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Fit for Work: Final Report of a Process Evaluation

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Summary

This report presents the findings from the process evaluation of Fit for Work. 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 process evaluation aimed to determine whether the Fit for Work service had been implemented as designed, and whether the design met the policy intent to provide support for those on 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 management information; 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 of 492 of them (only those who received an assessment and who gave permission to be re-contacted for further research). Management information was analysed for employees referred to and discharged from the Fit for Work service between October 2015 and December 2016 inclusive. As this analysis did not cover the whole period of the service, findings could differ from the overall management information. In some instances, due to small sample sizes, apparent differences between groups (e.g. between countries) may not be statistically significant and therefore should be viewed with caution. 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.

This process evaluation was undertaken before the decision was taken to close the service.

Attitudes to work and sickness absence

Employee attitudes to work and sickness absence prior to contact with the service differed by referral route and health condition. Employees referred by employers were more likely than those referred by GPs to have been satisfied with their work (74 per cent compared with 63 per cent), less likely to have felt that their health condition was caused by work (30 per cent compared with 19 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).

Most employers (86 per cent) felt that long-term sick leave was well-managed in their organisation and 68 per cent did not feel that the level of long-term sickness absence in their organisation was high.

Some employees who dropped out of the service before assessment may have felt little need for the support offered. Employees who dropped out before assessment were more likely to feel very confident about returning to their job before they had contact with the service than those who had received an assessment (37 per cent compared to 19 per cent). Employees who had not received an assessment were more likely to feel very confident about returning to any job (40 per cent) than employees who had received an assessment (28 per cent).

Awareness, understanding and referrals

Management information showed that there were 8,486 employees in England and Wales and 1,017 employees in Scotland 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 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 had access to occupational health services, with employers with 250 or more employees more likely (69 per cent) than those with 50-249 employees (40 per cent) or less than 50 employees (22 per cent) to have access to occupational health services.

Large employers were most likely to have heard about the service from external events and HR and occupational health services. Organisations with 250 employees or more were more likely to have heard about Fit for Work via these routes (43 per cent) than organisations with 50-249 employees (29 per cent) and less than 50 employees (24 per cent). By contrast, small employers with fewer than 50 employees, without an HR or occupational health service, were more likely to have found out about the service based on their own research.

Scottish GPs were satisfied with the referral process, as they could use their existing referral platform. GPs in England and Wales had to use an online portal and found referring more complex, and time-consuming.

Qualitative research with GPs in the first year of delivery showed that referring GPs were often engaged with occupational health issues and were 'early adopters'. More widely, GP awareness of the service was relatively low. Compared to employers, GPs referred a higher proportion of cases experiencing mental health conditions.

Qualitative interviews with employees highlighted that the service was attractive because it was independent, delivered by qualified professionals and emphasised a faster return to work. Employees who were referred by their GP were more likely to feel well-informed about the service than those referred by their employer.

Employers were happy with the referral system, describing it as simple and easy to use. During this process, employers gained consent from their employee to be referred. Two-thirds of employees (66 per cent) felt they had choice in their referral, while 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 take up an assessment. In England and Wales 41 per cent of referred employees did not receive an assessment, and in Scotland this figure was 46 per cent.

The majority of employees surveyed had their assessments by telephone. Most employees (87 per cent) were happy with the format of their assessment, but 13 per cent would have preferred a face-to-face assessment.

In England and Wales, 36 per cent of employees 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.

Generally employees found case managers to be friendly and approachable. Employees who dropped out of the service post-assessment were less likely to agree (89 per cent) than completers (94 per cent) that the case manager was easy to talk to.

Large employers, with 250 or more employees, and those with access to occupational health services were more likely than small employers and those without access to occupational health services to have had additional contact with case managers, for example discussing the practicalities of recommendations made in their RtWP. Some employers had contact with a case manager before their organisation received an RtWP (37 per cent) and a further 34 per cent said they had had contact with the case manager both before and after receiving an RtWP.

Return to Work Plan

Following an assessment, and consultation with the employer (if appropriate), employees can receive an RtWP containing recommendations to facilitate their return to work. In England and Wales, 82 per cent of employees that had an assessment were issued with an RtWP, meaning the service delivered 4,108 RtWPs. In Scotland, only one of the 533 assessed employees was not issued with an RtWP.

Employees were widely satisfied with their RtWP. Most employees were satisfied that they were able to agree the issues covered by their RtWP with their case manager (88 per cent). Eighty-one per cent were satisfied with their RtWP overall. Qualitative interviews with employees revealed that satisfaction was greater when employees thought that 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. Just over three-quarters of employees (76 per cent) agreed to share their entire RtWP with their employer 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 than those with musculoskeletal or 'other' conditions.

Nearly two in five (39 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. Employers suggested that there should be more communication between case managers and employers, for example, updating them about the progress of their employees' cases, enabling them to have more input into the process, and enabling greater tailoring of the RtWP to their work environment and the employees' roles.

All employers were asked about their awareness and use of a tax exemption of up to £500 (per year, per employee) on medical treatments recommended to help their employees return to work. This is applicable to treatments recommended by health professionals within Fit for Work and health professionals within employer-arranged occupational health services. Four in ten employers (40 per cent) were aware of this tax exemption but had not used it and a further one per cent of employers had used this tax exemption in the past. The majority of employers (53 per cent) had not heard of this exemption and the remaining six per cent of employers were not sure. Most employers (84 per cent) said that they would definitely or possibly consider using the tax exemption in future.

Discharge and drop-out

Management information shows that in England and Wales the largest group of employees were discharged because they were 'assumed returned to work'[1] by the service (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.[2] In Scotland, among employees who did not receive an assessment, the main discharge reason was that the employee was not contactable (61 per cent), followed by inappropriate referral (28 per cent).

[1] Employees are recorded as 'assumed returned to work' where the service cannot make contact with them to verify their work status after three months.

[2] Management information categories were not consistent between the service in England and Wales, and those in Scotland.

Among employees who had received an assessment in England and Wales, cases identified at assessment as experiencing a combination of mental health and musculoskeletal conditions or these conditions alongside other health conditions were more likely to be in contact with the service for three months.

In England and Wales, employees referred by employers were more likely to take part in an assessment by the service than those referred by their GP. Employees with a musculoskeletal condition were more likely to take part in an assessment than employees with a mental health condition. The same pattern was found when looking at post-assessment drop-out. Employees with a musculoskeletal condition were more likely to receive an RtWP than those with a mental health condition. Employees referred by their employer were more likely to receive an RtWP than those referred by their GP. Employees who had neutral feelings or were dissatisfied that their assessment had focused on all the issues they faced, and had neutral feelings or were dissatisfied that their assessment was conducted professionally, were more likely to drop-out post-assessment than employees who were satisfied on these measures, indicating that perceived quality of experience of the service also affects drop-out.

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 quick and efficient tool for dealing with reasonably simple cases of sickness absence, where advice was high quality and recommendations were supported by the opinion of an external occupational health professional.

The survey of employees two months post-referral found that 65 per cent of employees had returned to work in some capacity. 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. Employees referred by their employer were 1.8 times more likely to be back at work than those referred by a GP. Most employees back at work at the time of the Wave Two employee survey took no further sick leave (86 per cent).

Labour market inactivity was associated with poor health. At Wave One (within two months of discharge), 57 per cent of employees who were not working at the time explained that they could not work because they were still ill. At Wave Two (eight to ten months after discharge), 34 per cent of out-of-work employees 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.

Forty-six per cent of employers reported that the service had made no difference to their employee's ability to sustain work or would not do so in the future, whilst 37 per cent reported that it was helpful in this regard. Employers who had contact with case managers were more likely to agree that Fit for Work would help their employee stay in work (45 per cent) than those who did not have contact (25 per cent). Just below one-third of employers (31 per cent) had contact with a case manager.

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.[3] Over half of employees (56 per cent) were in work at both survey points. There was little movement in employment status between the two employee surveys. Most respondents (56 per cent) were in work at both Waves and just over one-quarter (26 per cent) were not working at both Waves. Seventy-five per cent of in-work employees were doing the same type of work and 69 per cent were with the same employer. Respondents who were referred by their employer were more likely to be with the same employer (74 per cent) than those referred by their GP (59 per cent). Most employees back at work took no further sick leave (86 per cent). Self-reported physical and mental health and improvements in health were consistently associated with higher satisfaction and positive views of Fit for Work.

At Wave One, respondents with a mental health condition were more likely to think the service sped up their return to work (72 per cent) than those with musculoskeletal (57 per cent) or 'other' conditions (54 per cent) and they were more likely to report that their health was better (77 per cent) than those with either musculoskeletal (60 per cent) or 'other' (62 per cent) health conditions. However, the Wave Two employee survey demonstrated that employees with a mental health condition were more likely to have returned to work with a different employer (16 per cent) than employees with other health conditions (six per cent). In addition, employees with mental health conditions were the least likely to say that the service assisted their return to work by encouraging their employer to make changes at work (19 per cent) compared to those with musculoskeletal (27 per cent) or 'other' conditions (39 per cent). At both survey points, employees with a mental health condition were more likely to report receiving support from services, such as occupational health services, and counsellors for example, alongside Fit for Work. Furthermore, regression analysis of the Wave Two employee survey showed that employees who had not received additional support from other sources since their discharge were 2.3 times more likely to have returned to work at some point than those who had received other support. Taken together, this suggests that there is a complex combination of factors impacting on the ability of people with a mental health condition to return to work, including support from the service alongside changing their work environment, where necessary, and receiving third party support.

