addressing economic inactivity through occupational health physiotherapy

Alexandra Bell, chair, Association of Chartered Physiotherapists in Occupational Health and Ergonomics

The UK's rising economic inactivity owing to ill-health presents a significant challenge, with the Mayfield Review highlighting the importance of prevention and early intervention. A core driver of this inactivity is musculoskeletal disorders (MSDs), which are consistently one of the biggest reasons for sickness absence across all sectors of employment. Occupational health (OH) physiotherapists are well placed to reduce this trend by combining their expertise in musculoskeletal and biopsychosocial health with a deep understanding of workplace dynamics to prevent and treat work-related injuries, manage long-term conditions, and facilitate safe returns to work. However, OH physiotherapy services, like many other OH services, are either underutilised or not accessed quickly or easily, which must change if we are to be successful in reducing workplace ill-health and economic inactivity.

Currently, around 50 per cent of the UK workforce, including many employees in SMEs and those who are self-employed, lack access to OH services. This is namely either because they lack the internal resources of larger corporations, remain unaware of the benefits, and/or perceive the cost as prohibitive. Consequently, OH is often viewed reactively, only accessed when severe issues arise, rather than as a proactive, preventative strategy. This delay or denial of OH physiotherapy intervention can then lead to chronic conditions and significantly reduce the likelihood of a successful return to work.

Universal and early access to occupational physiotherapy as part of a multidisciplinary team approach is critical to ensure employees not only recover more quickly and return to work safely but also to prevent sickness absence. Policy should therefore mandate or incentivise a more comprehensive OH provision.

The cost of inaction and the financial benefits of preventative OH

A Government-led campaign, informed by the Mayfield Review's findings, is needed to highlight to employers the substantial cost of inaction and the financial benefits of preventative OH. This campaign should target SMEs, providing resources and clear guidance on implementing cost-effective occupational health physiotherapy services. Furthermore, policy must provide tangible incentives to encourage more employers to offer occupational physiotherapy. The current tax exemption for employer-funded medical treatment is capped at £500 and only applies after an employee has been off work for 28 consecutive days, a policy that actively discourages early intervention. To facilitate a preventative approach, this needs to change.

A policy that makes occupational health physiotherapy services a tax-exempt benefit for all employees, regardless of absence duration, would be a powerful incentive. This would make the service more affordable, especially for SMEs, and signal a clear policy shift towards prevention rather than crisis management. Furthermore, the Government could explore subsidy programmes or partnerships with local authorities to help smaller businesses access affordable OH packages, as suggested by the Society of Occupational Medicine.

Improving access

More comprehensive and universal access to OH services could also be achieved through the full rollout of First Contact Practitioner (FCP) physiotherapists in primary care, as recommended by the Chartered Society of Physiotherapy (CSP), as is direct referral into occupational health physiotherapy services without needing a GP referral. This would improve direct access to specialist musculoskeletal support, reducing delays and allowing for faster intervention.

In conclusion, OH physiotherapy needs to be embedded as a core element of workplace health, with an emphasis on early, accessible intervention and a focus on work as a positive health outcome. This requires making services easily accessible and proactively educating and incentivising employers, particularly SMEs. By implementing targeted policy recommendations, such as a more generous tax exemption for occupational physiotherapy services, the Government can empower employers and physiotherapists to turn the tide on the UK's long-term sickness crisis, creating a healthier, more productive workforce for the future.

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Transforming occupational health: an IGLOO approach for sustainable working lives

Professor Jo Yarker and Dr Rachel Lewis, Affinity Health at Work

Keeping people healthy and in work is one of the most pressing national challenges of our time. Today, more than 2.8 million people in the UK are economically inactive due to long-term ill-health[1]. This carries a heavy cost for individuals, employers, and society, and places additional strain on health and welfare systems.

Occupational health and safety (OHS) has a critical role to play in reversing these trends. Yet despite progress, the field continues to face persistent challenges: limited employer engagement, siloed interventions, and fragmented provision that often fails to address root causes. To transform OHS in the UK, we must move beyond 'fix the individual' approaches and adopt whole-system solutions that build sustainable working lives.

At Affinity Health at Work, our research and practice have focused on exactly this challenge. Over the past decade, through collaborative projects with universities, employers and professional bodies, including research funded by NIHR, we have developed and tested the IGLOO framework. IGLOO (Individual, Group, Leader, Organisation, Outside influences) provides a practical model for designing, implementing, and evaluating workplace interventions that are systemic rather than siloed. It makes visible the multiple layers of responsibility for health at work, moving OHS from a specialist function at the margins to a shared organisational priority.

Beyond siloed solutions

Too often, current practice relies on piecemeal approaches: resilience training for employees, occupational health referrals, or wellbeing detached from core work processes. While useful in the short term, they rarely address the systemic drivers such as job design, leadership behaviours, or organisational culture. Clinical expertise or health promotion initiatives cannot, on their own, mitigate the impact of high job demands, poor role clarity, unsupportive management, or structural barriers such as gendered health inequalities. Without alignment across the organisation, workers continue to fall through the cracks.

The IGLOO opportunity

The IGLOO framework provides a roadmap for creating sustainable working lives by aligning action across five levels.

- **Individual** – providing accessible, tailored support, particularly for marginalised groups such as women, lone workers,

1 Office for National Statistics. Economic inactivity rate (Great Britain), 2024. www.ons.gov.uk/explore-local-statistics/indicators/economic-inactivity-rate

younger workers, and those with long-term conditions.

- **Group** – building peer networks and supportive team climates that reduce stigma and normalise help-seeking.
- **Leader** – equipping managers with the skills and confidence to prevent psychosocial risks and support return to work.
- **Organisation** – embedding health into business strategy, policies, and data systems, with job design and workload management integral to OHS.
- **Outside influences** – recognising the role of regulators, healthcare providers, professional bodies, supply chains, families and communities in shaping pressures and resources.

By integrating across these levels, IGLOO ensures that interventions are coherent, context-specific, and sustainable. It helps employers see that responsibility for health and safety cuts across HR, facilities, operations, and leadership. It also highlights the imperative for cross-sector collaboration between health systems, regulatory frameworks, industry bodies and community support.

Evidence from Affinity Research

Our programmes consistently demonstrate the added value of the IGLOO approach. Some specific examples include:

- Absence management and return to work: exploring mental ill-health, long Covid, cancer and other long-term conditions, we found that return-to-work sustainability improves and relapse reduces when line managers, HR, and OH practitioners work together. Our NIHR-funded pilot of the IGLOO toolkit showed how equipping workers and managers with tools to navigate organisational systems creates better outcomes all round.[2]
- Tackling job demands: research with our Affinity Research Consortium confirmed that participatory action on workload, role clarity, and communication delivers greater and longer-lasting impact than individual coping support.[3]
- Developing leadership competencies: we created and validated frameworks for health-oriented leadership, including the HSE- and CIPD-funded Management Competencies for Preventing and Reducing Stress, which equip managers with the knowledge, skills and confidence to tackle root causes of poor health at work.[4]
- Women's health: our work on maternity returners shows how systemic interventions – addressing culture, policy, and job design – are essential alongside maternity care. IGLOO ensures barriers are addressed at source, not left to women to navigate alone.[5]

We are now extending this work into new contexts – including defence, construction, higher education, and healthcare – where the IGLOO approach is being applied to address sector-specific challenges. From this work, a clear message is emerging: effective occupational health and safety is a shared responsibility. When HR, line managers, and business leaders and OSH professionals work together on systemic solutions, outcomes improve for all.

2 Collection of return-to-work research papers. www.affinityhealthatwork.com/igloo
3 Lewis, R. et al., 2024. Addressing the elephant in the room of psychosocial hazards: identifying how to address potentially harmful work demands and workload. www.affinityhealthatwork.com/our-library/3655
4 Collection of management competencies research papers available at www.affinityhealthatwork.com/management-competencies#element-2068
5 Yarker JB, Wolfram HJ and Junker NM. (2020). Training and development for employees returning to work after parental leave. In: Navigating the Return-to-Work Experience for New Parents (pp. 101-112). Routledge.

Conclusion

OSH has a vital opportunity to play a more significant role in tackling the UK's health challenges. To do so, it must be integrated more fully across business, health and policy systems. The IGLOO framework shows how this can be achieved in practice – by embedding shared accountability across individuals, groups, leaders, organisations, and the wider system.

Realising this opportunity requires a clear policy imperative and national leadership of an integrated approach, ensuring that OSH is not viewed as an isolated function but as a core driver of participation, productivity and equity in working life. With the right direction, OSH can become a central pillar of sustainable working lives that benefit workers, employers, and society as a whole.

The Chartered Society for Worker Health Protection

Preventing health risk is at the heart of healthy businesses

Professor Kevin Bampton, CEO of the British Occupational Hygiene Society and deputy chair of the Council for Work and Health

The Government agenda continues to be on reducing the cost of health, benefits and social care. Almost four million working-age people are forced to seek support from the public purse because of ill-health caused by unhealthy working conditions. In recent months, the Government has pushed back on employers and workers to the effect that if people become ill in the workplace, more will need to stay in those workplaces and more will be expected of workplaces to support them.

While having an inclusive and supportive workplace for people with disabilities and vulnerabilities is inherently a good thing, if the workplace is partly responsible for making matters worse, then this does not provide a sustainable solution. Leaving aside any regulatory action, employees in the workplace who have known illnesses and vulnerabilities do create a greater risk of liability for employers.

This is why it is vital that workplaces take a different strategy to health risk from board level downwards. The health part of health and safety is largely seen as a compliance risk (in terms of the likelihood of HSE intervention). Even in this context, the focus in HSE's business plan on health should increase the risk profile. The other major risk has been of litigation. However, the changing nature of work capability, the development of the 'right to try' and other innovations in the work and benefits package will see more workers returned to workplaces. These workers would be either legally classified as disabled or their vulnerabilities will increase the risk of liability in negligence if the workplace makes insufficient adjustment to meet high standards of health protection.

