



Health & Work Matters

BFFF July 2016 – Heather Watson MCSP



Question...

How would you feel if you were unable to work due to illness for...

2 weeks

2 months

6 months

1 yr or more.....

Someone who has been off work for 6 months or longer has an 80% chance of being off work for 5 years



Waddell & Burton 2006



Work helps because it...

- helps to promote recovery and rehabilitation;
- leads to better health outcomes;
- minimises the harmful physical, mental and social effects of long-term sickness absence;
- reduces the risk of long-term incapacity;
- promotes full participation in society, independence and human rights;
- reduces poverty;
- improves quality of life and well-being

W&B2006

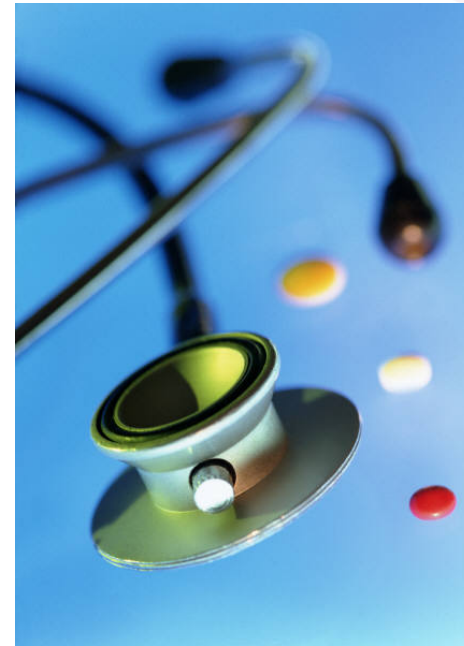


MSDs - Common Health Conditions

Most people are capable of staying active and working given the right opportunity, support, and encouragement – facilitating recovery and building resilience.

Kim Burton 2014

- Long term incapacity is NOT inevitable with the correct intervention



Key research findings - CHCs

1. Work does not cause the majority of health issues (Burton 2014)
2. Sickness absence / disability driven by **PSYCHOSOCIAL FACTORS**
3. Healthcare alone does not impact occupational outcomes (Burton 2014)



Work Relevance



Whether symptoms become “Work relevant” depends on impact ... (Burton 2014)

- Impact of symptoms (not diagnosis) on work
- Impact of work on the symptoms
- **Context** of the individual / work environments at the time of onset of the health condition
- **Perceived** threats of impact



Psychosocial factors

Predictors of recovery / return to work
(regardless of how the problem
started):

Flags

- **Person** – Yellow (thoughts, feelings, behaviours)
- **Workplace** – Blue (work & health perceptions)
- **Context** – Black (systems & policies)



Key Recommendations

BEST evidence is that the best results are achieved through workplace interventions...

- **All players** on side to overcome the psychosocial obstacles to work participation

