

Health and Work Champion's Training Handbook

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Handbook first edition compiled by Christine Parker and Rachel Martin of the University of Salford on behalf of the Royal College of Occupational Therapists.

Table of Contents

This Handbook	5
Contacts	5
Part 1: Background	6
The role of a Health and Work Champion	6
Part 2: Training	7
Training overview	7-8
Training presentation and resources	9
Part 3: Slide by slide guide	10
Slide 1: Work as a Health Outcome	11
Slide 2: Your organisation	12
Slide 3: Topics covered	13
Slide 4: Best prediction	14
Slide 5: Determinants of health	15-16
Slide 6: Evidence for social determinants of health	17-18
Slide 7: Why employment	19-20
Slide 8: Discussion question	21
Slide 9: Benefits of work	22-23
Slide 10: Importance of meaningful occupation	24
Slide 11: Infographic –sickness absence rates	25
Slide 12: Infographic – Health of UK employees	26
Slide 13: Discussion question	27-28
Slide 14: The 5 R's	29
Slide 15: Discussion questions	30-31
Slide 16: Group discussion	32-33
Slide 17: Infographic – Managing health at work	34
Slide 18: Benefits	35-36
Slide 19: Other support #1	37-38
Slide 20: Other support #2	39
Slide 21: AHP Health and Work Report	40
Slide 22: Signposting to local support	41
Slide 23: Discussion questions	42
Slide 24: Summary	43
Slide 25: CPD Certificate	44
Slide 26: Case studies	45
Slide 27: Spotlight on MSK	46
Slide 28: MSK case study	47
Slide 29: Spotlight in alcohol, drugs, and tobacco	48

Slide 30: Drug and MH problems case study	49
Slide 31: Spotlight on older workers	50
Slide 32: Older worker case study	51
Slide 33: Spotlight on mental health	52
Slide 34: Mental health case study	53
Slide 35: Spotlight on young people	54
Slide 36: Young people case study	55
Part 4: Appendices	56
Appendix 1: List of resources from the slides	56-57
Appendix 2: Work and Health Champion's checklist	58
Appendix 3: Training delivery tips	59
Appendix 4: In person training delivery tips	60
Appendix 4: Virtual training delivery tips	60-62
Appendix 5: CPD certificate	63-64

This Handbook

This handbook and the supplementary materials will provide you with all the information you need to successfully deliver training as a Health and Work Champion.

The handbook is broken down in four parts.

- The first part of the handbook describes the background and aims of the project and details the role of the Health and Work Champion.
 - The second part describes how training is delivered.
 - The third part covers each slide and resources related to it in depth.
 - The fourth part, the appendices, includes useful documents and resources that you will need in the role.

Contacts

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Part 1: Background

Health and Work Champions project and aims

The Royal College of Occupational Therapists (RCOT) have trained over 100 occupational therapists and other health care professionals to be Health and Work Champions.

The Health and Work Champions project aims to create a culture change in health and social care, so it is routine practice for all staff to be able to talk about employment with the people they work with. They deliver training sessions to encourage their colleagues to routinely ask and support people with their employment aspirations.

The NHS alone, for example, has a million contacts with people every 36 hours and many of these are lost opportunities to talk about the health benefits of good work. Health and Work Champions are training colleagues across multiple settings, including acute and community settings for people with mental health and/or physical health needs and for people with learning disabilities.

The role of a Health and Work Champion

This role involves delivering one-hour peer-to-peer training sessions. The package of training which Health and Work Champions deliver to colleagues aims to improve the knowledge of health and care professions so they can make every contact count and confidently discuss the benefits of work. The training aims to help staff:

- Understand the relationship between health and work, and what health enhancing work looks like e.g., safe working environment, job security, involvement in decision making, positive social connection, right level of challenge, sense of belonging.
- Think about ways to discuss work in a wide range of settings with a wide range of people
- Know how to refer and signpost people for further support from both national and local

Please note: This is not a patient facing role

Time commitments

It will usually take about one hour to deliver the training. You will need some admin time prior to the session to prepare and ensure you are familiar with the presentation.

Current Health and Work Champions have found that the amount of time spent carrying out this role varies, depending on organisation response and clinical demands. On average we say that you will need 2 - 4 hours per month (1- 2 hours admin and 1-2 hours session practice and delivery).

We understand that due to factors such as organisation buy-in and the pressures of day-to-day working, Champions are unable to commit their time into the project every month. Therefore, we do not expect a set number of training sessions delivered.

This is a voluntary role, and we value all levels of engagement. All activity that you carry out in relation to this role, promoting work as a health outcome is relevant and makes a positive contribution. Additionally, there is no minimum number of attendees required.

Part 2: Training

This section of the handbook describes the type of training you will be delivering, the topics included and a breakdown of the presentation of the slides involved in the training.

Training overview

Training aims

The training you will provide, mirrors the aims of the Health and Work Champion project.

At the end of the training, the attendees should:

1. Understand the health benefits of good work
2. Be able to discuss work as a health outcome with the people they work with.

Length of training

Training is typically delivered in a one-hour session; however, this can be longer depending on whether you decide to use case studies. Training can be delivered in person or online. We provide resources to support you with both in appendix 4 of the handbook.

Presentation and participation

The training is delivered using the presentation slides which will be provided to you once you complete the training. The slides are explained in this section so you can understand the content and refer to some of the recommended resources.

The presentation is interspersed with attendee participation to encourage active involvement and reflection on what the material might mean from a personal perspective – where this occurs ideas are offered on how to do this.

The length of discussion is dependent on the time available and the attendee's level of participation. Once you feel that attendees have understood the message that good work is good for health you can focus on the second aim of the training; developing the skills required to discuss work as a health outcome which starts on slide 22.

The presentation has been written for clinical staff but may be of interest to a wider audience. We encourage you to take opportunities to present the material as widely as possible.

Delivering the training

There are three key elements you need to cover when delivering the training. These are:

- Exploring the concept of good work being good for health
 - Identifying how to have conversations about work and other meaningful occupations
 - Identifying appropriate advice / signposting and occupational application to case studies

After training delivery

You will need to provide your attendees with CPD certificates (Appendix 5), so they have evidence of completing the training.

You may want to capture the feedback from attendee participation for subsequent discussions (e.g.,

on a virtual whiteboard or chat box depending on the delivery platform used).

Training presentation and resources

It will help if you know the content of the presentations and resources to deliver the training well. This section briefly describes what the presentation slides cover and how to deliver the training session.

Presentation slides:

This training focuses on paid employment however, this may not be relevant/appropriate for all audiences. The slides acknowledge that there may be other ways people can engage in meaningful occupations/activities.

Because the presentation uses the RCOT logo, you **cannot change/adjust the slides**.

You can however:

- Adapt the delivery of the presentation for different clinical settings and groups.
 - Add your own text into the notes so that you have information that suits your area of practice.
 - Use your own experience to round out the slides and make relevant to your setting and audience.
 - Remove or skip slides that are not relevant for you.
 - Insert local information onto the two blank slides at the beginning and end of the presentation.

Country specific content:

Some material in the presentation differs between the four UK countries but in the main is similar. This handbook uses the England presentation and where differences occur these are indicated within 'the Actions and suggestions:' section below a slide. Copies of country specific slides will be provided by RCOT to Champions based in Scotland, Northern Ireland, and Wales.

Other resources

[RCOT CPD Module: Work as Health Outcome - What is YOUR Role?](#)

To view how the training is delivered, watch [The Health and Work Champion Training](#)

More resources can be found in Appendix 1

Should new research/evidence emerge please do talk about this in your presentation and send any suggested updates to RCOT, as RCOT provides Champions with an annual update of the slides

Part 3: Slide by slide guide

This section will consist of a breakdown of each slide you can present as part of the training. There are two sections of information. *Presentation material* and *Actions and suggestions*.

The **presentation material** section is information that compliments the information or images of the slide. This is information that you can cover if you are including this slide in your training.

The **actions and suggestions** section provides actions for you to complete whilst delivering the training or suggestions of things you may want to discuss or do in the training if you have time.

Slide 1: Work as a Health Outcome

Work as a Health Outcome: What is YOUR Role?

(insert name of Health and Work Champion)

#HealthWorkChamps

#LetsTalkAboutWork



Presentation material:

This training session is part of a national project to get staff thinking more about health and work. RCOT have trained over 100 Health and Work Champions across different services who have delivered this session to over 2000 relevant health and care professionals. The project is part of Government plans to close the disability employment gap.

Actions and suggestions

Please insert your name on this slide.

Use your own experience to round out the slides and make relevant to your setting and audience. If attendees want to Tweet during their training, direct them to use the two Twitter hashtags on this slide

Let attendees know how long it should take to get through the slides, whether there'll be time for questions and discussion after, whether they will get a copy of the slides later via email.

Slide 2: Your organisation

Champion to insert name of your organisation

Champion to insert local info on this slide to make relevant to staff and service user groups for example....

Name of Organisation...

Geographical and size coverage...

Speciality area...

Types of people worked with....

Their particular, typical work/meaningful occupation issues...

How is work/meaningful occupation currently addressed?

Presentation material

Meaningful occupation includes all the different ways that people productively occupy their time. For example, this may be through paid employment, but it may also include volunteering, education etc.

Actions and suggestions

Insert local information on to this slide to make it relevant to your organisation/attendees/team. If possible, include information on how issues about meaningful occupation are currently addressed. Examples of types of services around the area? – just a taster as you come back to this later.

You might briefly talk about local employment/unemployment issues if relevant – e.g., if unemployment levels are high in your area. 'We're going to keep this in mind as we go through the session'? Remember you will be considering this later in more depth, so try to keep discussion brief here.