Significant inequality

We already know that the poor management of workplace health protection is leading to 16 per cent more women than men being made ill by work. This is a significant inequality and reflects a focus on men's safety and classic workplace exposures, rather than risks arising from workplaces and processes which are ergonomically designed around men, and which fail to adequately manage the causes of psychosocial risk. While mental health conditions are drawing more attention in terms of stress management, other core causes of stress within the workplace, such as physical stress, resulting in musculoskeletal disorders, consequent poor sleep, self-medication and fatigue are getting insufficient focus.

However, the biggest challenge is economic. The hidden cost of illness caused in the workplace to the businesses themselves is a self-inflicted levy. Data derived from the labour force survey indicates that, for sectors such as construction, the additional direct labour cost of time off work arising from ill-health caused by work can be around 15 per cent.

The percentages for other industries average at just below 10 per cent, with some other sectors, such as health and social care, approaching 20 per cent. The indirect costs in terms of delay, the loss of access to skills and error or inefficiency is hard to calculate. Within most businesses and in a tight labour market, these are very significant variables.

At present the focus on compliance and the avoidance of liability, as opposed to aiming to design healthy workplaces, excluding all but absolutely necessary exposures, treating health like safety in a precautionary and planned way, designing work processes and workplaces to remove risks, e.g. to musculoskeletal disorders and noise (which is a major influencer of mental illness), are all steps which will not only reduce the burden on workers but will increase profit margins and efficiency. Good occupational hygiene is not just about monitoring and compliance, it's about removing the risk, which removes the cost and increases profitability.

Minimise the factors that make people ill

UK policy continues to focus on trying to fix people who are broken by work or trying to return people to workplaces which are barely suitable for healthy working for healthy people. There needs to be a focus on incentivising the design and maintenance of workplaces which minimise the factors that make people ill. Ultimately, it should be a legal duty on all employers not to make their workforce ill, as is the case in several European countries, together with a duty to intervene earlier to minimise any health impacts caused by work and a duty to pay for the cost of ill-health caused by work, just as we have a polluter pays principle in environmental law.

By encouraging and focusing on the financial benefits of healthy workplaces and having active policies to recover the costs on health, benefits and social care from employers who cut corners on protecting the health of workers, we can have better economic outcomes for all, save the taxpayer money, as well as having healthier businesses and populations.

Better mental health and wellbeing support in the workplace

Dr Roman Raczka, president, British Psychological Society

It is well established that 'good work' has benefits for health at the individual, organisational and societal levels.[1] At the individual level, those in good work are more physically, socially, and mentally healthy. It provides purpose, stability and income, and it is intrinsic to one's sense of personal and social identity.[2]

Despite this knowledge, increasing numbers of people are reporting mental health issues caused or made worse by work,[3] which is leading to a concerning increase in people leaving their jobs and being out of the workforce entirely.

Increased investment is essential

The British Psychological Society (BPS) has long been advocating for better mental health and wellbeing support in the workplace. Access to psychologically-led mental health support for employees is key to maintaining a healthy workforce.[4] Practitioner psychologists, including occupational and health psychologists, are best placed to provide expert support and foster psychologically healthy workplaces. However, shortages among the workforce are significant, and services are stretched beyond capacity.[5] Increased investment in this vital workforce is therefore essential.

Managers and supervisors at all levels also play a key role in fostering positive mental health in the workplace.[6,7] With the right training, line managers are well-placed to recognise early signs of poor mental health among their team members and intervene effectively before issues escalate. Concerningly, only six in 10 managers report having the training, information, or time needed to manage people effectively.[8] Investment in evidence-based training across all levels of management is therefore essential to embedding the skills and competencies needed to support both employee wellbeing and organisational performance. Furthermore, management skills should be developed over time, and managers and leaders should be supported through a range of different activities and training to continually embed learning and best practice.[9] It is also crucial they are given the time needed to fulfil this important task.[10]

Lastly, Public Health England defines "good work" as "having a safe and secure job with good working hours and conditions, supportive management and opportunities for training and development".[11] Concerningly, work environments continue to be unintentionally designed to create conditions conducive to creating feelings of burnout and poor mental health, and as such, the risk of burnout remains high across workplaces. Priority should be given to addressing the root causes of poor-quality work, such as ineffective job design, workload management and professional autonomy. Supportive, high-quality work environments and adequate resources are crucial to maximising performance, work satisfaction,

improved service delivery, and a mentally healthy workforce.

The evidence is clear, the workplace can influence mental health and wellbeing, for better or worse. The BPS calls on the Government to:

- Invest in occupational health professionals, such as occupational psychologists, and the specialist workforce.
- Better instil regular, evidence-based line management and leadership training which focuses on the development of compassionate and inclusive cultures.
- Ensure all employees have access to adequate and sustainable resources to enable high-quality workplaces.

Working environments that support staff and their wellbeing are not only a moral imperative but a sound investment.[12] Workplaces can no longer afford to ignore the growing impact of mental health-related conditions that limit employees' ability to work and must be better supported to enable quality work and workplaces.

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Challenges of occupational health

Angela Matthews, director of public policy and research, Business Disability Forum

Occupational health practitioners (OHPs) are increasingly taking the blame for what is not working around them, in public policy as well as in how employers use the profession. We see this played out in three common scenarios.

Firstly, occupational health as an intervention is too often used by managers as a reactive afterthought or when a manager needs to evidence something "not nice". A common example is of occupational health being consulted only at the point at which an employee can no longer do their job, or the manager wanting some external evidence to endorse a view that someone should no longer be in their job. In such cases, OHPs are consulted too late in an employee's situation or beyond the stage where occupational health can operate at its best and most effective. Occupational health is being used here in a way that is ultimately probably not going to work in the employee's favour.

Secondly, we often hear from employers who have inaccurate expectations of what occupational health is there to do. Managers tell us most weeks that "the occupational health report has come back and hasn't told me which adjustments are reasonable for me to make". But that, of course, is not the role of occupational health. Instead, managers have not been equipped by their leaders to decide what adjustments can be made and how. Managers also often feel frustrated that "one trip" to occupational health does not give them diagnosis, a report, exact confirmation on what is reasonable, and where and how to get those adjustments.

Poor contract writing is tainting people's view of occupational health services

And, thirdly, many occupational health contracts are poorly designed and written by employers. The people developing and managing procurement contracts in large corporations are rarely the same people as – or are in touch with – those whose role it is to manage workplace health, adjustments, and occupational health and safety. It means contracts are often written by procurement teams and are high-level with poor specifications and details about service use and delivery – and those are the specs that tendering contracts get based (and won) on. Then, when the purchased, contract-compliant occupational health service does not deliver what employees or managers need from that service, the employer, managers, and employees do not think "this contract is ineffective"; they think "occupational health is ineffective".

Whichever of the above scenarios is being experienced, the general conclusion reached by employers, employees, and policymakers can too often be a reductive "occupational health doesn't work". More accurately, though, the reality is that employers and policymakers are not using occupational health in the right way or at the right time, meaning policy development is positioning occupational health in the wrong way and, often, as a singular

intervention. What happens next, then, is that employers already having an occupational health contract receive a report that does not help their needs and they then go in search of something else.

Why it's crucial to understand the role, function and remit of occupational health

On the whole, policymakers and employers alike do not appreciate occupational medicine for its specialism as part of the multidisciplinary workplace health support team. In public health, it would be incredibly rare that someone who leaves hospital to return home after a life-changing illness is supported and assessed by one healthcare professional or in one discipline of healthcare; it takes a whole multidisciplinary team to support and move this person forward. Yet, occupational health has been idealised as the 'one-stop shop' quick fix, particularly in workplace retention and return to work situations. Not only does it misunderstand the occupational health and medicine profession itself, but it also does not provide what the individual needs if occupational health is not the intervention they need at that time. Everyone is let down by not understanding the role, function, and remit of what occupational health and medicine is there to do.

As a result, our three core recommendations are:

1. The Government should work with the occupational health and medicine sector to gain a meaningful understanding of what occupational health and medicine does and does not (or cannot) do, and how it fits into a multidisciplinary approach to managing workplace occupational health and rehabilitation. This includes scoping and providing a code of practice on what good assessment, support, and provision looks like in terms of occupational health, rehabilitation, and adjustments. This should also include what the role of other professions (such as vocational rehabilitation and occupational therapists) and workplace adjustments should be, and how these should work together.
2. Employers should more clearly identify what occupational health and workplace medical interventions they need across their workforce before defining contract specifications and terms. They also need to educate and upskill their managers to make decisions about what is reasonable (in terms of adjustments) and interact with OHPs in the right way and at the right time, and, in line with the above recommendation for Government, how and when to use different professionals and other support providers to achieve the best outcomes for employees.
3. The occupational health and medicine profession itself needs to push back on poor procurement contracts (whether during tendering or during the contract) from employers if they believe it will deliver a poor, ineffective practice of occupational health and medicine for workplaces and, ultimately, for employees who depend on its support.

Cambridgeshire NHS Staff Mental Health Service: a strategic model for workforce wellbeing

Dr Muzaffer Kaser, consultant psychiatrist, Staff Mental Health Service, affiliated assistant professor, Department of Psychiatry, University of Cambridge

- The NHS Staff Mental Health Service (SMHS), launched in 2020 by Cambridgeshire and Peterborough NHS Foundation Trust, is a nationally recognised, clinically led initiative that provides rapid, multidisciplinary mental healthcare to more than 30,000 NHS staff across five local trusts. Developed in response to high rates of staff mental illness and long waits for support, SMHS offers timely, confidential, and compassionate care from a dedicated team of psychiatrists, psychologists, mental health nurses, and an occupational health nurse.

