

Work as a Health Outcome: What is YOUR Role?

(insert name of Health and Work Champion)

#HealthWorkChamps

#LetsTalkAboutWork



RCOT Royal College of
Occupational
Therapists

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 Government plans to close the disability employment gap.

Please insert your name on this slide.

Use your own experience to round out the slides and make relevant to your setting and audience.

As this product is endorsed by RCOT you cannot change the slides.

However, you can remove or skip slides that are not relevant for you.

You can insert local information on the two blank slides at the beginning and end of the presentation.

If you have any queries please email Genevieve.Smyth@rcot.co.uk

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?

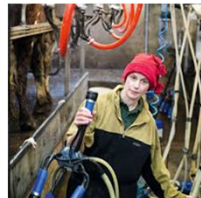
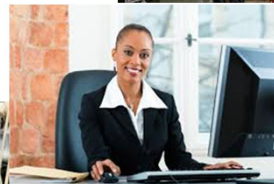


Meaningful occupation includes all the different ways that people productively occupy their time.

For example, this may be through paid employment but it may also include volunteering, education.

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



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.

Its important for us to ask people about this and offer advice/sign post on if needed.

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

Discussion time for the group.

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

Model of Health Determinants



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 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

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

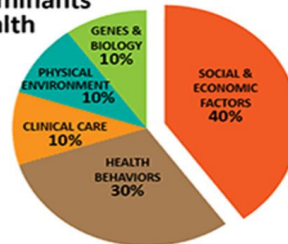
<http://www.instituteofhealthequity.org/>

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

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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 (40%).

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

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



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- 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 a 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 it's 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.
- It sets out four principles for healthcare professionals:

To understand the health benefits of good work

To have the skills to discuss work as a health outcome

To be able to interact with wider health and work system

To Recognise our own role in supporting health and safe working environments

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

How do you feel you benefit from working?

Discussion time for the group.

Another way to think about this is, what makes it a good day at work?

Health and wellbeing benefits of work



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 or give somehow to society, work provides this satisfaction which is an important part of five ways to wellbeing
<https://www.gov.uk/government/publications/five-ways-to-mental-wellbeing>