Work focused healthcare & accommodating workplaces

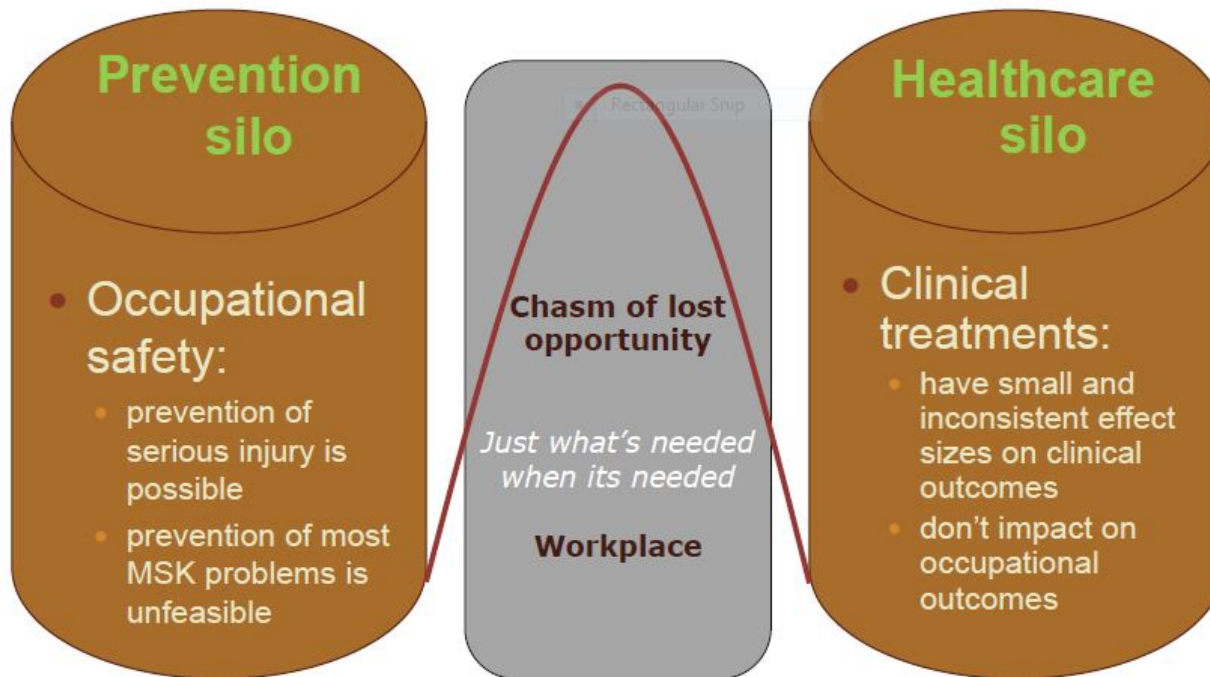


BUT...



kendallburton
consulting

Smarter intervention



Burton 2014



Case Example

- Severe foot injury from dog bite
- Multiple surgeries required over 3 years
- Work involves packing –
Job demands include -
standing / walking,
stairs, some sitting, co-
ordinating with team
members



Establishing Fitness for Work

- Identifying who is at risk of absence and needs help – know your flags!
- Assessing if someone fit enough – match / mismatch
- Negotiating & planning the Return to Work (RTW) process
- Set expectations within a framework



Overcoming Obstacles



Individual

- Believe hurt = harm therefore avoid activity
- Unable to weight bear due to pain & swelling

Employer

- Not sure how to help
- Lack of understanding among co-workers

Healthcare

- Delays between surgery / tests
- Concerned consultant!



Rehab Ingredients...



Clinical:

- Symptom management
- Swelling advice
- Pain education & advice
- Exercises & Fitness
- Walking re-education
- Confidence for work
- Workplace visits
- Guided RTW plan

Workplace

- Team meetings, employee and healthcare included
- Modified duties agreed
- Altered hours agreed
- RTW plans in place each time
- Redeployment considered



Outcome?



“Look at me now after my last surgery, all 48 stitches (ouch) out and back at work on crutches after just 4 weeks.

The hardest thing when anybody has been off work is returning, don't know how you've done it, but you've made that so much easier for me.

I couldn't wait to get back to work.”



Successful MSD recipe:

Multifaceted:

- Effective communications & processes
- Open & supportive
- Up to date information
- Access to effective healthcare
- Symptom management
- Collaborative & solution focused
- Accommodating workplace
- Confidence for work restored



Strategy:

Prevention AND Management of MSDs in workplace

- Every solution needs to be individualised - within a common framework.
- Consistent, effective, sustainable return to work planning

Consequences of failure?

Claims for injury - poor H&S

AND / OR

Claims for unfair dismissal – poor handling of absence



Strategy: the future?

What will we see:

- Understanding how an individual's context impacts risk of absence
- Research linking sickness absence risk to culture & relationship management
- **HOW you manage the situation matters more than WHAT the Health condition is.**



Summary

Most people are capable of staying active and working given the right opportunity, support, and encouragement – facilitating recovery and building resilience.

Kim Burton 2014



How we can help...

- Designing work & health focused processes
- Training managers / supervisors on understanding & managing work & health issues, fitness for work & return to work planning
- Clinical consultancy for difficult individual RTW cases
- Partnership for provision of on site Physiotherapy

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Thank you

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Resources

- <https://www.gov.uk/government/policies/helping-people-to-find-and-stay-in-work/supporting-pages/co-ordinating-the-health-work-and-wellbeing-initiative> (Feb 2014 updated)
- <https://www.gov.uk/government/collections/health-work-and-wellbeing-evidence-and-research>
- <https://www.gov.uk/government/publications/health-work-and-wellbeing-caring-for-our-future>
- <https://www.gov.uk/government/publications/is-work-good-for-your-health-and-well-being>
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- <https://www.gov.uk/government/publications/improving-health-and-work-changing-lives>
- <https://www.gov.uk/government/publications/vocational-rehabilitation-scientific-evidence-review>