Embedding mental health support as a core component of workforce sustainability

- The service was created to address a critical gap in specialist mental health provision for NHS workers, who face significantly higher risks of depression, anxiety, and PTSD compared with the general population. SMHS treats staff with the same dignity, urgency, and complexity that clinicians apply to patient care. Its founding ambition was to embed mental health support as a strategic, system-wide priority – not as a reactive wellbeing initiative, but as a core component of workforce sustainability. The model is inclusive by design, accepting referrals for NHS staff of all roles. Staff can be referred by occupational health departments, GPs, or other mental health services. The service is interwoven with occupational health and governance structures, reinforcing its strategic role.
- Occupational health is the primary referral source into SMHS, reflecting its frontline role in identifying staff at risk and coordinating early intervention. OH clinicians – often the first point of contact for staff experiencing psychological distress – are empowered to refer directly into SMHS, bypassing lengthy external pathways. This streamlined access ensures timely care and reinforces trust between staff and their employer. The inclusion of an occupational health nurse within the SMHS multidisciplinary team further strengthens this interface. This role acts as a clinical bridge, translating mental health recommendations into workplace adjustments, phased return-to-work plans, and ongoing support. It also facilitates two-way communication between SMHS and OH departments, ensuring that treatment aligns with operational realities and workforce needs.
- While SMHS provides specialist mental healthcare, it does not duplicate the role of occupational health – it complements it. OH teams continue to manage fitness-for-work assessments, workplace risk mitigation, and broader health surveillance, while SMHS addresses complex psychological presentations that exceed the scope of general wellbeing programmes. This delineation of roles allows both services to operate with maximum efficiency, while maintaining a shared commitment to staff recovery and retention. The collaboration also enables more nuanced support for

staff with comorbid physical and mental health conditions, where OH insight into job demands and workplace culture is essential.

- Since its inception, SMHS has supported more than 2,000 NHS workers, delivering measurable improvements in clinical outcomes and patient experience. Staff report significant reductions in depression, anxiety, and trauma symptoms, confirmed by validated tools such as PHQ-9, GAD-7, and PCL-5. The median wait time from referral to assessment is just 15 days – far quicker than national averages – and 87.5 per cent of users rate the service as "good" or "very good."

Better outcomes and productivity gains

- A health economics evaluation study (presented at the European Congress of Psychiatry in April 2025) revealed that SMHS delivers better outcomes than standard care for only £55 more per treatment course, while also adding benefits on productivity measures. Those results suggested good value for money. The journal article reporting the analysis is under way.
- SMHS delivers value on multiple fronts: clinical effectiveness, financial efficiency, and workforce sustainability. By enabling staff to recover and remain in work, the service reduces the personal and professional toll of mental illness. It complements broader staff support systems, while addressing complex presentations that general wellbeing programmes cannot.
- The service's embedded evaluation framework ensures continuous improvement. Monthly academic seminars, routine feedback mechanisms, and structured partner reviews foster a learning culture and support co-production. From a strategic perspective, SMHS has become a prototype for integrated staff mental healthcare. Its documentation, governance structures, and cost-sharing agreements provide a ready example for other regions.
- In sum, the Staff Mental Health Service stands as a beacon of what's possible when mental healthcare for NHS staff is treated as a strategic imperative. It offers a replicable, evidence-based model that not only improves individual wellbeing but strengthens the entire health system. For occupational health professionals, SMHS provides a blueprint for integrating clinical care, workforce strategy, and compassionate support – making it a vital reference point for future innovation.

The UK needs a national occupational health service

Sasjkia Otto, senior researcher, Fabian Society

Exclusion from work is rightly a key focus for this Government. But we also need a plan to stop the flow out of work – especially given that each year, 300,000 people leave work owing to illness.[1] The longer they are away from work, the steeper their journey back, which limits the potential impact of programmes supporting them to return.[2] Healthy and inclusive work can both help keep people well in work and make it more viable for others to return. But many are excluded because they can't access the conditions or support they need. And about 1.7 million people in 2023-24 said they had an illness that has been caused or made worse by work. This represents a 44 per cent increase since 2010-11 – driven in large part by a 93 per cent increase in work-related mental illness.[3]

Getting to the root cause

On their own, employers and healthcare professionals can't always help. It is sadly true that some employers simply don't think it is worth their while to keep their workers healthy.[4] But many others do their best – and spend a lot of money without seeing results. They often have neither the information nor the tools they need, and cannot control what happens outside work. Similarly, healthcare professionals use the medical tools available to them – diagnosis, treatment and signing patients off work. But this does not always tackle the root causes of ill-health, including how people are supported at work.

The UK's occupational health system is poorly equipped to address these gaps. Support for workers is left largely to market forces, with the Government typically stepping in only once someone has left work.

This results in inconsistent experiences – particularly at small and medium-sized enterprises (SMEs). It means that most workers lack access to quality occupational health support, which is often poorly integrated with public services. It means that, if people are supported at all, this typically happens only after their health has deteriorated – even where this could have been prevented. And it means that it doesn't always make financial sense for employers to do more than the minimum for sick workers, who are often better off on out-of-work benefits than sick pay.

Overcoming these challenges will require a new settlement. We need a comprehensive in-work health system, where employers, workers, and public services are partners in enabling healthy and inclusive employment.

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Visions for such a system date back to the genesis of the NHS, created in 1948 as the country recovered from the second world war. Sir William Beveridge's 1942 report, Social Insurance and Allied Services, which provided the foundational blueprint for the welfare state, envisioned healthcare "designed to be preventative as well as curative by establishment of a network of… factory… health centres".[5] And Aneurin 'Nye' Bevan, the architect of the NHS, was inspired by the Tredegar Workmen's Medical Aid Society, which provided free healthcare to workers in the mining community where he grew up.[6]

Now, the case for transformation is more urgent than ever. Changing and unprecedented pressures on workers' health means inaction is no longer an option. In a new Fabian Society report, we propose the creation of a national occupational health service – comprising an integrated system of occupational health support, alongside clear responsibilities for employers, workers and the state.[7]

Such a system should enable universal access to good quality occupational health provision, overseen by a new Occupational Health Authority, sitting in the Health and Safety Executive. In the private sector, a regulated occupational health market should guarantee services that are fit for purpose. And in the NHS, vocational caseworkers embedded in neighbourhood health centres should ensure that anybody who is at risk of leaving work owing to illness gets appropriate Government support.

Proposals for reform that will benefit workers and employers

Employers and workers should be encouraged and supported to make the most of this system. We propose reforms, including:

- A new growth, skills and health levy to incentivise the minority of large employers who don't use occupational health, and to make services more accessible to SMEs.
- Automatic offers of support from the Health and Safety Executive and vocational caseworkers for workers and employers who experience high sickness absence.
- Legal clarity on workplace adjustments, entitlements and parity between physical and mental health.
- More generous sick pay to tackle presenteeism and support rehabilitation.
- A duty to inform the Government four weeks before dismissing someone for health reasons.
- A good work standard to incentivise employers to go beyond the legal minimum.

These proposals won't just benefit workers – they will provide employers with the support and clarity they need to minimise losses from work-related illness. The ongoing Government review into healthy and inclusive work, led by Sir Charlie Mayfield, presents a generational opportunity to tackle this entrenched problem.

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The importance of standards in assurance of work and health professional advice

Dr Robin Cordell, president, Faculty of Occupational Medicine

The Faculty of Occupational Medicine (FOM) is a charity committed to improving health at work. It is the professional and educational body for occupational medicine in the UK and seeks to ensure the highest standards in the practice of occupational medicine.

We in FOM welcome and have responded separately to the Keep Britain Working Review: Discovery independent report by Sir Charlie Mayfield. We agree on the central importance of employers in creating the conditions for preventing ill-health through positive workplace cultures, and flexible support to employees with long-term health conditions. To do this, employers need access to appropriate and competent advice.

Advice needs to be both competent and timely to have impact

This is important for all businesses, large and small. We in occupational health do get referrals from small businesses for advice on those with complex problems, but we are not uncommonly contacted late in that person's journey, which may be beyond the point where return to work can be achieved – for example, through adjustments. There can be missed opportunities to refer earlier. To address this, we believe it essential to clearly define tasks, roles and competence among work and health professionals, so employers are clear about what they are buying, and workers are clear about who they are seeing and why. For our advice to have impact it needs to be competent and timely.

As work and health professionals, the essence of our role is to advise employers on preventing ill-health in work, and in supporting their employees with health conditions in work. This is to meet compliance with health and safety and with disability legislation, and importantly to enable their people to give of their best and for employers to avoid losing skilled and experienced employees and the cost of this in its broadest sense.

Noted by the independent review team, avoiding distance being created between employers and those on long-term absence is important as this can lead to people falling out of work. We understand the concern that some employees might feel harassed, but the great majority of those we see on long-term absence would wish to have had more contact with their employer. We as work and health professionals can advise employers on an approach to take as part of ongoing support to employees.

We believe all employers need access to effective work and health advice to promote

the prevention of ill-health and support to their employees with health conditions in their work. In our experience, a partnership approach promotes relationships with employers that support the life cycle of employees through recruitment, training and their moving on or to retirement. These relationships will be with both clinical staff and non-clinical work and health staff. Advice is also provided through digital resources, and this is likely to become increasingly relevant, particularly with the focus on AI now. Any advice given should be safe, effective, of good quality and accessible to all who need it.

There is a need for clinical assessment of more complex cases, and this forms much of the work of occupational physicians. However, currently only half of employees benefit from occupational health provision by their employers. All health professionals have an important role in promoting health in work, as set out in the 2025 health professionals' consensus statement on health and work, but GPs and hospital specialists generally do not have the necessary knowledge or a connection with the workplace to be able to advise employers in these complex cases. Specialist occupational physicians come with a breadth and depth of experience in other fields of medicine before undertaking specialist training in occupational medicine regulated by the General Medical Council and designed and overseen by the FOM that equips them for this work and health role.