Conclusions

Take up of the service

Employers were the largest source of referrals: GP referral rates have been affected by low levels of awareness of the service and its potential benefits among GPs. GPs made a number of suggestions for improvements that they felt would help them and their colleagues to make greater numbers of referrals in future. These included broadening the eligibility criteria; improvements to the referral mechanism in England and Wales, and better marketing of the service. Email was characterised as an ineffective means of communicating about programmes with GPs.

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[3] *Note that the Wave Two survey only contacted employees who recalled receiving an assessment, so the findings are not directly comparable with the Wave One survey, which sampled all employees, regardless of whether they had received an assessment.*

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 is reaching different cohorts of the eligible population. This also suggests that the issue of mental health in the workplace, and the extent to which employees feel comfortable discussing it in the context of an employment relationship, pervades.

Reaching small and medium-sized employers (SMEs): The policy intent behind the service was to support employers who did not have access to occupational health, particularly SMEs. In many instances the service was found to supplement support already in place to manage sickness absence, especially amongst large employers. Where the service engaged with employees in medium-sized organisations (those with 50-249 employees) they were more likely than other employer types to be satisfied that the RtWP recommendations appropriately addressed the return to work needs of their employees. Employers with less than 50, and 50-249 employees (22 per cent and 40 per cent) were less likely than employers with 250 or more employees (69 per cent) to have access to occupational health services for their staff, so the service had potential to add real value to them and their employees.

The consent process was generally effective: Both survey and qualitative data showed that employees referred by their employer were less likely to have a good understanding of the service prior to engagement and less likely to feel they had a choice in their referral than employees referred by their GP. For those employees referred by their employer, some were reluctant to share all or part of their RtWP with their employer, but the majority of employer-referred employees were happy to consent to the service, and to share their RtWP with their employer. The main reason given for not wanting to share an entire RtWP with an employer, cited by 55 per cent of employees referred by their employer, was because they said it contained information that the employee did not want them to see.

What is effective and what is working less well?

Drop-out before assessment was high: Across Great Britain the service had not been able to make contact with around 1,500 referred employees between October 2015 and December 2016 using the contact details supplied/collected. There were higher levels of pre-assessment drop-out in Scotland. In Scotland, existing GP systems were auto-filled with contact details that were not verified at the point of referral. In addition, in Scotland there was 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 were felt to not be 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 at all. While there was no opportunity for some recommendations to be put into practice if the employee did not return to work, in other cases where recommendations had not been implemented this was frequently because an employer had not taken them up. In these cases common reasons given by employers were that they could not be delivered within their work context or were not practicable. There appeared to be an appetite from employers for greater flexibility (and incidence of) involvement pre-agreement of the RtWP (where possible).

Employees with mental health conditions experienced the service differently: Employees with mental health conditions had a different experience of Fit for Work compared to employees with musculoskeletal or 'other' health conditions. For

example, they were more likely to feel they had choice in their referral, and were more likely to be referred by their GP than their employer. In general, they were less confident in the likelihood that they would return to work at the outset of the service, were less likely to share their RtWP with their employer, and were less likely to have had all the recommendations implemented. Employees with a mental health condition were more likely to have returned to work with a different employer and yet also to value the service highly. Taken together, the findings indicate that employees with a mental health condition using the service felt there might be some stigma attached to their health condition in the workplace and tended to be more reluctant to share information with, and return to, their original employer.

The service was particularly valuable to medium-sized organisations: Where the service engaged with employers in medium-sized organisations (those with 50-249 employees) they were more likely than employers in other sizes of organisations to be satisfied that the recommendations in the most recent RtWP appropriately addressed the return to work needs of their employees. Medium-sized employers were less likely to have pre-existing access to occupational health services for their staff than large employers, so the service had potential to add real value to them and their employees.

Two-thirds of people returned to work within three months: Assessed employees felt the service made a difference, but some outcomes were linked to extrinsic factors. Overall, 65 per cent of referred employees had returned to work from sickness absence within two to three months of using the service. At two to three months since referral, 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. At Wave Two, eight to ten months after initial discharge, 61 per cent of employees that received an assessment reported that the service had helped them to return to work more quickly, and 58 per cent of this group reported that the service helped them to stay in work. Where the service had a depth of engagement with employees they were most likely to report it had a positive effect. However, analysis of the survey data found that an employee's current physical and mental health, as well as change in health over time, was consistently significantly associated with employment status, satisfaction and views of Fit for Work.

The service did not support a return to work for a third of employees: The number of assessments received by employees varied and, combined with data about the number of work and other obstacles identified at the assessment, it suggested there was 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. There was a sizeable group of referred employees for whom the depth of support might have not been sufficient to address the reasons for their absence from work.

Demand from some individuals for support to change job: Most employees who returned to work did so to the same employer they were working for when they became absent from work (69 per cent of those returning to work by Wave Two). However, there were a group of employees for whom their workplace or job role caused or exacerbated their health condition; 15 per cent of employees had returned to work, but with another employer.

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Acknowledgements

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Any errors or omission in this report are the responsibilities of the authors.

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1 Introduction and background

1.1 Policy background

Health, sickness absence and employment policy

Although the rate of sickness absence, as measured by the number of working days lost, has fallen since the early 1990s, the rate of decline has slowed in recent years.[1] The cost to employers is around £9 billion a year in sick pay and associated costs, and the cost of lost output is £15 billion to £20 billion a year to the economy.[2] This includes the costs to employers and Government through lost production and economic inactivity, and the payment of statutory sick pay, as well as the impact of lower tax revenues and national insurance contributions and the costs of welfare benefits.

There is substantial evidence that 'good' work is beneficial for physical and mental health, whereas unemployment and long-term sickness absence often have a harmful impact.[3] 'The Black Review – *Working for a Healthier Tomorrow'*[4] recognised that there is strong evidence that work, and health and well-being, are closely linked and need to be addressed together.

Reducing the extent of sickness absence in the UK and in particular long-term sickness absence has therefore been a policy priority for at least the last ten years.

There are two main conditions that are disproportionally linked with people struggling to maintain or gain employment: mental health and musculoskeletal disorders. Around one in six working age people in England has a mental health condition at a given point in time.[5] In 2016/17, musculoskeletal disorders comprised about 39 per cent of all work-related illness in Great Britain and analysis over a three-year period (2009/10-2011/12) identified manual handling as the prime causative factor in the development of work-related musculoskeletal disorders.[6] Mental health conditions often co-occur with musculoskeletal conditions. Research has found that those with long-term physical health conditions are two to three times more likely to experience poor mental health than the general population.[7]

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[1] *Sickness Absence in the Labour Market, ONS, March 2017*
https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/sicknessabsenceinthelabourmarket

[2] Department for Work and Pensions, Department for Health (2016) Improving Lives: The Work, Health and Disability Green Paper
http://www.babcp.com/files/Press/work-and-health-green-paper-improving-lives.pdf

[3] *Marmot M, Bell R (2012) 'Fair society, healthy lives', Public Health. 126 (Suppl 1): S4–10.*

[4] *Black, C, Working for a Healthier Tomorrow, TSO, March 2008.*

[5] *McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital. https://digital.nhs.uk/catalogue/PUB21748*

[6] Health and Safety Executive (2017) Work-related Musculoskeletal Disorders (WRMSDs) Statistics in Great Britain 2017
http://www.hse.gov.uk/statistics/causdis/musculoskeletal/msd.pdf

[7] *National Institute for Health and Care Excellence (2009) Depression in Adults with a Chronic Physical Health Problem: Treatment and Management, NICE Clinical Guideline 91. https://www.nice.org.uk/guidance/cg91*

We know that the risk of employees leaving the workplace is even greater where a mental health issue co-occurs with a physical health issue.[8] Evidence also suggests that when a person faces both health and employment barriers, both should be addressed simultaneously, since there is no evidence that treating either problem in isolation is effective.[9]

One of the key barriers preventing employers from retaining the talent of people with health conditions is that many employers lack awareness of available sources of support and advice. In particular, a lack of access to in-house occupational health support can lead organisations to view that they do not have the expertise to manage someone with a health condition. IES's research[10] indicates that the smaller the business the less likely it is to offer any formal occupational health provision. Similarly, businesses that are too small to have a Human Resources (HR) team or specialist HR professional can find responding to issues such as long-term absence difficult.[11]

History and policy evolution

In 2008, Dame Carol Black's review of the health of the working population in Great Britain was published.[12] The review advocated an expanded role for occupational health to help people stay in work as a means of improving their health and well-being.

