



Keep Britain Working Engagement Phase Consultation

Submission to the Department for Work and Pensions and Department for Business and Trade



About the CIPD

The CIPD is the professional body for HR and people development. The not-for-profit organisation champions better work and working lives and has been setting the benchmark for excellence in people and organisation development for more than 100 years.

It has 160,000 members across all sectors and sizes of organisation and provides thought leadership through independent research on the world of work, and offers professional training and accreditation for those working in HR and learning and development.

Public policy at the CIPD draws on our extensive research and thought leadership, practical advice and guidance, along with the experience and expertise of our diverse membership, to inform and shape debate, government policy and legislation for the benefit of employees and employers. It also seeks to promote and improve best practice in people management and development and to represent the interests of our members.

Background

The CIPD is a Disability Confident Leader and serves on the Department for Work and Pensions Disability Confident Professional Advisers' Group. We work with the DWP and the Disability Confident team on important guidance for line managers: [Employing disabled people: Disability Confident and CIPD managers' guide](#). We also sit on the new [Advisory Group to support the Menopause Employment Ambassador](#).

We have worked with health professionals, practitioners and experts to publish a wide suite of practical guidance to advise people professionals, line managers and employers on how to support people's health at work, including:

- [Managing and supporting employees with long-term health conditions](#)
- [Manager support for return to work following long-term sickness absence: guidance](#)
- [Managing a return to work after long-term sickness absence](#)
- [Working with long COVID: guidance to provide support](#)
- Joint [mental health guide](#) with Mind for people managers
- [Responding to suicide risk in the workplace](#)
- [Menopause at work](#)
- [Menstruation and menstrual health in the workplace](#)
- [Fertility challenges, investigations and treatment](#)
- [Pregnancy or baby loss: Guide for people professionals on providing workplace support](#)

Our response

Questions for all employees, employers and stakeholders

6. Which employee groups does your experience or expertise relate to in the context of supporting employee health and retention at work? (Select all that apply)

Our response is relevant to all those outlined in the question:

- a) General employees (experience is broadly applicable)
- b) Young employees (aged 16-34) with mental health conditions
- c) Mid-aged employees (aged 35-49) with musculoskeletal (MSK) conditions like neck, back, or limb problems
- d) Older employees (aged 50+) approaching retirement
- e) Disabled employees of all ages

7. What workplace interventions have you seen or implemented that effectively prevent ill health from developing or worsening at work?

We need more systematic, risk- and evidence-based interventions to improve health and employment outcomes. The CIPD's latest [Health and wellbeing at work survey](#) shows the majority

CIPD

of employers are investing heavily in health and wellbeing interventions, but there is much more scope to prevent the main health risks. Employers and enforcement agencies could build on the effectiveness (as evidenced by HSE statistics year on year) of using more robust risk-based approach to preventing accidents and apply this to preventing ill health, including work-related stress and mental health. Effective approaches include:

- **Using more robust frameworks to prevent and manage psychological risks:** [Research by the CIPD and Society of Occupational Medicine](#) on the value of occupational health and HR in supporting workplace mental health and wellbeing shows that interventions which focus on the primary level tend to have stronger effects than those who solely focus on individual level (i.e. secondary and tertiary). To support organisations to take a systematic and evidence-based approach, the paper offers three contemporary frameworks to improve employee mental health outcomes:
 - [HSE Management Standards](#)
 - [Mental Health at Work Commitment](#) (the CIPD has a [webpage of resources](#) to support the Commitment)
 - [ISO 45003 Psychological health and safety at work](#).
- **Developing capable and confident line managers:** managers carry most of the day-to-day responsibility for supporting people's health and wellbeing and preventing work overload and stress. [CIPD evidence](#) shows that, when times are tough, support from line managers is one of the key resources that can help prevent or at least mitigate the risk of stress and burnout. Analysis in CIPD's forthcoming 2025 Good Work Index shows that employees who report a positive relationship with their line manager are less likely to say that their job has a negative effect on their health or to have experienced a mental or physical health condition in the last 12 months.
- [Research](#) supported by CIPD and HSE shows managers are most likely to be in a good position to support an employee returning to work after long-term sickness absence due to stress, anxiety and depression, back pain, heart disease or cancer if they have established a good relationship with that person prior to their absence. An essential part of good sickness absence management is about ongoing good people management and managers establishing good relationships with all their employees.
- Organisations can therefore enhance how line managers' manage absence and support return to work by setting a positive people management culture and providing appropriate management training and development to emphasise good people management skills for all line managers.
- **Broader and earlier, more effective use of Occupational Health (OH) services:** [CIPD research](#) shows that employers mainly view OH services as a valuable resource to manage employee health at work, but the prevalent view of OH is as a reactive referral service for long-term sickness absence rather than a specialist resource to develop a strategic and preventative approach to employee health. [Evidence shows](#) that early referral to OH is key to supporting more people to make timely and successful and returns to work.
- **More targeted interventions to support disabled people and those with chronic health conditions:** an effective framework should include a focus on the individual and not the problem/condition, with flexible attendance management policies, flexible working opportunities etc.
- **A psychologically safe and disability-inclusive culture** with effective role-modelling and leadership by senior managers, where people feel comfortable to share health information, and line managers are confident and capable to discuss and implement helpful workplace adjustments
- **Health and wellbeing support through the employee life course:** employers can play a significant role in helping employees to cope with the different health challenges they can