Without accreditation, there is no assurance of quality or value

A key element is the need for standards. The Safe Effective Quality Occupational Health Service (SEQOHS) standards, run by FOM for 15 years now and updated in 2023, provides assurance for purchasers and commissioners of the quality and value delivered by SEQOHS accredited services. However, accreditation is voluntary. Without accreditation there is no assurance that an occupational health service, whether in-house or contracted, is of the right quality and adds the value sought.

This has been recognised by NHS Employers, as engagement with SEQOHS is a requirement for any provider offering occupational health services to those working for the NHS.

We as work and health professionals add most value when we are engaged in prevention of ill-health across the life cycle of people's employment. This is through understanding the occupational health needs of that workplace, advising on how to achieve primary prevention, i.e. avoiding harm to health in the first place, secondary prevention to identify early signs of harm to health – for example, through workplace stress risk assessment and health surveillance, and tertiary prevention to prevent people with existing health problems having these worsening and/or to prevent them falling out of work. The SEQOHS standards provide assurance of competence across all these areas.

Prioritise both preventative and enabling approaches in the workplace

Faculty of Occupational Health Nursing

The Faculty of Occupational Health Nursing (FOHN) welcomes the Government's ambition to strengthen support for individuals to remain in or return to work. We strongly advocate for policies that prioritise both preventative and enabling approaches in the workplace.

Employee enablers

Foundational conditions – such as supportive leadership, role clarity, psychological safety, and access to development – are essential for maintaining wellbeing and workforce engagement. These elements not only improve retention but also lay the groundwork for effective, proactive occupational health interventions.

Return-to-work enablers

A sustainable return to work depends on meeting individual needs through timely occupational health advice, phased work adjustments, and open, supportive communication. Embedding these practices ensures that returning to work is a restorative step forward – not a setback.

We urge the Government to integrate these principles into future reforms and to actively engage occupational health professionals – particularly nurses – in designing inclusive, evidence-informed systems of employment support.

1 Early access to occupational health expertise

- The Boorman review in the NHS (2009) highlighted how early referrals to occupational health supported a higher likelihood of preventing absence/ supporting earlier return to work for two key absence reasons in the NHS (and most organisations): mental wellbeing and musculoskeletal issues.[1,2]
- Early decisions about health and work require timely, specialist advice. Over the years, occupational health professionals have shared management advisory reports through the individual for the attention of their GP to enhance their knowledge of the work enablers and support to provide confidence to advise them fit for work. Remaining at work with appropriate support is essential. Burton K and Waddell G (2006) cited that work is good for your health and wellbeing.[3] The Farmer and Stevenson review (2017) cited that "good work is good for mental health".[4]
- The longer the absence, the less likely a return to employment. The employment of disabled people 2024 – GOV.UK reports that 51 per cent did not return to employment after 12 months' absence.[5]
- A study on return to work following back pain, cited that 32 per cent of staff not back at work at one month are at a crucial point for intervention to prevent long-term work absence.[6]

- Access to quality occupational health services with competent occupational health professionals (educated and accredited [7,12,13,14, 15]), provides organisations with guidance on workplace health to maintain good health. "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".[8]
- Occupational health support advises organisations about preventative approaches to ensure that employees with long-term health conditions/disability are supported and remain at work.

2 Continuity and follow-up

- Regular follow-up with individuals supports a workplace adjustments framework that advises current adjustments as health conditions, life situations and changes at work evolve. There should be communication with healthcare professionals outside of the workplace to support holistic health and wellbeing.
- Some health conditions are complex and their impact/symptoms may be lengthy in duration. Occupational health can provide continuity of care through follow-up assessments that advise on any change in circumstances as well as suitable fitness to work and workplace adjustments. Occupational health through multi-professional liaison and co-ordination can facilitate the individual's recovery/health improvement. This proactive public health and multidisciplinary approach supports community care and reduces access to NHS services which are managing significant constraints.

3 Working with employers and the workplace

- Occupational health professionals providing advice to organisations are independent and provide balanced advice to meet the needs of the employee and employer.
- Focusing solely on the individual and not considering the workplace factors increases the risk of failed return-to-work plans. Professionals provide advice with the knowledge of workplace challenges and barriers and engage the manager to support the return as a duty of care. The individual feels supported in the early weeks and this increases the likelihood of a successful return to work.[9,10]
- Occupational health professionals are pivotal to improving workplace health and wellbeing. They build relationships, facilitate communication, and advocate reasonable adjustments while considering changes in the workforce (e.g. health of the ageing worker), technological advancements (e.g. AI) and evolving working practices.
- Proactive occupational health and wellbeing.
- A research study of 81 studies reporting on nearly one million individual participants demonstrated that participants who engaged in the healthiest clusters of lifestyle behaviours reported significantly fewer symptoms of depression and psychological distress compared with participants engaging in less healthy combinations of lifestyle behaviours.[11]

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Workforce health and wellbeing, following on from the Mayfield Review: advancing occupational health, challenges, opportunities and policy recommendations

Inspiring Occupational Health (iOH)

(The Association of Occupational Health and Wellbeing Practitioners)

(Formerly the Association of Occupational Health Nurse Practitioners UK)

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Introduction

The Association of Occupational Health and Wellbeing Practitioners (iOH) is pleased to contribute to this IOSH chapter on behalf of its members, with recommendations reflecting strategies from the Pathways to Work Commission, the Get Britain Working White Paper, and the NHS Fit for the Future Health Plan.

A. Core challenges and recommendations in occupational health

Despite growing employer demand, access to and use of occupational health (OH) services remain inconsistent, particularly among small and medium-sized enterprises (SMEs).

A.1 The OH workforce faces recruitment and retention challenges

Understanding occupational health provision 2023-24 – GOV.UK

Norrie_et_al,_2024:_Occupational_Health_careers.pdf

Recommendations:

- Raise awareness of an OH career by introducing the specialty to undergraduates.
- Support of the NSOH programme for undergraduate placements within OH.
- Funding training and supervision in OH is essential to alleviating workforce challenges, especially as the range and quality of training provision is improving.
- Interdisciplinary learning facilitated to ensure a consistent level of training.
- Support for digitalisation and the use of technology to reduce the administration burden on OH.
- Creating a nationally recognised standard for technicians and facilitating a registering body to enable a more consistent quality and assurance.

A.2 OH services typically are separate from primary care, mental health, and employment support systems, limiting the effectiveness of interventions and delaying access to support

Recommendations:

- GPs and secondary care educated in work as a health outcome. Mandated as part of undergraduate training and compulsory training for those already qualified.
- OH accessible via health clinics and GP surgeries for individuals without direct provision, and through employers in organisations with over 250 employees.
- Work coaches become case managers (CMs).

2.1 Employerless

- Stronger collaboration created between functional assessors (PIP, disability, etc.) and GPs/work coaches, as assessors can recommend treatment or rehabilitation.
- GPs consider treatment plan with work as a health outcome; can include digital initiatives. Referral to an OH professional.
- Work coaches require a degree in health science and training to competency standards as CMs CMSUK Standards of Practice.
- CMs facilitate intervention, including work as a focus and refer for/provide social prescribing, support prompt access to treatment or rehabilitation, self-management and lifestyle advice while monitoring progress. Could include treatment via the practice nurse or secondary care, nutrition, mental health support, lifestyle, and condition management.
- Support rehabilitation services and assessments, including occupational therapy (OT) and physiotherapy.
- Refers to OH to consider work restrictions and adjustments for planning a return to work and job crafting.

2.2 Current employer

- Fit note given → work coach referral
  - Universal fit note requirement for the work coach to liaise with employer (maintaining health confidentiality unless consent is obtained) or there is a potential benefit impact.
  - Work coaches, case management, liaising with the employer to understand support available to the employee, and what the primary care needs are (physio, mental health, neurodiversity).
  - They refer to OH if needed (clear triage and referral guidance). OH consider the role: the hazards and risks, the function required and any biopsychosocial factors, i.e. how health affects work and work affects health.
  - OH will make recommendations to the employer, employee and work coach.
  - Flexible delivery models that include digital access and multidisciplinary teams.

2.3 Employer support: employers can lack full understanding of beneficial return on investment in OH and associated wellbeing

Recommendations

- Provide every organisation/business with access to a strategic OH adviser. An OH qualified consultant nurse or doctor could review health data from the organisation and the locality, hazards, risks, make-up of the workforce, public health factors, data, health conditions, culture, and provide evidenced advice to reduce absences, improve return-to-work success and create a culture of wellbeing.
- Provide tax incentives to encourage employers to provide prompt access to assessments and treatment for musculoskeletal, mental health and neurodiversity challenges, which OH can facilitate.
- Encourage integration with income protection schemes to reduce costs.
- Encourage insurance rebates based on health and wellbeing initiatives.
- Provide a public health prevention and promotion service, including health assessments and lifestyle advice.

2.4 The lack of a national framework for quality OH provision leads to inconsistencies in service delivery and outcomes

Recommendations

- Facilitate SEQOHS accreditation with tax incentives.
- Incorporate OH within CQC if being delivered from a GP surgery.
- Encourage all organisations of 50 employees or more to meet ISO 45001 and 45003.

B. Policy recommendations

1. Implement a Voluntary National OH Framework defining minimum standards for OH provision. Establish an expert advisory group to oversee development.
2. Support SMEs through digital infrastructure, creating a digital OH marketplace to facilitate group purchasing and service access. Expand triage, self-referral, and online booking tools.
3. Invest in workforce development by launching a national OH workforce strategy.
4. Explore fiscal incentives by considering tax-relief options to encourage employer investment, aligning incentives with measurable outcomes such as reduced sickness absence and improved return-to-work rates.
5. Integrate OH into broader work and health reforms by embedding OH within local health and employment ecosystems. Aligning with national strategies to promote prevention, retention, and rehabilitation.