The Government responded to the review by launching and piloting a range of initiatives, and launching further consultations. These included:

- The fit note: Implemented on 6 April 2010 across England, Wales and Scotland, with the aim of improving back-to-work advice for individuals on a period of sickness absence.[13]
- Occupational Health Advice Line: The DWP launched the Occupational Health Advice Lines service in winter 2009 and it operated nationally across England, Scotland and Wales to provide small and medium-sized enterprises (SMEs) – employers with less than 250 employees – with early and easy access to high quality, professional advice in response to individual employee health issues.[14]
- Fit for Work Service pilots: A new Fit for Work Service was proposed to offer support for people in the early stage of sickness absence, particularly for employees working in small and medium-sized employers (SMEs). Eleven Fit for Work Service pilots were launched between April and June 2010 throughout Great Britain, initially for a year, funded by the Department for Work and Pensions (DWP) and the Department of Health (DH). Seven of the pilots were extended to

[8] https://www.gov.uk/government/publications/health-and-wellbeing-at-work-survey-of-employees
[9] van Stolk C, Hofman H, Hafner M, Janta B (2014) Psychological Wellbeing and Work: Improving Service Provision and Outcomes. https://www.gov.uk/government/publications/psychological-wellbeing-and-work-improving-service-provision-and-outcomes (accessed October 2016).
[10] Wilson S, Hicks B, Stevens H (2012) Scoping the Development of Work and Cancer Support for SMEs, Institute for Employment Studies, Report 494
[11] Ibid.
[12] Black, C, Working for a Healthier Tomorrow, TSO, March 2008
[13] The new statement incorporated a number of changes, including the introduction of a new option to record that an individual 'may be fit for work taking account of the following advice'; increasing space for doctors to provide patients with comments on the functional effects of their condition; and tick boxes to indicate basic adjustments or adaptations that could aid return to work.
[14] The evaluation, conducted by IES, found that the pilot was successful in targeting SMEs who needed help to manage an employee's health problem in the workplace. However, the volume of calls was lower than expected, indicating the difficulty in promoting a service to employers that is needed only when the employer faces an employee health problem (Sinclair A et al (2012) Occupational Health Advice Lines evaluation: Final report Research, Report 793, DWP).

March 2013[15]. The lessons from these pilots were used to inform the development of the Fit for Work programme. In October 2014, it was announced that the new service would be called Fit for Work (Fit for Work Scotland, in Scotland)[16]. Health Management Limited was appointed as the supplier to deliver Fit for Work in England and Wales. Fit for Work Scotland is delivered by the Scottish Government, on behalf of the UK Government.

- **Sickness absence review:** Following a 2011 Review[17] on the sickness absence system, a tax exemption of up to £500 a year per employee on payments for medical treatments recommended by Fit for Work or an employer-arranged occupational health service was introduced from 1 January 2015 to avoid such payments being treated as a taxable benefit in kind.
- **Improving Lives: The Work, Health and Disability Green Paper:** The Government launched a further Green Paper[18] in 2016 which continued this determined policy effort. The paper highlights the disability employment gap and states a commitment to increasing participation in the workplace among people with disabilities and long-term health conditions. Areas for action identified in the paper included supporting employees with a disability or long-term health condition to stay in employment in order to avoid being further disadvantaged, and ensuring access to employment and health services at the right time and personalised to their needs.
- **Improving Lives: the future of Work, Health and Disability:** The Government responded to the 2016 Green Paper consultation in a publication on the 30 November 2017, *Improving Lives: the future of Work, Health and Disability*, which set out how it will work with employers, charities, healthcare providers and local authorities to break down employment barriers for disabled people and people with health conditions, including direction for a more integrated, easily available occupational health (OH) offer. The document set out plans for an 'Expert Working Group on Occupational Health', to be appointed to champion, shape and drive a programme of work to take an in-depth look at the sector. This group will consider the lessons from the Fit for Work service, and findings from this independent evaluation of Fit for Work. Alongside this, 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 offers general health and work advice as well as support on sickness absence.

1.2 Fit for Work – a service for employees

Fit for Work provides an occupational health assessment and general health and work advice to employees, employers, General Practitioners (GPs) and the public, to help individuals stay in or return to work. It is funded by the Government. The assessment service is for employees who are on (or at risk of entering) long-term sickness

[15] The pilots, formed by partnerships of health, employment, and local community organisations, offered biopsychosocial assessments of need and a Return to Work Plan, similar to Fit for Work. However, in addition they all offered case-managed support and varying access to further health and non-health support to aid a quick return to work. The evaluation of the first year of the pilots, by a consortium led by IES and including GfK NOP, found that take-up was significantly lower than expected by local partners.

[16] 'GPs: Fit for Work will help patients', DWP, 10 October 2014.

[17] Dame Carol Black and David Frost CBE, Health at Work – an independent review of sickness absence, TSO, 2011.

[18] Work, health and disability green paper: Improving lives (2016)

absence, defined as a period of four weeks or more. Employees can be referred to the service by their GP or employer. Participation is entirely voluntary and subject to the employee's consent.

The service is delivered by Health Management Limited (HML) in England and Wales, a subsidiary of Maximus. Fit for Work Scotland is delivered via an agency arrangement with the Scottish Government on behalf of the UK Government. The latter is contracted through NHS health boards and Special NHS Boards, primarily NHS24, National Services Scotland (NSS) and Salus Occupational Health in NHS Lanarkshire. The same arrangement was previously used to deliver the erstwhile Fit for Work Service pilots in Scotland.

The user experience of the service should be identical across Great Britain and each has the same audit criteria and Service Level Agreements. There are some differences. For example, branding is different (e.g. Fit for Work versus Fit for Work Scotland, the appearance of DWP logos on Scottish promotional materials) as is the payment model.[19] Further differences between England and Wales and Scotland are discussed below.

This section outlines the shape and structure of both the assessment and the advice service, discussing each separate stage and any patterns of divergence between the Scottish, and English and Welsh models. It is based on a series of interviews with policy architects, contract managers and delivery agents in summer 2015, and so reflects the state of play in the early phases of delivery, i.e. how the service was intended to operate.

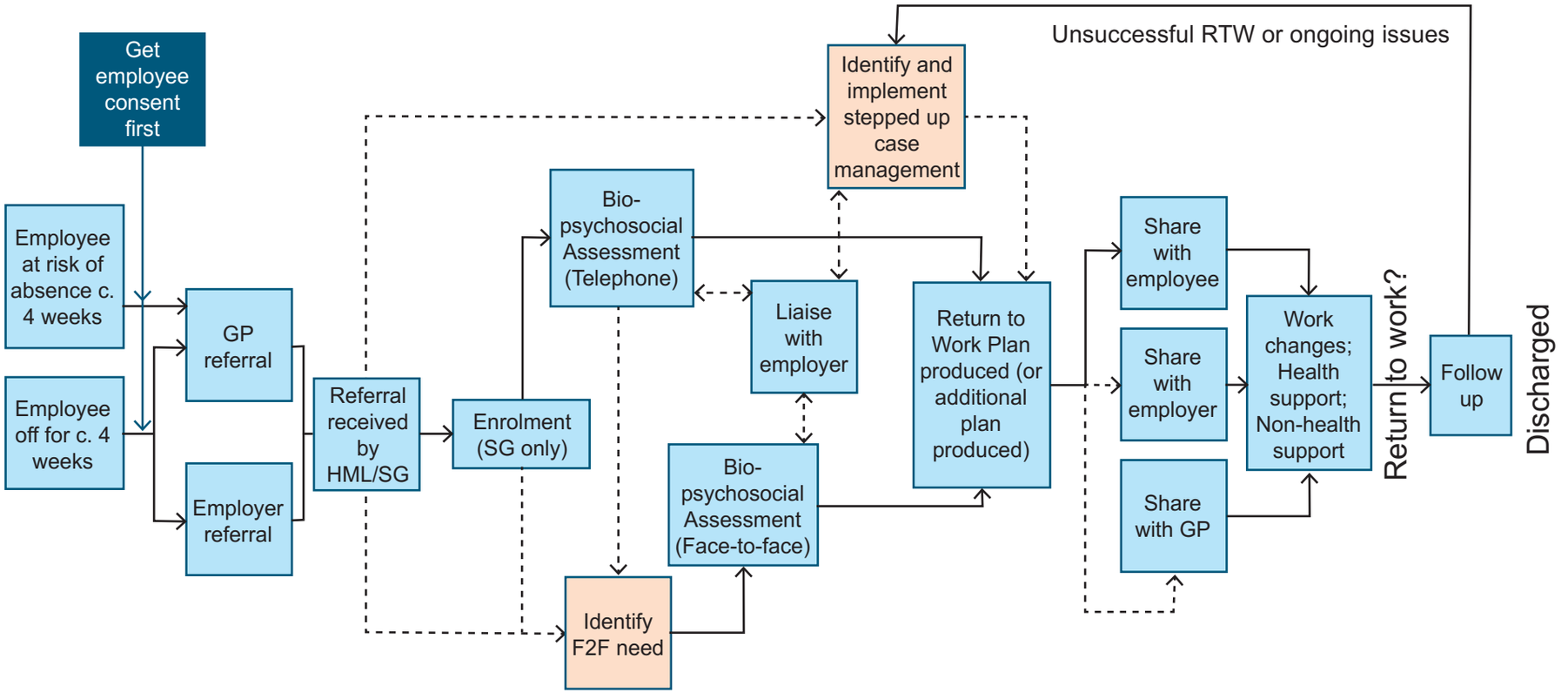
1.2.1 The Client Journey

Figure 1.1 sets out the various stages of an employee's journey through Fit for Work. When an employee is deemed eligible and consents to being referred, they progress to a biopsychosocial assessment (via enrolment in Scotland). These are holistic assessments which seek to take account of the full range of issues that could be preventing a return to work. Sometimes what appears as the primary health cause masks further reasons for an individual being off work. The Fit for Work assessment therefore takes account of: the health obstacles preventing a return to work; the work obstacles and the non-health/non-work obstacles too.

Assessments are primarily via telephone, although people with communicative impairments, complex health conditions or other complicated circumstances, can access face-to-face provision. After assessment, a Return to Work Plan (RtWP) is produced, detailing each obstacle preventing an individual from returning to work along with recommendations for self-care, workplace adjustments and/or signposting to other services. For complex cases, employees may have several assessments and RtWPs. They may remain within the service for up to a three-month period from receipt of referral.