encounter through life stages, such as women's and reproductive health issues. [Most workplaces lack focus on female and reproductive health issues](#), which impacts on the ability of many women to maintain their careers.

8. Is your response to the previous question particularly relevant to any of the following groups?

Our response is relevant to all those outlined in the question:

- a) General workforce (experience is broadly applicable)
- b) Young employees (aged 16-34) with mental health conditions
- c) Mid-aged employees (aged 35-49) with musculoskeletal (MSK) conditions like neck, back, or limb problems
- d) Older employees (aged 50+) approaching retirement
- e) Disabled employees of all ages

9. What workplace interventions have you seen or implemented that effectively help employees stay in work when they become sick or develop a disability, preventing sickness absence?

A DWP [rapid review](#) of international evidence demonstrates the success of some interventions, particularly:

- supported employment programmes
- flexible and accommodating workplaces
- return-to-work planning and some health interventions (particularly with an employment focus).

The review also highlighted that:

- interventions should focus on both individuals and employers
- availability and awareness of support are important - many of the more successful interventions were small-scale or have low take-up;
- early intervention is key, both to prevent individuals leaving employment due to the onset of an impairment, and to ensure early access to the right support for those on benefits;

At a workplace level, other effective prevention approaches include:

Building more supportive and inclusive workplaces to attract, retain and manage disabled people and those with health conditions, for example:

- **empower managers** to make decisions and take action where it is in the best interests of the employee, the team, and the organisation, without seeking additional sign-off from senior management or HR - this means ensuring managers are trained, skilled and capable to have work and health conversations and implement helpful policies and support
- **offer access to a wider range of flexible working opportunities:** flexibility in terms of working arrangements and job tasks can act as a powerful retention tool, enabling many people to balance the impact of their symptoms on work and remain economically active.
- **encourage job-crafting** where possible so employees work to their strengths
- **empower individuals** - encourage employees to adopt self-care strategies to help manage their condition, and embed as part of the organisation's health and wellbeing policies and approaches, for example via wellbeing action plans or health passports.
- **facilitate effective workplace adjustments for all that need them** - many employees will benefit from early and supportive work adjustments, whether or not they fall into the statutory disabled category
- **avoid the rigid implementation of sickness absence procedures** and ensuring they are responsive and compassionate to support people's fluctuating health conditions. For example, by taking care around the use of 'trigger points' that could unfairly penalise someone with a genuine ongoing health issue, such as menopause symptoms or a chronic illness.

10. Is your response to the previous question particularly relevant to any of the following groups? (Select all that apply)



Our response is relevant to all those outlined in the question:

- a) General workforce (experience is broadly applicable)
- b) Young workers (aged 16-34) with mental health conditions
- c) Mid-aged employees (aged 35-49) with musculoskeletal (MSK) conditions like neck, back, or limb problems
- d) Older employees (aged 50+) approaching retirement
- e) Disabled employees of all ages

11. What workplace interventions have you seen or implemented that effectively help employees return to work after sickness absence?

Research shows that a supportive absence management policy, sustained workplace-based support during absence, access to work adjustments and a supportive manager can make the difference between a successful return and someone struggling and likely relapsing soon after return or even exiting the workplace. However, too often:

- managers lack the confidence or the processes are not in place to maintain regular and sensitive contact when the individual is off sick.
- return-to-work after absence is seen as a one-event rather than a journey that needs to be planned with ongoing support provided after the return.