Conclusion

OH supports workforce participation, productivity, and public health. There is potential for transformative change. By investing in standards, workforce development, and system integration, the UK can build a resilient, inclusive, future-ready infrastructure that supports people to return to and remain in work.

Personalised support to overcome health barriers to work: what works best?

Dr Sally Wilson, head of workplace health and wellbeing, Institute for Employment Studies

At the time of writing, Sir Charlie Mayfield's review for Government is under way, which seeks employer perspectives on what can be done to tackle economic inactivity owing to ill-health and disability. The review, which follows the Government's Keep Britain Working white paper, presents an opportunity to view this issue through a new lens, while also recognising the difficulties of funding occupational health in today's challenging economic climate.

A Discovery report has been published as the first step of the review. This paints a picture that is sobering but familiar now to those working in occupational health research: more than 8.7 million people in the UK now suffer from health issues that limit their work. The importance of case management in managing health conditions and disabilities more effectively is highlighted. Critically, it concludes that a lack of effective case management and support during periods of sickness absence leaves people isolated and can increase the chances of an individual having to leave work or lengthen the time before successfully returning.

With this in mind, it's timely to consider what previous programmes have taught us about supporting employees with health conditions, including lessons from the Fit for Work service introduced more than a decade ago. My organisation, the Institute for Employment Studies (IES), led the evaluation of the Fit for Work (FFW) service, a caseworker-led model initiated under the last Labour Government. This addressed a problem that still stands: lack of access to specialist occupational health expertise within small and medium-sized employers.

Core standards and service components of case management

FFW was aimed primarily at employees on sick leave or at risk of long-term sickness absence. The service was specified as a 'black-box' model with many aspects of delivery left up to various local providers. In analysing this diversity of approach, our evaluations were able to draw out some core features of effective case management.

- **Speed:** engagement should occur within the first few weeks of absence, with rapid triage and prioritisation of complex or high-risk cases.
- **Tailoring:** return-to-work (RTW) plans should be based on the individual's condition, job role, and workplace,with realistic phased-return options and consideration of job-change pathways where necessary.
- **Employer liaison:** regular communication with employers is essential, and workplace adjustments need to fit the employer context.
- **Integration:** where specialist input is needed,

case managers should coordinate with (for example) GPs, mental health services, physiotherapy, and employment support.

- **Follow-up:** check-ins with employees to review progress and adapt plans should be regular, with monitoring protocols for worsening conditions or failed return-to-work attempts.

Key learning principles

Although the service was successful in improving return-to-work outcomes, it was discontinued in 2018, primarily owing to low referral rates. A key issue was that many employers and employees didn't fully understand what FFW would deliver: some employers expected full medical assessments, while some employees confused the service with a work capability assessment for DWP. The pilots also struggled to address the complex needs of individuals with mental health issues. This complexity made it challenging to provide effective support, especially when a change of job was necessary for recovery – for example, where work environments were 'toxic' for the individual.

What should happen next?

There is scope to test what works in the current and emerging employment landscape. This should address:

1. Use of technology for engagement/service delivery: FFW was launched in a pre-Covid, pre-Teams era, so engagement was face-to-face or over the telephone.
2. Use of technology in workplace adaptations: similarly, the potential for adaptations has moved on considerably – for example, support with reading and writing on MS Office is now standard.
3. Changing profile of conditions that present a barrier to work: there is an increased prevalence of mental health and neurodiversity diagnoses, particularly in young people. The needs of those with fluctuating conditions (such as long Covid) need to be considered.
4. Linking with skills and career provision: this wasn't a core part of FFW but would need to be considered in any future service to meet current Government plans set out in its white paper.
5. Affordability: the elephant in the room is funding. Neither the Government nor employers claim to have spare cash, yet the cost of inaction – rising sickness absence, burnout, and staff turnover – is far higher.

On the basis of recent press articles, some controversial, it's likely that the final output of the Mayfield Review will be wide-ranging and challenge accepted practice. But we hope its conclusions prompt initiatives that build on past learning about individualised support and ensure that it is delivered to the people who will benefit most. The real question is not whether we can afford to provide tailored services of this type for at-risk individuals, but whether we can afford not to.

Occupational health challenges

Dr Ali Hashtroudi, head of National School of Occupational Health, NHS England, and Professor Neil Greenberg on behalf of the Society of Occupational Medicine

The primary role of the National School of Occupational Health (NSOH) is quality assurance of training provided to trainees in various OH disciplines. NSOH has worked very closely with stakeholders in the sphere of work and health over the years to ensure that the working-age population in the UK have access to evidence-based, ethical, high-quality and effective occupational health advice and support throughout their occupational journey.

We identify the following broad challenges which have been well recognised:

1 Lack of legislative framework or mandatory standard for provision of OH to UK Plc.

Unlike many other developed countries, there is no legal mandate in the UK to provide OH either by a public service or the employer. While there are powerful and effective legislations, including the Health and Safety at Work etc Act 1974 and the Equality Act 2010, neither of them addresses the issue of work and health thoroughly. The former focuses on preventative measures, which are, of course, of utmost importance but do not necessarily cover rehabilitative/enabling measures. The Equality Act is only applicable to people who are legally disabled and not the entire working-age population and therefore misses health issues that can cause temporary or long-term economic inactivity while not reaching the threshold of disability.

The Faculty of Occupational Medicine runs an accreditation service (SEQOHS), which sets the standards for OH services but it is a voluntary scheme.

2 There seem to be two major obstacles in creating a legal framework to mandate OH for UK Plc, or enforcing the expansion of access to professional work and health advice:

- **a** Funding.
- **b** Resources to provide relevant work and health advice.

Our recommendations therefore mirror the two major obstacles and, importantly, are aligned with our expertise in training and education.

A. Funding

In the current economic climate with significant constraint on public funds, it is very difficult to identify a unique solution. On the other hand, there have been various proposals such as tax levy/break and financial incentives for employers if they invest in professional work and health advice. Notwithstanding the exact solution, it is important to highlight two points:

i The evidence at the global level (other countries) and organisation level is compelling that there is credible return on investment, i.e. the funding allocated to professional work and health advice can reduce the bill for economic inactivity.

ii Whatever the source of funding, part of it should be allocated to education and training (see below) to ensure sustainability of the system.

B. Resource to provide relevant professional work and health advice

The curriculum for most regulated healthcare professionals does not generally include training on the interplay between work and health. The impact is not confined to those healthcare professionals who can issue Fit Notes without relevant training, but the lack of appropriate work and health training can have far-reaching impact on the advice provided to the patient and the patient's subsequent behaviour. It is imperative that the advice provided by healthcare professionals about work is evidence-based, balanced, ethical and within the expertise of the person providing it.

Some medical schools provide training in OH, but this has been largely a local decision. There have been various efforts to provide some form of training in OH for GPs, which has had a low uptake.

Despite a clear message in the 2025 healthcare professionals' consensus statement for action on health and work – AOMRC, there remains no concerted effort to include any form of training on work and health in undergraduate or postgraduate training of healthcare professionals.

NSOH has significantly contributed to previous proposals jointly put forward with the Faculty of Occupational Medicine, the Society of Occupational Medicine, and the Council for Work and Health, and has also worked very closely with the Joint Work and Health Directorate (DHSC and DWP).

In summary, our recommendations broadly include:

1 Identifying a source of funding to provide access to professional work and health advice for the working-age population.

2 Allocating sufficient funding to training and education, as below.

- **a** Education of employers on the topic of work and health, preventative measures, rehabilitative measures, and where and how to seek advice.
- **b** Formal training, followed by continuous professional development activity, for non-healthcare professionals to create work and health coaches/case managers (layer 3, see below).
- **c** Training for non-OH healthcare professionals to include basic training (layer below) to more formal qualifications on the topic of work and health (layer below).
- **d** Expanding training opportunities in OH (layer below), including sufficient funding for supervision.

3 Expansion of access to professional work and health advice on a tiered model, which facilitates escalation for more expert advice as the complexity of the case increases:

- **Layer 1:** information available through a competent person within the company.
- **Layer 2:** IT based (including AI) advice – this can be combined with level 1, depending on the funding and rules of access.
- **Layer 3:** advice provided by trained non-healthcare professionals.
- **Layer 4:** advice provided by non-OH trained healthcare professionals.
- **Layer 5:** advice provided by non-specialist OH healthcare professionals with a diploma, or related qualification, in OH.
- **Layer 6:** specialist advice provided by qualified OH healthcare professionals with specialist qualifications.

NHS Health at Work Network

Caring for the carers: occupational health challenges in the NHS

Dr Charles Goss, consultant occupational physician, chair of NHS Health at Work Network

Introduction

The NHS is the largest employer in the UK, with over 1.3 million staff working across a range of clinical and non-clinical roles. Staff health and wellbeing is a key priority for effective functioning of the NHS, not only to ensure the health and wellbeing of staff themselves but also to maintain a productive workforce that can provide high-quality patient care. Evidence shows us that happy, healthy staff provide better care for their patients. As an employer, the NHS also has a duty of care to ensure the occupational health and wellbeing of its employees.

The Black and Boorman reports reinforced the need for effective OH services for the working-age population, and NHS OH is a critical component contributing to the overall health and wellbeing of the NHS workforce. This includes helping skilled and valuable workers with health problems and disabilities begin work, remain at work, and return to work following illness and absence.

The NHS Health at Work Network is a membership organisation for NHS occupational health services, which aims to:

i Act as a unified voice for NHS OH services, to inform, influence and shape national policy.

ii Collaborate with key stakeholders on matters such as recruitment, training and retention of staff.

iii Exchange information, expertise and good practice.

