

## **A Delivery Framework for Adult Rehabilitation in Scotland**

RoSPA in Scotland strongly support the need for further innovative action, both to safeguard individuals' health from harmful factors in the workplace and to promote their well-being, including a safe and healthy return to work following injury or illness. We also believe that the workplace offers a useful setting in which to intervene and raise awareness of health issues, encourage individuals to seek help and to encourage and support changes in behaviour, which will support healthier living.

Indeed the title of the document relates to the restoration of an individual to a useful place in society, essentially 'post-harm' suggesting a reactive strategy to rehabilitate following physical or emotional damage to individuals, whereas there is the opportunity at this stage within the development of this delivery framework to consider evolving a 'pre-harm' or preventative thread through recognition of the fact that the workplace can be used proactively to reduce the requirement for services relating to rehabilitation

Notwithstanding the above a successful delivery framework for adult rehabilitation in Scotland must adopt an holistic approach accounting for the diverse range of influencing factors impacting on adult health, and incorporating the broadest array of professional support in it's implementation. The current framework refers to OH physicians and nurses however there exists a broad array of professional assistance available within Scotland to drive adult rehabilitation forward, POOSH Scotland, chaired by Dr Karen E. McDonnell, Head of RoSPA Scotland have produced a mapping document signposting this information for employers <http://www.hse.gov.uk/scotland/mapping.htm>.

The focus within the proposed strategy on the individual as a patient of the Health Service is limiting however, consideration should be given to the Healthy Working Lives model <http://www.scotland.gov.uk/Publications/2004/08/hwls/3>, which brings together all interfaces between the individual and their environment, in recognition of the role that 'good work' plays in a persons health and well-being. The potential link between the proposed strategy and the workplace could be the safeandhealthyworking adviser <http://www.sahw.co.uk/>, sample case studies of the type support provided may be reviewed at <http://www.sahw.co.uk/main-section/employers/case-studies.cfm>. The assessment of the 'health' of the workplace is a critical element in preventing harm, and reducing the impact on rehabilitation services, however where the potential for harm (physical or emotional) exists safeandhealthy working advisers could signpost employers to single discipline professionals, thereby acting as a conduit to those who can assist in the implementation of the delivery framework for adult rehabilitation in Scotland.

RoSPA does not believe that, the health and work equation can be balanced through professionals acting in isolation. Health in the work context is above all a management challenge and thus managers at all levels (but particularly line managers) need better training to help them engage positively (but within the limits of their competence and having necessary regard to medical confidentiality etc) to help ensure better health outcomes for workers - both individually and collectively.

Box 3.1 'New approach to rehabilitation' needs to incorporate the role of the employer, and the individuals environment both working and domestic. Developing the evidenced theme that the employer can create and maintain a healthy working environment, which can support the communication of wider health interventions for example healthy eating, smoking cessation, sensible drinking and safety promotion messages.

The UK national debate on work and health has moved forward since the initial publication of this Scottish Government publication in February 2007, RoSPA have included our responses to the specific questions asked by the Dame Carol Black's inquiry into the health of people of working age as it is our belief that these responses may also assist in shaping the delivery framework for adult rehabilitation in Scotland

**Royal Society for the Prevention of Accidents**  
**Submission of evidence to Dame Carol Black's inquiry**  
**into the health of people of working age**  
(submitted 14<sup>th</sup> November 2007)

1) How can we **keep working age people healthy** and how can the workplace be used to promote health?

Get directors on board. Protect people from health risks, get access to OH advice and services, make health 'business performance focussed', establish some useful KPIs, promote healthy living, encourage health behaviour changes, establish drug/ alcohol/stress/policies, help people seek early treatment and support, promote coping strategies, train managers, involve safety reps, use first aiders as 'barefoot health educators', promote healthier work-life balance, tackle stress at work, establish specialist networks. Promote opportunities for exercise (changing/showers) at work, provide good food, support employees in a crisis. Develop realistic and deliverable options for SMEs.

