



Fit for Work: Final report of a process evaluation

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Introduction

Fit for Work was an occupational health assessment and advice service looking to address long-term sickness absence. The assessment service was for employees who were on (or at risk of entering) long-term sickness absence, defined as four weeks or more, via a referral through their General Practitioner (GP) or their employer. Participation was entirely voluntary. Employees giving their consent took part in a biopsychosocial assessment, which were primarily conducted by telephone. After assessment, a Return to Work Plan (RtWP) would be produced, with recommendations for self-care, workplace adjustments, and/or signposting to further specialist support and therapy services to assist the employee's return to work. With the employee's consent, the RtWP could be shared with their employer and/or GP. The service was funded by the Government and was delivered in England and Wales by Health Management Limited (HML) and in Scotland via an agency agreement with the Scottish Government.

The aim of this process evaluation was to determine whether the Fit for Work service had been implemented as designed, and whether the design met the policy intent to provide support to those with long-term sickness absence to stay in employment. The research programme was conducted between September 2015 and May 2017 and consisted of an analysis of the service's management information from October 2015 to December 2016; 72 in-depth qualitative interviews with employees, employers and GPs; a telephone survey of 504 employers that had had contact with the service; a telephone survey

of 1,045 employees that had been discharged from the service, and a follow-up survey with 492 of these respondents who received an assessment. The management information analysed did not cover the whole period of the service so numbers could differ from the overall management information.

Following very low referrals, it was announced that the Fit for Work assessment service would come to an end in England and Wales on 31 March 2018 and 31 May 2018 in Scotland. However, employers, employees and GPs will continue to have access to the same Fit for Work helpline, website and web chat, which offer general health and work advice, as well as support on sickness absence.

Work and sickness absence

Employees referred by employers were less likely than those referred by their GP to have felt that their health condition was caused by work (19 per cent compared with 30 per cent), and more likely to have felt confident prior to contact with the service about returning to their job (48 per cent compared with 38 per cent). Employees experiencing mental health conditions were more likely than those experiencing musculoskeletal or other health conditions to report that their health condition was caused by work (33 per cent compared with 23 per cent and seven per cent respectively) and that their health condition was made worse by work (56 per cent compared with 49 per cent and 36 per cent respectively).

Referrals

Of the employees referred and discharged from the service between October 2015 and December 2016, most worked for very large employers, with 500 employees or more (50 per cent in England and Wales, 58 per cent in Scotland). Around half the employers and employees using the service had access to workplace occupational health services. The employee surveys found around half of employees had access to occupational health services (46 per cent at Wave One and 48 per cent at Wave Two). The employer survey found that 48 per cent of employers using the service had access to occupational health services, with employers with 250 or more employees (69 per cent) more likely than those with 50-249 employees (40 per cent) or less than 50 employees (22 per cent) to have access to occupational health services.

Qualitative interviews with GPs revealed that Scottish GPs were satisfied with the referral process, which used their existing referral platform. GPs in England and Wales used an online portal and found referring more time-consuming. GP awareness of the service was generally low. Employers were happy with the referral system, describing it as simple and easy to use. During this process, employers gain consent from their employee to be referred. Two-thirds of employees (66 per cent) felt they had choice in their referral, and one third of employees (33 per cent) felt they did not have a choice in their referral.

The assessment

Among people referred to the assessment service, a substantial proportion did not have an assessment, either because the service could not successfully make contact with them, or because they declined to take part, or were not eligible. In England and Wales 41 per cent of referred employees dropped out of the service before the assessment stage, and in Scotland this figure was 46 per cent.

Of those who had an assessment, in England and Wales, 36 per cent were assessed as being fit for work with adjustments, compared to 39 per cent in Scotland. In both England and Wales and Scotland, 58 per cent of assessed employees were assessed as not currently being fit for work, but likely to be fit within three months.

Return to Work Plan

Management information for all employees referred to and discharged from the service between October 2015 and December 2016, showed that in England and Wales, 82 per cent of employees that had an assessment were issued with an RtWP. In Scotland, practically all assessed employees were issued with an RtWP.