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

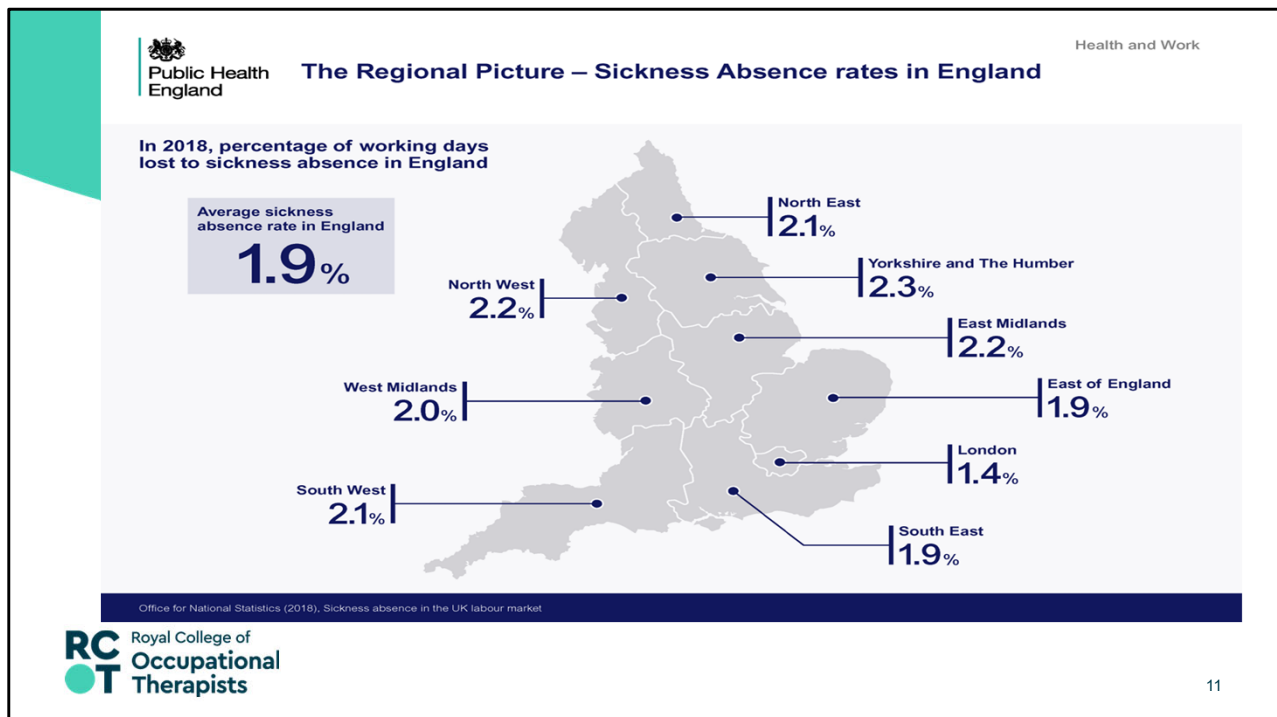
Importance of meaningful occupation

- 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.

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 effect 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%.

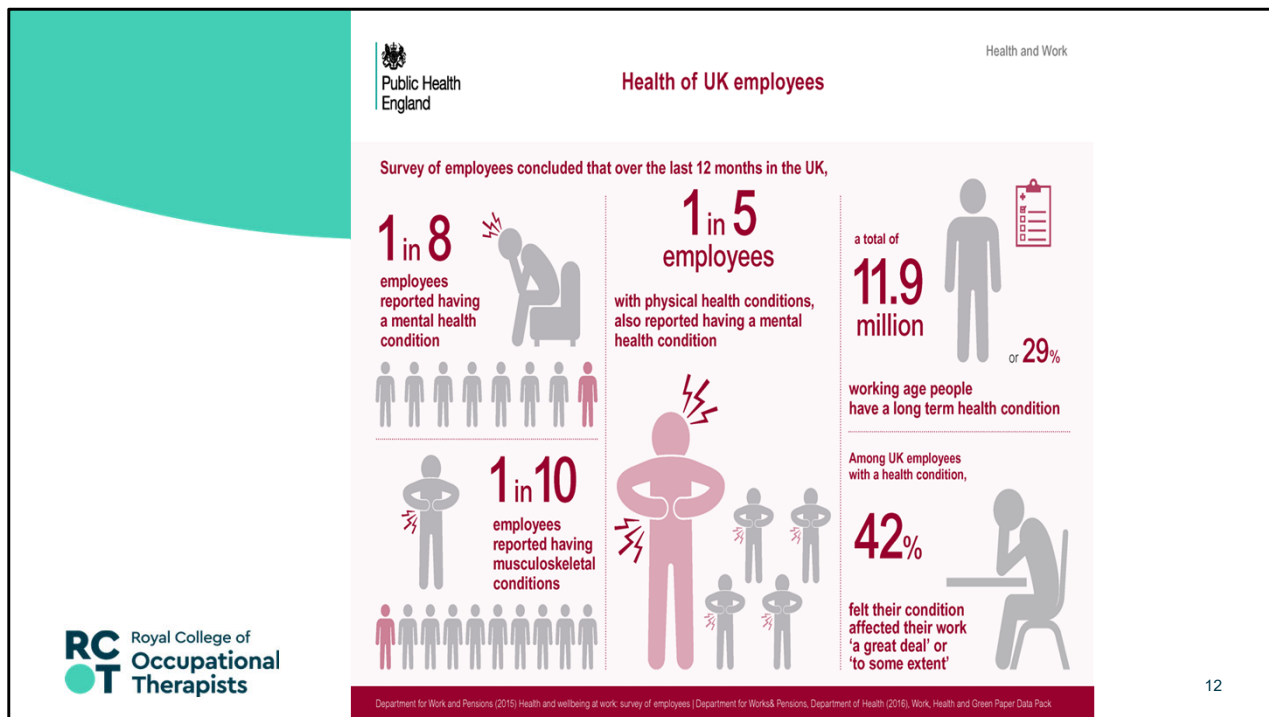
The ability to work does not require the person to be 100% healthy. Most of us are probably not 100% healthy but we still work! (see slide 12)



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, North West 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/locallabourmarketindicatorsforcountieslocalandunitaryauthorities>



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.