Slide 3: Topics covered

Topics covered in today's session

- The important link between work/other meaningful occupation and health
- The importance of asking about work/other meaningful occupation



Presentation material:

There are two main topics that we will cover in the training session:

- There is an important link between how we spend our time and our health.
- It is important of ask people about work/other meaningful and offer advice/signpost if needed.

Actions and suggestions:

This is the introductory slide to the topic.

Slide 4: Best prediction

What is the best predictor
of a person's health,
quality of life and life
expectancy?

Presentation material:

Ask the question on the slide

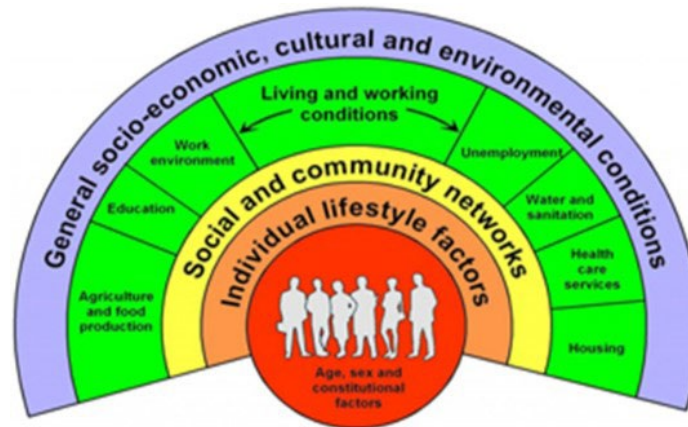
Actions and suggestions:

Discussion time for the group e.g., in small groups or pairs, or if it is a smaller number of attendees, it could be a whole group discussion.

Another way of phrasing this question is – what affects your health, how long you will live and whether you had a good life?

Slide 5: Determinants of health

Model of Health Determinants



Presentation material:

The social determinants of health have the biggest impact on health, quality of life and life expectancy.

These socioeconomic factors include education, employment, income, housing, and social support.

The Dahlgren and Whitehead Model (1991) is one of the best-known models to demonstrate this:

- Personal characteristics occupy the core of the model and include sex, age, ethnic group, and hereditary factors (genes)
- Individual 'lifestyle' factors include health behaviours such as smoking, alcohol use, diet and physical activity
- Social and community networks include family and wider social circles
- Living and working conditions include access and opportunities in relation to jobs, housing, education, and welfare

General socioeconomic, cultural, and environmental conditions include factors such as disposable income and availability of work

Actions and suggestions:

After the discussion (slide 4) you are telling attendees the answer in this slide which is that social determinants of health have the biggest impact on health, quality of life and life expectancy.

Make sure you are familiar with the Dahlgren and Whitehead Model (1991) of the social determinants of health, so you can talk through each contributing factor, working from the middle outwards.

You can bring this to life by using your personal experience e.g. service users experiencing a range of living and working conditions and their impact on the person.

More info: Public Health England (2017) Health Profile for England:

<https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health>

NB: this slide contains country specific data:

The PHE and Institute of Health Equity reference is for England. Alternative slides are provided for Northern Ireland and Scotland.

Specific ref for Northern Ireland (NI): <https://www.health-ni.gov.uk/articles/social-determinants-health-statistics>

Specific ref for Scotland: Public Health Network 2017

Scottish Public Health Network (2017): <https://www.scotphn.net/wp-content/uploads/2017/02/HH-Appendix-4-A-guide-to-public-health-1.pdf>

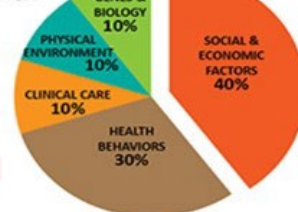
Slide 6: Evidence for social determinants of health

Evidence for social determinants of health

What keeps
us healthy?

Time to think
differently?

Determinants of health



synthesis of 3 papers 1995-2012

<https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health>

The OP, health and work and the management of sickness absence

Presentation material:

Several studies have estimated how broader determinants impact on our health. The pie chart depicts the main findings of three research papers showing that social and economic factors have the biggest impact on health.

Actions and suggestions:

Builds on the question in slide 4 and the information in slide 5 which shows the social determinants of health have the biggest impact on health, quality of life and life expectancy, and provides more evidence for this.

It is a synthesis of three papers from the King's Fund website, which are longitudinal cohort studies, which track people from a young age through life and take measurements of health / social functioning.

NB: why only three papers? Because longitudinal studies are expensive and take time to deliver. However, these are good quality papers which in the main have similar findings, around social and economic factors having the largest impact on how long you live and whether you have had a good life.

Go through the sections and point out that clinical care only makes a 10% contribution. You could bring this to life by considering why this might be the case in your own practice area e.g., because you have limited contact with people - either in terms of short-term interventions or contact being widely dispersed across a year.

NB: if asked there is insufficient data at present to unpick the 40% of socio-economic element e.g., it is not clear what % of this is housing or employment.

Source: <https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health>

Also, although the papers cover the period 1995- 2012, as far as we are aware the findings still stand, and some elements may be exacerbated due to for example the economic crisis in 2007/8 and the covid pandemic.

NB: this slide contains country specific data:

The Northern Ireland, Scotland, Wales slide packs contain two studies from the UK and Canada and supporting notes.

Slide 7: Why employment

Why employment ?



- Employment is one of the most important determinants of physical and mental health
- Children growing up in workless households are almost twice as likely to fail at all stages of education compared with children growing up in working families



Presentation material:

- Employment is one of the most important determinants of physical and mental health. The long term unemployed have a lower life expectancy and worse health than those who work. Unemployment is associated with an increased risk of mortality and morbidity, including life limiting illness, cardiovascular disease, poor mental health, suicide, and health-damaging behaviours.
- Work also has wider impact, for example, children growing up in workless households are almost twice as likely to fail at all stages of education compared with children growing up in working families.

Because of the growing recognition of its importance, in 2019 all professional bodies signed up to the Consensus Statement for Health and Work. It was signed by the Allied Health Professions Federation (AHPF), the Royal College of Nursing (RCN) and the Academy of Medical Royal Colleges.

This consensus sets out four principles for healthcare professionals:

1. To understand the health benefits of good work
2. To have the skills to discuss work as a health outcome
3. To be able to interact with wider health and work system
4. To Recognise our own role in supporting health and safe working environments

Actions and suggestions:

Talk through the notes above, providing as much detail as you feel is appropriate. You could comment on the importance of this subject as all the professional bodies (e.g., all doctors, nurses and AHPs) support and endorse the consensus and point out that the first two of the four principles mirror the Health and Work Champion programme.

Available at: <https://www.aomrc.org.uk/news-and-views/healthcare-professionals-consensus-statement-on-health-and-work/>

Slide 8: Discussion question

How do you feel you benefit from working?

Presentation material:

Ask the question on the slide

Actions and suggestions:

Discussion time for the group.

Other ways to ask the question could be:

- What do you feel you gain from work?

Or:

- What are the good things you get from work?

Spend as much time as you feel you need on this question; experience suggests attendees find this question easy to answer.

Slide 9: Benefits of work

Health and wellbeing benefits of work



Presentation material:

For those who wish to work employment can fulfil many needs including:

- Income and choice
- Social contact, support, interaction
- Identity, role, status
- Habit, routine, structure
- Prosocial role –most people want to contribute somehow to society- work can provide this satisfaction and is an important part of Five Ways to Wellbeing

<https://www.gov.uk/government/publications/five-ways-to-mental-wellbeing>

Actions and suggestions:

There has been increasing evidence over the years of the health and wellbeing benefits of work and this was one of the first big reviews of the evidence base by Waddell and Burton (2005).

Go through each of the areas e.g., income, choice, support/interaction with others. There is also the pro-social element of being able to give something back, which is a protective factor in mental health and wellbeing in the Five Ways to Wellbeing:

<https://www.gov.uk/government/publications/five-ways-to-mental-wellbeing>

Source:

Waddell G, Burton A K (2005), Is Work Good for your Health and Well-Being?

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwwb-is-work-good-for-you.pdf

NB: this slide contains country specific data:

Slide decks contain country specific references for the Five Ways to Wellbeing:

NI: <https://www.publichealth.hscni.net/publications/take-5-steps-wellbeing-english-and-11-translations>

Wales: <https://bcuhb.nhs.wales/health-advice/5-ways-to-wellbeing/>

Scotland: <https://www.nhsinform.scot/healthy-living/mental-wellbeing/five-steps-to-mental-wellbeing>

Slide 10: Importance of meaningful occupation

Importance of meaningful occupation

- In January 2022, 74.9% of the working age population were in employment in England but this figure 52.7% for disabled people. There is also regional variation and COVID -19 is predicted to increase unemployment rates.
- For some people volunteering or returning to education can be important forms of meaningful occupation.
- People do not have to be 100% healthy to be in employment.

Presentation material:

For most adults work is the norm. The national employment rate in England was about 74.9% in January 2022 but there are regional variations in that figure and global events such as the COVID 19 pandemic will affect the economy and employment rates.

However, there are also inequalities in access to employment– disabled people are much less likely to be in employment and have an employment rate of 52.7%.

The ability to work does not require the person to be 100% healthy. Most of us are probably not 100% healthy but we still work!

Actions and suggestions:

The full impact of COVID-19 on employment rates is not yet known but the principles in this session still apply.

However, it is worth acknowledging that patients may be worried about the impact of the pandemic and may wish to explore their concerns before they can consider the possibilities and positives of work.

