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Pathways to Work: Response to Green Paper by the Royal College of Occupational Therapists

The Royal College of Occupational Therapists (RCOT) welcomes the opportunity to respond to the Green Paper consultation. As the professional body representing occupational therapists across the UK, we bring a unique and essential perspective to the conversation about work, health, and disability.

Occupational therapists (OTs) are experts in enabling people with long-term health conditions and disabilities to engage in meaningful activities, including employment. With a holistic, person-centred approach that spans physical, cognitive, psychological, and social domains, occupational therapists are uniquely positioned to support individuals to enter, remain in, or return to work. This includes addressing not only clinical needs but also the environmental, systemic, and personal barriers that affect work participation.

Occupational therapists are not only skilled practitioners who support individuals in managing these challenges, but also strategic partners who can enhance the wider workforce through consultation, training, and service design. Their potential to contribute more broadly across employment, health, and social care systems is significant and currently underutilised.

This response draws on the expertise of our members and a growing body of evidence to demonstrate how occupational therapy can contribute to a more inclusive, effective, and sustainable employment support system. To inform RCOT's response to this Green Paper, we convened a working group of occupational therapists specialising in vocational rehabilitation on three separate occasions, hosted a webinar attended by over 100 occupational therapists, met with the Able OT Network, a group of occupational therapists with lived experience of disability and long-term conditions, and held additional one-one meetings with occupational therapists with an interest and expertise in this agenda.

We urge policymakers to engage with the recommendations set out in this response, not only because they are grounded in clinical evidence and frontline experience, but because they offer practical, scalable solutions that can improve outcomes for individuals and the wider system.

1 What further steps could the Department for Work and Pensions take to make sure the benefit system supports people to try work without the worry that it may affect their benefit entitlement?

Expand and fund Occupational Therapist-led work trials and Integrated Placement and Support (IPS) Services

Occupational therapists often work in or manage Individual Placement and Support (IPS) services which create and manage structured work trials, allowing individuals to test employment in a supported environment, while retaining their benefits. These trials align closely with core occupational therapy principles by helping individuals build confidence, develop work-related skills, and re-engage with meaningful occupation in a way that supports long-term vocational outcomes.

This approach is supported by evidence from Abidin et al. (2021), who highlight the effectiveness of occupational therapists utilising Integrated Supported Employment (ISE) models that combine IPS with psychosocial rehabilitation[1]. These models have been shown to improve employment outcomes for individuals with severe mental illness, reinforcing the value of OT-led, holistic interventions in employment support.

Fund transitional coaching support: Provide vocational or condition-specific coaching to support the transition into work, focusing on confidence, fatigue management, and sustainable routines. Occupational therapists are uniquely skilled in delivering this kind of tailored, person-centred support. A recent scoping review by Graham et al. (2024) highlights the breadth and effectiveness of coaching approaches within occupational therapy, demonstrating positive outcomes across diverse populations and reinforcing the profession's capacity to lead in this area[2].

Improve communication on permitted work rules: Members tell us that individuals are unclear about how trying work affects their benefits. Clear, accessible guidance delivered through Jobcentres, healthcare providers, and online would reduce fear and misinformation of trying out work. They also highlighted the value of including benefits and employment rights advice within vocational rehabilitation services, so individuals understand their entitlements and protections when moving into work.

Reduce fear of reassessment to support engagement: Occupational therapists report that fear of reassessment and benefit loss often prevents individuals from trying work or engaging in vocational support. For people with fluctuating or progressive conditions, even marginal improvements can trigger reassessment, placing their financial and social security at risk. A supportive system must allow for progress without penalty. Participation in work-related activity should not automatically lead to the removal of essential benefits. Occupational therapists can play a key role in tracking and evidencing functional change, but this insight must be used to support, not penalise. Individuals must have confidence that engaging in meaningful activity will not destabilise their lives.

2. What support do you think we could provide for those who will lose their Personal Independence Payment entitlement as a result of a new additional requirement to score at least four points on one daily living activity?

The proposed requirement to score at least four points on one daily living activity to retain PIP entitlement risks excluding many individuals who rely on this support to maintain their health, independence, and employment. Occupational therapy offers a vital, evidence-based approach to mitigate these impacts and support individuals in staying in or returning to work.

Understanding the impact of PIP loss

[1] Abidin, M. Z. R. Z., Wan Yunus, F., Mohd Rasdi, H. F., & Kadar, M. (2021). *Employment programmes for schizophrenia and other severe mental illness in psychosocial rehabilitation: A systematic review*. British Journal of Occupational Therapy. https://doi.org/10.1177/0308022620980683

[2] Graham, F., Kessler, D., Kanagasabai, P., Nott, M., Bernie, C., & Barthow, C. A. (2024). *A scoping review of coaching in occupational therapy: Mapping methods, populations and outcomes*. Australian Occupational Therapy Journal, 71(6), 1106–1130. https://doi.org/10.1111/1440-1630.12991

As occupational therapists, we draw on our clinical expertise and daily practice to assess how health conditions affect an individual's functional capacity, including their ability to sustain employment. Based on this professional judgement and frontline experience, we observe that PIP is more than a financial benefit; it's a critical enabler of functional performance. Occupational therapists are uniquely positioned among health and care professionals to understand the relationship between disability, daily function, and the role of benefits like PIP. As such, individuals, including service users, patients, and carers, often seek advice from occupational therapists on how to manage the impact of benefit changes, recognising our expertise in navigating the intersection of health, function, and participation.

Occupational therapists observe daily how PIP functions as more than a financial benefit but as a critical enabler of functional performance. It helps cover essential costs such as transport, assistive equipment, energy, and personal care, all of which support individuals to manage their health and sustain participation in work. For many individuals, PIP also functions as a form of preventative healthcare, enabling access to private prescriptions, complementary therapies, and treatments not readily available through the NHS. Its removal can destabilise routines, exacerbate health conditions, and significantly increase the risk of worklessness.

According to Scope's 2023 Disability Price Tag report, disabled households face average extra costs of £975 per month, even after taking PIP into account[3]. These costs reflect the additional spending required to achieve the same standard of living as non-disabled households, including higher energy bills, specialist equipment, and accessible transport.

Decisions to remove benefits such as PIP are often made under the assumption of short-term cost savings. However, cutting financial support from disabled people may lead to greater long-term societal costs, particularly through increased demand on mental health and crisis services.

The effect on carers and informal support networks

Occupational therapists often work closely with family and informal carers and can offer insight into how these relationships sustain daily function, independence, and economic participation. Any reforms to PIP must account for these indirect impacts.

Carers UK reports that over 400,000 people in paid employment provide more than 50 hours of unpaid care weekly, and 1 in 7 workers juggle work and care responsibilities[4]. It is also important to recognise the indirect but critical role that carers play in enabling disabled individuals to consider, enter, and remain in employment. Many people who receive PIP also rely on informal carers for practical and emotional support. If a person loses their PIP entitlement, their carer may also lose Carer's Allowance, which could reduce or eliminate the support available to them. This loss of informal care can significantly impact a person's ability to manage fatigue, maintain routines, and access the workplace, which may ultimately increase the risk of job loss or long-term worklessness.