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

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 effect you;

Work that is matched to your skill level proving the right level of challenge and 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

Marmot 2010, Fair Society, Healthy Lives available at

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

Working for a Healthier Tomorrow - Dame Carol Black, 2008

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

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 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?

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

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

We may ask about work but not soon enough or in enough detail. When we raise it, its 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 parts of your job are easy? What parts are difficult? What about the section in the middle that could be adapted?

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.

Enquires 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. However, a good employer should consider requests for workplace modifications for any health condition, regardless of whether it is classified as a disability or not.

Definition of disability under Equality Act: if you have 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).

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>

From 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 <https://www.nice.org.uk/guidance/qs147>

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

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

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

Discussion for the group.

In work but struggling; Presenteeism is increasingly recognised as an issue where people are in at work but struggling due to health problems –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.

<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. <https://www.lancaster.ac.uk/work-foundation/publications/reports/who-cares/>



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.

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



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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.

<https://www.gov.uk/employment-support-allowance>

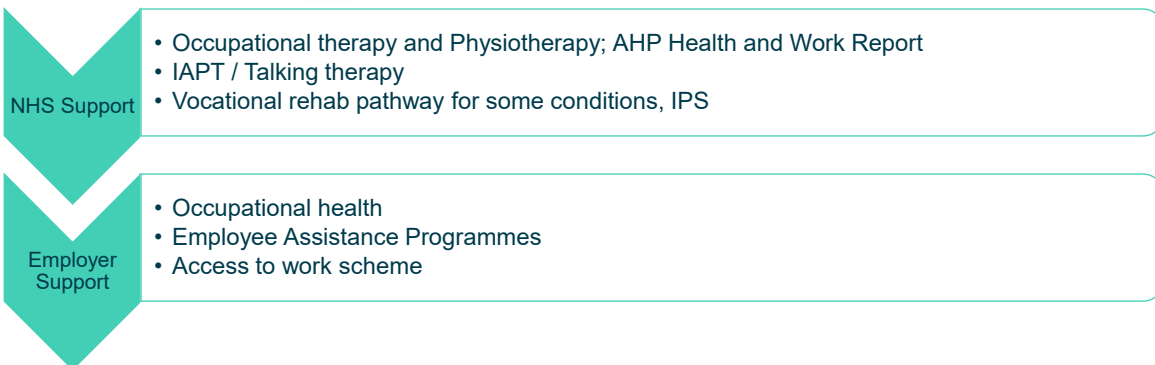
Also info about permitted work here: <https://www.gov.uk/employment-support-allowance/working-while-you-claim>

<https://www.gov.uk/jobseekers-allowance>

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

<https://www.base-uk.org/permitted-work>

Other support #1



There is a handout to give to service users with info about where they can go for help.

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 your risk of injury or illness in the future. <https://www.nhs.uk/conditions/physiotherapy/>

Allied Health Professions Health and Work Report – This form is similar to 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 is able to work with workplace modifications, it gives tailored advice about this.
www.rcot.co.uk/practice-resources/standards-and-ethics/ahp-health-and-work-report (see next slide)

IAPT/Talking therapy –can be 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. You can get talking therapies like cognitive behavioural therapy (CBT) on the NHS through the Improving Access to Psychological Therapies program (IAPT).
<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>

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 – 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 special equipment, adaptations or support worker services, help getting to and from work. <https://www.gov.uk/access-to-work>

Other support #2

Job Centre Plus
Support

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

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. You can contact them via Job Centre Plus.

Work and Health Programme - helps you find and keep a job if you're 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/>

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

AHP Health and Work Report

This form has been completed by a

1. Patient's Name: _____
Date of Birth: _____

I advised you that:
☐ you are not fit for work
☐ you may be fit for work taking account of the advice below

2. This assessment completed: _____

3. AHP Health and Work Report issued for period from _____ to _____
A follow up review: This form is valid for _____

4. With your employer's agreement you may benefit from these or more options:
☐ altered return to work
☐ altered hours
☐ altered duties
☐ a workplace assessment

5. Patient reported work-related difficulty, recommendations and goals:

Difficulty	Recommendations / goals

6. Comments: _____

7. Additional information is provided on: accompanying sheets

8. Signature: _____

NOTE: please follow the guidance held on the website of your professional body when filling out this form and always attach the information sheet for employers, employees and doctors. Employees, employers and doctors, please read information attached or log on to: www.ahp.org.uk

This report does not replace the Statement of Fitness for Work (fit note) for benefit purposes, but can be used for Statutory Sick pay with the employer's agreement.

