

## **Dame Carol Black's review of the health of Britain's working age population**

### **Response from the Health at Work and Wellbeing group in the British Occupational Hygiene Society.**

Q 1 How can we keep working age people healthy and how can the workplace be used to promote health?

(a) We regret that the remit is "working age" only, especially now that people choose or need to work on after the State Pension age. Many of the same factors apply to the retired, but the tendency of NHS and other forms to ask if you are working and have dependents gives an unpleasant utilitarian and cost-benefit flavour to the topic. Good health is a good thing in itself.

(b) The workplace can sometimes be a cause (not the whole cause) of ill-health, especially musculoskeletal harm, stress, and low or moderate toxic effects. All are covered, to varying extents, by enforceable workplace legislation, especially the Health & Safety at Work Act and regulations such as the Manual Handling Regulations and the Control of Substances Hazardous to Health Regulations. Better and wider, but proportionate, enforcement by the HSE and its agencies would help. Better and wider advice publications from the HSE and agencies would be even better. There is advice on stress, lighting, substances hazardous to health, manual handling, etc, available, much of it still written at too high a level. The Press attitude to "ElfnSafety" does not help, either. Dame Carol's endorsement of sensible health & safety Rules would be most welcome. There are numerous self-assessment checklists in the COSHH and Stress sections of the HSE website. A well-designed workplace, and proper selection of tools and facilities, are major contributors to work satisfaction, which goes beyond the legal minimum requirements. Employers who motivate and involve their workforce, and use the resulting feedback to improve work practice, benefit themselves and the employees.

(c) A major cause of stress at work and outside it is pressure on time. There may be a case for allowing less opting out from the Working Hours Directive.

(d) Simple support for HR departments, help with job risk assessments, more posters and publicity from health & safety bodies about common causes of ill-health would help. These causes also include over-eating & obesity, alcohol & drugs, smoking, stress, bad physical work practice, and fumes and dusts at work. Over-eating, use of alcohol and drugs, have a variety of causes, including relief from stress. Calm support from employers in the workplace, and a "no-blame" effort to resolve some causes of stress, would be very helpful in making work a less stressful and more satisfactory experience

(e) The British Occupational Hygiene Society is a body representing Occupational Hygienists. Through its professional arm, the Faculty of Occupational Hygiene it offers examinations and professional qualifications and a Directory of qualified consultants. BOHS members and Council advise numerous bodies on safe work places in relation to skin or other disease, and especially on control of hazardous substances by engineering or procedural means, such as enclosure, extraction ventilation, and changed handling procedures. The BOHS website ([www.bohs.org](http://www.bohs.org)) carries guidance and discussion groups.

Q 2 How can people best be helped to remain in or quickly return to work when they develop health conditions including chronic disease or disabilities?

(a) Again, we regret that the problem of providing the best quality of

life before sick leave, during sick leave, or post-retirement is ignored in the present enquiry, which appears to be focused on reducing the time spent on benefit without really addressing the reasons for people dropping out of the active workforce. In fact, we think the concept of making the workplace and work a "better" thing, reducing the occurrence of sick leave by initial job and process assessment for everybody, has been seriously overlooked in Dame Carol's remit.

(b) Reducing stress at work would be a major contribution, even if some of the stress causing time off work is stress outside work. Relief of stress at work can range from improving lighting and air movement, better ergonomics, simplifying and rationalising procedures, clarifying work methods through training and supervision. It would help to have better trained and empathic Human Resources staff, who can quickly get to grips with problems before they get to the point of sick leave. More training for HR staff would be helpful. Although (as with other subjects) trained consultants may be needed, it would be helpful to ensure that HR staff and workplace supervisors are aware of simple self-assessment checklists on the recognition and prevention of stress, recognition of potential musculoskeletal risks, and recognition of the early signs of occupational ill-health.

(c) In addition to reducing the work-related reasons for ill-health, employers and advisors need to appreciate two factors - (i) age-related and (ii) return to work.

(i) The very young or recently recruited employee needs to receive training and follow-up supervision in how to do things the most direct and simplest way, rather than adopt practices that lead to injury or MSD: how to lift, how to carry, when to use a truck or conveyor. That means that employers have to assess their work procedures to ensure that they do not make the work unnecessarily hard, and provide the right tools and protection.