Effective interventions should be implemented within a framework that positively supports people's health and trains line managers to have sensitive and supportive conversations with employees who are ill and off work. As well as **confident and capable line managers**, employers should provide **access to specialist, early support**, such as occupational health, who can generate an individualised recovery and rehabilitation plan, as well as vocational rehabilitation practitioners and occupational therapists.

Key interventions to support an effective return to work:

- 1. Maintain communication during absence:** Maintaining contact can help the employee feel connected and help managers plan ahead. Early in the absence, agree with the employee how and when you will keep in touch; remind them of any support available, and any flexibility that could help.
- 2. Prepare for a return to work:** Consider the possible adjustments that could be accommodated; start the return to work conversation in time to plan for a phased or flexible return where helpful and agree a return-to-work plan, including any changes to roles and responsibilities, key work priorities, work adjustments, timeframes for the phased return, how it will be monitored, and when/how it will be reviewed.
- 3. Provide ongoing support:** Ensure the quantity and complexity of the work is gradually increased over time, as some may have a fluctuating condition with ongoing periods where their health and ability to work is compromised. Others may never fully recover from long-term absence, and their condition may be classified as a disability. Open communication and regular check-ins will help to prevent further absence and ensure that appropriate support is provided.

The CIPD has a suite of practical guidance to advise people professionals, line managers and employers on how to support and manage people's health at work, including:

- [Managing and supporting employees with long-term health conditions](#)
- [Managing a return to work after long-term sickness absence](#)

12. Is your response to the previous question particularly relevant to any of the following groups? (Select all that apply)

Our response is relevant to all those outlined in the question:

- a) General workforce (experience is broadly applicable)
- b) Young employees (aged 16-34) with mental health conditions



- c) Mid-aged employees (aged 35-49) with musculoskeletal (MSK) conditions like neck, back, or limb problems
- d) Older employees (aged 50+) approaching retirement
- e) Disabled employees of all ages

13. What are the key barriers that prevent employers from implementing the interventions you have mentioned in this section?

Many employers are investing a lot of resources in supporting employee health and wellbeing without realising the full benefit in terms of improved health outcomes, lower sickness absence and staff retention.

According to [CIPD research](#) only a minority of employers (28%) say they *don't* experience any challenges in managing disabled people and those with long-term health conditions. The most common challenges are developing:

- line manager knowledge and confidence (50% of organisations experiencing challenges)
- an understanding about making reasonable adjustments (38%)
- an inclusive culture in the organisation (29%)
- leadership on disability-related and/or health issues (25%).

Despite '*developing line manager knowledge and confidence*' being the top challenge, just a third of employers (32%) provide training and guidance for line managers in this area, while less than half (42%) report they have a supportive line management style that treats people as individuals.

Further, as noted above, many small companies lack access to expert HR and occupational health advice and don't have the resources and capability to confidently manage people's health and sickness absence.

14. Do you have any other insights, case studies, or recommendations that you believe are relevant to this review?

Case studies

This CIPD [case study of Southern Health and Social Care Trust](#) demonstrates the impact of implementing an integrated approach to health and wellbeing, including an expansion of the Trust's occupational health and wellbeing service (OHWS), with a shift towards ill health prevention and proactive provision.

CIPD 2023 [Macmillan Cancer Support case study](#): People managers are pivotal in supporting colleague health and wellbeing at the charity, but can feel overwhelmed with such a significant responsibility. Macmillan was intent on taking an evidence-based approach to health and wellbeing. They set up a cross-organisational taskforce to design a dedicated programme with support and resources, including guides, self-assessment tools, objectives, direct report feedback, action planning and peer support.

Policy recommendations that are relevant to this review

Historically, public policy reform to close the disability employment gap and improve the recruitment and retention of disabled people and those with health conditions has focused too heavily on supply-side interventions. We need appropriate and adequately resourced government systems, regulation, services and guidance to boost employer **demand** to recruit, retain and progress disabled people, as well as direct support for individuals. We also need more focus on work as a clinical outcome as part of health-related conversations.

- **Widen access to occupational advice, particularly for SMEs:** CIPD's response to the [Occupational Health: working better consultation](#) points out that small firms typically have no HR or OH in-house expertise and require access to trusted advice and guidance in this



area. A key reform would be to develop locally delivered access to occupational health (OH) provision, which is free or subsidised for SMEs.