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The University of Nottingham have created a free, short online training module available here:

<https://www.nottingham.ac.uk/helmopen/rlos/professional-development/AHP-advisory-fitness-for-work-report/index.html>

To use the tool:

Download template onto work 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) , as long as both the employer and employee agree with this

It can support the GP to complete the GP Fit Note

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.

Where can you signpost people to for local support?

- Champion to insert local info



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

This may include local job centre, local charities that support people to return to work, local VR pathways, social prescribing, volunteering, education.



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?

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.

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

It can be useful to repeat the five R's here and remind what they mean:

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 people feel valued that you remember and re-ask them

Want a CPD Certificate?

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

Please email a copy of the CPD template that they can fill in themselves – you are not expected to complete it for them.

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>



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The slides after this are case studies that you can use with relevant infographics about health and work.

Only use them if you wish or you can use a case study more relevant to your particular setting and client group.

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 program 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

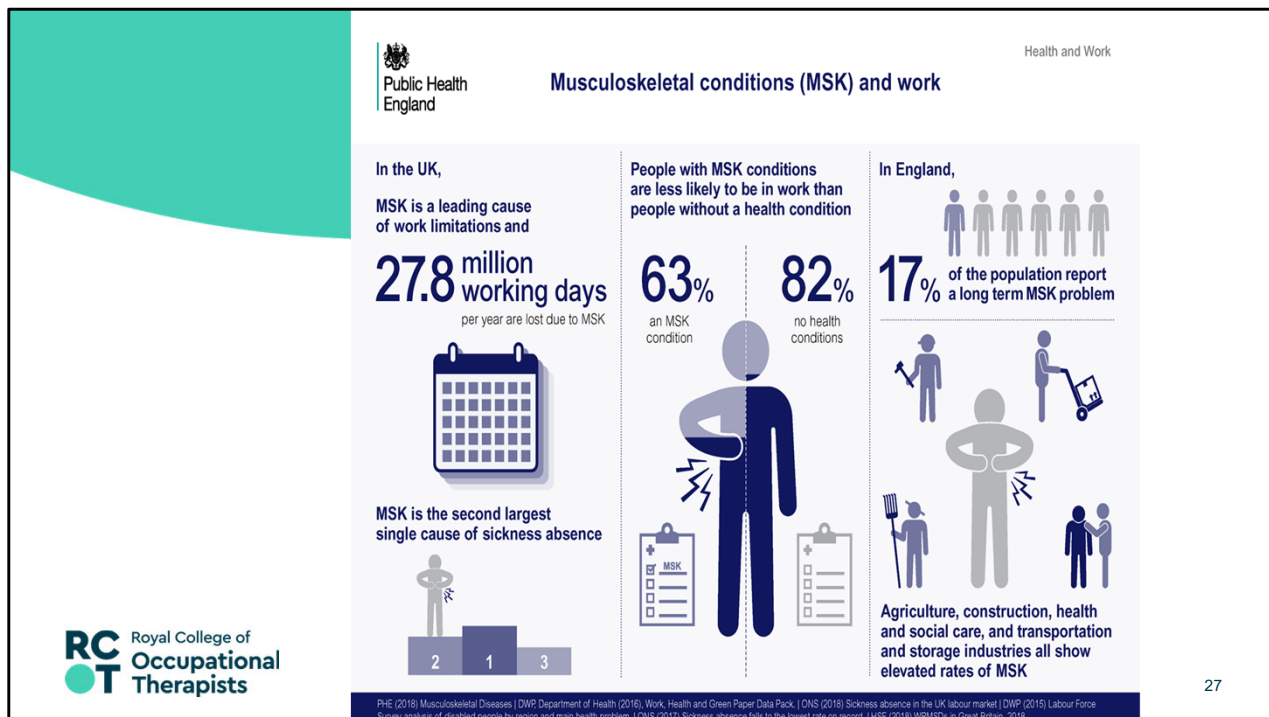
Working age adults

Older people

Mental health

Musculoskeletal

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



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

Prevalence of MSK conditions in the workforce likely to increase.