The benefit system must be understood as part of a preventative health infrastructure, not as an isolated financial instrument. Removing support may appear fiscally prudent in the short term, but it risks driving greater long-term costs and poorer outcomes across health, employment, and social

[3] Scope (2023). *Disability Price Tag 2023: The extra cost of disability*. Retrieved from https://www.scope.org.uk/campaigns/extra-costs/disability-price-tag-2023

[4] Carers UK (2023). *Carers' employment rights today, tomorrow and in the future*. Retrieved from https://www.carersuk.org/media/hiekwx0p/carers-uk-crd-employment-report-2023_final.pdf

care systems.

We recommend that the Department for Work and Pensions commits to carry out a comprehensive and transparent assessment of the proposed changes to PIP, with particular attention to how different condition groups are affected. Occupational therapists are well placed to contribute clinical insight to this assessment process, ensuring that the real-world impact on function and work capacity is fully understood and monitored over time

How Occupational Therapy can enable work participation

Occupational therapists bring unique clinical insight intom how the loss of PIP affects a person's functional capacity. They work with individuals to identify occupational barriers and deliver tailored interventions that help people adapt, maintain independence, and sustain employment. This is particularly important when needs or circumstances change.

Occupational therapists understand how this informal support underpins functional capacity and advocate for a benefits system that reflect and safeguard this contribution to employment sustainability.

Evidence for OT-Led Work and Health Interventions

Occupational therapists deliver and lead vocational rehabilitation services and provide unique value in vocational rehabilitation, especially for people with complex or fluctuating health conditions. Their holistic, person-centred approach addresses the interaction between physical, cognitive, psychological, and environmental factors that influence work participation.

A systematic review by De Dios Perez et al. (2023) found that occupational therapy interventions, particularly those involving early, individualised support and vocational goal setting, are effective in helping people with long-term conditions or serious injuries return to work[5].

Evidence from multiple condition-specific reviews reinforces the value of tailored, OT-led interventions:

- **Neurological conditions:** Harvey et al. (2020) found that work has a predominantly positive impact on wellbeing, but vocational support must be tailored to address condition-specific changes in functioning[6]. Mullins et al. (2025) found moderate-level evidence that OT-led vocational rehabilitation is effective for individuals with mild to moderate traumatic brain injury (TBI), particularly through interventions addressing cognitive, psychological, and functional challenges[7].

[5] De Dios Perez, B., McQueen, J., Craven, K., Radford, K., Blake, H., Smith, B., Thomson, L., & Holmes, J. (2023). *The effectiveness of occupational therapy supporting return to work for people who sustain serious injuries or develop long-term (physical or mental) health conditions: A systematic review*. British Journal of Occupational Therapy, 86(7), 467–481. https://doi.org/10.1177/03080226231170996

[6] Harvey, D., Coole, C., & Drummond, A. (2020). *Vocational rehabilitation for stroke survivors: A scoping review of the evidence*. British Journal of Occupational Therapy, 83(1), 5–17. https://doi.org/10.1177/0308022619879337

[7] Mullins, A., Scalise, O., Carpio-Paez, B., DeShaw, V., Jennings, K., Kitchens, R., Hilton, C., & Mani, K. (2025). *Occupational therapy interventions in facilitating return to work in patients with traumatic brain injury: A*

- **Stroke**: Moore et al. (2024) found that employer liaison, fatigue management, and cognitive support were the most valuable components of OT-led vocational rehabilitation. These findings reinforce the importance of early, tailored interventions that address the psychosocial and cognitive challenges of returning to work after stroke[8].

- **Inflammatory arthritis**: Somerville et al. (2025) used the Person Environment Occupation Performance (PEOP) model to map the role of occupational therapy in vocational rehabilitation[9]. The review found that most interventions focused on the individual, but highlighted the need for more comprehensive approaches that also address workplace and task-level factors.

- **Long Covid**: Sy et al. (2025) found occupational therapists play a critical role across the return-to-work pathway, from assessment to advocacy, but stressed the need for dynamic, sustained support rather than one-off interventions[10].

Occupational therapists supporting people with chronic pain and MSK.

According to DWP figures, the people who are most likely to lose out on PIP under the new criteria are those living with chronic pain and musculoskeletal conditions such as arthritis and back pain[11]. These individuals may have multiple moderate needs across several domains without reaching the threshold in any single area, despite clear and ongoing limitations to daily function and work participation. The following case studies illustrate how occupational therapists are already delivering impactful, tailored interventions for individuals with chronic pain and musculoskeletal conditions, helping them overcome functional barriers and sustain meaningful employment.

Case Study 1: Vitality360

Vitality360 is a private rehabilitation provider specialising in persistent pain and fatigue. Their multidisciplinary team is led by occupational therapists, who play a central role in designing and delivering personalised rehabilitation programmes that integrate both clinical and vocational interventions.

The service supports individuals with a range of long-term conditions, including musculoskeletal pain, fibromyalgia, arthritis, hypermobility disorders, and functional neurological disorder (FND). A significant proportion of clients are referred for help sustaining or returning to work, often after

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systematic review. *Work*, 81(2), 2458–2476. https://doi.org/10.1177/10519815251317411

[8] Moore, N., Reeder, S., O'Keefe, S., Alves-Stein, S., Schneider, E., Moloney, K., Radford, K., & Lannin, N. A. (2024). *"I've still got a job to go back to": The importance of early vocational rehabilitation after stroke*. *Disability and Rehabilitation*, 46(13), 2769–2776. https://doi.org/10.1080/09638288.2023.2230125

[9] Somerville, W., McQueen, J., & Graham, F. (2025). *Applying the PEOP model to vocational rehabilitation for individuals with inflammatory arthritis: A scoping review*. British Journal of Occupational Therapy, 88(2), 112–124. https://doi.org/10.1177/03080226241238951

[10] Sy, M., Brunner, M., & Huber, E. (2025). *The role of occupational therapists in return-to-work practice for people with post-COVID condition: A scoping review*. ZHAW Zurich University of Applied Sciences. Retrieved from https://www.drmikesyot.com/copy-of-book-launch-2025

[11] UK Parliament (2025). *Written question UIN 47379: Personal Independence Payment*. Asked by Steve Darling MP on 23 April 2025. Answered by Sir Stephen Timms MP on 9 May 2025. Retrieved from https://questions-statements.parliament.uk/written-questions/detail/2025-04-23/47379

extended periods of absence or repeated unsuccessful attempts to remain in employment.

Occupational therapists at Vitality360 use a range of evidence-based interventions tailored to each individual's needs. These include activity pacing and energy conservation to manage fatigue, graded exposure to rebuild confidence after long-term absence, and cognitive-behavioural approaches to address fear-avoidance and unhelpful beliefs. Vocational rehabilitation is central to their approach, supporting phased returns to work, job retention, and effective communication with employers. Education and self-management strategies are also used to promote autonomy and adaptability in managing long-term conditions.

One client, Maggie, described how the programme helped her break a cycle of pain, fatigue, and burnout that had led to job loss. Through a psychologically informed, OT-led approach, she learned to pace her activities, manage her symptoms, and gradually rebuild her confidence. With support from her clinician, she engaged in a phased return to work and is now employed full-time as a Head of Sustainability.

This case illustrates the unique value of occupational therapy in addressing the biopsychosocial barriers to work. By combining clinical insight with vocational expertise, occupational therapists deliver holistic, functional outcomes that enable individuals to re-engage with meaningful employment and avoid long-term worklessness.

Case Study 2: The Walton Centre

The Walton Centre Pain Management Programme (PMP) is the UK's largest and longest-running tertiary-level service for people living with persistent pain. Its multidisciplinary team delivers a range of specialist group-based programmes, including intensive 15-day courses and tailored interventions for specific populations such as those with pelvic or facial pain, younger adults, and older adults.