[19] HML is paid per output, on the discharge of the recipient of a Return to Work Plan, whilst the Scottish Government receives a flat fee with an expectation of delivering certain volumes.

Figure 1.1 Fit for Work Assessment: employee journey



1.2.2 The referral and consent process

The first stage in an employee's journey through Fit for Work is a referral, either from their GP or their employer. All referrals must have the employee's consent. Employers can only refer employees absent for at least four weeks before referral. However, if a GP judges that an individual is at risk of being absent for four weeks or more, they can refer at any point prior to this. A period of four weeks was chosen as it is thought that common conditions which may preclude sickness absence of a week or two (for example, extended flu, a broken leg) will have improved, and such individuals are likely to obtain a lesser benefit from using the service.

Consent from an employee must be explicit, informed, specific and freely given, at different parts of the process:

- Before they are referred to Fit for Work – if consent is not given at this stage then a referral cannot be made;
- Before an assessment takes place, when an employee is first contacted by Fit for Work following referral;
- Before any version of the RtWP is shared (e.g. with a GP or the individual's employer); and
- Before Fit for Work contacts the individual's GP or employer or any third party if this is necessary as part of the assessment or follow up.

For **England and Wales**, the primary referral mechanism for both GPs and employers is via a web portal on the Fit for Work website. It is possible to refer over the telephone, although it was explained that employers would initially be advised not to do so as they must gain the employee's consent.

For **Scotland**, GP referrals go straight through the Scottish Care Information (SCI) Gateway, which is used by all GPs across Scotland for standard medical referrals, such as to a cardiologist. The idea was that this required as little manual entry as possible, as much of the required information is populated automatically (e.g. date of birth and name) from patient records.

In Scotland, there is an additional enrolment phase between referral and assessment, which is not part of the English and Welsh model. Firstly, this involves ensuring that the person is eligible and that they consent for onwards referral to case management or assessment. Employees are taken through a number of questions recording details of their ethnicity, their sick pay, and issues around functioning and how illness affects it. If employees provide consent, staff at NHS24 will then make an appointment for the individual with a named contact for assessment, ideally within a two-to-three-day window (which can be extended to seven days if this is impractical).

1.2.3 Assessment

The next step in the Fit for Work journey is the assessment stage. Assessments are carried out by healthcare professionals who are members of a professional registration body, e.g. occupational therapists, physiotherapists or mental health nurses. Cases are allocated on the basis of capacity rather than specialism, but may be allocated by specialism for complex cases.

The model of assessment is biopsychosocial, considering health and non-health obstacles to work. Assessments are designed to be tailored to individual circumstances and a holistic assessment of the person's needs. Assessments should identify the individual's ability to return to their own job rather than work in general, use clinical judgement to assess which issues are relevant for preventing a return to

work and involve a discussion and plan about the appropriate ways to overcome these obstacles. After initial scripted collection of background details (via the enrolment stage in Scotland), the tone of assessment will be conversational, and involve motivational interviewing techniques. An assessment is planned to take around 45 minutes. The quality of the assessment is assessed as part of the audit process.

Generally, the service is delivered through 'light touch' case management, in line with academic evidence indicating the effectiveness of case management approaches. After the initial assessment is performed and an RtWP issued, a follow on appointment is arranged at the end of this assessment. However, a stepped-up case management process is available. This may be identified either during initial assessment where it is clear that more in-depth or specialist support is required, or where an RtWP has been issued, but as a result of further discussion it is clear this RtWP was not sufficient to enable return to work. If an individual is going through a stepped-up case management process – rather than a one-touch assessment – the next touch points would also be agreed during each conversation.

Delivery is mainly through telephony, with around five per cent of assessments anticipated to be face-to-face. Face-to-face appointments must take place within 90 minutes travelling distance for the employee. Both regions have access to interpreters that can be dialled into a three-way call for employees who do not have a sufficiently fluent level of English. For face-to-face assessments, HML in England and Wales have a network of clinically qualified contractors, whilst Scotland uses staff in the regional health boards. In England and Wales, HML expected that around 60 per cent of cases would require the one-touch approach (i.e. that employees' situations were suitably straightforward so that only one contact point would be required to produce an RtWP), whilst Fit for Work Scotland budgeted for four non-complex cases to one complex case.

In England and Wales, the decision to progress an assessment to face-to-face may be made before beginning a telephone assessment, for example if someone lip-reads, has a learning difficulty or a stutter that is exacerbated by telephone. A case manager may also make the decision during a telephone assessment if it becomes apparent that the mode is not appropriate, for example if someone has complex and multiple issues. In Scotland, the complexity criteria was developed by the Scottish Government's clinical lead, so that if any single EQ-5D scale[20] scores five, or the sum total is 15 or more, someone would be eligible for a face-to-face assessment. Likewise, if an individual scored less than three out of ten for 'confidence in returning to work' or 'importance of returning to work' – where one is not at all confident and ten is most confident – or the confidence and importance scores summed to less than ten, this would denote a complex case.

The service was designed to only contact employers in exceptional cases, for example if there is an aspect of an RtWP that would represent a major change. In addition, this can only take place with the explicit consent of the employee. For certain cases, this conversation is thought to be important, but it is clear that the assessor should not be acting in any advocacy or mediation role. It was anticipated that for the average GP referral, there would not necessarily be contact with employers.

[20] EQ-5D is a standardised instrument which measures health-related quality of life.

1.2.4 Return to Work Plans

Having worked through the different obstacles facing an individual (and if necessary speaking to their employer), the next stage would be to compile an RtWP, issued two days after assessment.

The RtWP is a plan developed and tailored by the case manager following a Fit for Work assessment to reflect the circumstances of the individual. This is completed with agreement from the employee and contains details of all the obstacles that were identified during the assessment along with the steps and/or actions necessary to address them. These are in the form of advice and recommendations to help support the employee to return to work. The RtWP can be shared with the employer and/or GP but only with the employee's consent.

Each obstacle comes along with some suggested recommendations, such as maintaining a healthy weight or having a phased return to work, and signposting, such as to the Citizens Advice or the Advisory, Conciliation and Arbitration Service (Acas). These suggestions auto-populate on the HML system, and may be deleted or adapted if not appropriate.

RtWP content will be verbally agreed with an employee during assessment, and recommendations will be specific, e.g. phased return of five to six hours per day with timescales, rather than simply a phased return. If necessary, case managers may discuss an RtWP with expert colleagues in order to ensure its appropriateness.

There may be up to three different versions of each employee's RtWP. There is a 'full' version, which belongs to an employee, detailing all the obstacles that were discussed with a case manager as well as the agreed recommendations. However, employees can choose whether to share each obstacle individually with either their GP or their employer, thus producing different RtWPs. Employees can then choose whether to share the resultant RtWPs with their employer and/or GP. The RtWP is written in a neutral way, so it indicates that an employee's employer may wish to consider an action to facilitate their employee's return to work, rather than stating they must take action. There is also an RtWP summary which operates as a fit note, and can be passed on to an employer for this purpose. It details whether or not an individual is fit for work, details some of the suggested adjustments or recommendations, and sets an anticipated date of returning to work.

1.2.5 Discharge from the service

After an RtWP is issued, all employees who are not receiving ongoing case management are discharged from the service. However, if it emerges that an individual has not returned to work, they may re-enter the service if it is still within the three-month period. All employees are discharged once they have been with the service for three months, regardless of ongoing issues.

In **England and Wales**, if a case involves a one-touch assessment, the individual will receive a number of emails or texts from the service: one between assessment and return to work date, one the day before the return to work date, and one the day after. Messages check whether individuals are on track to return to work, and if not suggest they get back in touch with the service. If no further contact is received, individuals are discharged from the service two weeks after the agreed return to work date. If a case is being case managed, the end process would work the same, once a return to work date was agreed following further contact.

Similarly in **Scotland**, a non-complex case would be closed on the day the RtWP was produced, but a case would be formally discharged two weeks after the return to work date. At that point, an assistant case manager would make contact and go through a couple of discharge questions, as well as the customer satisfaction questions. NHS24, a health board in Scotland, is then updated about the status of the case.

1.2.6 Fit for Work: Advice

Alongside the Fit for Work assessment service, both HML and the Scottish Government are contracted to deliver an advice service, available to anyone, not just employees or employers, again primarily via telephony but also involving web chat and email methods. In England and Wales, the advice service has been live since December 2014. The HML telephone line operates between 8.30am and 6.00pm from Monday to Friday. The web chat facility operates between 8.30am and 6.00pm from Monday to Friday and allows individuals to ask questions and get advice live from an advisor via the Fit for Work website. Questions also arrive via email, which are normally answered that day but users may receive a response within two days.

In Scotland, the situation is somewhat different, as NHS Health Scotland has been running Healthy Working Lives[21] since 2006, and has used this model for the Fit for Work Scotland advice line. Therefore, the service has been amalgamated into the pre-existing systems.

1.3 Evaluation aims

The aim of this evaluation was to determine whether the new Fit for Work service had been implemented as designed, and whether the design was meeting the policy intent to reduce the incidence and length of long-term sickness absence or avoidable job loss. The evaluation was effectively in two parts.