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?

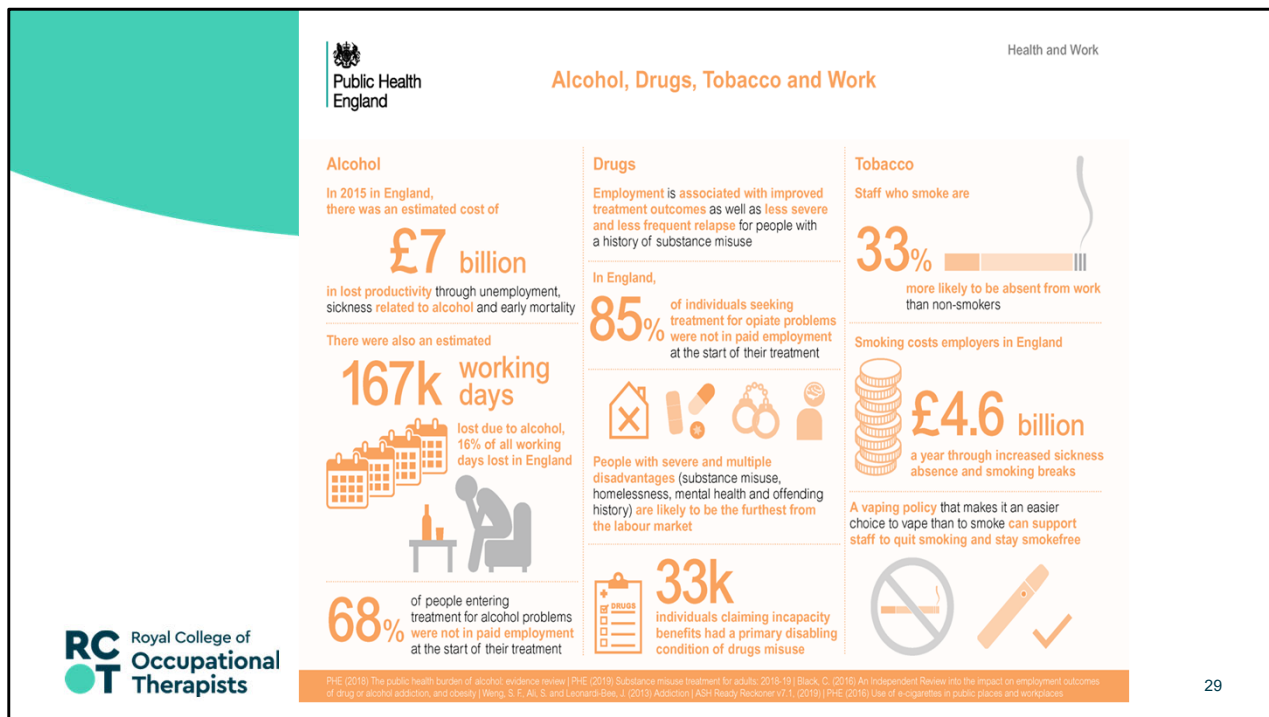
He discloses that he is struggling with stairs at work and being on his feet on the wards all day

Where might you refer Abiaye to for further support?

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 at the moment? 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



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

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?