Occupational therapists are fully integrated into every aspect of the service, working alongside physiotherapists and psychologists to deliver holistic, person-centred care. Occupational therapy involvement begins at the initial multidisciplinary assessment, where therapists explore how pain affects a person's daily life, including their work history, current employment status, and any vocational goals. Where work-related barriers are identified early, such as unsupportive employers, occupational therapists can intervene immediately to help individuals access the programme.

A key feature of the PMP is a dedicated Work and Employment group session, led by occupational therapists. This session encourages participants to reflect on their values around productivity and the broader concept of work, which includes not only paid employment but also unpaid roles such as caregiving, volunteering, and education. Participants identify personal work-related goals and begin to problem-solve barriers to occupational engagement.

Following the programme, individuals who need more targeted support can access the OT-led Work and Employment Outpatient Clinic. This one-to-one service helps people apply pain management strategies to real-world work settings. Interventions include:

- Workplace assessments and job redesign: supporting sustainable employment post-PMP
- Developing coping strategies for work: applying pain management in real-world settings
- Supporting communication with employers: including written reports and adjustments
- Liaising with external agencies: Access to Work, DWP, Occupational Health

The clinic supports a wide range of goals, from maintaining current employment to returning to work

after sick leave, changing careers, or accessing training and education. The Walton Centre is also developing a Return to Work group programme for individuals who have completed the PMP and are currently unemployed, supporting their re-entry into paid work, volunteering, or education.

Barriers to providing effective occupational therapy led vocational rehabilitation

Despite the central role occupational therapists can play in delivering effective vocational rehabilitation, several systemic barriers currently limit its reach and effectiveness.

- **Workforce concentration**: Most occupational therapists are based in secondary care or specialist services, with limited availability in primary care, community settings, employment services, or Jobcentre Plus. This creates a gap in occupational therapy input at the universal and targeted levels, where early or preventative interventions could address biopsychosocial barriers before individuals become more disengaged from the workforce.

- **Inconsistent commissioning**: Access to vocational rehabilitation is highly variable and depends on local commissioning priorities, creating unequal access and gaps in provision. This inconsistency results in unequal access and missed opportunities for individuals who could benefit from tailored, occupation-focused support, particularly within employment and welfare systems.

- **Lack of structured referral routes**: referral routes into occupational therapy-led vocational rehabilitation are inconsistent and often unclear, particularly for individuals interacting with the DWP. People interacting with the Department for Work and Pensions (DWP), including those at risk of losing PIP, often lack clear referral pathways into occupational therapy-led services.

- **Insufficient occupational therapy integration across systems:** There is a lack of occupational therapy involvement at universal, targeted, and specialist levels across employment and welfare systems. As a result, key stakeholders, including employers, job coaches, and Jobcentre Plus staff, often lack the necessary support to understand and address the biopsychosocial factors preventing individuals from entering or sustaining work.

- **Fragmented service landscape**: Individuals frequently face disjointed support from health, social care, benefits, and charitable sectors, leading to confusion, delays, and unmet needs.

Recommendations to address barriers and strengthen support

To mitigate the impact of PIP withdrawal and improve outcomes for those at risk of unemployment, we recommend the following actions:

1.Expand and embed the occupational therapy workforce in work and health services

The NHS Long Term Workforce Plan recognises the need to expand and diversify the allied health professional (AHP) workforce, including occupational therapists, to meet rising demand and shift care into the community. This presents a timely opportunity for the Department for Work and Pensions (DWP) to align its employment support ambitions with NHS workforce reform by strengthening occupational therapy provision across work and health services.

To achieve this, we recommend:

- Investing in training, recruitment, and funded roles for occupational therapists in primary

care, employment services, and community-based vocational rehabilitation. Increasing the occupational therapy workforce in these environments is essential to delivering integrated, person-centred employment support for individuals with complex or fluctuating needs.

- Commissioning new service models that include non-registered staff (e.g. support workers, employment advisers) under occupational therapy supervision to enable scalable delivery.

- Appointing a Work Well Lead or Consultant Occupational Therapist in every Integrated Care System (ICS) to coordinate local delivery of employment support across sectors. This recommendation is grounded in RCOT's 2025 proposal to government, which outlines the need for senior occupational therapy leadership to:

    - Facilitate cross-sector collaboration between health and social care, education, and employment services;

    - Align with ICS-based AHP faculties and equality, diversity, and inclusion (EDI) leads to ensure that vocational rehabilitation efforts are joined-up and responsive to intersectional barriers;

    - Drive the development of a tiered model of support (universal, targeted, and specialist) to ensure individuals receive the right level of intervention at the right time;

    - Improve referral pathways and ensure occupational therapy expertise is embedded wherever individuals face biopsychosocial barriers to work;

    - Provide clinical leadership and supervision to work and health coaches, enhancing the quality and consistency of support.

This approach builds on existing infrastructure, including the development of Chief AHP roles within ICSs and the emerging AHP Leadership Framework for Work and Health. It offers a scalable, strategic route to embedding occupational therapy within employment pathways and ensuring that individuals with complex or fluctuating needs are not left behind.

2.Strengthen access through clearer referral pathways and integration

- Develop structured referral routes into occupational therapy-led vocational rehabilitation from Jobcentre Plus, DWP services, and Access to Work.

- Ensure frontline DWP staff, including work coaches, are equipped to identify functional needs and refer appropriately to occupational therapy support. This can be achieved through expanding occupational therapy presence in Jobcentre Plus.

- Create a centralised, accessible directory of available services to improve navigation for individuals and professionals.

3.Provide transitional and financial support for at-risk groups

- Offer interim financial support, such as enhanced Access to Work or targeted grants, to bridge the gap for those losing PIP but still managing health-related work barriers.

- Affiliate work and health coaches with the Royal College of Occupational Therapists, offering membership and training to increase clinical understanding and improve the quality of

referrals and support.

3.How could we improve the experience of the health and care system for people who are claiming Personal Independence Payment who would lose entitlement?

For individuals who may lose their PIP entitlement, navigating the health and care system can become increasingly complex and fragmented. To ensure people receive the right support at the right time, the system must be more transparent, better coordinated, and responsive to both immediate and long-term needs.

Clear information and service navigation: Members tell us that individuals need accessible, timely information about what support is available and how to access it. This includes guidance on managing symptoms, accessing housing adaptations, engaging with vocational rehabilitation, and obtaining Allied Health Professional (AHP) fitness-to-work assessments. A centralised, easy-to-navigate directory of services, possibly linked to Jobcentre Plus and local health systems, would help individuals and professionals connect with appropriate support more efficiently.

Embedding occupational therapy in employment pathways: Occupational therapists bring a holistic, person-centred approach to supporting individuals with complex or fluctuating health conditions. Embedding occupational therapy expertise within primary care, community services, and employment support pathways ensures that individuals receive tailored interventions that address both health and vocational needs. Strengthening vocational rehabilitation services, including the use of standardised AHP fitness-to-work assessments, can help individuals maintain or transition into employment, even as their circumstances evolve.

Systemic coordination and long-term recovery: Recovery from serious injury often extends well beyond 12 months. Findings from the UK Burden of Injury Multicentre Longitudinal Study showed that nearly one-third of participants had not fully recovered a year after their injury, highlighting the need for long-term, phased support for individuals with complex recovery trajectories[12]. For individuals with long-term or episodic conditions, phased and sustained support is essential. Improved coordination between the NHS, social care, and employment services would ensure continuity of care and reduce the risk of individuals falling through the gaps. Occupational therapists are well-placed to support this integration, particularly by facilitating transitions from sickness absence or unemployment to meaningful activity and work.

