Commission on the Future of Employment Support – Call for evidence

Institute for Employment Studies

Introduction

The Institution of Occupational Safety and Health (IOSH), the Chartered body for occupational safety and health professionals, with approximately 47,000 members in more than 130 countries, has a vision of '*A safe and healthy world of work*'. We are pleased to provide feedback to the Institute for Employment Studies 'Commission on the Future of Employment Support'.

As a Chartered body, we have charitable and international NGO status. As an international non-profit organisation, IOSH influences important decisions that affect the safety, health, and wellbeing of people at work worldwide. We collaborate with governments, advise policymakers, commission research, set standards, engage with organisations such as the International Labour Organization (ILO), the World Health Organization (WHO) or the International Commission on Occupational Health (ICOH) and run high-profile campaigns to promote awareness of occupational safety and health (OSH) issues. The IOSH Policy and Regulatory Engagement function provides a strong foundation for key policy responses and public policy initiatives that focus on the crucial role of OSH.

Background

Long-standing health issues among workers are becoming an increasingly significant issue for regulators and employers. The recent 'Plan for Jobs and employment support' call for evidence from the UK Parliament[1] put the spotlight on the complexities the Government is going through when getting people into employment, in particular for disadvantaged groups such as those in low-paid jobs and young people.

Policy initiatives that provide continuity in addressing structural issues that vulnerable workforce might suffer have seen significant advances in some lines of work. Different option for enhancing employment support for disabled people and people with health conditions, and how to encourage people to take up that support, were discussed back in 2021. Prior to the public health crisis, the DWP and Department of Health and Social Care's 'Health is everyone's business: proposals to reduce ill health-related job loss' encouraged tackling job loss through providing employers with access to good quality information and advice, supporting employers and employees during sickness absence, and enabling Small and Medium Enterprises (SMEs) to reap the benefits of occupational health systems.

This consultation is part of wider exercise that previously looked at employment support as part of a Department for Work and Pensions (DWP) response to the coronavirus crisis, and more recently through the inquiry into DWP's 'Preparations for changes in the world of work' and the 'Disability Employment Gap'. Despite these developments, the agenda for helping people stay in their jobs, supporting them through returning to work or reintegration processes, or when faced with ill-health and disability, have not yet progressed sufficiently.

Conditions or illnesses that have the potential to reduce workers' ability to carry out day-to-day activities are increasing while the workforce impact of long-term health conditions and mental health deterioration in the economic inactivity rate (this is the proportion of people aged 16 to 64 who are not working, not seeking or not available to work) continues to be concerning. Chronic diseases, an ageing workforce, in combination with other factors such as a poor workplace culture, or working conditions, or the lack of flexible working arrangements, can negatively affect workforce participation and labour productivity, as well as increasing early retirement and disability. Research demonstrates that with age the functional capacity of individuals generally declines, and the effects of adverse working conditions may well exacerbate the loss of functional capacity in older workers. Common health issues causing workers to leave employment early include; poor physical and mental health (musculoskeletal disorders, inflammatory arthritis, sleep disorders, common

[1] UK Parliament. Call for Evidence. Plan for Jobs and employment support https://committees.parliament.uk/call-for-evidence/2689

mental health conditions, depression, and non-communicable disease[2] (Lynch et al., 2022, Sewdas et al., 2020, Walker-Bone et al., 2022, Schram et al., 2022) as well as the threat of workplaces that pose a risk to the health of older workers.(Lynch et al., 2022). The prevalence of musculoskeletal disorders (MSDs) and non-communicable diseases (NCDs) increases with age.

A growing body of research demonstrates that there is a substantial prevalence of mental health conditions and work-related wellbeing issues amongst people who are from minority ethnic backgrounds. This is aligned with a stronger impetus on the need for an integrated approach that embeds the interplay of aspects such as race discrimination, sexual harassment, and gender equality. This creates a policy loophole in the prevention of workplace mental health and wellbeing, particularly for workers from vulnerable disadvantaged groups, including precariously employed people and employees returning to work after experiencing mental health issues or after sickness absence related to mental health.
New figures from the Health and Safety Executive[3] have estimated that the number of workers in Great Britain suffering a work-related illness is 1.8 million with work-related stress, with depression, and anxiety making up around half of these cases in the period of 2021/22. If we connect these figures and the contributing factors to the numbers of working days lost due to work-related ill health, we can see how an estimated 17 million working days were lost due to work-related stress, depression, or anxiety in the same period.