The first part involved examining the introduction and development of the service and the identification of effective practice and barriers to success. This process evaluation sought to gather evidence to:

- Provide early insights into how the service was set up and operated;
- Examine whether the service was implemented as intended; whether it was reaching its target audience; whether the consent-based referral process was working as intended; and to identify any barriers to take-up and any unmet needs;
- Examine the perceived value of both the Advice service and the Assessment service; and
- Be able to compare variation in the delivery of the service at national level (i.e. between England and Wales, and Scotland).

The second part of the evaluation was an examination of whether it was possible to assess the long-term impact of the service. This feasibility study is detailed in a separate report and published alongside this evaluation.

[21] Healthy Working Lives offers a range of services to help organisations and their employees, create healthier and more productive workplaces: http://www.healthyworkinglives.com/

1.4 Overview of evaluation methodology

This report draws together data collected from a mixed methods research programme over the period of 2015 to 2017. The methods included:

- **An analysis of management information** for both England and Wales, and Scotland, of employees referred to and discharged from the Fit for Work service between October 2015 and December 2016. As this analysis did not cover the whole period of the service, findings could differ from the overall management information. In some instances due to small sample sizes, apparent differences between groups (e.g. between countries) may not be statistically significant and therefore should be viewed with caution.
- **Seventy-two qualitative depth interviews**: 30 interviews with employees discharged before September 2015, 14 interviews with GPs who had referred into the service before September 2015, 13 interviews with non-referring GPs and 15 interviews with employers who had either referred into the service or received an RtWP up to December 2015. Employee interviews in Scotland were conducted in November and December 2015. Employee interviews in England and Wales were conducted in January and February 2016. Employers were interviewed in January and February 2016. Scottish GPs were interviewed in November and December 2015 and those in England and Wales in March 2016.
- **Surveys of employers and employees**
  - A telephone survey of 504 employers that had had contact with the service, either because they had made a referral or one of their employees had been referred. Interviews were conducted in September 2016 with employers using the service between July 2015 and May 2016. The adjusted response rate was 53 per cent.
  - A telephone survey of 1,045 employees that had been discharged from the service since January 2016. The fieldwork started in March 2016 and continued until August 2016. On average, respondents were contacted between one and two months after they were discharged from the service. An adjusted response rate of 38 per cent was achieved.
  - A second wave survey of eligible employees (those who received an assessment and who gave permission to be re-contacted for further research) around eight to ten months after they were first discharged. The achieved sample was 492 interviews, giving an adjusted response rate of 64 per cent.[22] The data was weighted in order to adjust for minor differences in the characteristics of respondents between the two Waves. The weighting design included demographic characteristics (age, gender and ethnicity) as well as attitudinal variables. As a result, the data was weighted for differences between Wave One and Wave Two according to respondents' views on how Fit for Work influenced their speed of returning to work. Weighting for attitudinal variables accounts for the fact that both experiences and views will influence responses as well as personal characteristics.

Full details of the evaluation methodology, achieved sample profiles and weighting strategies, are in the Appendix 10.1.

[22] The Wave One survey sampled all employees regardless of whether or not they had an assessment, whilst the Wave Two survey only followed up employees who recalled receiving an assessment at Wave One. Although the Wave Two survey is weighted, there are likely to be a number of unobservable differences limiting the comparability of the two surveys.

1.5 This report

1.5.1 Reporting conventions

This report should be read alongside the Fit for Work Process Evaluation: Technical Annex publication. Tables containing headline findings are presented throughout this report, but where there are statistically significant differences between results for different groups (e.g. by employee age), then these more detailed tables can be found in the Technical Annex. The structure of the data tables in the Technical Annex follows that of this report, and data tables detailing all the findings can be found in the corresponding section of the Technical Annex.

The data presented in the tables is weighted, and unweighted bases are given underneath each table. There are instances, therefore, where the 'Total' value in the tables differs to the N value given in the base, because weighting has been applied to the survey data to ensure its representativeness.

The totals presented in the tables relating to the same question are consistent between those tables. Where there are missing data for cross-breaks then the total given for all respondents may mean that the data within the table do not sum. For example, if some respondents did not declare their ethnicity, but answered the question, their responses would be reported in the total, but not for responses by ethnicity.

Where the data presented in the base of the table (i.e. the number of responses included) has less than 100 cases this is indicated with an asterisk (*) and results should be treated with caution. Results are not reported where the table base is less than 25 cases, and percentages based on 25-49 unweighted cases (column or row bases as applicable) are presented in square brackets. Throughout this report all relationships reported have been tested at the five per cent significance level. Only differences that are statistically significant are reported in the text, except where it is notable that the survey has not identified a statistically significant relationship between two variables. In these instances relationships that are not statistically significant are noted in the text and data tables are not presented.

The percentages contained in the tables presented in this report are rounded. This can affect where combined summary figures are given in the text and they may not sum due to rounding (e.g. 'Agree' as a summary of combined 'Strongly Agree' and 'Agree' responses).

Responses giving 'don't know' have been excluded from tables where it is in response to a question seeking an attitudinal answer. Where they indicate a respondent's lack of awareness or certainty about a categorical issue, 'don't know' responses have been included.

In some instances where very low numbers of individual responses to a specific category represent a theoretical risk of disclosure, steps have been taken to guard against this by combining two or more categories together and applying a disclosure control process based on Office for National Statistics (ONS) guidance for tables produced from administrative sources and surveys.[23] Where a cell size is one or two, and in instances where the distribution of zeros in a table present a risk of disclosure, e.g. where all categories in a column/row except one contain zeros then the reader

[23] https://gss.civilservice.gov.uk/wp-content/uploads/2014/11/Guidance-for-tables-produced-from-surveys.pdf https://gss.civilservice.gov.uk/wp-content/uploads/2014/11/Guidance-for-tables-produced-from-administrative-sources.pdf

would know that all members of a particular group belong to that category, then measures have been taken to hide that information. In data tables where there is a risk of disclosure, rounding has been applied to the nearest 10 (i.e. 0 or 10) for all count cells in the table. Percentages are preserved at their actual values. The affected tables are marked to highlight that rounding has been applied.

Data tables presenting management information provide the total for the number of cases, with a description of the coverage of the data in the source. Where there are substantial numbers of cases with missing data, these are noted and it should be taken into account when interpreting the figures.

Logistic regression, also known as a logit model, has been used to investigate which factors were associated with certain outcomes in the Fit for Work journey. This statistical technique is used where there is a binary outcome, such as receiving an assessment or not receiving an assessment, and where there are two or more factors of interest, such as health condition, age or gender. Since the outcome is likely to be influenced by several factors at the same time (such as health conditions, age or gender), we build a series of models using combinations of the variables of interest to identify which factors or combinations of factors best account for the observed outcomes, such as whether service users with certain characteristics were more or less likely to receive an assessment.

Results from logistic regressions have been presented using odds ratios to describe the likelihood of an outcome occurring. For example, when comparing two groups of Fit for Work service users, one group may be 2.5 times more likely to have received an RtWP than another group. Where odds ratios have a value that is lower than one, these have been described in terms of an outcome being less likely to occur. For example, if group A is 0.5 times as likely to have experienced an outcome as group B, then it would be stated that group A was 2 times less likely to experience an outcome than group B.

The following definitions have been used when referring to the size of employers:

- Very large employer – 500 or more employees;
- Large employer – 250 or more employees;
- Medium-sized employer – 50-249 employees; and
- Small employer – less than 50 employees.

1.5.2 Report structure

This report is structured following the Fit for Work process before focusing on the outcomes of the service and its added value. The report is accompanied by a Technical Annex which contains data tables for all the data presented in this report, and the research tools. Key tables, however, are contained within the main report:

- Chapter 2 presents findings from the employer and employee surveys about their attitudes to work and sickness absence
- Chapter 3 presents the evidence about awareness and understanding of the service among employers and GPs, and explores referrals to the service, including the process of gaining consent to refer
- Chapter 4 details the findings about the occupational health assessment, including the assessment coverage and findings, and employer contact with case managers
- Chapter 5 covers the employee and employer experience of the RtWP, including the recommendations contained in the RtWPs and whether or not they are implemented and the reasons for this

- Chapter 6 examines the reasons employees are discharged from the service, and what affects drop-out, both prior to receiving an assessment and afterwards
- Chapter 7 reports on the outcomes of the Fit for Work service, such as employees returning to work, retention in employment and changes to health and well-being
- Chapter 8 looks at employer and employee perceptions of the added value of the service, and their suggestions for its improvement
- Chapter 9 presents data gathered about the Fit for Work advisory services
- Chapter 10 synthesises the evidence against the evaluation aims and presents some conclusions
- The detailed methodology is contained in Chapter 11.

2 Attitudes to work and sickness absence

Chapter summary

- Employees referred by their employer were more likely to have been satisfied with work (74 per cent) than those referred by their General Practitioner (GP) (63 per cent).
- Twenty-two per cent of employees reported that their health condition was caused by work, and 47 per cent of employees reported that their condition was made worse by work. Employees referred by their GP were more likely to report that their health condition was caused by work (30 per cent) than employees referred by their employer (19 per cent).
- Employees who had returned to work were more likely to report that their health condition was unrelated to work (41 per cent) compared to employees who were still off work (33 per cent).
- Employees with mental health conditions (33 per cent) were more likely than those with musculoskeletal conditions (23 per cent) and other health conditions (seven per cent) to report that their health condition was caused by work. Employees with mental health conditions were also more likely to report that their health condition was made worse by work (56 per cent) compared to employees with musculoskeletal conditions (49 per cent) or other health conditions (36 per cent).
- Most employers (86 per cent) agreed that long-term sick leave was well-managed in their organisation. Most employers (68 per cent) disagreed that the level of long-term sickness absence in their organisation was high.
- Those who had been referred by their employer were more likely than those who had been referred by their GP to have felt confident prior to contact with the service about returning to their job (48 per cent compared 38 per cent).
- Employees who dropped out before assessment were more likely to feel very confident before they had contact with the service about returning to their job, than those who had received an assessment (37 per cent compared to 19 per cent).
- Before their first contact with the service, employees with mental health conditions (50 per cent) were more likely to have felt unconfident about returning to work, than those with musculoskeletal or other health conditions (37 per cent and 31 per cent respectively).