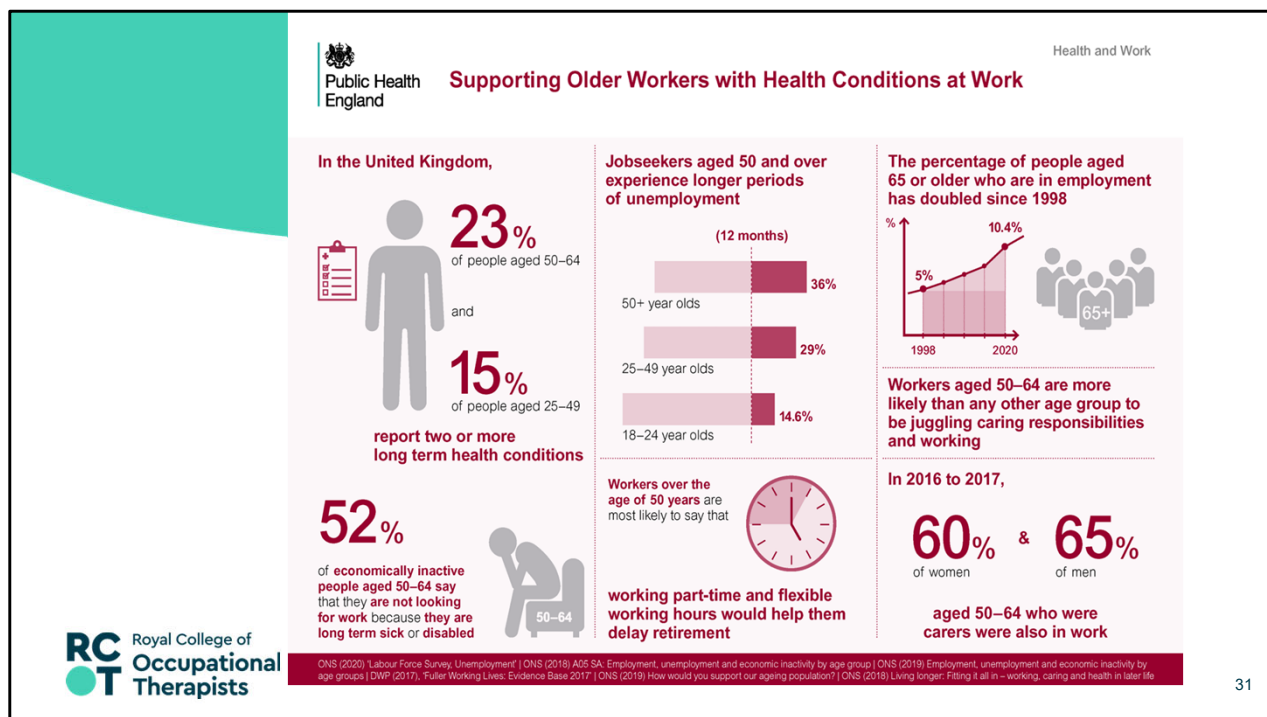
Luis lacks confidence in new environments

Where might you refer Luis to for further support?

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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. In the legislation, being HIV+ is automatically classified as a disability at point of diagnosis.



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

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

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?

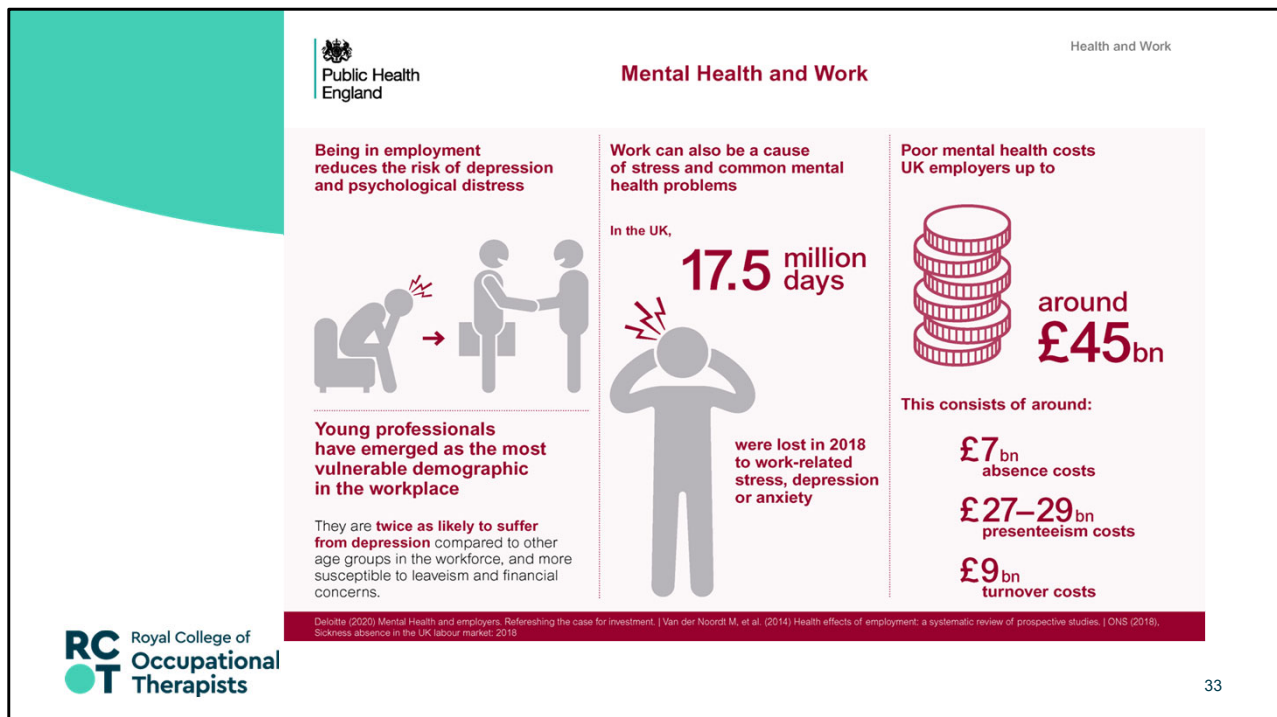
She discloses that she is worried about her finances as she has an upcoming divorce