Eighty-one per cent of employees were satisfied with their RtWP overall. Qualitative interviews with employees revealed that satisfaction was greater when employees thought they were tailored, personalised, appropriate for their occupation and sector, and were realistic and achievable.

There was generally high employee willingness to share their RtWP in part or whole. In England and Wales, 92 per cent of employees shared their RtWP with their GP, and 91 per cent shared their RtWP with their employer at least partly (76 per cent agreed to share all their RtWP and 15 per cent to share just some of it). Employees with a mental health condition were less likely to share their RtWP with their employer (69 per cent) than those with musculoskeletal or 'other' conditions (81 and 80 per cent respectively).

Thirty-nine per cent of employees who received an RtWP reported that all of their recommendations had been enacted, and a further 22 per cent reported that some had been acted upon. Around eight months later, 73 per cent of employees reported that there had been no change on remaining actions. Employers most commonly reported that recommendations were not enacted because they were impractical or inappropriate to their work context.

Discharge and drop-out

In England and Wales the largest group of employees were discharged because they were 'assumed returned to work' by the service, which includes employees who the service was unable to contact again after their assessment (33 per cent) and a further 11 per cent had returned to work. Twenty-three per cent of cases in Scotland were discharged having returned to work with an RtWP.

Outcomes

Employees and employers felt the service helped to open up channels of communication between them. Employees with positive experiences of the service often explained how they did not think that any action would have been taken without some form of external advice and/or input. Employers welcomed having access to a tool for dealing with simple cases of sickness absence, where recommendations were supported by the opinion of an external occupational health professional.

The survey of employees two months after referral, found that 65 per cent of employees had returned to work. Employees off work for less than a month prior to referral were 2.1 times more likely to return to work than those off for three months or more. Eight to ten months after discharge two-thirds (65 per cent) of employees were in work and one-third (35 per cent) were not working. There was little movement in work status between the two employee surveys. Most respondents (56 per cent) were in work at both waves, 26 per cent were out of work at both waves.

Labour market inactivity was associated with poor health. At Wave One, 57 per cent of employees who were not working at the time explained they could not work because they were still ill. At Wave Two (eight to ten months after discharge) 34 per cent of employees who were not working reported they could not cope with the physical or mental demands of work, and 25 per cent said they had their contract terminated due to ill health.

Conclusions

Employers were the largest source of referrals: GP referrals were affected by their low levels of awareness of the service.

GPs and employers referred different kinds of employees: GPs were more likely to refer employees with mental health conditions, and employers were more likely to refer employees with musculoskeletal conditions. Each referral route reached different cohorts of the eligible population.

Reaching small and medium-sized employers: The service aimed to support employers without access to occupational health, and small and

medium-sized enterprises (SMEs). In many instances the service supplemented support already in place to manage sickness absence, especially amongst large employers.

Drop-out before assessment was high: Drop-outs before assessment were high overall, but higher in Scotland (46 per cent) than in England and Wales (41 per cent). Scotland operated a two-step process after referral, with first an initial call to gain consent to participate and gain basic demographic information and then a further telephone call to undertake the assessment.

Some recommendations not tailored to individual workplace context: If employees' recommendations in their RtWP were not taken forward a few months after the referral, then they were not likely to be implemented. This was often because an employer felt they could not be delivered within their work context.

Employees with mental health conditions had a different experience: Employees with mental health conditions were more likely than those with musculoskeletal or other health conditions to say that their condition was caused by, or made worse by work. Most employees returned to the employer they were working for when they became absent (69 per cent of those returning to work by Wave Two), but employees with mental health conditions were more likely to have returned to work with a different employer. The service did not support individuals to find other forms of work.

Two-thirds of people returned to work within three months. Sixty-five per cent of referred employees had returned to work within two to three months of using the service. At Wave One, 41 per cent of referred employees reflected that the service had made very little difference to them returning to work, with just under two in five employees (37 per cent) stating that it enabled them to return to work quicker than they would have without it.

The service did not support the return to work for a third of employees: The number of assessments received by employees varied, as did the number of work and other obstacles identified at the assessment. This suggested heterogeneity in the level and depth of support required by service users, and could indicate a mismatch between the service design and the needs of some of the eligible population.

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