Overall message:

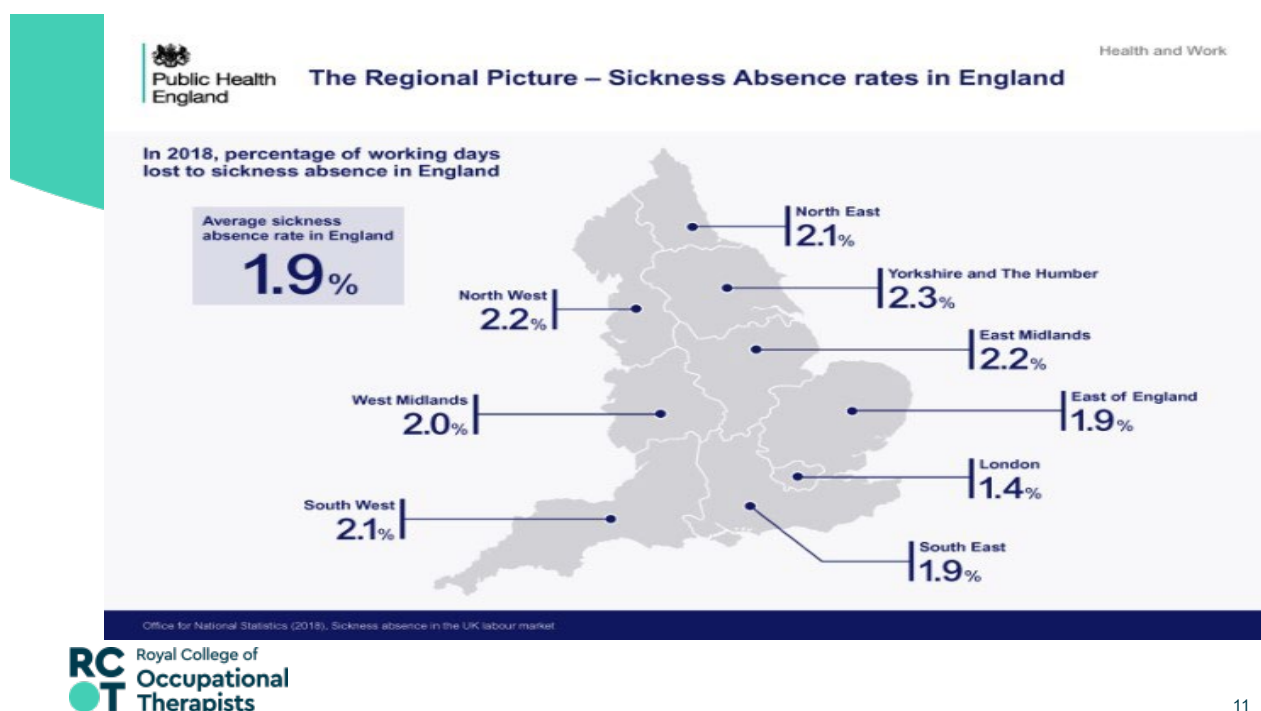
Pre COVID the employment rate was higher than it had been for a long time, however, the employment rate for disabled people is still lower and there is also strong regional variation. It is now generally recognised we do not have to be 100% healthy to work – the change of the GP Sick Note to the GP Fit Note illustrates this point.

Note that figures are usually from the previous year and this slide is updated on a yearly basis.

NB: this slide contains country specific data:

Country specific slides decks show the percentage figures for the working age population in employment and disabled people in employment for that country as these vary across NI, Scotland, Wales, and England. This data is also obtained from different sources.

Slide 11: Infographic – Sickness Absence rates



11

Presentation material:

This infographic shows that there are geographical variations in sickness absence rates. For example, the average sickness absence rate tends to be higher in Yorkshire and the Humber, Northwest, and East Midlands.

You can also find your local employment figures on the Office for National Statistics website which covers all of England.

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/locallabourmarketindicatorsforcountieslocalandunitaryauthoritiesli01>

Actions and suggestions:

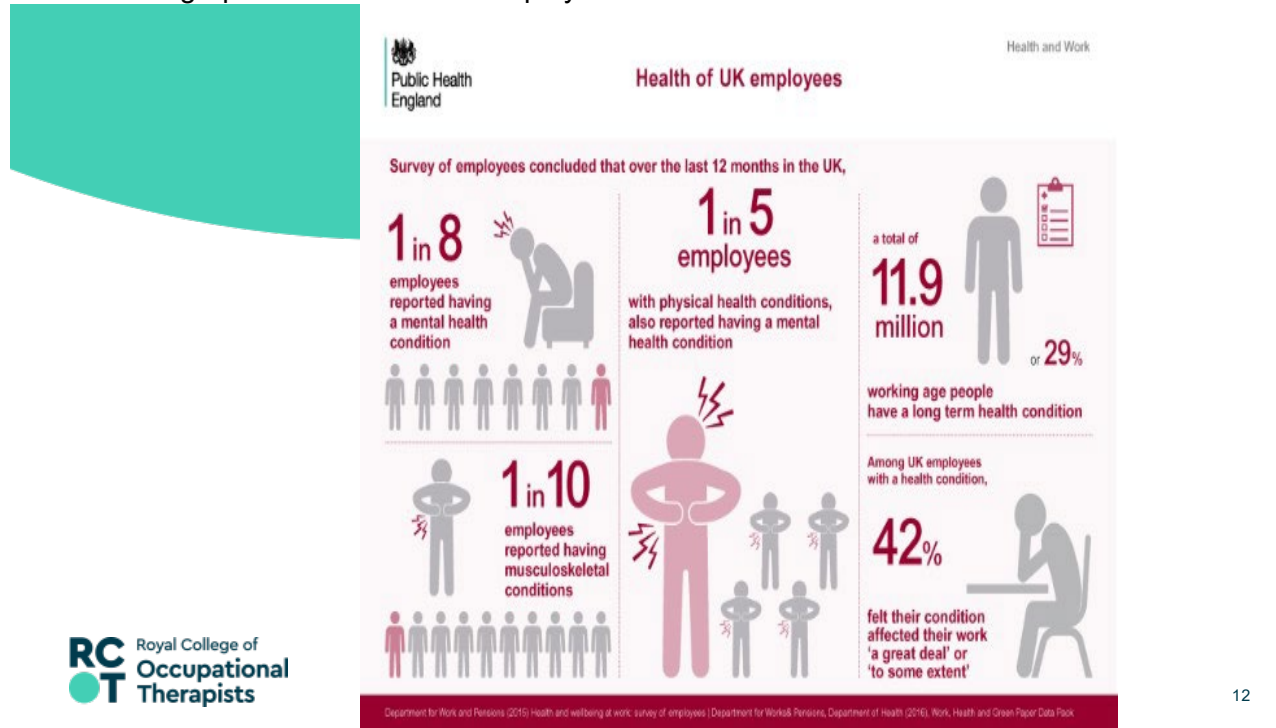
Go through a couple of headline points from the infographic that you would like to make.

You can also refer to local data; you can find your local employment figures on the Office for National Statistics website which covers England, Wales, Scotland, Northern Ireland, and regions (brought to life with some local information from your experience):

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork>

NB –this is England only data and does not appear in the other presentations.

Slide 12: Infographic – Health of UK employees



Presentation material:

Many employees work while self-managing their health problems. For example, 29% of employees have a long-term condition, one in eight have a mental health condition and one in ten have a MSK condition.

Also, 42% of employees with a health condition said that their health impacted on their job a great deal or to some extent.

Actions and suggestions:

Go through a couple of headline points from the infographic that you would like to make; suggestions about what you could cover are:

You might want attendees to think about people with a long-term fluctuating condition who may be off sick at times, may be in work and struggling (presenteeism) or fine in work.

Additionally, although people do not need to be 100% fit to be in work, they may require short or long-term adjustments or flexibility around their job to work productively.

NB: this slide contains a country specific logo:

This data covers all nations so is included in all the presentations, but the PHE logo is removed for NI, Scotland, and Wales slide decks.

Slide 13: Discussion question

What does good quality work look like?

- Safe work environment + job security
- Involvement in decision making
- Right level of challenge
- Match with employer's values
- Positive social connection

Presentation material:

Of course, not all work is good for health. Unsafe, badly managed and unsupported workplaces still cause a significant burden of ill health and injury in the UK. The key is that the work should be suitable for the person and provide a safe, supportive environment.

The following factors are significant for “good” work that is good for your health:

- Feeling safe at work and that your job is secure.
- Having some control about decisions that affect you.
- Work that you perceive to be matched to your skill level health providing the right level of challenge and the chance to develop/master new skills.
- Feeling that the aims and values of the employer match your own and that it is personally meaningful.
- Having positive social encounters with colleagues, clients.

Actions and suggestions:

Here you are introducing the concept of good quality work because we know not all work is good for your health.

Even if attendees have a good job, they will know what a bad day at work feels like. The attendees may want this acknowledged, particularly as a safe work environment and job security have become more pressing due to COVID-19. Do, however, move attendees on to considering the aspects of good quality work, once this has been acknowledged.

Having some control about decisions that affect day-to-day work, is one of the largest contributory factors to whether people feel their work is good for their health or not.

Remember when work is not matched to the person's skill level boredom can occur or too hard and it can feel overwhelming.

Many organisations now have values statements in place, so it is clearer to employees and service users what values drive the organisation.

Positive social encounters can be explored in terms of the opposite of this e.g., bullying in the workplace and its impact on health and wellbeing.

Sources:

Marmot 2010, Fair Society, Healthy Lives available at

<http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

Dame Carol Black 2008 Working for a Healthier Tomorrow:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf

Marmot also completed a ten-year review in 2020 and the summary can be found here:

<https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

Good work- the Taylor Review of Modern Working Practices 2017

<https://www.gov.uk/government/publications/good-work-the-taylor-review-of-modern-working-practices>

Carnegie UK Trust (2018) Measuring Good Work

<https://www.carnegieuktrust.org.uk/publications/measuring-good-work-the-final-report-of-the-measuring-job-quality-working-group/>

The slide deck for Scotland contains a reference specific to Scotland - Stuart et al (2016) Decent work for Scotland: <http://uwsoxfampartnership.org.uk/wp-content/uploads/2014/10/Decent-Work-in-Scotland-Low-Paid-Workers-final-report-.pdf>

Slide 14: The 5 R's

The five R's...

