

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Guideline scope

### Workplace health: support for employees with disabilities and long-term conditions

#### ***Short title***

Workplace health: employees with disabilities and long-term conditions.

#### ***Topic***

The Department of Health in England has asked NICE to produce guidance for employers and employees on effective and cost-effective approaches to promote and protect the health of workers with chronic diseases (including cancer, HIV, diabetes, musculoskeletal conditions and arthritis) and long-term conditions and to effectively manage sickness absence associated with these conditions.

#### ***Who the guideline is for***

Who should take action:

- Employers.
- Employers' representatives, including:
  - managers
  - human resource professionals
  - occupational health professionals
  - professionals contracted to provide employee support services.

It may also be relevant for:

- Employees (particularly those with a disability or long-term condition) and their representatives.
- Health professionals.
- Local authorities and commissioners of employment support services.

- Jobcentre Plus and employment advisers.
- Trade unions.
- Professional bodies.
- Advocacy groups.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

### ***Equality considerations***

NICE will carry out [an equality impact assessment](#) during scoping. The assessment will:

- list equality issues identified, and how they have been addressed
- explain why any groups are excluded from the scope, if this was done.

## **1 What the guideline is about**

### ***1.1 Who is the focus?***

#### **Groups that will be covered**

- Employees who have a disability or long-term mental or physical health condition (for example, asthma, cancer, Crohn's disease, dementia, depression, diabetes, hearing impairment, multiple sclerosis, obesity, osteoarthritis or sight impairment).

#### **Groups that will not be covered**

- People who are unemployed (for example, anyone receiving Employment and Support Allowance). However, the activities described in section 1.3 may offer indirect support to people who are unemployed and seeking work.
- People who are self-employed and who are not employed or contracted to work by an organisation of any size.
- Children and young people under 16.

## 1.2 **Settings**

### **Settings that will be covered**

- All settings.

## 1.3 **Activities, services or aspects of care**

### **Key areas that will be covered**

The guideline will look at activities that aim to support employees with a disability or long-term condition to stay in or return to work.

- 1 Targeted interventions for employees if they are the responsibility of the employer:
  - non-treatment workplace programmes to help people manage their health condition, such as motivational interviewing (to strengthen belief in ability to work)
  - adjustments in work activities, station, processes or place (including assistive technology or practices, changes to job design and flexible working)<sup>1</sup>
  - job coach or peer support (including workplace champions)
  - information, advice or training (including self-support information)
  - access and transport to work
  - redeployment.
- 2 Organisational interventions:
  - education campaigns and workplace groups to promote positive attitudes and tackle discrimination and stigma
  - showing people how to get help from employee support schemes
  - risk assessment and assessment of work capacity or work ability
  - systems for monitoring employees with disabilities and long-term conditions and responding to need.

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<sup>1</sup>Employers must make [reasonable adjustments](#) to make sure disabled workers aren't seriously disadvantaged when doing their jobs.

The guideline will consider organisational factors such as size (number of employees), industrial sector and range of activities undertaken by employees.

### **Areas that will not be covered**

- 1 Workplace prevention strategies to mitigate health problems or functional decline in the general workforce.
- 2 Health screening at work (for example, sight tests).
- 3 Clinical diagnosis, management and treatment of conditions.
- 4 National employment and social security policies.
- 5 Managing sickness absence (including long-term absence). This is covered in the NICE guideline on [managing long-term sickness absence and incapacity for work](#).

## **1.4 Economic aspects**

Economic analysis will be considered at the employer level, taking into account the size and sector of organisations. The economic analysis will be prioritised on the basis of how important the economic evidence is to making recommendations, and the availability of data to populate an analysis. An economic plan will be developed for any economic analysis undertaken.

## **1.5 Key issues and questions**

While writing this scope, we have identified the following key issues and questions:

- 1 What are the most effective and cost-effective targeted interventions (listed in section 1.3) to support employees to return to or stay in work?
  - What impact does deliverer, setting, timing, frequency, duration and intensity of the intervention have on the effectiveness, cost effectiveness and acceptability of different interventions?
- 2 What are the most effective and cost-effective organisational interventions (listed in section 1.3) that promote, support and respond to the need of employees with disabilities or long-term conditions?

- 3 What are the costs and benefits to employers and employees of supporting employees with disabilities or long-term conditions to return to or stay in work?

## **1.6 Main outcomes**

The main outcomes for employees with disabilities and long-term conditions that will be considered when searching for and assessing the evidence are:

### **Primary outcome**

- 1 Participation in work.

### **Secondary outcomes**

- 2 Changes in patterns of work.
- 3 Adjustments in work activities, station, processes or place.
- 4 Adoption of (or referral to) employee support programmes.
- 5 Measures of physical and mental health and wellbeing.
- 6 Self-confidence, self-efficacy, coping skills.
- 7 Productivity and performance.
- 8 Changes in organisational culture, policies and practice.