The 'case' for provision of OH services for NHS staff

- Improved health and wellbeing of staff: the provision of occupational health services can help identify and manage health issues in the workplace, including workplace-related illnesses. This can lead to improved health outcomes for staff, while reducing the risk of work-related ill-health, absenteeism owing to sickness, and the costs associated with staff absence.
- Enhanced health and safety in the workplace: occupational health services can help identify and manage workplace hazards, including physical, chemical, biological and psychosocial hazards. This can lead to a safer working environment for staff, reducing the risk of workplace accidents and injuries.
- Compliance with legal obligations: to safeguard the health and wellbeing of employees is a legal requirement for employers under the Health and Safety at Work etc. Act 1974. By providing occupational health services, the NHS is complying with its legal obligations to protect the health and safety of its employees.
- Improved patient care: the health and wellbeing of NHS staff is closely linked to the delivery of high-quality patient care. By promoting and maintaining the health of its workforce, the NHS can improve the quality of care it provides to patients.

The important role of OH in the NHS was highlighted during the Covid-19 pandemic,

when many services were called upon to support their organisations with testing, contact tracing/isolation requirements, risk assessments and supporting distressed staff. However, stepping up proved, especially difficult for typically smaller, less well-resourced services.

In 2022, NHS England developed the Growing OH and Wellbeing programme to support staff across the NHS, identifying strategic drivers:

- Growing the strategic identity of OH and WB.
- Growing our OH and WB services across systems.
- Growing our OH and WB people.
- Growing OH and WB impact and evidence-based practice.

This strategy and support was very well received and has helped many OH services develop and flourish. We look forward to continuing to work collaboratively with NHSE colleagues and note the mention of the importance of OH in the NHS 10-year plan.

There have been previous commitments from the UK Government to improve the health and wellbeing of NHS staff, and Healthy staff, better care for patients (publishing.service.gov.uk) proposed a framework to realign NHS occupational services to ensure they deliver accessible, high-quality care. Further recommendations focused on developing a robust evidence base and engagement to reduce and prevent ill-health at work while promoting optimal health and wellbeing through the workplace.

The 'case' for high-quality OH provision across the NHS is therefore very clear.

However, OH services across the NHS continue to report significant shared challenges, which can be categorised as follows:

- Staffing – the impact of poor recruitment and retention of staff into the speciality, at a time when the NHS is facing its own unprecedented challenges on workforce and workload, which in turn affect demand for occupational health services.
- Limited resources – the provision of occupational health services requires resources, including premises, funding, staff, and equipment and IT infrastructure. The availability of these resources can be limited in the NHS, leading to challenges in the sustainability of occupational health services. Funding commitments for OH services can vary widely between Trusts and can be seen as a 'nice to have' rather than an essential function.
- Stigma around mental health – mental health is a significant concern in the NHS workforce, with high levels of stress, anxiety, and depression reported among staff. However, there is still a stigma around mental health in some workplaces, which can make it difficult to seek help and access services.
- Sickness absence – sickness absence is a major concern for the NHS, with high rates of staff absence leading to increased workload and reduced productivity. Mental health conditions are consistently the leading cause of sickness absence, accounting for over a quarter of all absences. Duration of sickness absence of more than four weeks is associated with an increased likelihood of difficulty in returning to work, departure from employment and difficulty in returning to employment.
- Access to occupational health – timely access to occupational health services, provided by appropriately qualified and experienced staff, is an important factor in promoting staff health and wellbeing in the NHS.
- The 2024 NHS Staff Survey results showed that nationally only 57 per cent of staff said their organisation takes positive action on health and wellbeing, 29.2 per cent experience musculoskeletal symptoms attributed to work, 41.6 per cent were

affected by work-related stress, and 55.8 per cent have attended work while feeling too unwell to perform their duties.

The NHS Health at Work Network therefore calls upon the Government for direct, targeted and bespoke support to help ensure that NHS OH services are recognised, prioritised and appropriately resourced in order to overcome these challenges.

Royal College of Occupational Therapists

Enhancing occupational health through occupational therapy: a holistic approach to workforce health and retention

Karin Orman, executive director for practice and innovation, Royal College of Occupational Therapists

Keeping people healthy, in work, and thriving across their working lives is a shared ambition for occupational health professionals, employers, and policymakers alike. Achieving this goal, particularly in today's context of rising long-term sickness and complex health needs, requires a holistic, preventative, and multidisciplinary approach. Occupational therapists (OTs), trained in the biopsychosocial model, bring a distinctive skillset that complements and strengthens occupational health (OH) provision, particularly in helping people overcome the wide range of barriers that impact work participation.

The reality: multiple, overlapping barriers to work

The factors that prevent people from remaining in or returning to work are rarely singular. Instead, they tend to cut across mental and physical health, social context, and environmental factors. For example, someone recovering from a musculoskeletal injury may also be managing anxiety about re-injury, financial stress, caring responsibilities, or an unsupportive line manager. Similarly, an employee with a long-term health condition with fluctuating symptoms or mental health challenges may face variable energy levels, pain, memory issues, stigma, or difficulties navigating workplace adjustments.

This complexity demands more than a clinical diagnosis or a standardised return-to-work plan. Sometimes a treatment or medicine is not enough. It calls for a personalised, functional approach that considers the whole person in the context of their work, home, and community life. This is where occupational therapists add real value. OTs work alongside OH teams to translate broad medical or organisational assessments into tailored, practical solutions.

OT and occupational health: a collaborative model

Occupational health professionals already play a vital role in workforce health, supporting safe return to work, assessing risk, and advising on capability. OTs complement this work by focusing on the functional impact of health conditions and deliver interventions that address barriers at multiple levels.

Where OTs and OH professionals work together, whether within NHS trusts, public services, or contracted services, employees benefit from more joined-up support. For example:

- Following an OH assessment, an OT might

conduct a functional capacity evaluation to identify the specific demands of a role and how these intersect with an employee's capabilities.

- The OT can then develop a graduated return-to-work plan, including coaching, environmental modifications, and job adjustments tailored to the individual.
- For employees managing long-term conditions, OTs can provide strategies for symptom management, such as fatigue pacing, cognitive support, or anxiety management, helping people stay in work safely and confidently.

Proactive, preventative interventions that work

The earlier these types of interventions are delivered, the more effective they are. Unfortunately, many people only receive support after long periods of absence, when confidence has eroded and work feels out of reach. Embedding OTs within OH teams or commissioning their input at an earlier stage allows for proactive vocational rehabilitation, reducing sickness absence, avoiding disengagement, and supporting long-term retention.

Real-world examples show the impact of this approach:

- In NHS Lothian, OT support for SMEs through the Working Health Services programme saw 100 per cent of at-risk employees remain in work post-intervention.
- In Wakefield, an OT-led vocational rehabilitation service helped reduce Med-3 fit notes by 40 per cent and supported 1,700 people to return to work or remain in it.
- In Hackney, an OT-led primary care intervention reduced fit note use by 65 per cent within three months.

These successes stem from OTs' ability to address both visible and hidden barriers to work, working closely with line managers, HR, and other professionals to build sustainable plans for recovery and reintegration.

A system that enables integration

Despite these positive outcomes, barriers to integration persist. Awareness of the OT role in workplace health remains low among some employers and OH providers. Funding structures often separate clinical services from vocational support, limiting opportunities for joined-up care. And a lack of access to OTs, especially for SMEs or underserved areas, means opportunities for early intervention are too often missed.

To improve this, we need system-level solutions:

- Commissioning models that allow OH providers to work in partnership with OTs on a flexible, retained, or per-referral basis.
- Stronger pathways between community OT services, Access to Work, and OH teams.
- ICS-level workforce planning that includes OT roles spanning health, employment, and rehabilitation.

These steps will help unlock timely, holistic support for employees, particularly those at risk of health-related job loss.

Holistic support for a sustainable workforce

The future of workforce health depends on our ability to work across professional boundaries and deliver joined-up, preventative support. Occupational therapists, grounded in the biopsychosocial model, bring the insight and tools to address the real-world complexities people face when navigating work with a health condition or disability.

Working in partnership with occupational health providers, OTs offer functional, person-centred interventions that keep people working, reduce avoidable absence, and promote sustainable employment. As the next phase of the Mayfield Review takes shape, integrating OT into multidisciplinary workforce health strategies is not just a nice-to-have, it's a smart, evidence-based investment in a healthier, more resilient labour market.

Supporting occupational health and wellbeing professionals

The value of occupational health: why occupational health matters

Nick Pahl, CEO, Society of Occupational Medicine

Occupational health plays a critical role in preventing ill-health and improving the productivity of the workforce. With rising levels of work-related illness and absence, investing in OH is essential for individuals, employers, and the wider economy.

1.7 million workers suffer from work-related ill-health, resulting in 33.7 million lost working days.[1] Stress, depression, or anxiety account for nearly 50 per cent of these cases.[2] 3.7 million working-age people are in work with a health condition that is 'work-limiting', meaning it limits the type or amount of work they can do. This figure has increased by 1.4 million over the past decade.[3]

Occupational health is an independent expert function, sitting apart from both employer and employee interests. Its role is to provide impartial, evidence-based advice that prioritises health, safety, and wellbeing in the workplace. This independence is vital for building trust: employees can be confident their health concerns are treated fairly and confidentially, while employers benefit from professional, objective guidance on how to support their workforce. By acting as a neutral bridge, occupational health ensures that decisions are driven by what best protects and promotes health, rather than by organisational or individual pressures.

Clear return on investment for occupational health

Investing in occupational health is not just about meeting compliance requirements; it is a strategic decision that delivers measurable returns. Workplaces with strong occupational health provision experience lower sickness absence, reduced staff turnover, and higher levels of employee wellbeing and engagement. This in turn leads to improved productivity, more resilient workforces, and long-term cost savings for employers.