- Raise work issues early
- Recognise risk factors of being out of work
- Respond to straightforward work problems
- Refer people on who need more help
- Revisit work issues at regular intervals
- How important is work for you?
- How confident are you in getting back to work?
- What parts of your job are easy?

Presentation material:

The Five R's prompt us to remember to ask, support and signpost about work (Macmillan, DH, UCL 2012)

We may ask about work but not soon enough or in enough detail. When we raise it, it is important to do it in a positive manner without using catastrophic language. People generally trust the opinion of health and care staff, so it is important to set this up positively at the start.

Useful questions may be:

- How important is work for you?
- How confident are you in getting back to work?

What are the easy parts of your job? What are the difficult parts? What is the part in the middle that could be adapted?

Actions and suggestions:

Up to now you have set the scene around health and work. From this point onwards there needs to be an emphasis on the 'so what' and 'what can I do then?'

Talk through all the points on the slide.

The Five Rs were developed by McMillian Cancer Support but are applicable to all.

The questions in italics on the slide are extra examples of how to explore what people feel are the easier parts, the harder parts and then the parts in between in their job that could be modified. You could also provide examples from your own practice area.

Source:

<https://www.macmillan.org.uk/documents/getinvolved/campaigns/workingthroughcancer/ncsivreevaluationfinalreport-summaryfinalversionjuly2012.pdf>

Slide 15: Discussion questions

Useful questions to think about...

- What is the reason for work absence/unemployment?
- What are the benefits and barriers to work?
- Would workplace reasonable adjustments be possible?
- What current options exist for return to work/preparation for employment/other meaningful occupation?

NB: **The Equality Act 2010** means employers may consider reasonable adjustments such as changing the workplace, providing extra help.

Presentation material:

Enquiries about work or other types of meaningful occupation need to be solution focused and take into consideration the wishes, feelings and motivation of the person. If the person has a disability the employer has a duty to consider requests for reasonable adjustments.

Definition of disability under Equality Act: an impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. 'Substantial' is more than minor, 'long-term' means 12 months or more. People will automatically meet the disability definition from the day they are diagnosed with HIV infection, cancer or multiple sclerosis (MS).

Actions and suggestions:

These are example questions that practitioners can use.

The question about barriers and benefits draws on motivational interviewing and the person's readiness for change, giving the person a chance to acknowledge they may be benefitting from not being in work and therefore feel some ambivalence about returning to work e.g., I would like to go back to work but are enjoying spending more time with my grandchildren.

These questions can be used for any employee, whether they have a disability or short-term health problem.

There is lots of information around reasonable adjustment that attendees can be signposted to, so you don't need to go into depth here, but the following are useful links to give practitioners or services:

NICE Guidelines (2019) Workplace health; long term sickness absence and capability to work
<https://www.nice.org.uk/guidance/ng146>

Citizen's Advice on asking an employer to make changes to help with disability:
www.citizensadvice.org.uk/work/discrimination-at-work/what-are-the-different-types-of-discrimination/duty-to-make-reasonable-adjustments-at-work-what-must-employers-do/

NICE Quality Standards (2017) Healthy workplaces: improving employee mental and physical health and wellbeing (useful for services): <https://www.nice.org.uk/guidance/qs147>

Equality Act: <https://www.gov.uk/government/publications/equality-act-guidance>

NB: this slide contains country specific legislation.

The Equality Act applies in England, Wales and Scotland only. The slides decks for Wales and Scotland also include additional country specific regulations.

For Northern Ireland the same questions are included but the slide refers to the Disability Discrimination Act (DDA), which applies in NI, rather than the Equality Act.

Slide 16: Group discussion

What do we need to think about when people are...

- In work but struggling
- On sick leave
- Out of work
- Retired
- A carer

Presentation material:

Ask the question on the slide

Actions and suggestions:

Discussion for the group. The group can talk about all these scenarios or focus on the one(s) most relevant to their service user group.

Points to consider:

- In work but struggling, presenteeism is increasingly recognised as an issue where people are in at work but struggling due to health problems and often do not discuss with their manager—see slide 17. <https://www.employment-studies.co.uk/resource/presenteeism-review-current-thinking>
- On sick leave: The longer a person is out of the workplace the harder it becomes to return to work particularly once they have been on sickness absence for more than four weeks. Having 'stay in contact' conversations with their employer has been shown to help return to work. Black and Frost (2011) Health at work – an independent review of sickness absence. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181060/health-at-work.pdf
<https://www.hse.gov.uk/sicknessabsence/>
- Unemployment: People may have been unemployed for long periods (or never worked) or may be more recently unemployed and will have different needs accordingly.
- Retired: Increasing numbers of older adults are remaining at work past traditional retirement age or are "retiring" and then continue to work on an ad-hoc basis. Therefore, we have a greater number of people with health conditions in the workforce and people taking on further work after retirement. <https://www.gov.uk/government/publications/help-and-support-for-older-workers/help-and-support-for-older-workers>

- Carers: There are also increasing numbers of employees (predominantly women in their 50s) who leave the workplace due to their role as carers and then have difficulty getting back into the workplace. Plus being a carer/out of work has a knock-on impact on their own health and wellbeing <https://www.lancaster.ac.uk/work-foundation/publications/reports/who-cares/>

You can return to the previous two slides during the discussions to remind attendees of the questions they could use in different circumstances.

Slide 17: Infographic – Managing health at work



17

Presentation material:

The main causes of sickness absence are MSK conditions, colds /coughs and mental health conditions.

Costs of presenteeism increasingly recognised.

One third of people have not discussed their long-term health with their employer.

Only about half of all employees have access to occupational health through their employer.

Even if we could reduce the sickness absence rate by 10%, that would be a significant impact of 13 million days.

Actions and suggestions:

Talk to the parts of the slide that you feel are relevant to your audience.

The 48% of employees who don't have access to occupational health will not have easy access to support, which means it is very important for practitioners to ask work related questions.

Perhaps you also get attendees to think about the implications of the items you draw their attention for example, if only one in three employees with a long-term condition (LTC) have discussed this with their employer – how can employers be expected to support them in self-management at work?

NB: this slide contains a country specific logo:

The data applies to four nations, but the PHE logo is removed for Wales, Scotland, NI and an additional reference provided for Scotland.

Slide 18: Benefits

Benefits

Employment Support Allowance (ESA): If a person is ill or disabled, involves a Work Capability Assessment. Permitted work means they can usually work up to 16 hours and earn up to £140 a week

Job Seekers Allowance (JSA): If a person is available for work, actively seeking work or works on average less than 16 hours per week

Universal Credit: Will eventually replace ESA and JSA and is for people on low income or out of work. It is being introduced in stages and is due to be fully live in 2024. There's no limit to the number of hours that can work be worked. Payments reduce gradually as people earn more.

www.gov.uk/browse/benefits

www.citizensadvice.org.uk

Presentation material:

You are not expected to be an expert in benefits and can direct people to the links or suggest they see a Benefits Adviser.

You may be familiar with ESA and JSA. Eventually Universal Credit will replace them both. The key is that the permitted earnings rules will change. Under ESA a person can earn up to £140 a week and work up to 16 hours a week. Under Universal Credit there's no limit to the number of hours that can work be worked. Payments reduce gradually as people earn more. Personal Independence Payments can still be claimed while in employment. In Feb 2020, it was announced that the rollout of Universal Credit has been extended to 2024.

NB – The emergency Coronavirus legislation introduced some temporary changes to benefits such as ESA, JSA and Universal Credit. For up-to-date information please go to the www.gov.uk website.

Actions and suggestions:

You are not expected to be an expert in benefits and can direct people to the links below or suggest they see a Benefits Adviser; however, attendees are likely to bring it up, so this slide provides some overarching information and details of recent changes.

You may be familiar with ESA and JSA and may want to consider the barriers these have caused to working e.g., permitted working hours limits and that Universal Credit introduces a more flexible approach to gaining and extending employment.

There are controversies around Universal Credit; you and attendees may have mixed views about it but avoid being drawn into debate that moves the focus away from the aims of this training.

NB – The emergency Coronavirus legislation introduced some temporary changes to benefits such as ESA, JSA and Universal Credit. For up-to-date information please go to the www.gov.uk website: <https://www.gov.uk/employment-support-allowance>

Useful resources:

Employment and Support Allowance (ESA): <https://www.gov.uk/employment-support-allowance>

Job Seeker's Allowance (JSA): <https://www.gov.uk/jobseekers-allowance>
Universal Credit: <https://www.gov.uk/universal-credit/how-your-earnings-affect-your-payments>
Advice on permitted work: <https://www.base-uk.org/permitted-work>
Permitted work: <https://www.gov.uk/employment-support-allowance/working-while-you-claim>

NB: The information on this slide is the same for England and Wales.

Additional references are supplied for NI.

For Scotland, the slide contains additional information about devolution of some disability benefits.