Older employees may be slowing down, may have poorer perception or reaction times, etc. Employers need to be sympathetically aware of this - and of course should also be alert to any signs of poor eyesight, hearing, poor ability to read or write, etc. The literacy figures are such that instructions, even at a low reading age, may be ignored or misunderstood, and employers need to train verbally and by supervision. Supervision and re-training are essential at any literacy level.

(ii) As Dame Carol Black has said, people may be returning to work when they are fit but not 100% recovered from cause of the sick leave. It is important that the work they then do does not return them to the sick list, or hinder further recovery, as a second spell of sick leave is more likely to be permanent. If the sick leave is for MSD reasons, for example, the work needs to be assessed for contributory cause of illness, and if necessary the returnee has to be given lighter duties at least initially. If the illness is respiratory (and it might not be itself work related) are there substances in the air liable to exacerbate the illness or prevent full recovery? In the extreme case (eg sensitiser-related skin or respiratory disease) can the returning worker be redeployed away from that exposure, or given extra protection? These considerations apply even if the workplace meets the current minimum legal standards.

(d) A main factor in getting people back to work is prompt and adequate rehabilitation, including OT and physiotherapy. There are restrictions in provision in hospitals, and even more in the community provision by NHS and Local Authorities. There has been a good deal of press reporting of cut-backs on support for the less able, and higher Means Test thresholds, including the provision of home modifications. If home life is difficult, and made harder by the lack of aids, it does not help with recovery from injury or illness, and greatly reduces the incentive to return to work.

(e) It would greatly help people to return to work after identified disabilities, or illness with identified and controlled causes (eg through physical or pharmaceutical medicine) if there were simple, written, checklists of advice on what would help recovery, and what would make the condition worse or recur. These checklists should be created by the relevant specialists (rehab, OT, occupational hygiene, disease specialists). The lists should be simple. They should be clearly discussed with the person, and again after a few weeks to reinforce messages that have been missed. The lists should also (with the agreement of the person) be made available to the employer.

Q 3 How does the age of the person affect the support that is needed?

There has been some discussion of this above, over-enthusiasm in the young, and lack of experience, as factors in ill-health. The young, the new, and the old, present particular factors. The support required is training and supervision at all employee ages.

Q 4 How can we encourage action to improve employee health?

(a) Again, many points have been made above. There needs to be empathic, confidential contact somewhere in each workplace that actively looks for risks and signs of incipient trouble. In principle, the Unions workplace inspections and the workers representatives could be encouraged to take this side of their role more seriously. Whatever contact route is used, it must not carry any perceived risk of endangering the person's job if problems are discussed. This is a hard task, and most companies do not achieve it. Where there has been success, it has been a good tactic to ensure (with the agreement of the people concerned) that examples of people receiving appropriate intervention and help, identifying the routes used, are given good publicity both in house newsletters and by word of mouth in workers' meetings. The route should be identified - whether supervisor, Union, HR department, GP intervention - and also given wide publicity.

(b) Apart from dealing with specific individual problems, companies can promote general good health campaigns, by positive action and provision (eg water, healthy food available) as well as by encouraging and informative advice and publicity. The advice should be a regular part of routine training. As an example of over-restrictive practice, production line staff and call centre staff are sometimes forbidden to leave their position unless a replacement is in place: obviously, one cannot just leave a phone or production line untended. This is sometimes interpreted to mean that one cannot leave one's seat at all without permission. If a sensible middle way can be accepted, where workers are encouraged to stand up, stretch and bend, and sit

down again whenever they want to at a natural short break in the work, there would be a reduction in simple MSD.

Questions 5-8 about mental health, occupational health provision, poverty and social inclusion, and cost-benefit. We have little input, except to emphasise the great value of schemes (planning conditions, sure start, and similar) which encourage or require employers to employ (and if necessary give remedial education to) local people in areas of high unemployment. In Durham a planning condition placed on Tesco was to recruit and train locally. Manchester airport is an active participant in Sure Start, based in a local area of high unemployment. Better education, personal development, and improved literacy and numeracy, tend to give people more confidence, and people tend to feel more valued in their jobs. A regularly cited factor in the incidence of sick leave is the lack of motivation and a "boring" job.

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