2) How can people best be **helped to remain in or quickly return to work** when they develop health conditions including chronic disease or disabilities?

Develop a nationally comprehensive case management system. Involve the GPs and the DWP and related services from the outset. Establish a hierarchy of options for GPs with 'time off work' requiring very clear justification. Establish agreed pathways to recovery and re-habilitation. Demonstrate the business benefits. Expand NHS rehabilitation services. Introduce economic incentives. Ensure no absence goes over six weeks without a case conference. More training in best practice for all managers and HR professionals.

3) How does the **age** of the person affect the support that is needed?

Age is only one factor. It is a truism to say that health needs of employees vary considerably between individuals and have many determinants. Gender is as, if not more, important. Young people need advice about risk taking (substances, sex, relationships, speed, sleep etc). Older workers need help to offset effects of ageing, stay fit and active or cope with gradual deterioration in age-related aspects of health. In an ageing population there will be more carers (currently six million) who have to balance the demands of work and caring for elderly or infirm relatives or friends. They need more understanding and practical support.

4) How can we **encourage action** to improve employee health?

Raise employers' awareness of the current health status of their employees and their contractors' staff. Again, set out the options for health improvement as well as the personal, social and business benefits. Promote business-to-business networks and learning. Establish standards and models of good practice. Penalise (mildly?) businesses in pre-qual which fail to meet these.

5) What underlies the apparent **growth in mental health problems** in the working age population and how can this be addressed?

The pace of current work practices, uncertainty, organisational change, lack of control, lack of job satisfaction, lack of

management support, difficulties in coping with domestic life and the demands of work, breakdowns in family and community support, substance abuse, insufficient energy and time for creative and meaningful recreation, lack of physical exercise, alienation and diverse barriers to optimism about the future.

6) What constitutes **effective occupational health** provision and how can it be made available to all?

Proper management of significant work related health risks. Appropriate training, information and support for all staff. Access to relevant specialist advice and services, hygiene, ergonomics, pre-employment health assessment, periodic health surveillance. Access to confidential occupational health advice following sickness or injury. Confidential employee assistance and counselling. Workplace therapies and treatment where appropriate. Rehabilitation services.

7) What would be the **impact on poverty and social inclusion** of a healthier working age population?

In theory, better access to the labour market for those with health impairments which currently prevent them from working, better understanding of the scope for and value of job adaptation, reduction in long term unemployment and health damaging lifestyles, greater income to facilitate access to goods, services and activities which promote and support health and a sense of well being. Re-direction of state resources to those with intractable health problems.

The vision of a healthier working age population, while being focused on the workplace, needs to go wider to encompass living conditions and other factors which influence people's actual and self-perceived health status. These include housing, environment, crime, transport (essential to work), education, family support, relationships, cultural and recreational opportunities and so on. Life outside work is as, if not more, important that life in the workplace.

8) What are the **costs of working age ill-health** to business and what are the benefits to companies of investing in the health of their staff?

The trite answer to the latter part of this question is employees who are 'healthy, happy and here' and are thus more likely to be effective, delivering greater productivity and innovation. Smaller businesses however (3.5 million which employ 55 per cent of the private sector workforce) find it very difficult to support employees with poor attendance and/or long term health problems. Lean organisations especially cannot afford to adopt the same employee support policies as larger firms. Further they cannot generate and sustain internally the level of expertise required to deliver better health on their own. They need outside help and support. The crucial question for the Inquiry is to map out all the options, particularly with SMEs in mind.

When these are established, the challenge becomes one of marketing. Meaningful engagement with 'health and work' by SMEs will be a particular challenge, especially to avoid superficial responses. The target audience for marketing better health at work should not be restricted to employers but include employees themselves and others key stakeholders such as insurers, training bodies, major clients, health professionals etc. The Government should establish clear parameters for 'a good job' (and conversely the hallmarks of 'a bad job') which everyone can recognise and feel they have a right to expect. Perhaps every worker should have right, if necessary, to have a job health check carried out by a professional of their choice.