Slide 19: Other support #1

Other support #1

NHS Support

- Occupational therapy and Physiotherapy; AHP Health and Work Report
- IAPT / Talking therapy
- Vocational rehab pathway for some conditions, IPS

Employer Support

- Occupational health
- Employee Assistance Programmes
- Access to work scheme

Presentation material:

Support available within the NHS:

Occupational therapy – helps people with practical tasks in all aspects of daily life such as at home or in the workplace. They look at activities people find difficult and see if there's another way to do it: <https://www.rcot.co.uk/about-occupational-therapy/what-is-occupational-therapy>

Physiotherapy - helps to restore movement and function when someone is affected by injury, illness or disability. It can also help to reduce the risk of injury or illness in the future:

<https://www.nhs.uk/conditions/physiotherapy/>

Allied Health Professions Health and Work Report – this form is like the GP Fit Note and provides information about a person's health and work problems. If the person is unable to work, it can be used for Statutory Sick Pay. If the person can work with workplace modifications, it gives tailored advice about this (see next slide): www.rcot.co.uk/practice-resources/standards-and-ethics/ahp-health-and-work-report

IAPT/Talking therapy – also called talking treatments or psychological therapies. Talking therapy is for anyone who's going through a bad time or has emotional problems they can't sort out on their own. Talking therapies, such as cognitive behaviour therapy (CBT) are available on the NHS through the Improving Access to Psychological Therapies programme (IAPT):

<https://www.nhs.uk/conditions/cognitive-behavioural-therapy-cbt/>

<https://www.nhs.uk/conditions/stress-anxiety-depression/benefits-of-talking-therapy/>

Vocational Rehab services - help people with health problems to stay at, return to and remain at work. There is a strong scientific evidence base for many aspects of vocational rehabilitation - and a good business case for it: <https://www.gov.uk/government/publications/vocational-rehabilitation-scientific-evidence-review>

Support an employee may have access to via their employer:

IPS (Individual Placement Support) - is an employment support service integrated within community mental health teams for people who experience severe mental health conditions. It is an evidence-based programme that aims to help people find and retain employment. The Department for Work and Pensions has also been doing some trials to see if the approach could be used with a wider group of people such as those with MSK conditions.

<https://www.england.nhs.uk/mental-health/case-studies/individual-placement-and-support-offers-route-to-employment-for-people-with-severe-mental-health-conditions/>

Occupational Health (OH) – prevent work-related illness and injury by focusing on the health and wellbeing of employees in the workplace. They monitor the health of the workforce and can provide advice around making reasonable adjustments. Large employers such as the NHS have their own occupational health teams, smaller employers may buy in OH support, most smaller employers have no OH services.

Employee Assistance Programmes - provides confidential information, support, and counselling to staff with personal or work-related issues usually by telephone, online or face-to-face counselling if necessary.

Access to Work scheme – offers help at work for people with health problems and/or disabilities. This may include a grant to help cover the costs of practical support in the workplace, such as specialist equipment, adaptations or support worker services or help getting to and from work.

Funding provided by DWP but has to be applied for by the employer: <https://www.gov.uk/access-to-work>

Some of the things available via Job Centre Plus:

Job Centre Plus Support - offers services to a whole range of people, from unemployed people looking for work, part time employees looking to get more work, students and school leavers looking to enter the job market and people with special needs who need a bit more assistance in getting a job. They offer schemes to help people find work or develop skills, working closely with local communities organising work initiatives and volunteering schemes to help people gain experience in their chosen field of work. <https://www.gov.uk/contact-jobcentre-plus>

Job Centre Work Coaches - help and support people to find a job. They can offer practical advice for example about travel to and from interviews, how to dress and prepare for work.

Disability Employment Advisers - advise disabled people on job seeking, training and new skills, and government schemes. They can also tell people about disability-friendly employers in the local area. Contact them via Job Centre Plus.

Work and Health Programme - helps people find and keep a job if out of work. It can help disabled people manage health problems to reduce their impact on work. It can be accessed via

Job Centre Plus. <https://www.gov.uk/work-health-programme>

Support group – under ESA some people are in the Support group, which means the DWP has decided that they can't work. However, people in this group can still take part in work-related activity if they want. Under ESA other people are put in the Work-related activity group which means the DWP has decided that the person's disability or health condition limits their ability to work but that there are things they can do to improve this.

<https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/employment-and-support-allowance/while-youre-getting-esa/about-the-esa-groups/>

Slide 20: Other support#2

Other support #2

Job Centre Plus
Support

- Work Coach, Disability Employment Adviser
- Work and Health Programme
- Support Group

Actions and suggestions:

This slide provides an overview of where service users can be directed to for support. Briefly describe the parts you feel are most appropriate for example the Access to Work scheme. If you are not familiar with these services do some background reading; details are also provided in Anne Bontoft's Health and Work Champion's training video.

NB: Each country has a unique set of services which are captured in the slide and the corresponding links are provided on the notes page.

Slide 21: AHP Health and Work Report

AHP Health and Work Report

- Mainly occupational therapists, physiotherapists and podiatrists use this tool.
- It is given to a person with advice about self management of their health condition and workplace modifications.
- The person can share it with their GP and employer if they wish. It can be used to help people:
 - Talk to their manager about how their health impacts on work
 - Provide evidence for sick pay
 - Get back to work quicker
 - Help employers with workplace modifications.
 - Free online training module available

21

Presentation material:

See slide plus suggested additional information:

To use the tool:

- Download template on a computer and type directly onto it – it is a writeable PDF
- Use it following assessment to share with service user and GP
- It can be used as evidence to claim statutory sick pay (SSP) if both the employer and employee agree with this.
- It cannot be used to claim welfare benefits such as Employment Support Allowance
- It can support return to work conversations with employers, occupational health, HR, medics, family
- It provides a summary of person's difficulties; recommendations relating to specific job demands, agrees a plan of action for return to work

There is ongoing discussion in policy about the possibility of extending the group of professionals who can sign the GP fit note as currently only doctors can do this.

Actions and suggestions:

Provide more detail if you are delivering the session to AHPs and they are not familiar with the tool. It is available on occupational therapy, physiotherapy, and podiatry professional body sites. If you are talking to medics/nurses, you could advise them that the occupational therapists / physiotherapists/podiatrists within their service could use this tool.

Signpost people to the University of Nottingham's free, short online training module available here: <https://www.nottingham.ac.uk/helmopen/rlos/professional-development/AHP-health-and-work-report/index.html>

NB: this slide is not included in the Health and Work Champion training video.

Slide 22: Signposting to local support

Where can you signpost people to for local support?

- Champion to insert local info



Presentation material:

See below

Actions and suggestions:

Add any local info you have here for return to work/ other meaningful occupation.

The Health and Work Champion's training video provides examples of services you may wish to include e.g., local vocational rehabilitation services, charities, volunteering, social prescribing, and education that will support people into purposeful occupation or return to work.

You could also include local Job Centre Plus details and local Authorities have responsibility for improving employment rates, so check their website.

You can refer to slide 19 about Other Services as a guide to the kind of services you can include.

Slide 23: Discussion questions

What specific actions can you take to support people with work/other meaningful occupation?

What are you going to do differently?

What can you change from today?

Presentation material:

Ask the questions on the slide.

Actions and suggestions:

Discussion for the group.

Another way of phrasing this is “What are you going to take forward from today?”

It may help to write an action plan, for example, finding out about local services, using positive language when talking about work.

You could create and give out a template for people to write down their actions.

Allow attendees time to think about this before moving on, as this is crucial to embed the learning from the session.

Slide 24: Summary

Summary

Work/ meaningful occupation can be significant determinants of health and life expectancy

There are links between good quality work and good health

Raise, Recognise, Respond, Refer, Revisit the work/meaningful occupation question

Presentation material:

Summarise the key points on the slide

Actions and suggestions:

It can be useful to repeat the Five R's here and remind what they mean, as they have only been introduced to them in this session:

- Raise the work question early
- Recognise the impact of being out of work
- Respond to any straightforward questions you can answer
- Refer if you need – you can't be experts in everything, but you can signpost on
- Revisit the issue – it helps patients feel valued that you remember and re-ask them, and they may have been thinking about it between appointments, so be ready to discuss it further or to start making changes.

It would also be useful to summarise some of the things that attendees could do in practice e.g.:

- ✓ you can provide people with information and point them towards appropriate further support
- ✓ you can encourage people to keep in touch with work and talk with their employers about how they could help them stay in or get back to work
- ✓ you could remind them that many jobs/tasks can be modified if needed.

NB: The Health and Work Champion's training video ends here; you can end the session after the next slide or time permitting use the case studies to enable attendees to apply their learning. If you only have 1 hour available, you could do these case studies in a second CPD session or could encourage people to do them in their own time.

Slide 25: CPD Certificate

Want a CPD Certificate?

Please check the Health and Work Champion has your email address and you will be sent a CPD certificate

Presentation material:

Advise that a CPD certificate will be provided.

Actions and suggestions:

Email a copy of the CPD template to attendees so they can fill it in themselves – you are not expected to complete it for them.

Slide 26: Case studies

Case Studies

- Spotlight on MSK conditions and Abiaye
- Spotlight on alcohol, drugs, tobacco and Luis
- Supporting older workers and Sabah
- Spotlight on mental health and Kalena
- Supporting young people at work and Nadia

Online Modules

Work and Health e-learning program

<https://www.e-lfh.org.uk/programmes/work-and-health>

Presentation material:

See below

Actions and suggestions:

The following slides contain case studies with relevant infographics about health and work. Each case study slide is made up of some information about the person and prompt questions. Only use them if you wish, if using choose the one(s) most appropriate to you or you can develop / use a case study more relevant to your setting and client group.

Depending on the number of attendees / case studies used you may complete them with the full group or split them into smaller working groups, with full group discussion / feedback at the end. In addition, there are free online CPD modules that you can direct people towards if they would like to do some more in-depth learning on the subject.