Financial safeguards and employment triage: Individuals sometimes face a cliff edge when their PIP entitlement ends. Members describe people being left without clear guidance, financial support, or access to appropriate services, particularly those who are unable to return to work immediately due to ongoing health challenges. This sudden loss of support can lead to financial hardship, increased stress, exacerbation of pre-existing mental health conditions and an overall higher risk of long-term worklessness.

To prevent individuals from falling through the cracks, there should be transitional financial mechanisms, such as temporary grants or enhanced Access to Work funding. In parallel,

[12] Kendrick, D., O'Brien, C., Christie, N., Coupland, C., Quinn, C., & Towner, E. (2013). *The impact of injuries study: Multicentre longitudinal study assessing physical, psychological, social and occupational functioning post-injury*. *BMJ Open*, 3(1), e002170. https://doi.org/10.1136/bmjopen-2012-002170

employment-related needs must be embedded into triage and assessment processes to ensure that individuals at risk of job loss are identified early and prioritised for support. This would enable more timely interventions, reduce delays, and improve outcomes for those navigating the complex transition between health-related benefit loss and employment.

Removing benefits without accounting for these sustained additional costs risks pushing individuals into crisis, particularly those with mental health conditions. Evidence from the University of Liverpool and University of York (Barr et al., 2016) showed that the introduction of the Work Capability Assessment was associated with an additional 590 suicides, 279,000 extra cases of mental ill health, and 725,000 more antidepressant prescriptions[13]. These are not only personal tragedies but also significant burdens on health and care services.

Occupational therapy plays a key preventative role in supporting mental health and wellbeing. Occupational therapists work with individuals to sustain routines, manage symptoms, and maintain engagement in meaningful activities, key elements in preventing relapse, isolation, and crisis. By addressing the interaction between a person's mental health and their environment, roles, and goals, occupational therapists help people maintain stability and identity during times of challenge or transition. If benefits are removed without recognising the importance of such protective routines, this increases the likelihood of disengagement and deterioration. Occupational therapy involvement in joined-up care pathways is vital in minimising these risks and maintaining people's health and function.

5.What practical steps could we take to improve our current approach to safeguarding people who use our services?

Members tell us that the current system leaves too many people vulnerable. Individuals often fall through the cracks between DWP and health or social care services, particularly when they are unwell, in crisis, or navigating complex life circumstances. The absence of clear referral pathways and poor communication between services means that safeguarding concerns may go unnoticed until a person reaches a point of significant distress or disengagement.

To improve safeguarding for people using DWP services, a series of practical, coordinated steps are recommended:

Bridge the gap between the DWP and health and social care: We welcome the emphasis as part of the Get Britain Working Green Paper to address the determinants of economic inactivity by investing in health and care services. This can be achieved by establishing formal, integrated referral pathways between DWP and health and social care services. This would ensure that individuals experiencing health-related barriers to work are identified early and connected to appropriate support, before reaching crisis point. Access points to occupational therapy from Jobcentre Plus, for example, could provide timely, specialist input for those with complex needs.

As outlined in our response to Question 2, we propose the introduction of a WorkWell/Occupational Therapist lead in each Integrated Care System (ICS) to champion and coordinate local delivery of

[13] Barr, B., Taylor-Robinson, D., Stuckler, D., Loopstra, R., Reeves, A., & Whitehead, M. (2016). *'First, do no harm': are disability assessments associated with adverse trends in mental health? A longitudinal ecological study*. *Journal of Epidemiology & Community Health*, 70(4), 339–345. https://doi.org/10.1136/jech-2015-206209

these pathways.

Embed 'Health and Work' conversations across services: All health and social care professionals should be trained and expected to ask about work as part of routine assessments. This aligns with the 2025 Healthcare Professionals' Consensus Statement for Action on Health and Work (AOMRC), which calls for a system-wide commitment to integrating work and health conversations[14]. Professionals must also be equipped to signpost individuals to relevant employment and health support services.

Embed clinical insight: In complex cases, particularly those involving trauma, long-term conditions, or stress-related mental health issues, occupational therapists bring essential clinical insight. A scoping review by Edgelow et al. (2020) highlights emerging occupational therapy-led return-to-work practices, including interventions for operational stress in military populations and the Swedish ReDO programme[15]. The review also underscores the need for clearer role definition and further research, reinforcing the importance of embedding occupational therapists in multidisciplinary teams and developing trauma-informed vocational rehabilitation pathways.

Equip frontline staff with safeguarding skills: Feedback from RCOT members suggests that existing provision of safeguarding training for frontline staff may be inconsistent or insufficient. We hear that staff involved in initial contact with service users are often unprepared to manage complex or sensitive disclosures, which can result in missed safeguarding concerns or interactions that inadvertently cause distress. To address this, it is essential that those conducting early-stage conversations receive appropriate training in safeguarding principles and develop a deeper understanding of the challenges service users may face. This would help ensure individuals are treated with empathy and that potential safeguarding risks are recognised and responded to appropriately.

Improve information sharing across services: Members report that poor communication between DWP-administered services and health or social care providers often results in fragmented support. They report that individuals have been asked to repeat their stories, and vital information is lost between systems. To create a more joined-up, person-centred approach, secure and consent-based information sharing should be improved across services such as Universal Credit, Jobcentre Plus, and health-related support.

Prioritise person-centred safeguarding: Feedback from practitioners highlights that safeguarding is often reactive, triggered only when someone reaches crisis. This approach fails to account for the broader context of an individual's life, including their goals, environment, and support networks. A more proactive model of safeguarding should be adopted. We suggest one that places the individual's needs and aspirations at the centre of decision-making and support planning.

Keep people informed: Members have raised concerns about the anxiety and confusion caused by a lack of communication during decision-making processes. They describe individuals being left waiting without updates or clear timelines, which can erode trust and increase distress. To improve the experience of service users, DWP should ensure that individuals are kept informed throughout

[14] Academy of Medical Royal Colleges (2025). *2025 Healthcare Professionals' Consensus Statement for Action on Health and Work*. Retrieved from https://www.aomrc.org.uk/publication/2025-healthcare-professionals-consensus-statement-for-action-on-health-and-work/

[15] Edgelow, M., Harrison, L., Miceli, M., & Cramm, H. (2020). *Occupational therapy return to work interventions for persons with trauma and stress-related mental health conditions: A scoping review*. *Work*, 65(4), 821–836. https://doi.org/10.3233/WOR-203134

their journey, with regular updates and anticipated timescales for outcomes.

6.How should the support conversation be designed and delivered so that it is welcomed by individuals and is effective?

Members tell us that support conversations can feel transactional, rushed, or disconnected from individuals' real concerns. To be effective, these conversations must be empathetic, empowering, and grounded in a clear understanding of the person's health, goals, and readiness for change.

Evidence and member experience show that occupational therapists bring unique value to complex cases. Occupational therapists are skilled in assessing functional ability and tailoring support to individual need, ensuring that work and health conversations are holistic, person-centred, and grounded in practical solutions. Their involvement helps bridge the gap between clinical insight and employment goals.