This chapter presents the evidence about employee attitudes to work and sickness absence, and employer views of sickness absence, before discussing employee confidence at returning to work.

2.1 Employee attitudes to work and sickness absence

Surveyed employees at Wave One (survey took place two months after they were discharged from the service) were asked a series of questions to ascertain their attitudes towards work, their perceptions of the extent to which work caused or contributed to their health condition and their attitude towards a range of issues while they were absent from work. Table 2.1 shows that 71 per cent of respondents were satisfied with their job before they went on sick leave. There were some differences in satisfaction levels between groups of employees:

- Employees referred by their employer were more likely to be satisfied in their work (74 per cent) than those referred by their GP (63 per cent) (Table 2.1).
- Employees with musculoskeletal and other health conditions were more likely (84 and 78 per cent respectively) to be satisfied in their work than employees with a mental health condition (51 per cent) (see TA Table 2.1 in Technical Annex).
- Employees aged 55 and over were more likely to be satisfied in their work (81 per cent) than employees aged 35-54 (71 per cent) or under 35 (62 per cent) (see TA Table 2.2 in Technical Annex).

Table 2.1 Taking everything into consideration, how satisfied were you with the job you were doing before you went on sick leave? By referral route (Weighted data)

Categories	GP		Employer		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Satisfied	166	*63*	553	*74*	743	*71*
Neither satisfied nor dissatisfied	26	*10*	79	*11*	107	*10*
Dissatisfied	71	*27*	118	*16*	193	*19*
Total	263	*100*	750	*100*	1,043	*100*

Base: All respondents reporting referral route. 'Don't know' excluded (N=1,013). All respondents reporting whether or not they were satisfied in their job before they went on sick leave (N=1,043). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

All employees were asked whether the health condition(s) they had when they had contact with Fit for Work was either caused by or made worse by work. The question was multiple response as respondents were asked about each health condition they sought help with if they had more than one health condition when they first used the service. Twenty-two per cent of employees reported that their health condition was caused by work, whilst 47 per cent of employees reported that their condition was made worse by work (see TA Table 2.3 in Technical Annex). There were some statistically significant differences between groups described below.

- Employees referred by their GP were more likely to report that their health condition was caused by work (30 per cent) than employees referred by their employer (19 per cent) (see TA Table 2.3 in Technical Annex).

- Employees with mental health conditions (33 per cent) were more likely than those with musculoskeletal conditions (23 per cent) and other health conditions (seven per cent) to report that their health condition was caused by work. Employees with mental health conditions were also more likely to report that their health condition was made worse by work (56 per cent) compared to employees with musculoskeletal conditions (49 per cent) or other health conditions (36 per cent) (see TA Table 2.4 in Technical Annex).
- People aged 55 or over were more likely (44 per cent) than those aged under 35 (34 per cent) to report that their health condition was not caused or made worse by work (see TA Table 2.5 in Technical Annex).
- Employees who had not had an assessment (46 per cent) were more likely than employees who had had an assessment (36 per cent) to say that their health condition when they had contact with the service was neither caused by nor made worse by work (see TA Table 2.8 in Technical Annex).
- Employees who had returned to work were more likely to report that their health condition was unrelated to work (41 per cent) compared to employees who were still off work (33 per cent) (see TA Table 2.9 in Technical Annex).

Employees were asked the extent to which they were concerned about a number of things while they were on sick leave. Employees were most concerned about loss of pay whilst on sick leave (72 per cent) followed by loss of their job (64 per cent). Forty-four per cent of employees were unconcerned about how they would be treated by colleagues when they went back to work, whilst 40 per cent were unconcerned about the effect on their employer's business (Table 2.2).

Table 2.2 How concerned were or are you about these things while on sickness absence? (Weighted data)

Categories	Very concerned		Fairly concerned		Neither concerned nor unconcerned		Fairly unconcerned		Very unconcerned		All	
	N	*Row %*	N	*Row %*	N	*Row %*	N	*Row %*	N	*Row %*	N	*Row %*
Loss of pay	543	*52*	207	*20*	66	*6*	110	*11*	110	*11*	1,036	*100*
Loss of job	451	*44*	209	*20*	90	*9*	135	*13*	150	*14*	1,035	*100*
Worry about your boss's reaction	342	*33*	219	*21*	118	*12*	162	*16*	186	*18*	1,027	*100*
Extra burden on colleagues	315	*31*	284	*28*	151	*15*	140	*13*	141	*13*	1,031	*100*
Effect on employer's business	183	*18*	216	*21*	216	*21*	196	*19*	214	*21*	1,025	*100*
How you would be treated by colleagues when you went back to work	224	*22*	198	*20*	144	*14*	179	*17*	269	*27*	1,014	*100*

Base: 'Don't know' responses have been excluded. All respondents giving loss of pay (N=1,037); All respondents giving loss of job (N=1,035). All respondents stating concern about boss's reaction (N=1,028). All respondents giving extra burden on colleagues (N=1,030). All respondents giving effect on employer's business (N=1,025). All respondents giving how you would be treated by colleagues when you went back to work (N=1,014). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

2.1.1 Employer views of sickness absence

Surveyed employers were asked for their views about long-term sickness absence, defined as four weeks or more, in their organisation; first, regarding the level of long-term sickness absence and second for their views about whether long-term sick leave was well-managed within their organisation. These measures of the perceptions of culture have been used alongside employer demographics to analyse results of the employer survey and to test for differences in responses between employer groups.

Most employers (87 per cent) agreed that long-term sick leave was well-managed in their organisation. Most employers (71 per cent) disagreed that the level of long-term sickness absence in their organisation was high (Table 2.3).

- Large employers with 250 or more employees were more likely to agree or strongly agree (28 per cent) that the level of long-term sick leave was high within their organisation (compared to ten per cent of employers with less than 50 employees and ten per cent of employers with 50-249 employees) (see TA Table 2.27 in Technical Annex).
- Employers with an occupational health service (either in-house or contracted out) were more likely to agree that long-term sick leave was well-managed within the organisation (90 per cent) than employers that did not have access to an occupational health service (84 per cent) (see TA Table 2.28 in Technical Annex).

Table 2.3 To what extent do you agree with the following statements? (Weighted data)

Categories	The level of long-term sick leave is high within the organisation		Long-term sick leave is well-managed within the organisation	
	N	*Col %*	N	*Col %*
Strongly agree	19	*4*	173	*35*
Agree	64	*13*	258	*52*
Neither agree nor disagree	60	*12*	40	*8*
Disagree	210	*43*	18	*4*
Strongly disagree	133	*27*	5	*1*
Total	486	*100*	494	*100*

Base: All respondents replying 'don't know' excluded, (N=486 and 494). Unweighted.

Source: Fit for Work evaluation employer survey.

2.1.2 Employee confidence at returning to work

Respondents to the Wave One employee survey were asked to reflect how confident they had felt before they had contact with the service that they would be able to return to the job they were doing at the time of referral to Fit for Work. Overall, 45 per cent of respondents felt confident that they would be able to return to the job they were in at the time of referral to the service. Thirty-nine per cent felt unconfident about returning to their job (see TA Table 2.30 in the Technical Annex).

- Those who had been referred by their employer were more likely than those who had been referred by their GP to have felt confident prior to contact with the service about returning to their job (48 per cent compared to 38 per cent) (see TA Table 2.30 in the Technical Annex).
- Employees who dropped out before assessment were more likely to feel very confident before they had contact with the service about returning to their job, than those who had received an assessment (37 per cent compared to 19 per cent) (see TA Table 2.31 in the Technical Annex).
- Employees who had not returned to work at the time of the survey were more likely to have been unconfident about their ability to return to their old position before engaging with the service (49 per cent) compared to those who were back in work at the time of the survey (34 per cent) (see TA Table 2.32 in the Technical Annex).
- Before their first contact with the service, those with mental health conditions were more likely to have felt unconfident about returning to work (50 per cent), than those with musculoskeletal or other health conditions (37 per cent and 31 per cent respectively) (see TA Table 2.33 in the Technical Annex).

Overall, employees were more confident they would be able to return to work in general, than returning to the job they had when they started their period of sickness absence in particular. Fifty-seven per cent of respondents reported that prior to engaging with the service they were confident they would be able to return to some kind of employment, whether with their own employer or elsewhere (see TA Table 2.34 in the Technical Annex).

- Employees who had not received an assessment were more likely to feel very confident about returning to any job (40 per cent), than employees who had received an assessment (28 per cent) (see TA Table 2.36 in the Technical Annex).
- When examined by health condition, those respondents with musculoskeletal conditions were more likely to feel confident about a return to any type of job before they had contact with the service (61 per cent), in comparison to employees with mental health conditions (52 per cent) (see TA Table 2.39 in the Technical Annex).