The Work and Health e-learning programme aims to improve all health and care practitioners' confidence to support patients with long term or chronic health conditions within routine consultations. The resource is made up of eight sessions including:

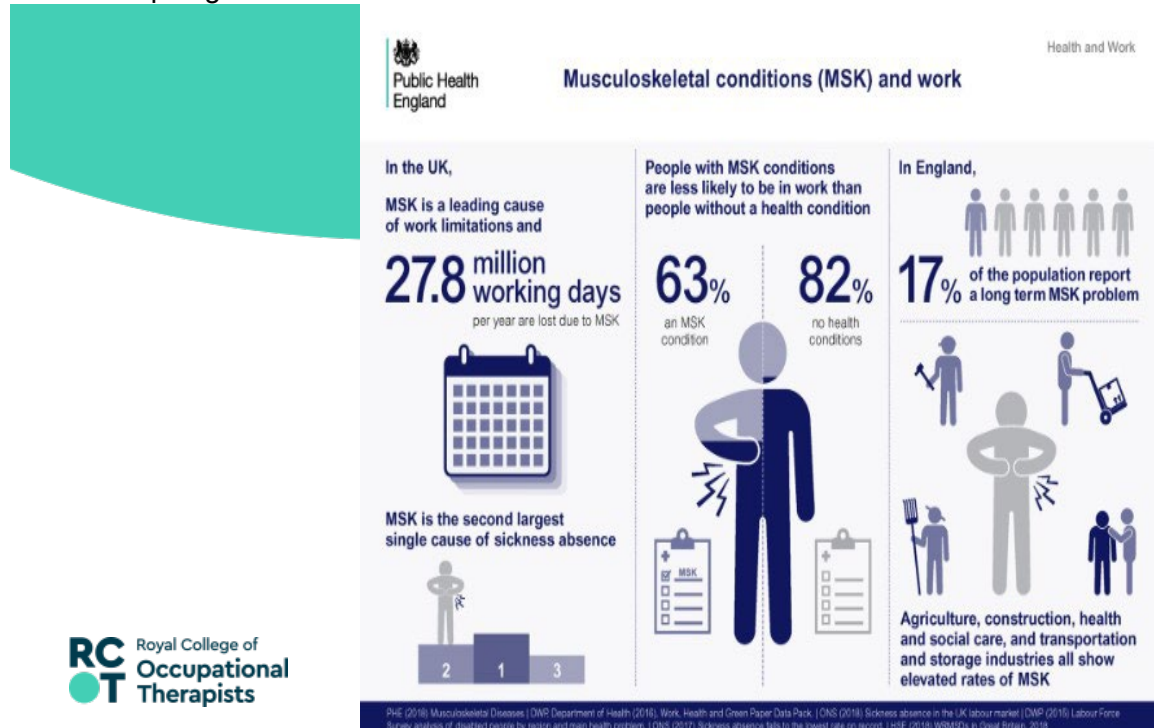
- Introductory course to work and health
- Self-care for healthcare professionals
- Young people
- Working age adults
- Older people
- Mental health
- Musculoskeletal

Sample questions or points to consider have been provided for some of the case studies, which could facilitate a work conversation. However, do allow the attendees to come up with their own questions and only use the sample questions or prompts if you felt these would help.

NB: the case study slides contain country specific data:

The case studies are identical but some of the infographics are England specific and have been removed.

Slide 27: Spotlight on MSK



27

Presentation material:

Prevalence of MSK conditions in the workforce likely to increase.

Actions and suggestions:

This infographic focuses on MSK conditions and links to the case study Abiaye (next slide).

NB: this slide contains England only data and is omitted from the other country slide packs.

Slide 28: MSK case study

Struggling to remain in work – MSK conditions

Abiaye, a 38 year old NHS Care of the Elderly doctor, fell from a ladder while decorating at home.

He prolapsed a disc and over the next month developed progressive nerve compression eventually presenting in clinic with cauda equina syndrome and was rapidly admitted and underwent complete disc resection.

Following surgery he had six sessions of physiotherapy but when he attended follow-up he was withdrawn, depressed and significantly less engaged.

When asked about work, he disclosed that he was struggling and had been taking repeated short term sick leave.

What questions would you ask Abiaye?

He discloses that he is struggling with stairs at work and being on his feet on the wards all day

Where might you refer Abiaye to for further support?

28

Presentation material:

See below

Actions and suggestions:

Organise the attendees to work on the case study.

Key points to draw out:

- Questions should be open and encourage exploration of what the issue is with work i.e. Is your health affecting your work now? What are the barriers and benefits of staying in the current job role? How can we support you with your work aspirations?
- Referral/signpost could reflect that he is NHS staff so will have access to occupational health who can do a job specific assessment

Other points that could be considered:

He's depressed and withdrawn – what are you going to suggest for that? e.g., perhaps staff counselling service? In his role as a medic, he may not want to be seen to be not coping in the work environment.

Slide 29: Spotlight in alcohol, drugs, and tobacco



29

Presentation material:

People with multiple disadvantages (substance misuse, mental health, and offending history) are likely to be furthest from job market and need most support around employment.

Actions and suggestions:

This infographic focuses on alcohol, drugs, tobacco, and links to the case study Luis (next slide).

NB: This slide contains England only data and is omitted from the other country slide packs

Slide 30: Drug and MH problems case study

Long term unemployed— drug and mental health problems

Luis is in his early 50s and has been sectioned under the Mental Health Act due to drug induced psychosis. He has been homeless in the past and is HIV positive.

Most recently he has been in hospital for approximately 24 months progressing through the clinic where staff looked at his recovery goals. He had a particular passion for music and art. Occupational therapists were able to link him to a community music project where he became a volunteer.

When Luis was discharged from hospital he felt he wasn't ready for employment.

What questions
would you ask
Luis?

Luis lacks
confidence in new
environments

Where might you
refer Luis to for
further support?

30

Presentation material:

See below

Actions and suggestions:

Organise the attendees to work on the case study.

Key points to draw out:

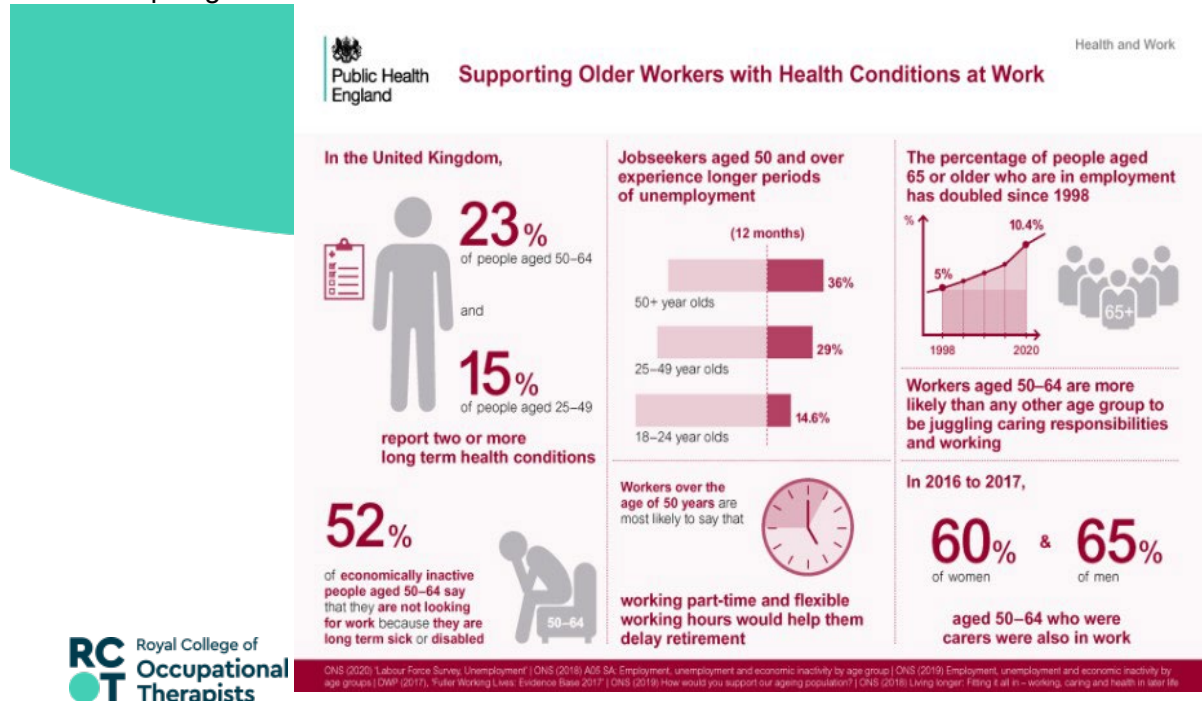
Questions should be open and encourage exploration of what the issue is with work i.e., what are the barriers and benefits of trying to gain employment? There has been a growth in local IPS services that could help Luis and are designed to help those who have been unemployed for some time.

Here are some sample questions that could be explored:

- When did he last work?
- What did he like about work?
- What other activities does he enjoy?
- If he could work – what type of work/activity would he like?
- How likely does he think it is that he might ever be able to work again?

Has he had any involvement with welfare programmes that might be work related (e.g., job centre/benefits referrals)?

Slide 31: Spotlight on older workers



31

Presentation material:

23% of people aged 50-64 in the UK report two or more long term health conditions.

Actions and suggestions:

This infographic focuses on supporting older workers with health problems and links to the case study Sabah (next slide).

NB: This slide contains England only data.

Slide 32: Older works case study

Older worker and carer – just diagnosed

Sabah is a 60 year old university administrator balancing 25 hours of work a week with caring responsibilities for her elderly mother. She has recently been diagnosed with breast cancer.

She is due to have surgery, chemotherapy and radiotherapy.

She is keen to continue working.

She is unsure of how to have a conversation with her employer.

What questions
would you ask
Sabah?

She discloses
that she is
worried about her
finances as she
has an upcoming
divorce

Where might you
refer Sabah to for
further support?

32

Presentation material:

See below

Actions and suggestions:

Organise the attendees to work on the case study.