Where might you refer Sabah to for further support?

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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 at the moment/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. In the legislation, cancer is automatically classified as a disability at point of diagnosis.



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

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.

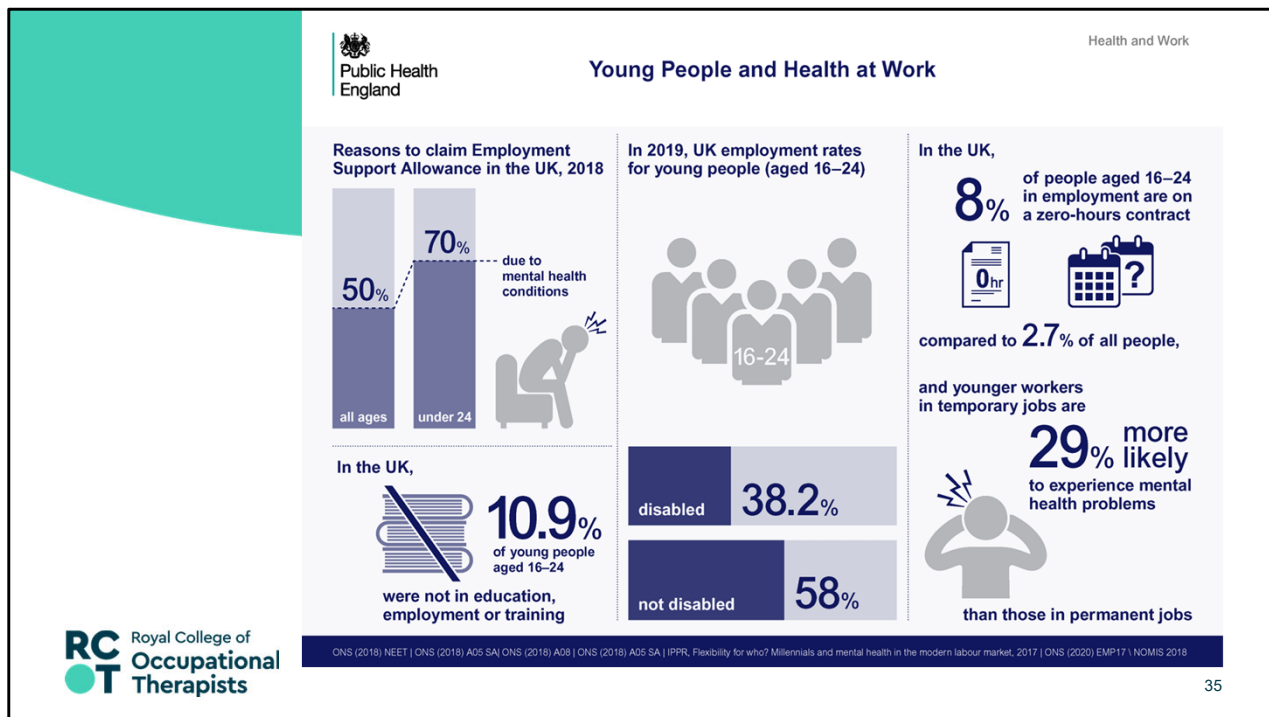
What questions
would you ask?

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?

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

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%.

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?

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).