3 Awareness, understanding and referral

Chapter summary

- Between October 2015 and December 2016, 8,486 referrals were made and discharged to the service in England and Wales. In Scotland there were 1,017 employees referred and discharged in the same time period.
- In England and Wales, in every quarter between October 2015 and December 2016 employers consistently made more referrals than General Practitioners (GPs), referring two-thirds (67 per cent) of all employees during this time.
- Qualitative research with GPs in the first year of delivery showed that referring GPs were often engaged with occupational health issues and were 'early adopters'. More widely, GP awareness of the service was relatively low.
- GP understanding of the service's scope and delivery model was variable. Some GPs believed the service would offer things it would not, such as advocacy and mediation or faster referrals to physiotherapy or counselling.
- Marketing the service via occupational health and human resource departments and services tended to mean engaging with larger organisations. Organisations with 250 employees or more were more likely to have heard about Fit for Work via these routes (43 per cent) than organisations with 50-249 employees (29 per cent) and less than 50 employees (24 per cent).
- Where data was recorded,[24] in England and Wales the management information showed that just over a third (36 per cent) of referred employees had access to occupational health services via their employer. Missing data may be masking the true extent of access to occupational health service among service users. The employee surveys found around half 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 had access to occupational health services, with employers with 250 or more employees more likely (69 per cent) than those with 50-249 employees (40 per cent) or less than 50 employees (22 per cent) to have access to occupational health services.
- Most employees worked for very large employers with 500 or more employees (50 per cent in England and Wales, 58 per cent in Scotland).
- Employees who were referred by their GP were more likely to feel better informed about the service than those referred by their employer.
- Qualitative interviews with employees highlighted that the service was attractive because it was independent, delivered by qualified professionals and emphasised a faster return to work.
- Employers reported the most common reason they referred into the service was to help speed up and support an employee's return to work (50 per cent), followed by the fact the service was free at point of use (24 per cent). Qualitative evidence suggested that employers welcomed the 'clout' of an independent service, an independent appraisal of fitness for work, evidence for health and safety concerns and more up-to-date, in-depth guidance than a fit note.

[24] It was missing for 40 per cent of cases in England and Wales and 60 per cent in Scotland.

- Employers were happy with the referral system, describing it as simple and easy to use. Scottish GPs were also satisfied, as they could use their existing referral platform. GPs in England and Wales (who had to use the online portal) felt it was too complex, time-consuming and frustrating. GPs reported this was a barrier to further referral.
- Most employers (82 per cent) reported that their employee was happy to consent to referral. Employee agreement was lower, where 66 per cent felt they had choice in their referral, although the surveys are not directly comparable.

This chapter presents the evidence about awareness and understanding of the service among employers and GPs, and explores referrals to the service, including the process of gaining consent to refer.

3.1 Awareness and understanding

Service providers were responsible for generating referrals and developing the awareness and understanding of GPs and employers sufficiently to create referrals of eligible individuals to the Fit for Work service. The service does not take self-referrals so the service was not directly marketed to employees. Consequently employees tended to be reliant on information provided at the point of referral by either their GP or employer to form their understanding of the service and its offer.

3.1.1 GP awareness and understanding

Qualitative research with GPs that referred to the service found that a number of them were 'early adopters', making referrals from the outset as they had had previous involvement with the Fit for Work Service pilots. However, there were other diverse means whereby GPs had found out about the service. These included:

- A clinical commissioning group master class;
- A Local Medical Council meeting;
- Magazine articles;
- Information from practice managers;
- Fliers/cards given out to practices;
- Presentations from Fit for Work ambassadors; and
- Through weekly (email) practice distribution lists. However, it is worth noting that some GPs felt that email was an ineffective means of communication, as messages were likely to be buried in the high volumes of email traffic that they receive.

Very few GPs had had the service discussed with them in any formal capacity, such as at a practice meeting. Whilst some GPs said that their managers briefly *mentioned* the service to them, there appeared to be little formal communication. Furthermore, GPs believed that their colleagues shared their lack of understanding about the remit of the service. One GP mentioned that a way to increase GP awareness and take up of the service would be to highlight that the service is a way of helping GPs to relieve their workloads, which would be welcomed given their time constraints:

> *'The way to win over a GP is to tell them that something will help them, that it will reduce their workload, if Fit for Work does that then I don't know why we haven't jumped on it.'*
>
> Non-referring GP

This lack of awareness among non-referring GPs corroborated the views of referring GPs who asserted that their peers would not be referring simply because they were not aware of the service, as these two referring GPs commented:

> *'It's not well publicised, it's very poorly publicised. If you want to get GPs informed about it you need to inform them. The easy thing to do is to send bulk emails… but you're better off going into practice… if you try to roll things out with emails, people don't have time to read half their emails properly.'*
>
> Referring GP
>
> *'Despite trying to publicise and make the process as easy as possible, it's quite hard to facilitate change, so some GPs won't have remembered or taken the steps to put the referral website on their favourites on their computer… sometimes [they are] just too busy to even consider it.'*
>
> Referring GP

In England and Wales, many of the referring GPs interviewed had a good understanding of the service's remit (i.e. participants had to be employed and on, or at risk of entering, long-term sick leave). However, there was some confusion around eligibility criteria, particularly, but not exclusively, if GPs had been involved with the Fit for Work Service pilots. A number believed that the service was open to self-employed and unemployed people. Conversely, one GP believed that employees were ineligible if they already had access to occupational health at work.

In Scotland, understanding of the service was less clear due to the numerous and well-established vocational rehabilitation and occupational health advice services which predate Fit for Work Scotland. It should be noted that GPs in Scotland were interviewed at an earlier phase of service roll-out, so these findings should not be directly compared.

GPs explained that the service was most appropriate for patients with musculoskeletal problems requiring physiotherapy. Poor, slow access to services was often cited as a key driver behind referrals, as GPs falsely believed the service would fast-track patients' access. To a lesser degree, GPs also saw the service as appropriate for patients with low-level mental health problems, with some again mentioning the wrongly-believed potential for faster access to external services (e.g. talking therapies) as a motivating factor. This misunderstanding of the remit of the service if communicated to employees may misalign their expectations with the realities of service delivery.

3.1.2 Employer awareness and understanding

The survey with employers found that they had heard about the Fit for Work service from a range of sources, including via legal teams, from employees, and colleagues. Most had heard about the service via occupational health, human resources departments or providers (34 per cent). Thirteen per cent of employers had heard about the service from training courses or other external events, a further 12 per cent had found out about it from their own research, and 11 per cent of employers had heard about the service via emails or online marketing directly from the service providers. The sources of awareness cited by more than five per cent of employers are shown in Table 3.1.

Table 3.1 How did you first hear about Fit for Work? (Weighted data)

Multiple responses included		
Categories	*%*	*% of employers*
Via occupational health, human resources or HR services/departments or providers	*30*	*34*
Training courses, conferences or other external events	*11*	*13*
My/our own research	*10*	*12*
Emails and/or online marketing from Fit for Work/Fit for Work Scotland	*9*	*11*
General media including news/radio/TV	*8*	*9*
Other	*7*	*8*
Base		504

Base: All respondents (N=504). Unweighted.

Source: Fit for Work evaluation employer survey.

There were some statistically significant differences in how employers had heard about Fit for Work between employers of different sizes.

- Employers with 250 or more employees were more likely than employers with less than 50 or 50-249 employees to have heard about Fit for Work via occupational health, or human resources departments or services (43 per cent, compared to 24 per cent and 29 per cent respectively) (Table 3.2).
- Employers with less than 50 employees and employers with 50-249 employees were more likely (19 per cent and 14 per cent respectively than employers with 250 or more employees (six per cent) to have found out about the service from their own research (Table 3.2).
- Emails and online marketing were most effective at raising awareness among medium-sized employers. Employers with 50-249 employees were more likely to have found out about the service from emails or online marketing from the service (17 per cent) compared to six per cent of employers with less than 50 employees and nine per cent of employers with 250 or more employees (Table 3.2).

Table 3.2 How did you first hear about Fit for Work? By size (Weighted data)

Multiple responses included				
Categories	Less than 50 employees	50-249 employees	250+ employees	All
	%	*%*	*%*	*%*
Via occupational health, human resources or HR services/departments or providers	*24*	*29*	*43*	*34*
Training courses, conferences or other external events	*6*	*13*	*18*	*13*
My/our own research	*19*	*14*	*6*	*12*
Emails and/or online marketing from Fit for Work/Fit for Work Scotland	*6*	*17*	*9*	*11*
General media including news/radio/ TV	*4*	*8*	*13*	*9*
Other sources	*19*	*12*	*5*	*7*
Base	131	150	212	504

Base: All employers who made a referral/had other contact (N=504). Unweighted.

Source: Fit for Work evaluation employer survey.

To ascertain employers' understanding of the service surveyed, employers were asked how well informed they felt about key aspects of the service: the eligibility criteria; the remit of the service; the referral process; and explaining the service to employees and asking them for consent to be referred. Overall, employers felt well informed about all of these aspects of the service. Employers felt most well informed about: who was eligible for the service (91 per cent); the referral process (90 per cent); and explaining the service to their employees and asking their consent to refer (93 per cent). Slightly fewer employers felt well informed about the remit of the service (84 per cent) (Table 3.3).