Key points to draw out:

Questions should be open and encourage exploration of what the issue is with work i.e. Is your health affecting your work now/in the near future? How can we support you with your work aspirations? How to have early conversations with her employer about managing time she will need away from the workplace to receive treatment and the fact she wishes to stay in work

Here are a sample questions in plain language that could be used:

Have you got anyone to look after your mum whilst you are recovering; how do you expect the cancer treatments are going to affect you; have you been given any information from your oncologist that you can share with your employer (e.g. leaflets); have they said how long you may need to stay off work initially; what would you like to discuss with your employer; how do you think they will react; is there someone at work you could confide in first to see how they react; how do you think your job might be modified to make it easier for you on your return to work.....etc.

Given that Sabah is just about to start chemo, things may change with her health and therefore at this stage you may be doing the groundwork for future conversations.

It is important to note that cancer automatically qualifies as a disability under the Equality Act.

You can also advise attendees that there are lots of useful resources about working after cancer on the Macmillan website: <https://www.macmillan.org.uk/about-us/what-we-do/how-we-work/work-and-cancer>

Slide 33: Spotlight on mental health



33

Presentation material:

1 in 3 people with long term physical conditions also experience mental illness.

Actions and suggestions:

This infographic focuses on mental health problems and links to the case study Kalena (next slide).

Slide 34: Mental health case study

Signed off sick short term – mental health

Kalena is a 42 year old transwoman. She has bi-polar disorder and is using mental health services. She also has whiplash from a recent RTA, 10 days ago.

Kalena has reported that she is finding life very hard to cope with at the moment (rent arrears, two young children, neck pain etc.)

She has been experiencing mood swings at the bar she works and is feeling angry and stressed. She feels that she cannot speak to her line manager.

She has been signed off sick from work for ten days now and wants to be off for longer.

What questions
would you ask?

Kalena feels that she
is not getting the right
support from the
mental health team
or her employer

Where might you
refer Kalena to for
further support?

Presentation material:

See below

Actions and suggestions:

Organise the attendees to work on the case study.

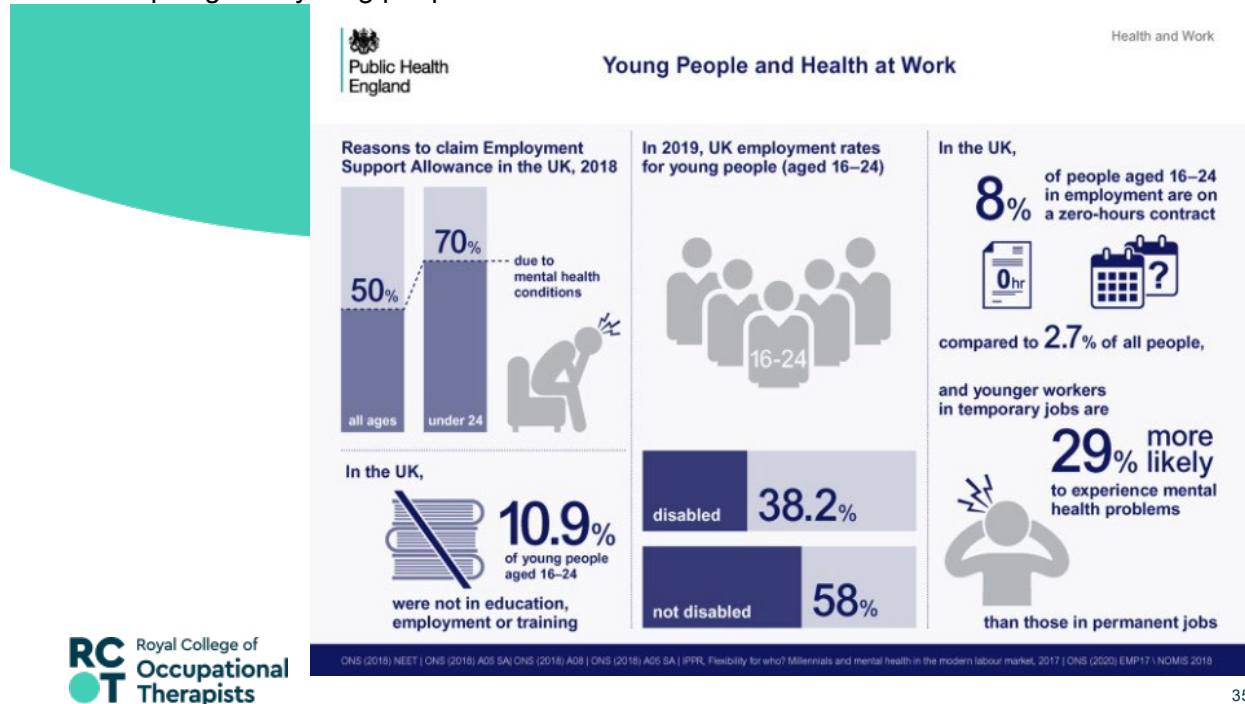
Key points to draw out:

Questions should be open and encourage exploration of what the issue is with work i.e. Have you thought about when you might return to work? What are the benefits and downsides of being off sick from work? How can we support you with your work aspirations?

Other points that could be considered:

Kalena was working prior to the accident – how did she manage her bipolar at work before the neck pain? What did she like about working? What makes her feel she can't talk to her line manager and could she before? Did they already know about her bipolar disorder? How does she feel that her employer could help her if they wanted to? If she feels that she can't talk to her line manager- is there another person she could talk to?

Slide 35: Spotlight on young people



35

Presentation material:

For 16 – 24-year-olds with disabilities, their employment rate is 38.2% while the national average employment rate for young people without disabilities is 58%.

Actions and suggestions:

This infographic focuses on young people and links to the case study Nadia (next slide).

Slide 36: Young people case study

Young person signed off sick long term

Nadia is a 19 year old Muslim woman who lives in a house share. She has been signed off sick from her job as a social work assistant for four months due to her long term conditions.

She has reduced lung function and gets repeated chest infections. She also has Crohns disease and after an ileostomy has fibromyalgia and post surgery trauma. She feels down, stressed and aches everywhere. She has also just found out she is four months pregnant.

She has a new line manager who she feels is bullying her and is thinking of contacting her union for support.

What questions would you ask?

She says her job has been more demanding recently with no lunch breaks and meetings outside work hours

Where might you refer Nadia to for further support?

36

Presentation material:

See below

Actions and suggestions:

Organise the attendees to work on the case study.

Key points to draw out:

Questions should be open and encourage exploration of what the issue is with work i.e. Have you thought about when you might return to work? What are the benefits and downsides of being off sick from work? How can we support you with your work aspirations? (This may in some instances involve looking for a new job rather than returning to a job that is contributing to health problems)

Part 4: Appendices

Appendix 1: List of resources from the slides

Academy of Medical Royal Colleges (2019) Health Professionals' Consensus Statement on Health and Work: <https://www.aomrc.org.uk/news-and-views/healthcare-professionals-consensus-statement-on-health-and-work/>

AHP Work and Health Report training: <https://www.nottingham.ac.uk/helmopen/rlos/professional-development/AHP-health-and-work-report/index.html>

British Association for Supported Employment (BASE), permitted work: <https://www.base-uk.org/permitted-work>

Black, C. (2008) Working for a Healthier Tomorrow:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf

Black, C., and Frost, D. (2011) Health at work – an independent review of sickness absence:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181060/health-at-work.pdf

Citizen's Advice, Asking your employer for changes to help you if you're disabled:
www.citizensadvice.org.uk/work/discrimination-at-work/what-are-the-different-types-of-discrimination/duty-to-make-reasonable-adjustments-at-work-what-must-employers-do/

Equality Act (2010): <https://www.gov.uk/government/publications/equality-act-guidance>
Eva, G., et al (2012) Thinking Positively about Work; delivering work support and vocational rehabilitation for people with cancer. MacMillan, DH and UCL. (5 R's):
<https://www.macmillan.org.uk/documents/getinvolved/campaigns/workingthroughcancer/ncsivvaluationfinalreport-summaryfinalversionjuly2012.pdf>

Government allowances:

Employment and Support Allowance (ESA): <https://www.gov.uk/employment-support-allowance>
<https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/employment-and-support-allowance/while-youre-getting-esa/about-the-esa-groups/>
Also, info about permitted work here: <https://www.gov.uk/employment-support-allowance/working-while-you-claim>

Job Seeker's Allowance (JSA): <https://www.gov.uk/jobseekers-allowance>

Universal Credit: <https://www.gov.uk/universal-credit/how-your-earnings-affect-your-payments>

King's Fund Broader Determinants of Health: Future Trends:
<https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health>

Marmot, M. (2010), *Fair Society, Healthy Lives* available at:
<http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

Marmot, M., et al (2020) Health Equality in England: The Marmot Review 10 Year on The Health Foundation website: <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

NICE guidelines (2019) Work place health; long term sickness absence and capability to work:

<https://www.nice.org.uk/guidance/ng146/resources/workplace-health-longterm-sickness-absence-and-capability-to-work-pdf-66141783176389>

NICE Quality Standards (2017) Healthy workplaces: improving employee mental and physical health and wellbeing: <https://www.nice.org.uk/guidance/qs147>

NHS Five Ways to Wellbeing: <https://www.nhs.uk/health/wellbeing/>

Office for National Statistics: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork>

Public Health England (2017) Health Profile for England:
<https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health>

Waddell G, Burton A K (2005), Is Work Good for your Health and Well-Being?
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf

Work related support (NHS):
Allied Health Professions Health and Work Report www.rcot.co.uk/practice-resources/standards-and-ethics/ahp-health-and-work-report

IAPT/Talking therapy <https://www.nhs.uk/conditions/stress-anxiety-depression/benefits-of-talking-therapy/>