A scoping review by Hogan et al. (2023) found that occupational therapy-led interventions, particularly group-based and nature-based activities, are effective in reducing stress and supporting recovery from stress-related exhaustion, a growing cause of long-term sick leave[16]. These approaches, often delivered as part of multi-professional teams, help individuals re-engage with work in a supported, sustainable way.

Listed below are ways in which the support conversation can be improved so that it is welcome and effective.

- **Use motivational interviewing to build trust and readiness:** Many are unsure or anxious about returning to work, especially after long-term illness or fluctuating conditions. occupational therapists or staff trained in motivational interviewing techniques can assess readiness, explore fears and motivations, and frame how the right kind of work can support health and recovery. This approach helps build trust and opens the door to meaningful, person-led planning.

- **Refer to tailored, practical support:** individuals are often left without clear next steps after initial conversations. Structured referral pathways to vocational rehabilitation services that can offer practical strategies, workplace modifications, and assistive technologies are needed. These services are essential for addressing individual barriers and supporting sustainable return to work.

- **Ensure continuity of support:** Members tell us that individuals often feel lost when they are passed between multiple professionals. Building trust through ongoing relationships with the same clinician or advisor supports a consistent rehabilitation journey and improves engagement with services.

- **Create welcoming, inclusive spaces:** Service users have shared that Jobcentre environments can feel clinical or intimidating. Holding support conversations in more neutral, inclusive, community-based settings, such as libraries or GP surgeries, can help individuals

[16] Hogan, L., Björklund Carlstedt, A., & Wagman, P. (2023). Occupational therapy and stress-related exhaustion – a scoping review. *Scandinavian Journal of Occupational Therapy, 30*(7), 1047–1063. https://doi.org/10.1080/11038128.2023.2207802

feel more at ease and more open to discussing their goals and concerns.

- **Share human stories to inspire confidence.** Members highlight the power of real-life success stories in building motivation. Sharing examples of how others have overcome similar challenges and moved toward meaningful employment can help individuals see what's possible and feel less alone in their journey.

- **Promote local best practice nationally.** There is strong member support for scaling up successful regional models. For example, Northern Ireland's occupational therapy-led Condition Management Programmes and collaborative models in Wales, where therapists and employment coaches work closely together, demonstrate how integrated, person-centred approaches can improve outcomes. These models should be promoted and adapted across the UK to ensure consistent quality and access.

- **Focus on positive, work-related outcomes.** Members emphasise that conversations should focus on what's possible, not just what's wrong. Anchoring discussions in achievable, health-aligned goals helps individuals see a clear, supported path toward employment, one that respects their circumstances and builds on their strengths.

7.How should we design and deliver conversations to people who currently receive no or little contact, so that they are most effective?

Individuals who have had little or no prior engagement with DWP services often feel wary, overlooked, or unsure of what to expect. Without trust or familiarity, these conversations risk being perceived as intrusive or punitive, rather than supportive. To be effective, they must be designed with empathy, flexibility, and a clear focus on building relationships.

Use of motivational interviewing: Individuals at early stages of engagement are often not ready to discuss work or change. Conversations should be designed to identify a person's stage of readiness, such as pre-contemplation or contemplation and adapt the tone and content accordingly. Occupational therapists are particularly well-skilled in applying motivational interviewing techniques, drawing on their holistic, person-centred training to build trust, explore values, and gently introduce the idea that the right kind of work can support health and wellbeing. This approach enables individuals to feel heard and supported, rather than pressured, and helps lay the foundation for meaningful, voluntary engagement with vocational goals.

Prioritise relationship-building over compliance: A safe, supportive relationship lays the foundation for future engagement and reduces fear or resistance. This is especially important for people who may have had negative past experiences with services.

Ensure consistency and continuity: Individuals often feel frustrated or retraumatised when they have to repeat their story to multiple people. Assigning a consistent point of contact where possible helps build rapport, reduces emotional strain, and supports a more coherent, person-centred journey.

Embed clinical insight where there is need: In complex or sensitive cases, member feedback highlights the value of involving professionals such as occupational therapists or mental health practitioners. These clinicians bring trauma-informed, functionally relevant perspectives that help shape conversations in ways that are respectful, empowering, and grounded in the individual's lived

experience.

Frame conversations as offers of support, not obligations: conversations framed as mandatory or linked to benefit entitlement can cause anxiety and disengagement, especially for those with mental health concerns. Messaging should clearly communicate that the conversation is an opportunity to explore support options, not a threat to existing benefits.

Use accessible, flexible formats: Members report that rigid appointment formats and locations can be a barrier to engagement. Offering conversations in a range of formats, such as phone, video, in-person, or in community-based settings, can help reduce anxiety and make participation more feasible for individuals with health, mobility, or caring responsibilities.

8.How we should determine who is subject to a requirement only to participate in conversations, or work preparation activity rather than the stronger requirements placed on people in the Intensive Work Search regime?

Individuals with complex or fluctuating health conditions often feel overwhelmed by rigid work search requirements. These individuals may be willing to engage but need a more flexible, supportive approach to avoid disengagement or harm.

Practitioners report that conditionality can exacerbate anxiety and distress, especially for people with mental health conditions. Requirements should be proportionate, trauma-informed, and sensitive to individual circumstances. This includes allowing for professional discretion in determining the appropriate level of engagement.

The system should focus on building trust and motivation through supportive, voluntary conversations, particularly for those with long-term conditions, mental health challenges, or recent life changes. This approach fosters genuine engagement and avoids the unintended consequences of punitive conditionality.

The use of the term “sanctions” may also be unhelpful. It can reinforce a punitive framing of support, which risks alienating individuals who are already navigating complex health or life challenges. A shift toward more supportive, strengths-based language would better reflect the intended purpose of engagement and align with trauma-informed practice.

Occupational therapy interventions must be voluntary, needs-based, and person-led. These services are most effective when individuals are active participants in the process, not subject to coercion. Requiring engagement with occupational therapy-led support as a condition of benefit entitlement risks undermining the therapeutic relationship, deterring participation, and reducing the potential for meaningful outcomes.

Instead, occupational therapists should be empowered to offer supportive, opt-in interventions that individuals can access when they are ready, creating space for trust, autonomy, and genuine progress toward employment or improved function.

9. Should we require most people to participate in a support conversation as a condition of receipt of their full benefit award or of the health element in Universal Credit?

Members acknowledge the value of regular contact but caution against framing conversations as compliance checkpoints. When conversations are perceived as mandatory or punitive, individuals may withhold information or disengage entirely. Participation in support conversations should be framed as an opportunity to access help, not as a condition for receiving benefits. This approach encourages honesty, reduces fear, and builds trust between individuals and support staff.

Feedback from members highlights that mandatory conversations may be inappropriate for some groups, particularly those in acute mental health crisis or with cognitive impairments. Flexibility and professional judgement are essential to ensure that conversations are appropriate, ethical, and effective.

Support conversations should be grounded in motivational interviewing and safeguarding principles. They must be designed to empower individuals, not penalise them, especially when they are navigating complex health or life challenges.

10.How should we determine which individuals or groups of individuals should be exempt from requirements?

Members report that some individuals are placed under pressure to engage in work-related activity despite significant health barriers. This can lead to distress, disengagement, or deterioration in health.

People with severe or fluctuating mental health conditions may be disproportionately affected by conditionality. Exemptions should be available where engagement could cause harm or is clinically inappropriate, with input from health professionals where needed.