What is driving increases in economic inactivity - for example amongst people with health conditions and older people?

Economic inactivity is due to ill health and chronic health conditions (including long Covid), deficits in the management of disability, reintegration and prevention strategies (that could help identifying non communicable disease (NCD) at early stages), an ageing workforce, long-term sick, changes on people's retirement options. Other key drivers of inactivity are rising mental health issues, the need to care for family members, in combination with other factors such as a poor workplace culture, or working conditions, or the lack of flexible working arrangements from managers and employers. This clearly sets the imperative case for policymakers and employers to be more proactive in accommodating the needs of an ageing workforce, in particular of those with chronic conditions, those participating for the first time in labour markets, or the vulnerable and disadvantaged workers. In the context of an economic recession and cost-of-living crisis, many of these issues are being aggravated by healthcare shortages, lack of occupational health resources, and significant delays originated by constraints in public health systems (e.g. NHS waiting lists). Older workers are an invaluable source of both intellectual and organisational knowledge which is frequently lost to retirement and often preventable early retirement. A concern with an early exit from the labour market is that it is often associated with the payment of disability pensions due to the overall impact on health or to future dependence on social security. Despite knowing that with age comes a decline in cognitive and physical ability organisations fail to plan effectively to retain older workers. In order to retain an increasing workforce with chronic disease and mental health issues[4] employers could address the psychosocial stressors through workplace adaptation, shorter working hours, additional holidays, extra break during a working day to rest or exercise, and extra time off work, rehabilitation equipment and auxiliaries, transport to the workplace, job coaching and work assistance.

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[2] LYNCH, M., BUCKNALL, M., JAGGER, C. & WILKIE, R. 2022. Projections of healthy working life expectancy in England to the year 2035. Nature Aging, 2, 13-18.
SEWDAS, R., THORSEN, S. V., BOOT, C. R. L., BJØRNER, J. B. & VAN DER BEEK, A. J. 2020. Determinants of voluntary early retirement for older workers with and without chronic diseases: A Danish prospective study. Scand J Public Health, 48, 190-199.
WALKER-BONE, K., D'ANGELO, S., LINAKER, C. H., STEVENS, M. J., NTANI, G., COOPER, C. & SYDDALL, H. E. 2022. Morbidities among older workers and work exit: the HEAF cohort. Occupational Medicine, 72, 470-477.
SCHRAM, J. L. D., SCHURING, M., OUDE HENGEL, K. M., BURDORF, A. & ROBROEK, S. J. W. 2022. The influence of chronic diseases and poor working conditions in working life expectancy across educational levels among older employees in the Netherlands. Scandinavian Journal of Work, Environment & Health, 391-398.

[3] Health and Safety Executive. Health and safety at work. Summary statistics for Great Britain 2022. November, 2022.

[4] WOŹNIAK, B., BRZYSKA, M., PIŁAT, A. & TOBIASZ-ADAMCZYK, B. 2022. Factors affecting work ability and influencing early retirement decisions of older employees: an attempt to integrate the existing approaches. Int J Occup Med Environ Health, 35, 509-526.

It is true that the way organisations seek, attract, approach, and build workforce talent is changing at a faster pace than ever before. Therefore, governments and companies need to keep pace with these changes and swiftly adapt so as not to get left behind, to retain that talent. As health and caring responsibilities continue to be key reasons for the increase in economic inactivity, providing greater access to flexible work needs to be at the centre of Government agenda for employment rights. On our recent response[5] to the Department for Business, Energy & Industrial Strategy 'Making Flexible Working the Default' we called for more holistic and worker-centric working models for providing greater independence and flexibility to employees in terms of when, where, and how they work. As employers tend to manage flexible working arrangements based on urgent accommodation issues around individual urgent work-life events such as illness, eldercare or childcare, workplaces need to be more worker-friendly, responsible, and accommodating to individual needs more effectively, and essentially having a whole-person holistic view and management approach that values and supports people.