Occupational therapy <https://www.rcot.co.uk/about-occupational-therapy/what-is-occupational-therapy>

Physiotherapy <https://www.nhs.uk/conditions/physiotherapy/>
Vocational Rehabilitation services <https://www.gov.uk/government/publications/vocational-rehabilitation-scientific-evidence-review>

Work related support via the employer:
Access to Work scheme <https://www.gov.uk/access-to-work>

IPS (Individual Placement Support): <https://www.england.nhs.uk/mental-health/case-studies/individual-placement-and-support-offers-route-to-employment-for-people-with-severe-mental-health-conditions/>

Work related support available via Job Centre Plus and government:
Job Centre Plus Support: <https://www.gov.uk/contact-jobcentre-plus>

Work and Health Programme: <https://www.gov.uk/work-health-programme>

Fit for Work advice line 0800 032 6235 (English) or 0800 032 6233 (Cymraeg): <https://fitforwork.org/>

Appendix 2: Health and Work Champion's Checklist

Health and Work Champions: Checklist

- ☐ Give RCOT the email address you wish to use for communications.
- ☐ Check you have the presentation pack and CPD certificate from RCOT.
- ☐ Meet with your Line Manager to confirm your role and time needed to deliver the training sessions for others.
- ☐ Arrange to contact / meet key stakeholders who need to know about your role and/or could help.
- ☐ If you have other Champions in your organisation, make contact to coordinate delivery.
- ☐ Contact your Learning and Development Team who may be able to help with training delivery.
- ☐ Contact your Audit/Research Team to discuss use of feedback form in your training sessions if you wish to use this.
- ☐ If you have admin support, this may help prepare and plan your sessions.
- ☐ If you wish to include a service user in your training who can add their personal, positive experience of work, contact them.
- ☐ Map your priority groups to target. It is sometimes easier to start with a small group of other AHPs.
- ☐ Think about how you will promote your offer for example contacting your trust, Communications Team.
- ☐ Start to book training sessions, focusing on priority groups first. Medical students for example have a rolling program of training.
- ☐ Start booking early! Session may need to be booked 3 - 6 months in advance.
- ☐ Familiarise yourself with the slides and additional information.
- ☐ Adapt the slides with information about your local area. Familiarise yourself with local VR services before your first training session.
- ☐ Keep in contact with the Champions email network.

Appendix 3: Training Delivery Tips

These tips include advice from previous Health and Work Champions who took part in an extensive evaluation of the project:

1. Make sure you are familiar with the material before delivering it e.g., the models and services.
2. Make sure you have added local information to the relevant slides.
3. Bring the narrative to life by introducing your own examples.
4. Where infographics are provided, they are designed to add interest – you do not need to describe every element. You could also bring this to life by looking at the ONS website for information that relates to your own region/country:
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork>
5. Once you are familiar with the slides you will be able to decide which ones to give more or less time to based on your locality and your audience's area of practice.
6. Avoid being drawn into discussions that take you away from the focus of the presentation e.g., the pros and cons of Universal Credit
7. If someone keeps coming back to something or disagrees with concepts, suggest chatting it through post session so you can stay on track and get through the material in the allotted hour.
8. Where people want more evidence, and it is available you can direct them to the studies/resources listed in the slide notes.
9. The supporting information on the slides contains useful links (also provided on one resource list on page 62 of the handbook); this could be provided to attendees if they want more information.
10. Remember you don't have to be the only expert in the room; ask attendees for their views or if they know answers to questions being raised.

What if during one of my teaching sessions I am asked a question which I do not know the answer to?

You are not expected to know everything; you can only speak to your expertise. A useful tip is to ask if anyone else in the room knows the answer. It might start an interesting discussion!

How much will I be expected to know about local resources?

It will be useful for you to know what the main local resources are (i.e., Job Centre Plus) to talk about it with confidence.

Can I involve patients in delivery of the training?

Patient stories can be a powerful way of teaching clinicians, and this has been used by Health and Work Champions in addition to sharing of personal health and work stories.

Booking tips

1. Practice the presentation on your colleagues first.
2. Use existing meetings to spread the word about your training offer.
3. To get people interested, talk to them directly about 'what's in it for them' - more benefit than emails/flyers.
4. Don't worry about small groups or cancellations, people are keen, but things come up.
5. Tell people in your promotional material or when talking to them that a CPD certificate will be provided by you via email.
6. You could also give people access to information about the Health and Work Champions' project <https://www.rcot.co.uk/promoting-occupational-therapy/health-and-work-champions-promoting-health>

Appendix 4: In Person and Virtual training delivery tips

In Person Training Delivery Tips:

- Practice the presentation with your team or select colleagues first for feedback.
- Know your audience and adapt your presentation to fit.
- Know your local resources and visit them if you have time.
- Remember you are not expected to be an expert in every area.
- Practice keeping your presentation to the correct length.
- Be prepared to shorten/ lengthen the training as necessary.
- Keep it simple – don't over complicate the message.
- It can be powerful and help to embed learning if you use real life examples.
- Find existing forums to deliver the training - go for easy wins!

Virtual training delivery tips

Hosting virtual training can be equally as valuable as an in-person training. Some of the benefits include larger capacity for attendees; fewer expenses on travel, venues, food and drinks; times and dates can be less constraint; and virtual events can be more accessible to those who cannot travel. There are some things to bear in mind when planning virtual events, and these may differ depending on what is available to you and what you plan to do, which will be highlighted below.

Key factors to consider

- Consider key elements of what you might have done face to face
- Identify what you need to include for online
- Digital events are not like for like replacements for in person events - think about how best to translate this to digital platforms
- Keep it simple, and effective!

Planning

When planning a virtual event, the following questions need to be considered:

Audience

- Who is your audience?
- How many are going to attend?
- How will you make it accessible to them?

Engagement

- How long will your presentation be? 15 minutes or 1 hour?
- Will participants be able to ask questions during the presentation?
- Will you use polls or activities?
- Will you have multiple presenters?
- Will participants be able to share stories in practice

Schedule

- Will you host the event on a weekday, evening, weekend, lunchtime?
- How long will it last?
- What does success look like?

Platform

- Use the platform which is available to you – if you have more than one available, think which

has the features which would complement your presentation best

- Consider what people will need to do in the session to meet event aims?
- Can this be achieved using the platform you have and if not, think how you might adapt your ideas.

There are *many* platforms available for virtual events, these include: Zoom, Microsoft Teams, Adobe Connect, Go to meeting, WebEx, Google Meet and many more.

Testing prior to advertising your session, as well as throughout activity planning is essential. Once you have identified a platform that could be used for your event, you should make yourself familiar with its functionality.

Event security

All virtual events, when being planned, should include security as part of the risk assessment. All security functions available on the chosen platform must be considered. The following are highly recommended suggestions:

- Use passwords, pins or access codes. Where possible make these participant or email specific.
- Only share passwords/pins/access codes and specific joining information as close to the start of the session as possible. RCOT recommends 24hours before the session starts.
- Use a "green room" or "waiting room" and don't allow the meeting to begin until the host joins.
- Be sure to know the identity of participants. Cross reference with guest lists and if in doubt, do not let them in. Ask for them to enter the event with their full name.
- Do not record sessions, unless necessary. If you would like to record, please make sure you comply with GDPR requirements and local policies.
- Review your settings for the session and if the chat function needs to be accessible.
- Do not share any sensitive information during online sessions.
- Whilst we recommend considering the points above, you must follow your local policies and guidance.

Setting up a virtual event

Virtual events will require the following to also be considered:

- Define roles/admin tasks which are additional to speaker/presenter roles.
- Make sure to have a strong internet connection.
- Be available to host the event at least 30 minutes before the start.
- Co-hosts can help with pre-allocated tasks, monitoring the session, engaging with participants in chat and contributing to discussion.
- Speakers, ideally, should only be speaking. It can be difficult to host and speak at the same time. Support and administration should be provided by the co-host or administration staff if available.
- Make sure you have a backup plan if your technology fails. Make your co-host or admin a host for the meeting so the event doesn't close because your internet drops. Additionally, share your presentation with your co-host/admin as a backup copy.

During the virtual event

- Prepare the housekeeping/introduction which includes ground rules. For example:
- Keep microphones muted during the session. If you would like to contribute, alert hosts by

raising a hand or use the chat function.

- Turn off your camera if you do not wish to be filmed. On most platforms you will still be able to see the participants' name.
- Explain how the chat function will be used during the session.
- Explain any polls, activities or break out rooms that may be used in the session, if using any.

Keep an eye on participants and their cameras and the chat function. Consider if you will allow participants to join late – remember they will miss housekeeping and introductions; will the session still be valuable if 5 or 10 minutes late.

Useful resources

- Eventbrite's [30 Tips and Tricks for Hosting a Successful Online Event](#)
- The United Nations Learning for Nature team has produced this highly visual, helpful & interactive [free guide](#) to engaging people virtually

[RCOT digital occupational therapy](#) – many of the resources are related to occupational therapy however can also be thought about in the context of delivering virtual events.

Appendix 5: CPD certificate

For reference only

CPD Certificate

This is to confirm that:

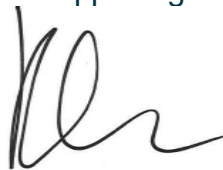
First name Surname

Attended training from a Health and Work
Champion in 2022

Work as a Health Outcome: What is your role?

Learning objectives from the session:

1. Optimising performance, clinical and economic outcomes in occupational therapy service delivery.
2. To recognise what good quality work looks like and what facilitates return to work.
3. To increase knowledge of what is available locally and nationally to help people return to work.
4. To know what your role is supporting work as a health outcome.



Royal College of Occupational Therapists
Karin Orman, Director of Practice and Innovation