Exemptions should be considered where participation in work-related activity is likely to cause harm, exacerbate existing conditions, or undermine recovery. This is particularly relevant for individuals with:

- Severe or enduring mental health conditions (e.g. schizophrenia, bipolar disorder)
- Conditions with unpredictable or fluctuating symptoms (e.g. PTSD, ME/CFS, long COVID)
- Cognitive impairments or neurodevelopmental conditions that affect decision-making or stress tolerance
- Terminal or progressive illnesses where treatment or symptom burden is high

Clinical inappropriateness should be determined through a combination of medical evidence, professional judgment, and the individual's own account of their condition. Input from occupational therapists, GPs, psychiatrists, psychologists, or other treating clinicians should be sought where possible, and their assessments should be given significant weight.

To ensure fairness and responsiveness, exemption decisions should be time-limited and reviewed periodically. Reviews should be sensitive to the nature of the condition. Some may require longer review cycles or permanent exemptions. Crucially, individuals should be supported to re-engage voluntarily when and if their circumstances improve, rather than being compelled prematurely.

Recognising meaningful occupation beyond paid employment
While paid employment may be a goal for many, it must not be the only recognised or valued form of participation. For individuals with severe, progressive, or fluctuating conditions, entering or sustaining paid work may not be realistic. However, these individuals often contribute meaningfully through unpaid roles such as volunteering, caregiving, advocacy, creative pursuits, or community engagement. Conditionality should not push individuals into inappropriate or harmful activity, nor should it devalue forms of participation that fall outside conventional employment.

Occupational therapists advocate for a broader view of occupation, one that includes all forms of meaningful engagement as central to health, identity, and inclusion. This perspective is essential when determining exemptions and tailoring support to individual circumstances.

13.How can we support and ensure employers, including Small and Medium Sized Enterprises, to know what workplace adjustments they can make to help employees with a disability or health condition?

Many employers, especially small and medium-sized enterprises (SMEs), lack confidence and clarity about how to support employees with disabilities or health conditions. They often don't know what adjustments are possible, who to ask for advice, or how to interpret Fit Notes in a way that supports return-to-work planning. This uncertainty can lead to missed opportunities for early intervention and job retention.

Improve the use and impact of Fit Notes: Members report that Fit Notes are often underused as tools for return-to-work planning. They are frequently limited to certifying absence, rather than offering actionable guidance. Encouraging more detailed, function-focused content, would help employers better understand what adjustments are needed.

Occupational therapists frequently collaborate with Individual Placement and Support (IPS) teams and provide occupational performance assessments that inform workplace adjustments. However, the current Fit Note format limits the ability to communicate these insights effectively. Including a completed return-to-work plan as part of an AHP Health and Work Report would provide more practical, employer-facing guidance.

Occupational therapists working in secondary care, particularly in stroke, neurorehabilitation, outpatient departments, and pain management, are often best placed to assess work capacity and initiate timely, accurate Fit Notes before discharge. Enabling Fit Note provision in these settings would support smoother transitions from hospital to work, reduce delays, and prevent avoidable work loss

Service example: Specialist OT-led Fit Note provision in secondary care:

At University Hospitals of Derby and Burton NHS Trust, the Occupational and Vocational Rehabilitation Service demonstrates the value of embedding occupational therapists in secondary care to deliver work-focused rehabilitation and issue Fit Notes. This specialist musculoskeletal

service supports both NHS and private patients, assessing work capacity through functional rehab, workplace simulation, and one-to-one clinical evaluation. Occupational therapists routinely complete Fit Notes during sessions, significantly reducing GP demand and ensuring timely, clinically-informed work planning.

The team supports over 60 patients per day in group rehab, alongside 20 one-to-one appointments. At 12-week post-discharge follow-up, 97% of patients had returned to and remained in work, with 78% working full duties and hours. Of 105 tracked patients, nearly all moved off state benefits post-rehabilitation. These outcomes demonstrate the cost-effectiveness and impact of OT-led, work-focused rehab, and highlight the critical role occupational therapists can play in issuing Fit Notes directly.

Service example: Wakefield OT-led vocational rehabilitation in primary care

Wakefield's Vocational Rehabilitation Service is the largest OT-led programme of its kind in England, operating across 22 GP practices and funded via the Additional Roles Reimbursement Scheme (ARRS). Delivered by a team of four occupational therapists, the service supports people off work due to health conditions, or at risk of work loss, with early, specialist interventions.

Between 2023 and 2024, the service achieved a 94% return-to-work success rate among long-term sick-listed patients in one Primary Care Network (PCN), a 40% reduction in Med-3 Fit Notes in pilot practices, and contributed to a 1,700-person drop in health-related worklessness across the Wakefield area. Interventions include fatigue and pain management, mental health support, workplace adjustments, and ergonomic assessments.

GPs report high confidence in the service, which also reduces clinical burden and improves patient outcomes. Despite staffing and funding challenges, the service has expanded to three additional PCNs, demonstrating its scalability and system value. Evaluation shows that 85% of patients improved on the Workability Support Scale, reinforcing the potential of occupational therapy-led VR as a core component of integrated primary care and work-health strategy.

Empower occupational therapists to lead on Fit Notes: Occupational therapists are uniquely qualified to assess fitness for work due to their dual training in physical and mental health. Their expertise in functional assessment, workplace adaptation, and rehabilitation makes them particularly effective in supporting individuals with complex conditions such as psychosis, stroke, arthritis, and fatigue-related disorders. A growing body of evidence, including studies by De Dios nshipz et al.

(2023)[17], Mullins et al. (2025)[18], Moore et al. (2024)[19], Somerville et al. (2025)[20], Sy et al. (2025)[21], Harvey et al. (2020)[22], and Edgelow et al. (2020)[23], demonstrates the effectiveness of OT-led interventions in facilitating return to work. Expanding their role in Fit Note completion would enhance the accuracy and relevance of work capacity assessments. To increase uptake of Fit Note completion by occupational therapists, action is needed on several fronts:

- **Regulatory and policy support:** Government should work with the Department for Work and Pensions (DWP) and NHS England to formally recognise and promote occupational therapists as Fit Note issuers, building on the 2022 legislative change that expanded certification rights beyond GPs.

- **Awareness and culture change:** Employers, primary care teams, and multidisciplinary services need to be made aware of occupational therapist's eligibility and capability to issue Fit Notes. National campaigns or local pilots could help normalise this practice and build trust in OT-led certification.

- **System Integration:** Electronic health record systems and Fit Note platforms should be updated to ensure occupational therapists can easily access and complete Fit Notes within their workflow. This includes ensuring appropriate permissions and templates are in place.

- **Incentivisation and commissioning:** Commissioners should be encouraged to fund occupational therapy-led vocational rehabilitation services that include Fit Note provision, particularly in mental health, community rehabilitation, and long-term condition pathways.