IOSH would also like to draw attention to the context of Micro, Small and Medium Enterprises (SMEs), that still remains particularly challenging, as many of these businesses have no dedicated human resource management or occupational health and safety function or occupational health function. When it comes to preventing workplace mental ill-health, managing workplace mental health and wellbeing risks and identifying and actioning opportunities, SMEs usually face a large number of economic challenges that, together with other issues (e.g. lack of competency, resources, etc…), don't allow them to tackle the issue effectively. Managing depression-related sickness absenteeism, presenteeism and associated productivity loss among SME owner/managers and their staff may be very challenging because of the size and structure of SMEs. Lack of stable financing and problems for business continuity can lead to many SMEs failing within the first year of existence. These issues also have the potential to constitute a major contributing factor towards increased anxiety, decline in wellbeing and decreasing productivity. In this challenging context the case for medium- or long-term investment in workplace mental health and wellbeing programmes might not be clear. The Covid-19 pandemic has exacerbated the financial fragility of many small businesses and in some cases has negatively impacted the mental health of small business owners.

What can the government do to keep people at work?

Government's efforts to assist the economically inactive back into work must embrace the potential for sound occupational health and safety and good working conditions to support reducing ill-health related job loss and sickness absence, of the working and non-working population while contribute to increasing productivity, workforce recruitment/retention. IOSH recommends investigating the following range of interventions:

Economic incentives

- Reviewing the potential for an economic incentive or fund for SMEs, those in zero hours contracts and the self-employed to access occupational health services.
- With plans for policy reforms of the childcare system aimed at helping parents back into work being delayed, the government might revisit their approach to issues such as childcare, paid maternity or parental leave.
- Reviewing the treatment of different forms of flexible working arrangements for the purposes of tax and expenditure in the Government's budget.

Regulatory responses

- Urging the Government to consider bringing the Employment Bill forward. The Employment Bill, first announced by the UK Government in the Queen's Speech on 19 December 2019, was meant to provide a framework of good work based on the recommendations of the Taylor Report. The Bill was also part of the Government's ambition to embed a world class approach to flexible working

[5] Institution of Occupational Safety and Health. Making Flexible Working the Default. https://iosh.com/about-iosh/our-influence/consultations/making-flexible-working-the-default/

ensuring certain groups, including women, disabled and older workers can access and stay in work in the context of the post Covid-19 recovery.
- Workplace accommodations need to be given more robust consideration, including the adoption of stronger mechanisms to guarantee the provision for employers to meet the requirements of the Equality Act 2010.
- Improving measures and protections for paternity, parental leave, and carers' leave, for those in non-standard forms of employment (e.g. entitlement for unpaid carers employees to one week (five working days') unpaid leave for caring and connected purposes).
- Providing gender-sensitive incentives such as staff fertility, menopause and miscarriage leave in the workplace.

Targeted approaches

- Exploring the introduction of initiatives[6] such as part time sickness absence (where an employee returns to work for 40 to 60% of their normal working requirement) instead of enforced fulltime sickness absence has been shown to increase working life expectancy for all ages and genders as well as fewer years lost to retirement.
- Improving the access to occupational safety and health and occupational health services, for vulnerable workers or those experiencing long-term conditions or chronic diseases.
- Encouraging the adoption of partnership or improved ways of collaboration between Public Health England and employers to provide health management programmes at the workplace where health promotion activities can be encouraged and early identification with interventions applied.
- Designing practical strategies for health-related professions and employers to provide early interventions to support a return to work.
- Incentivising employers to prioritise safe and healthy working environments, work-life balance, health promotion and disease prevention, and support for work ability for employees through the life cycle.

Awareness-raising initiatives

- Awareness campaigns for both workers and employers on what ageing means for both parties. Workers need to be helped to prepare for the changes they will experience due to the ageing process and managers need to understand what changes they need to embrace to manage ageing in the workplace. Focus on health through the life cycle and assist population to gain and retain health.

IOSH believes that this set of recommendations could support in addressing the barriers and opportunities to a longer working life will support productivity, create a safer working environment for all while contributing to the sustainability of the working population and organisations.

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[6] HARTIKAINEN, E., SOLOVIEVA, S., VIIKARI-JUNTURA, E. & LEINONEN, T. 2023. Working life expectancy and working years lost among users of part- and full-time sickness absence in Finland. Scandinavian Journal of Work, Environment & Health, 23-32.

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