## **2 Links with other NICE guidance**

### **NICE guidance in development that is closely related to this guideline**

NICE is currently developing the following guidance that is closely related to this guideline:

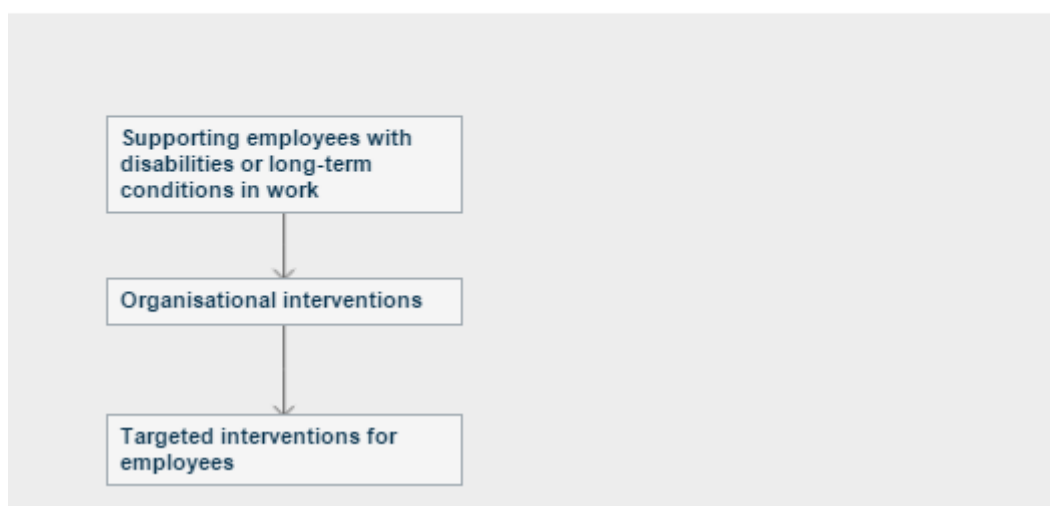
- Workplace policy and management practices to improve the health and wellbeing of employees. NICE guideline. Publication expected May 2015.
- Workplace health – older employees. NICE guideline. Publication expected February 2016.

### **2.1 NICE Pathways**

When this guideline is published, the recommendations will be added to NICE Pathways. NICE Pathways bring together all related NICE guidance and associated products on a topic in an interactive topic-based flow chart.

A pathway outline for this topic has been drafted based on the scope and is included below. It will be adapted and more detail added as the recommendations are written during guideline development.

## Workplace health: supporting employees with disabilities or long-term conditions overview



The guideline will overlap with the existing NICE guidelines on managing long-term sickness and incapacity to work and promoting mental wellbeing at work. The NICE Pathway will integrate the recommendations from both guidelines, showing clearly how they fit together. It will also link to pathways based on guidance in development on policy and management practices and protecting the health of older employees.

### 3 Context

#### 3.1 Key facts and figures

A long-term condition is 'one that cannot currently be cured but can be managed with the use of medication or other therapies. This is in contrast to acute conditions that typically have a finite duration' ([Care planning: improving the lives of people with long term conditions](#) Royal College of General Practitioners). Long-term conditions may also be known as 'chronic conditions' and 'life-limiting conditions'.

Long-term conditions may be emerging, recurring, fluctuating or permanent. Long-term normally means for more than 1 year. With emerging health conditions, the length of time a person will have the condition may be anticipated. A person can have more than 1 long-term condition at the same time.

Disability is defined in different ways for different purposes. In employment, the definition within the [Equality Act 2010](#) states: a person is disabled if they have a physical or mental impairment that has a 'substantial' and 'long-term' effect on their ability to do normal daily activities.

Different conditions and symptoms can have different implications for work ability and participation in work. Examples of disability and long-term conditions include: asthma, cancer, Crohn's disease, dementia, depression, diabetes, hearing impairment, multiple sclerosis, obesity, osteoarthritis and sight impairment. [Medically unexplained symptoms](#), such as fatigue, are common and can become long-term.

There are estimated to be 11 million people in England living with a long-term condition or disability ([Disability facts and figures](#) Office for National Statistics 2014). People with long-term conditions have a 59% employment rate compared with 77% for those without a condition ([Health at work – an independent review of sickness absence](#) Department for Work and Pensions). Less than 46% of workers aged 16 to 64 with disabilities that limit daily activities were in employment in 2012, compared with 76% of non-disabled workers ([Disability facts and figures](#) Office for National Statistics 2014). The reasons for this lower rate of employment include employer discrimination, disruption to earlier education and individual motivation, as well as an inability to do certain jobs ([Briefing 5c: increasing employment opportunities and retention for people with long term health conditions or disability](#) UCL Institute of Health Equity).