By addressing these enablers, government and professional bodies can utilise the full potential of

[17] De Dios Perez, B., McQueen, J., Craven, K., Radford, K., Blake, H., Smith, B., Thomson, L., & Holmes, J. (2023). *The effectiveness of occupational therapy supporting return to work for people who sustain serious injuries or develop long-term (physical or mental) health conditions: A systematic review*. British Journal of Occupational Therapy, 86(7), 467–481. https://doi.org/10.1177/03080226231170996

[18] Mullins, A., Scalise, O., Carpio-Paez, B., DeShaw, V., Jennings, K., Kitchens, R., Hilton, C., & Mani, K. (2025). *Occupational therapy interventions in facilitating return to work in patients with traumatic brain injury: A systematic review*. *Work*, 81(2), 2458–2476. https://doi.org/10.1177/10519815251317411

[19] Moore, N., Reeder, S., O'Keefe, S., Alves-Stein, S., Schneider, E., Moloney, K., Radford, K., & Lannin, N. A. (2024). *"I've still got a job to go back to": The importance of early vocational rehabilitation after stroke*. *Disability and Rehabilitation*, 46(13), 2769–2776. https://doi.org/10.1080/09638288.2023.2230125

[20] Somerville, W., McQueen, J., & Graham, F. (2025). *Applying the PEOP model to vocational rehabilitation for individuals with inflammatory arthritis: A scoping review*. British Journal of Occupational Therapy, 88(2), 112–124. https://doi.org/10.1177/03080226241238951

[21] Sy, M., Brunner, M., & Huber, E. (2025). *The role of occupational therapists in return-to-work practice for people with post-COVID condition: A scoping review*. ZHAW Zurich University of Applied Sciences. Retrieved from https://www.drmikesyot.com/copy-of-book-launch-2025

[22] Harvey, D., Coole, C., & Drummond, A. (2020). *Vocational rehabilitation for stroke survivors: A scoping review of the evidence*. British Journal of Occupational Therapy, 83(1), 5–17. https://doi.org/10.1177/0308022619879337

[23] Edgelow, M., Harrison, L., Miceli, M., & Cramm, H. (2020). *Occupational therapy return to work interventions for persons with trauma and stress-related mental health conditions: A scoping review*. *Work*, 65(4), 821–836. https://doi.org/10.3233/WOR-203134

occupational therapists in supporting work and health outcomes thereby reducing pressure on GPs and providing more targeted and specialist input.

Reduce duplication and streamline support: Members highlight that employers often refer to occupational health services even after receiving occupational therapy input, leading to duplication and delays. Embedding occupational therapists within occupational health and human resources teams, particularly in larger organisations, could streamline support, reduce absenteeism, presenteeism, and ensure earlier, more targeted and coordinated intervention.

Develop a central toolkit for employers: Employers, especially SMEs, often lack access to clear, practical guidance. A government-hosted, easily accessible toolkit, ideally with QR code access, should be developed to include:

- A list and description of health and care professionals who can advise on work and health (e.g. occupational therapists, physiotherapists, mental health practitioners).
- Guidance on how occupational therapists and other AHPs can contribute to Fit Notes and fitness-to-work reports.
- Templates and examples of reasonable adjustments, tailored to different job roles and conditions.

Promote disability awareness and inclusive culture: Members report that workplace culture can be a barrier to implementing adjustments, even when guidance is available. System-wide disability awareness training is needed to shift attitudes and embed inclusive, health-positive practices. While occupational therapists can contribute to this training, responsibility must be shared across the system to ensure lasting change.

Support SMEs with practical tools: SMEs often lack in-house HR or OH expertise. They need clear, practical tools such as:

- Understand typical reasonable adjustments by condition or job role.
- How to implement phased return-to-work plans.
- Write effective risk assessments that support, rather than hinder, inclusion.

14.What should DWP directly fund for both employers and individuals to maximise the impact of a future Access to Work and reach as many people as possible?

Access to Work is often underutilised or misaligned with the real needs of individuals and employers, particularly in complex or fluctuating health conditions. To maximise its reach and effectiveness, we feel that DWP should invest in a more flexible, clinically informed, and person-centred model of support.

Strengthen access to clinical and specialist input: Access to Work assessors often lack access to specialist input to understand complex functional needs. This can result in inconsistent, inappropriate, or overly expensive recommendations, often missing simpler, more effective

solutions. DWP should invest in a multidisciplinary support model that includes vocational rehabilitation (VR), occupational therapy, and other allied health professionals. These experts can guide and supervise Access to Work teams, ensuring that recommendations are proportionate, functional, and tailored to the individual's health and work context.

Enable OT-led specialist support : Members report that individuals with complex conditions, such as fatigue, pain, or cognitive challenges, often need more than equipment or transport. Funding occupational therapists to deliver targeted interventions (e.g. coaching, pacing strategies, environmental adaptations) would ensure that Access to Work supports not just access to work, but the ability to sustain it.

Address long wait times for support: Members also report that long wait times for Access to Work assessments and provision of support can significantly delay job starts or disrupt employment retention. These delays are particularly detrimental for individuals with fluctuating or complex conditions, where timely intervention is critical. To maximise the impact of Access to Work, the system must be resourced and structured to provide responsive, timely support that aligns with the pace of real-world employment opportunities.

Embed preparatory support and adjustments into the employment offer: For many individuals, particularly those with complex or fluctuating conditions, being offered a job is only the beginning. Occupational therapists play a central role in identifying and trialling reasonable adjustments, including assistive equipment and workplace adaptations, before formal employment begins. This preparatory phase is critical for building confidence, informing decisions, and ensuring both the individual and employer are set up for success. Making the workplace visible and practically accessible should be a core part of the employment pathway, not a post-hoc consideration.

Allow flexible use of grants: Current Access to Work rules often restrict funding to workplace-related costs, excluding essential elements of rehabilitation.

We recommend that the DWP test the expansion of eligible uses of Access to Work funding to include:

- travel to and from vocational rehabilitation appointments.
- Community based interventions that support work readiness and condition management
- Home working adaptations, where appropriate, including environmental or ergonomic support.

This would enable more holistic support for individuals, especially those with fluctuating or invisible conditions.

Improve assessment quality and oversight: Members raise concerns that many Access to Work assessors lack the clinical expertise required to accurately evaluate functional needs or recommend appropriate equipment. This often results in the over-prescription of expensive or unsuitable items, while overlooking lower-cost, more effective interventions that better support the individual's goals.

Introducing occupational therapy supervision or clinical sign-off for Access to Work assessments would significantly improve the quality and appropriateness of recommendations. Occupational therapists are trained to match equipment to functional ability, context, and real-world occupational need, ensuring resources are used efficiently and individuals receive support that is practical,

sustainable, and genuinely enabling.

Strengthening understanding of environmental and contextual barriers: Members report that Access to Work teams often lack understanding of how factors such as housing, transport, and environmental factors affect work participation. DWP should embed occupational therapy insight across Access to Work teams, not only via a case involvement but also through strategic consultation, training and resource development. This would build capacity within Access to Work teams, improving their ability to assess needs, advise on symptom self-management, and set realistic, health-aligned goals.

Include vocational rehabilitation in work coaching: Access to Work currently focuses on individuals already in work, missing opportunities to support those preparing to enter or re-enter employment. DWP should fund VR as part of pre-employment support to help individuals build readiness, confidence, and a clear understanding of what support is available before applying for jobs or attending interviews. This should be in place especially for those who are:

- Transitioning from education or long-term unemployment
- Recovering from illness or injury
- Rebuilding confidence after health-related job loss

Create feedback loops and follow-up: Members tell us that once Access to Work recommendations are made, there is often no follow-up to check whether they've been implemented or are still effective.

DWP should fund mechanisms to:

- Check whether support has been implemented
- Assess its effectiveness
- Make adjustments where needed

Ensure ongoing, adaptive support through open files and case coordination

To maximise the long-term impact of Access to Work, funding must support not just one-off assessments but ongoing, flexible input. Many people's needs evolve over time due to changes in health, job role, work environment, or life circumstances. The current system, which often requires individuals to reapply or start from scratch, is inefficient, stressful, and delays timely support.