- **Improve people management support/capability in small firms:** Many HR interventions are key to effective occupational health support for workers such as basic absence management policies, return to work interviews and reasonable adjustments. However, CIPD [pilots](#) which explored how to improve HR and people management in small firms in three different parts of the UK show the typically low level of capability in these areas of management in such businesses. [Research](#) also shows that there is very little focus within publicly funded business support services in England on improving HR/people management capability and workplace practices. To address this CIPD believes there is a strong case for a review of existing publicly funded business support programmes designed to improve management capability. This should inform the development of an accessible, high-quality business support service that can help large numbers of SMEs improve their HR and people management capability and support efforts to create healthier and more productive jobs.
- **Targeted support to help workers aged 50-plus remain in productive and fulfilling work by making flexibility a priority,** for example: take up the recommendations outlined in the [Flexible After Fifty report \(2024\)](#).
- **Conduct a review of workplace women's and reproductive health strategy, and launch a high-profile campaign to motivate and give confidence to employers** to develop working environments that provide understanding, flexibility and occupational health support for women's health issues across the life course.
- **More effective enforcement action:** The HSE and EHRC need more adequate resources to fulfil their regulatory duties and carry out more proactive enforcement activities, eg: Employers that continue to fail to address the main causes of stress at work, such as excessive workloads, bullying or poor management, should face improvement notices and, if necessary, further enforcement action. SMEs may need additional support to comply/improve their people management practices for example from Acas.
- **Better signposting to effective information, advice and guidance:** providing employers with reliable and accessible information, advice and guidance on managing disabled people and those with health conditions, as well as effective sickness absence management, is also part of an effective enforcement regime to nudge better compliance and good practice among employers.
- **Optimise Government schemes such as Disability Confident and Access to Work:** eg **Access to work** is underfunded and has narrow reach, and there is more scope for the service to more effectively support people with a disability who are already in employment to improve retention.
- **Statutory Sick Pay (SSP):** we welcome the government's reforms widening access to SSP but the system needs further reform, eg making it more flexible so that it can be paid on a part-time basis to encourage a phased return to work where helpful.
- **The fit note:** further review and reform is needed to help more disabled people and those with health issues to receive effective advice and return to/remain in work, as opposed to being categorised as 'not fit for work' as a default.
- **Explore a more structured approach to return-to-work:** the worrying increase in [economic inactivity due to long-term sickness](#) raises the question of whether we need stronger to encourage more robust and supportive action by employers to maintain contact with people when off sick and put in place effective steps to facilitate a sustainable return-to-work. There is a case to consider the development of a statutory code of practice on return to work and rehabilitation to codify and promote good practice. It would also enable the courts to make adjustments in compensation payments to reflect whether or not



employers had followed the principles and workplace practice recommendations set out in the code.

- **Explore the need for a right to reasonable time off to attend medical appointments:** although employers have a duty of care to do all they reasonably can to protect their employees' health, safety and wellbeing, there's no general legal right to take time off work for a medical appointment. Given the often drawn out pathways to diagnosis and treatment in our pressurised health services, there could be a case for exploring whether it is appropriate to introduce a statutory right to reasonable time off for a medical appointment.
- **Review the Equality Act 2010 regarding disability:** the current law defining disability as having a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on someone's ability to do normal daily activities sets a high bar to be considered disabled.
- **Review the role of group risk insurance products:** the [CIPD's recommendations](#) for ensuring an effective financial safety net for workers during illness explores the potential for the insurance sector to play a stronger role in protecting incomes, if they were used as an integral part of employers' absence management and rehabilitation frameworks.
- **Disability workforce reporting:** we welcome the opportunity to respond to the government's consultation on introducing mandatory pay gap reporting and are consulting our membership to inform our response. [Our submission](#) to the Disability unit in 2022 fully supported the objective behind disability workforce reporting, but also highlighted the significant need for enhanced guidance and support to prepare employers for any introduction of a mandatory requirement. If mandatory disability reporting is introduced without sufficient time and support for employers to prepare so they can report effectively, it is likely to fail to drive the changes in workplaces practices needed to improve outcomes for people with disabilities.
- **Establish a Workplace Commission:** Improving job quality and creating more healthy workplaces that can better support employee wellbeing and reduce the number of people falling out of employment due to ill health will require more joined-up policy-making across different Government departments including, the Department for Business and Trade, the Department for Work and Pensions, the Department for Health and the Treasury. There is currently no strategic forum that can facilitate different parts of Government and key employer side and trade union stakeholders to work together cohesively to design policy effectively. To address this CIPD believes there is the case for establishing a Workplace Commission to bring together representatives across different government departments and labour market institutions, including employer bodies and trade unions, to support policy making across government and consensus on key workplace issues and agendas including new regulation. It would also act as forum to help promote guidance and good practice.