For employers, investment in OH also brings indirect benefits, such as improved morale, stronger retention, and enhanced reputation as a responsible and supportive organisation.

The Government has estimated that having one extra disabled person in full-time work, rather than being out of work and fully reliant on benefits, could save an estimated £18,000 a year.[4]

1 HSE, Key figures for Great Britain (2023/24), 2025. www.hse.gov.uk/statistics/overview.htm
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Occupational health – supporting mental health and reducing inactivity

By providing early intervention, rehabilitation support, and proactive health management, occupational health services can help employees stay well and in work or return more quickly after illness. The impact is particularly clear when looking at mental health and musculoskeletal disorders, the two leading causes of long-term sickness absence, where prevention and early support are critical.

For every £1 spent on supporting employee mental health, employers can see a return of approximately £4.70 to £5 through improved productivity, reduced absenteeism, and better staff retention.[5]

The gap in occupational health provision

Despite the clear benefits of occupational health, access to services remains uneven across the workforce. Only 45 per cent of UK workers have access to occupational health provision, leaving more than half without support when they need it most.[6] The disparity is particularly stark between larger and smaller employers: while 92 per cent of large organisations provide occupational health, just 18 per cent of small businesses do the same.[7]

This gap matters because smaller businesses employ a significant proportion of the UK workforce, yet often lack the resources, infrastructure, or awareness to offer OH support. As a result, many workers – particularly those in lower-paid or less secure roles – face additional barriers to staying healthy in work or returning after illness. Closing this gap is essential if OH is to deliver its full potential in supporting national health, productivity and economic growth.

Scaling occupational health

Scaling up occupational health (OH) is key to ensuring that all workers, regardless of employer size or sector, can access the support they need. At present, OH provision is concentrated in larger organisations, leaving millions of employees in small and medium-sized enterprises, self-employment, or gig work without coverage. Expanding OH requires innovative delivery models, greater use of digital and remote services, and collaboration between public and private providers. By making OH more affordable, accessible, and responsive to diverse workforce needs, scaling provision can reduce inequalities, improve health outcomes, and boost productivity across the economy.

Society of Occupational Medicine recommendations

- Requiring larger companies to invest in OH, and supporting SMEs with local delivery via Work Well, voucher schemes, or tax incentives.
- Early intervention in mental health and long-term condition management.
- National standards to ensure consistent quality of occupational health provision.
- Supporting training and broadening routes into occupational health careers.

5 Deloitte, Mental health and employers, 2024. www.deloitte.com/uk/en/services/consulting/research/mental-health-and-employers-the-case-for-employers-to-invest-in-supporting-working-parents-and-a-mentally-health-workplace.html

6 DWP, consultation response, Occupational Health: Working Better, 2023. www.gov.uk/government/consultations/occupational-health-working-better/occupational-health-working-better

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Transforming occupational health and safety in the UK: a prevention-first approach

Joe Donnelly, head of health and safety, UNISON

UNISON is the UK's largest public service trade union with 1.3 million members. Our members are people working in the public services and for private contractors providing public services including in the essential utilities. They include frontline staff and managers working full or part-time in local authorities, the NHS, the police service, colleges and schools, the electricity, gas and water industries, transport, non-departmental public bodies and the voluntary sector.

As a trade union, UNISON regularly engages with employers and Government to protect and improve the pay and conditions of all who work in public services, as well as the services they provide to society.

UNISON welcomes the Keep Britain Working Review and views it as a vital opportunity to embed robust, preventative, and inclusive occupational health (OH) strategies into public policy.

Ill-health is increasingly undermining the UK's labour market, driving record levels of economic inactivity and straining public services. By the end of 2023, 2.8 million people aged 16-64 were economically inactive owing to illness or disability.

Mental health and musculoskeletal conditions are among the leading drivers, with workers often identifying workplace conditions as contributing factors. Alongside this, the UK is incurring staggering costs – £41 billion in sickness absence, £2 billion in NHS spending annually, and wider economic losses now exceed £175 billion.

5.5 million disabled people in work face persistent barriers including inflexibility, lack of reasonable adjustments, and limited occupational health access, leaving many vulnerable to further exclusion.

Occupational health must be positioned as central to economic strategy, requiring an integrated approach across employment policy, health systems, and social protections.

We urge a fundamental emphasis on prevention (eliminating hazards before they cause harm), a principle which is central to the International Labour Organization's (ILO) comprehensive framework for occupational health and safety (OSH). Good occupational health policy must prioritise the anticipation and mitigation of workplace risks, rather than relying on reactive responses once incidents occur.

UNISON advocates for a prevention-first strategy through a comprehensive transformation of the UK's occupational health landscape, structured around three pillars: robust health and safety practices; management of ill-health; and quality OH coverage.

Robust health and safety practices

A prevention-first approach to workplace health is essential to curbing ill-health and enabling workers to thrive. This necessitates strengthening health and safety regulations, ensuring legal parity between mental and physical health

protections by integrating psychosocial risk management into workplace practices to address stress, burnout, and poor mental health. Improving access to workplace flexibility and reasonable adjustments and the introduction of a National Occupational Health Standard could help ensure compliance and promote consistency and best practices across sectors.

Managing ill-health at work

Effective support for workers experiencing ill-health is critical to sustaining employment and preventing prolonged economic inactivity. Key recommendations include increasing statutory sick pay (SSP) to facilitate access to medical and occupational health appointments, reforming the Access to Work programme to provide timely and adequate financial support, expanding and regulating employee assistance programmes (EAPs). Ensuring comprehensive employer training on risk management should also be prioritised.

Quality OH coverage

To ensure equitable access and delivery of occupational health services, UNISON proposes the need for specific central funding for occupational health provision – particularly helping SMEs and the self-employed. This should be underpinned by robust governance from the health and safety regulator, tasked with enforcing standards through provider registration, inspections, and compliance monitoring. Expanding occupational health workforce capacity will be vital in meeting the impact of any subsequent growth demand.

Conclusion

The scale and urgency of the UK's ill-health crisis demands bold and systemic reform. UNISON's prevention-first approach offers a pathway to reshape occupational health and safety by embedding robust regulations, ensuring equitable OH access, and fostering a culture of proactive risk management.

Importantly, this proposal offers a practical and politically aligned opportunity, dovetailing with Government commitment to review health and safety guidance and regulation with a view to modernising legislation set out in the Next steps to make work pay report.

It's time to move beyond short-term fixes and commit to meaningful change that protects people, strengthens public services, and boosts national productivity. We must build a healthier, more resilient workforce.

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Prevalence of musculoskeletal conditions and their economic costs

Shaun Odili, policy officer, Versus Arthritis

Musculoskeletal (MSK) conditions, which are conditions affecting the muscles, bones and joints, affect 20.3 million people in the UK and are the single biggest cause of pain and disability. More than 10 million people in the UK have arthritis; that's one in six living with the pain, fatigue and disability it causes.

MSK conditions impose a significant financial burden on the individual, the NHS and the economy. NHS spending on treating patients with MSK conditions is estimated at over £5 billion annually. Furthermore, ONS data shows that MSK conditions were the second highest reason for sickness absence in 2024, accounting for 15.5 per cent of absences. Lost productivity owing to MSK conditions cost the UK economy £12 billion in 2023, and the cost of working days lost owing to osteoarthritis and rheumatoid arthritis alone is set to rise to £3.43 billion by 2030.

Employment challenges for people with MSK conditions

In 2023, Versus Arthritis and the Society of Occupational Medicine (SOM) conducted a survey to understand the needs of workplace professionals. The survey identified gaps in resources for workplace health professionals to help them support people with arthritis and MSK conditions. Occupational health professionals constituted a significant portion of the workplace professionals that responded to the survey. Insights from the survey highlighted several key employment challenges for occupational health professionals to be aware of.

The survey indicated that the provision of information, support and resources to people with arthritis and MSK conditions is inadequate. More than two-thirds (68 per cent) of respondents said they do not feel that people with arthritis and MSK conditions have access to the information and support they need to confidently self-manage their condition within work. Two-thirds (66 per cent) also mentioned a lack of adequate support and information to help people understand and request the support needed to remain in or return to work. Furthermore, 59 per cent expressed concern about the lack of support or resources for people with arthritis and MSK conditions to manage their conditions within work.

The survey also demonstrated that workplace wellbeing initiatives need to improve. Nearly three-quarters (72 per cent) of respondents indicated they do not feel that current workplace wellbeing initiatives are meeting the needs of people with moderate to severe arthritis and MSK conditions. Respondents also acknowledged the need for more holistic approaches to help people with long-term conditions, which occupational health needs to be a part of.

Benefits of occupational health for people with MSK conditions

Although people with arthritis and MSK conditions face numerous employment challenges that occupational health professionals need to address, it is also important to recognise how good-quality occupational health can benefit people with arthritis and MSK conditions.

An occupational health professional can help with joint protection and pain reduction, allowing people to take part in daily activities they find difficult to improve their independence. Regarding employment, occupational health is concerned with the workplace impact on workers' job performance and their physical and mental health.

Data from the 2023 survey that Versus Arthritis carried out with the SOM revealed that having access to occupational health advice was identified as one of the main areas of training, information resources or support that would help improve work outcomes by workplace health professionals. The survey also revealed that occupational health professionals had a higher understanding of how to support people with arthritis and MSK conditions with work capacity issues, compared with other workplace health professionals. Respondents provided anecdotal evidence of how seeing an occupational health professional helped people to increase their knowledge of their condition. They also recognised the importance of providing access to occupational health and ensuring that occupational health services are well staffed to improve wellbeing initiatives for employees with moderate to severe conditions.