Instead, Access to Work should adopt an "open file" approach where support can be revisited and adapted as needed without a full reapplication. Individuals should have access to a named case worker who understands their role, condition, and goals, enabling a more trusting, responsive relationship. This would reduce administrative burden, improve continuity, and ensure support remains aligned with the realities of working with a disability or long-term condition. Occupational therapists are well placed to contribute to these ongoing reviews, providing clinically informed insight into how support may need to evolve over time.

Joining up housing, transport, and employment support

One of the most frequently overlooked barriers to work is the physical inaccessibility of housing and transport. For many disabled people, getting to work safely and reliably is not guaranteed particularly in rural areas or where housing is poorly adapted.

Access to Work should be designed in partnership with housing and transport services. Occupational therapists can assess environmental needs and ensure solutions are practical and sustainable. Commissioning must be joined-up to avoid siloed funding and ensure the workplace is not just conceptually accessible, but physically reachable and functionally workable.

15.What do you think the future role and design of Access to Work should be?

Access to Work is often reactive, fragmented, and difficult to navigate, particularly for individuals with complex or fluctuating health conditions. To meet the needs of a modern, inclusive workforce, Access to Work must evolve into a proactive, integrated, and clinically informed service that supports both individuals and employers throughout the employment journey. It can achieve this by:

Shift toward prevention and early intervention: Currently, Access to Work support is often triggered only after problems arise, missing opportunities to prevent work loss. The future model should prioritise early intervention, including support for individuals preparing to enter or re-enter work. This would increase confidence for both employees and employers, enable smoother transitions, and reduce the risk of long-term worklessness.

Embed clinical expertise and structured referral pathways: Members report that Access to Work assessors often lack access to clinical insight, leading to inconsistent or inappropriate recommendations. The future model should include structured referral routes into vocational rehabilitation services, with occupational therapists and other allied health professionals available to advise on complex cases and supervise non-clinical staff. This would ensure that support is proportionate, functional, and tailored to the individual's health and work context.

To deliver a future Access to Work service that is truly person-centred and effective, assessors must have appropriate training and professional insight into how disability and long-term health conditions impact day-to-day function. Understanding reasonable adjustments requires more than a list of solutions, it demands a nuanced understanding of how people interact with their environments, routines, and occupations.

Assessors must be trained not only in disability awareness but in the principles of functional assessment, occupational justice, and workplace inclusion. Occupational therapists are uniquely qualified in this area, and their involvement as assessors, trainers, or supervisors would enhance the quality and consistency of Access to Work recommendations.

Crucially, the system must also recognise that trial and error is part of finding the right support. Services must allow room to test equipment or adjustments before making final decisions, rather than defaulting to quick fixes or the lowest-cost options. Training should embed this principle and promote a mindset of flexibility, curiosity, and partnership.

Integrate Access to Work within a broader support system: Access to Work is often experienced in isolation, disconnected from health services, vocational rehabilitation, and employer engagement. A future model should position Access to Work as part of a joined-up system,

integrating case management across health, employment, and social care. This would improve continuity, reduce duplication, and ensure that individuals receive coordinated, person-centred support.

Improve oversight and value for money: There are inefficiencies in how Access to Work funds are currently allocated, particularly the over-prescription of costly equipment without adequate follow-up or opportunity to feedback. Stronger clinical oversight and clearer accountability mechanisms would ensure that funding is used effectively and delivers value for money. This includes embedding occupational therapy input into assessments and follow-up processes.

Make the service accessible and inclusive by design: Access to Work can be difficult to navigate, especially for those in non-traditional employment or with limited digital access. The future service should be designed with accessibility in mind, offering clear guidance, flexible formats, and support for individuals not yet in work. This includes ensuring that self-employed people, gig workers, and those in transition are not excluded from support.

Ensuring digital systems are accessible to all: The future of Access to Work and benefits systems must be designed with digital inclusion in mind. Many disabled people face barriers to engaging with digital platforms, whether due to sensory processing, cognitive overload, fatigue, or limited access to technology or support. Online-only systems, such as Universal Credit journals and Access to Work application forms, can exclude those who most need support.

Future models must include alternatives to digital processes, such as in-person appointments, telephone access, or supported application formats. Occupational therapists, with their understanding of functional capacity, are well placed to assess individuals' digital access needs and recommend suitable adjustments to ensure equitable participation. Without inclusive design, even the best-intended policies risk widening existing inequalities.

Embedding the value of a diverse workforce in the future vision of Access to Work: Access to Work should not only be seen as a tool to overcome individual barriers, but as a lever for cultural change in how disabled people are valued within the workforce. The future design of Access to Work should actively promote the message that employing people with disabilities and long-term health conditions is not only a legal and ethical obligation, but a strategic advantage. Diverse teams bring a broader range of perspectives, foster innovation, and contribute to more inclusive and resilient workplaces[24] [25].

The shift from viewing inclusion as a compliance issue to recognising it as a strength should be embedded in how Access to Work is framed, communicated, and delivered. The presence of disabled people in the workforce must be seen as positive, expected, and welcome.

To support this, we recommend that:

[24] Scope (n.d.) *Hiring disabled people*. Workplace Disability Inclusion Programme Companion Pack. Available at: https://business.scope.org.uk/toolkit/workplace-disability-inclusion-programme-companion-pack/hiring-disabled-people/ (Accessed: 28 June 2025)

[25] CIPD (n.d.) *Disability Confident: A practical guide for line managers*. Chartered Institute of Personnel and Development. Available at: https://www.cipd.org/globalassets/media/knowledge/knowledge-hub/guides/disability-confident-line-managers-guide.pdf (Accessed: 28 June 2025)

- Access to Work communications explicitly promote the benefits of a diverse workforce, using inclusive language and real-life success stories.
- Employer-facing guidance and training include content on the business case for inclusion, alongside practical advice on reasonable adjustments.
- Access to Work assessors and advisors receive training in inclusive leadership and cultural competence, to ensure they can advocate for and support inclusive workplace practices.
- Monitoring and evaluation frameworks include metrics on employer engagement, retention of disabled staff, and organisational culture change.

By embedding these principles, Access to Work can help shift public and employer attitude, positioning disability inclusion not as an exception to be managed, but as a norm to be embraced.

Embedding lived experience leadership in system design: Disabled people must not only be consulted, they must lead. The principle of 'nothing about us without us' must underpin all efforts to reform benefits and employment support[26].

Lived experience experts should be embedded in the co-production, delivery, and evaluation of services such as Access to Work and vocational rehabilitation programmes. Their insight ensures that policies respond to real-world challenges and prioritise dignity, accessibility, and justice.

Conclusion

The Royal College of Occupational Therapists urges the Government to recognise occupational therapy as a vital, underused asset in tackling worklessness, reducing health inequalities, and building a more inclusive workforce. Our members bring a unique combination of clinical expertise and real-world problem-solving to the challenges at the heart of the Green Paper.

This response highlights how occupational therapy-led approaches deliver practical, person-centred, and cost-effective solutions across benefit reform, Access to Work, and vocational rehabilitation. With the right investment and integration, occupational therapists can help thousands more people move into, stay in, or return to meaningful work; safely, sustainably, and on their own terms.

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[26] World Health Organisation (2022) *Global report on health equity for persons with disabilities*. Available at: https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/global-report-on-health-equity-for-persons-with-disabilities (Accessed: 28 June 2025)