Every year 300,000 people are estimated to stop work and become reliant upon health-related state benefits. Many people are on long-term sick leave before this point. The government is estimated to spend £13 billion annually

on health-related benefits because of sickness absence from work. Employers are estimated to spend £9 billion per year in sick pay and associated costs ('Health at work – an independent review of sickness absence').

People who have to stop working often face negative health, economic and social consequences from being unemployed ('Health at work – an independent review of sickness absence'). Day-to-day living costs are 25% higher for people with a disability than for non-disabled people ([Disability in the United Kingdom 2012](#) Papworth Trust).

There is strong evidence to show that work is generally good for the employee's physical and mental health and wellbeing ([Work, health and wellbeing](#) Black 2012; [Is work good for your health and wellbeing?](#) Department for Work and Pensions). Being in employment has also been shown to provide benefits, both financial and psychosocial, for people with mental health conditions ([Mental health and employment](#) Sainsbury et al. 2008). However, the type of work needs to meet the characteristics of 'good work' highlighted by [Good Work and Our Times](#) (The Good Work Commission).

As the population ages and the average retirement age increases, supporting people with long-term conditions in the workplace will become increasingly important. It is estimated that approximately 21 million people of working-age will have at least 1 long-term condition by 2030 ([Healthy work: evidence into action](#) The Work Foundation).

### **3.2 Current practice**

The support available to people with disabilities and long-term conditions varies across workplaces. There are legal minimum requirements for supporting people with a disability in the workplace, see section 3.3. This legislation also applies to many people with a long-term condition.

Barriers to returning to work after long-term sickness absence are often related to personal beliefs, family related problems or work, rather than the



health problem itself ([Working together to prevent sickness absence becoming job loss](#) Health and Safety Executive).

Local practices, which are often low cost, can help employees remain in work. Everyday interventions include keeping records of absences, maintaining constructive employer-employee communication, return-to-work plans and flexible working arrangements. In addition, for some workers basic principles of early healthcare intervention, case management and workplace adaptations can help to prevent long-term incapacity and unemployment. ([Vocational rehabilitation: what works, for whom and when?](#) Department for Work and Pensions; 'Health at work – an independent review of sickness absence'; 'Briefing 5c: increasing employment opportunities and retention for people with long term health conditions or disability').

### **3.3 Policy, legislation, regulation and commissioning**

#### **Policy**

This guideline will support a number of related policy documents including:

- [Helping people to find and stay in work](#) (Department for Work and Pensions and HM Treasury)
- [No health without mental health: a cross-government mental health outcomes strategy for people of all ages](#) (Department of Health)
- [Social justice: transforming lives](#) (Department for Work and Pensions)
- [Working for a healthier tomorrow – Dame Carol Black’s review of the health of Britain’s working age population](#) (Department of Health and Department for Work and Pensions)
- [Working our way to better mental health: a framework for action](#) (Department for Work and Pensions and Department of Health).

Work Choice is a voluntary government scheme that provides support for disabled people to find and keep a job.

Access to Work provides a grant towards the extra costs that will help a disabled person start or stay in work, beyond the costs that are deemed reasonable for the employer to meet.

- [Work choice](#) HM Government
- [Access to work](#) HM Government.

Fit for work provides free help to support employees stay in or return to work. It is intended to complement existing occupational health services or fill a gap in services that are provided in the workplace.

- [Fit for work](#) HM Government

### **Legislation, regulation and guidance**

Disability is a protected characteristic in the [Equality Act 2010](#). It is against the law for employers to discriminate against people with a disability. There is also a requirement to demonstrate a duty of care to employees. This Act covers employment from what an employer can ask on an application form to dismissal and redundancy. This legislation also applies to many people with a long-term condition.

An employer is expected to make reasonable adjustments to the workplace, for example adjusting working hours or location, or providing special equipment to help a person do their job. This guideline will look at the evidence on workplace adjustments that best support employees with disabilities and long-term conditions to remain in work.

- [Disability rights](#) HM Government.

### **Commissioning**

Local authorities and Clinical Commissioning Groups have a responsibility to support local initiatives on economic development and workplace health.

Employers are responsible for the cost of any [reasonable adjustments](#) to the workplace to support disabled workers to do their job. This includes equipment such as hearing loops for people with a hearing condition, and changes to working hours to better support people to manage their condition and enable them to attend medical appointments.

The government and Jobcentre Plus provide support to help people with a disability find and retain work ('Work choice'), and also to support employers to make additional adjustments to the workplace to support disabled workers ('Access to work').

## 4 Further information

This is the final scope, incorporating comments from registered stakeholders during consultation.

The guideline is expected to be published in February 2017.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.