Recommendations

Versus Arthritis believes the following recommendations could enable more people with arthritis and MSK conditions to benefit from occupational health services and therefore experience better employment outcomes:

1. Improve guidance, training, and work-related resources on occupational health for workplace health professionals, particularly in relation to management of arthritis and conditions and assessing capacity to work safely.
2. Improve awareness of, and access to, occupational health resources and services for workplace health professionals and staff.
3. Involve health and safety officers in occupational health processes to increase awareness of the impacts of arthritis and MSK conditions in the workplace.

We also suggest that workplace health professionals utilise our work adjustment plan to help support people with arthritis and MSK conditions to overcome work-related barriers.

About Versus Arthritis

We are Versus Arthritis – the UK's largest and leading arthritis charity.

We invest in world-class research, provide much-needed services and support, and campaign on the issues that matter most to people living with arthritis.

Website: versusarthritis.org

Vocational rehabilitation: strengthening the bridge between health and work

Vocational Rehabilitation Association

Who we are

The Vocational Rehabilitation Association is the UK's leading professional body for individuals and organisations involved in vocational rehabilitation (VR).

Our members are a range of clinical and non-clinical professionals using evidence-based practice and having 'work' as a focus in their interventions.

Definition of VR

The biopsychosocial process of enabling people who have disabilities and/or health conditions (including illness and/or injury) to remain in, return to, or gain employment or vocation. (VRA, 2025)

VR is a comprehensive, integrated process, so is:

- Not just one single element in isolation (e.g. assessment alone).
- Not only clinical treatment or therapy.
- Not mediation alone.
- Any intervention without a focus on work is not VR. (Work means 'meaningful activity' that ideally leads to 'paid' employment.)

What VR looks like in practice

Effective VR involves tiered support aligned to the complexity of need, ensuring the right help is provided at the right time.

1 Advice, information and signposting
   - Everyone who has been ill, or struggling with their health/disability, should receive basic information about work and returning to the workplace.

2 Return to work and job retention
   - Including functional capacity evaluation (FCE), job demands analysis (JDA), work readiness assessment, return-to-work planning and adjustments.

3 Specialist VR services: assessment plus clinical, physical and psychological work-focused intervention.

Why it matters now

The UK faces record levels of economic inactivity owing to long-term sickness. While occupational health (OH) provides essential clinical oversight, many employees are still falling through the gaps between health advice and workplace realities. Vocational rehabilitation helps to bridge that gap. VR translates OH recommendations into practical workplace solutions, supporting employers and employees to navigate absence, their health at work, adjustments, and return to work (RTW).

What is the opportunity for OH?

There are a number of opportunities that OH can capitalise on via strengthening the relationship between the OH and VR professions.

1 To broaden and deepen OH's ability to support employees in the workplace by providing vocational rehabilitation

interventions to act as the 'jam' in the sandwich between them and the line manager and provide appropriate support to help employees to remain in work. This combined approach will improve work outcomes and facilitate improved organisational capital through strong investment in the wellbeing of its workforce.

2. Provision of flexible service models by providing VR 'upstream' by implementing early intervention support, where OH refers to VR support earlier to avoid absence or to reduce the potential for a prolonged absence. Providing tailored individualised support strengthens the health and wellbeing of the workforce and avoids the negative effects of presenteeism and absence for both the employer and employee.
3. Adding VR support bolsters the OH offering to both prevent or reduce absence and support remain-in or return-to-work planning and management through the following interventions:
   - **a** Detailed functional capacity evaluations, including psychological and cognitive assessment, if necessary, to ascertain what someone's capability is and what needs to happen to smooth the transition back into work.
   - **b** Carry out workplace evaluations to support good job design for individual employers but also to propose any organisational-wide changes to the benefit of all employees.
   - **c** Provide career coaching support within an organisational setting to match skill to job roles where a person becomes too disabled to continue in their own role.
   - **d** Provide clinical, biopsychosocial support to help those struggling with their illness in a work setting.
   - **e** Support during a phased return-to-work plan to ensure sustainability through flexibility of planning and joining up with OH to keep informed.
   - **f** Support to exit from the workplace owing to ill-health through phased planning – a far more flexible approach than 'at work or not at work'.

Recommendations

1. **Strengthen collaboration and improve workforce health strategies**
   Encourage OH policy organisations and the VRA to work more closely together, sharing knowledge, best practice, standards and competencies and quality assurance models – in so doing, this builds mutual understanding of the roles and synergies between OH and VR professionals.
2. **Present a shared voice to Government**
   Explore opportunities for OH and VR to jointly highlight to policymakers the breadth of health and work support that a combined approach can deliver. This could include:
   - Showcasing evidence of improved outcomes when OH and VR work hand in hand.
   - Exploring options for various incentives that encourage employers to access early, integrated support.
   - Considering how regulatory frameworks or guidance could assure quality and consistency across services.
   - Developing joint training opportunities so OH and VR practitioners can build complementary skills and strengthen interdisciplinary practice.

1 House of Commons Library. Economic update: inactivity due to illness reaches record, July 2024. commonslibrary.parliament.uk/economic-update-inactivity-due-to-illness-reaches-record (accessed August 2025).

Conclusion

Integrated vocational rehabilitation and occupational health helps to ensure that clinical advice translates into sustainable workplace action. It keeps people in work, restores confidence and identity, and enables employers to retain valuable staff.

The opportunity now is to bring OH and VR closer together, combining our expertise to help reduce long-term sickness, keep people in meaningful work, and strengthen the UK economy.

With Labour's renewed focus on economic growth and tackling long-term sickness, now is the time to harness the combined strengths of OH and VR. Working together, these professions can transform outcomes for individuals, employers, and the economy.

From pathology to function: embedding occupational therapy in evidence-based occupational health

Jo Vallom-Smith BSc OT MRCOT PVRA

1 The challenge: pathology, not function

Too often, occupational health advice is reduced to short statements which focus on pathology rather than functional ability, often repeating what the employee has stated, rather than based on any objective data or assessment. While well-intentioned, these provide little actionable detail for employers or workers. The result? Long-term absence, disputes over adjustments, and lost productivity. In an era where more than 2.8 million people are economically inactive owing to long-term health conditions[1], we can't afford vague guidance. We need occupational health advice that is evidence-based, functional, and implementable.

For example, advice such as 'light duties' or 'avoid stress' offers little clarity. By contrast, an OT-led functional assessment might translate medical limitations into precise, practical recommendations. For example, 'safe to lift up to 10kg from floor to waist height, up to 10 times daily, but no overhead lifting' or 'can currently sustain focused computer work for 30 minutes before requiring a five-minute break'. This level of specificity enables safe role redesign and supports sustainable return-to-work planning.

2 The missed opportunity: functional, evidence-based OH

Occupational therapists (OTs) are uniquely skilled in assessing the interaction between health conditions, functional capacity, and job demands. Tools such as functional capacity evaluations (FCEs) and structured job analyses move the discussion from 'can/can't work' to 'How can this person work, safely and sustainably?'

By integrating these approaches within OH pathways, particularly for more complex cases, like those with multiple or fluctuating conditions, we create a clearer bridge between health advice and workplace implementation.

3 Why OTs are key

Unlike many professions, OTs are trained to view work not just as perfunctory tasks or a means of income but as a meaningful activity in its own right, shaped by physical, cognitive, and psychosocial factors. This unique perspective translates into practical tools and approaches that make occupational health advice more specific and actionable:

- Job task analysis: identifies core job demands and how they align with a worker's capabilities.
- FCEs: provide objective data on what an individual can safely sustain.
- Complex cases: OTs excel in conditions where symptoms fluctuate (e.g. fatigue, mental health, multimorbidity), translating complexity into practical work solutions.

This specialist skillset makes OTs vital partners in delivering a modernised, evidence-based OH system.

4 Case insight: from 'unfit' to valuable contributor

A senior airline pilot with significant visual impairment had been out of the workforce for over nine years, initially deemed 'unfit for duty' with no alternative options offered.

An OT undertook a functional capacity evaluation and job task analysis which looked beyond the obvious loss of flight duties.

The assessment considered the impact of visual impairment on display screen work, cognitive capacity to undertake safety-critical decision-making, mental health factors, and environmental demands. This holistic, functional evidence showed he could safely and effectively transition into a ground-based role such as fatigue risk management specialist.

With targeted workplace adjustments, he returned to meaningful employment, allowing the airline to retain his expertise and avoid permanent workforce loss.

This case shows how OT assessment can transform an apparently closed door into a sustainable, highly valuable work opportunity.

5 Policy levers

To unlock this potential, policy must shift from absence management to work enablement. Key actions include:

- Expanding OH commissioning frameworks to explicitly include OT in OH services.
- Funding pilots of OT-led complex case pathways to test impact on long-term sickness and disputes.
- Introducing incentives (e.g. tax breaks, subsidies, matched funding) for employers using evidence-based OT interventions.
- Embedding OT within multidisciplinary OH workforce planning, ensuring future service models are functional, not just medical.

6 Conclusion: from absence management to work enablement

Workforce health policy must move beyond ‘fit/unfit’ labels. Evidence-based OH needs a functional lens, where capability, not incapacity, drives decision-making. OTs bring the solution-focused expertise to make this shift real, turning absence management into work enablement. Investing in this approach is not only good for individuals and employers but it is also a smart strategy for a more resilient, productive labour market.

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About IOSH

The Institution of Occupational Safety and Health (IOSH) is a global Chartered body and the largest membership organisation for health and safety professionals worldwide. We connect our members with resources, guidance, events, and training, and we're the voice of our profession, campaigning on issues that affect millions of working people.

As a qualifications-awarding organisation, a developer of training and an advocate for positive transformation, we seek to build excellence in our profession, drive action from everyone who can influence occupational safety and health standards and ensure that protecting people is at the heart of sustainability.

IOSH was founded in 1945 and is a registered charity with international NGO status.

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