Table 3.3 How well informed do you feel about the following aspects of the service? (Weighted data)

Categories	Eligibility		Its remit		The referral process		Explaining it to employees and asking for their consent to refer	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Very well informed	243	*48*	173	*34*	249	*49*	285	*57*
Fairly well informed	216	*43*	250	*50*	206	*41*	185	*37*
Not very well informed	30	*6*	52	*10*	34	*7*	24	*5*
Not at all informed	7	*1*	14	*3*	12	*2*	7	*1*
Don't know	8	*2*	16	*3*	4	*1*	3	*1*
Total	504	*100*	504	*100*	504	*100*	504	*100*
Very/ fairly well informed	*460*	*91*	*423*	*84*	*455*	*90*	*470*	*93*
Not informed	*37*	*7*	*65*	*13*	*45*	*9*	*31*	*6*

Base: All respondents (N=504). Unweighted.

Source: Fit for Work evaluation employer survey.

3.1.3 Employee awareness and understanding

Discussions prior to referral offer the opportunity for referring GPs and employers to brief employees about the service, to develop their understanding and to set expectations. All employees surveyed were asked how well informed about the service they felt before they had contact with Fit for Work. More employees felt uninformed about the service before they had contact with it (24 per cent not very well informed and 32 per cent not at all well informed) than felt informed (15 per cent felt very well informed, and 29 per cent fairly well informed) (Table 3.4).

There were some indications of differences between employee experiences of being referred, highlighting differences in the ability of referrers to communicate the purpose of the service to them. Respondents that were referred to the service by their employer were more likely than those referred by their GP to feel not at all well informed (34 per cent compared to 26 per cent) (Table 3.4). By contrast, qualitative research with employees referred by their employers found that they generally felt that the employee had a reasonable handle on the aims of the service after their employer introduced it. However, those referred by a GP tended to feel that although informed about the broad scope of the service (e.g. it was something that could help them get back to work), the overview provided had been brief and the information quite general. Employees trusted both the advice and messenger, and so did not feel the need to

explore further or seek more information before agreeing to be referred. In only a couple of cases, employees explained that the way their GP described the service was not detailed enough to allow them to make a particularly informed decision about whether or not to participate.

Table 3.4 How well informed did you feel about the service before you had contact with Fit for Work? By referral route (Weighted data)

Categories	GP		Employer		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Very well informed	40	*15*	110	*15*	160	*15*
Fairly well informed	90	*32*	200	*27*	300	*29*
Not very well informed	70	*26*	180	*24*	250	*24*
Not at all well informed	70	*26*	260	*34*	340	*32*
Don't know	0	*0*	0	*1*	10	*1*
Total	260	*100*	750	*100*	1,050	*100*

Base: All respondents giving referral route (N=1,017). All respondents (N=1,045). Unweighted.

Notes: Disclosure control has been applied to this table.

Source: Fit for Work evaluation Wave One employee survey.

3.1.4 Reasons for using the service

The main stakeholders for the service, GPs, employers and employees were asked about their reasons for engaging with Fit for Work. Around half each of the employers and employees surveyed reported that they had contact with the service to support a return to work, but there were a range of other reasons for engaging with the service reported, for both employers and employees.

Many GPs described the service as well placed to step into situations where there was a discrepancy between GPs, employers and employees about an employee's ability to work and/or their employer's ability to enact changes, yet not enough time to 'dig down' into what was going on. The service could provide an external, independent appraisal of the situation (removing the burden of arbitration from GPs), and do so with substantially more time than allowed in a consultation.

> *'[I refer] when I'm fearful about their work environment, if they can't communicate with their boss about their illness… if I say you could work with some reasonable adaptations, you can tell by the look on their face that's never going to happen, or they don't have the skills to have that conversation; they're too frightened, too anxious or just don't feel able to have that conversation with their employer about their illness.'*
>
> Referring GP

All surveyed employers that had initiated a referral to Fit for Work were asked why they decided to use the service. One in two employers (50 per cent) wanted to use the service to help speed up and support an employee's return to work (see Table 3.5). However, unpacking this rather general objective for engagement through qualitative interviews with employers revealed that employers had particular takes on this broad objective:

- Some hoped the service's independent and UK Government backing would give the process more 'clout' that would 'gee up' employees back to work.
- Some were mistrustful and wanted an assessment of employees' 'real' levels of illness and/or capability to work.
- Some wanted advice as they were concerned about employees who were very keen to return to work but who had persistent health conditions which continued to exert a real and serious influence over their ability to work safely.
- Some wanted more in-depth, up-to-date guidance which a fit note could not provide, i.e. more detail on their employee's level of occupation competence; more detail about the actual problems their employees faced; and more detailed advice and guidance about health conditions and what workplace adjustments were needed.

The next most commonly cited reason for using the service by employers was because it is free to use (24 per cent of employers) (see Table 3.5). Employers with 50-249 employees or over 250 employees (26 per cent and 28 per cent) were more likely than employers with less than 50 employees to have decided to use it because it is a free service (14 per cent). In qualitative interviews employers explained that the costs of sourcing occupational health were prohibitive and so they were looking at ways of reducing their outgoings in this area, as one employer with more than 250 employees explained:

> *'We've had some quite high profile clients who have demanded occupational health referrals… As a consequence of that, a lot of individuals needed reasonable adjustments putting into place… it's a very expensive cost, when our margins are extremely low, to go to occupational health.'*
>
> Large employer (250+ employees)

Reasons for engaging with Fit for Work cited by more than five per cent of employer respondents are outlined in Table 3.5 below.

Table 3.5 Why did you decide to use Fit for Work? By size (Weighted data)

Multiple responses included				
Categories	Less than 50 employees	50-249 employees	250+ employees	All
	%	*%*	*%*	*%*
To speed up or support the employee to return to work	*53*	*51*	*47*	*50*
It is free to use	*14*	*26*	*28*	*24*
To have a medical professional assess the health condition of an employee	*19*	*17*	*16*	*17*
It's part of our policies/procedures	*8*	*5*	*14*	*10*
To try it out	*1*	*7*	*11*	*7*
To have an independent certification	*7*	*5*	*8*	*7*
Other reason	*3*	*4*	*5*	*15*
Base	130	148	209	498

Base: All employers that made a referral (N=498). Unweighted.

Source: Fit for Work evaluation employer survey.

There were further differences between employers' reasons for using the service by whether they had access to an occupational health service and by employers' views on whether long-term sickness absence was well-managed within their organisation. Employers with access to occupational health services were more likely than those without such access to say they used the service because it was free (29 per cent compared to 19 per cent) (see TA Table 3.3 in the Technical Annex). Employers with access to occupational health services were more likely to report that using the service was part of their policies and procedures than employers without such access (13 per cent compared to six per cent). Employers that agreed long-term sickness absence was well-managed within their organisation were more likely than those who disagreed this was the case to say they used the service because it was free (26 per cent compared to nine per cent) (see TA Table 3.4 in the Technical Annex). Taken together these findings illustrate that employers with more than 250 employees, with access to existing occupational health services, and where they perceive that sickness absence is well-managed within the organisation, were all more likely to use the service because it is free. This raises questions about the added value the service can provide in these instances, and the targeting of the service towards employees in those organisations without access to existing policies and services.

Employee survey respondents were asked for their reasons for having contact with Fit for Work. Respondents were able to give more than one reason and all of their answers were then coded. Most employees had contact with the service in order to look for support in returning to work (54 per cent) (Table 3.6). Qualitative interviews with employees also found an underlying motivation to engage centred on returning to work in a safe and sustainable manner: they were very keen to be back at work but felt that some adjustments were essential. To this end, the service was thought to have a number of prominent, attractive factors:

- Independence;
- Informed professional occupational health advice; and
- Faster return to work and/or support services.

The 'formal' nature of the service was highly appealing. Employees felt that having a referral meant having *'a professional perspective on the situation',* with the assumption that employers would need to listen to advice. The fact that the service was provided by an external third party was a particular selling point.

Some also felt the process would help speed up their return to work. Sometimes this simply meant having a medical report stating they were fit for work to convince their employer of the fact and allow them to re-enter the workplace. Alternatively, others felt engaging would provide quicker access to health services, or open up channels of communication between themselves and their employer which had been limited during their absence from work, as one employee described:

> *'It was worth giving a go. The more support I could get the better and the better informed my boss could be the better for both of us… I thought it would help me to mediate with my employer at a time when I was very vulnerable and very unsure of what the right thing to do was and also [to] help to protect my employment rights within that… but I also wanted to have a dialogue with my employer and be supported in that.'*
>
> Employee, Mental Health Condition

As shown in Table 3.6, over half of employees said they used the service because they were asked to by either their employer or GP (39 per cent and 14 per cent respectively). Employee experience of giving consent in the referral process is discussed in Section 3.2.5.

Table 3.6 What were your reasons for having contact with the service? (Weighted data)

Multiple responses included	
Categories	%
Looking for support in returning to work	*54*
Because you were asked to by your employer	*39*
Looking for support with health conditions	*15*
Because you were asked to by your GP	*14*
Base	1,045

Base: All respondents (N=1,045). Unweighted

Source: Fit for Work evaluation Wave One employee survey.

3.2 Referrals

3.2.1 Number of referrals

The management information contains details of all employees who were referred to and discharged from the service between October 2015 and December 2016. In total in England and Wales there were 8,486 referrals made to the service (who were discharged in the same time period), and in Scotland there were 1,017 referrals.

In England and Wales there were typically around 650 referrals each month of individuals who were then discharged from the service before December 2016. The number of monthly referrals has remained relatively stable throughout the delivery period of the service. The lower numbers from October through to December 2016 were due to individuals still being engaged with the service by the end of December 2016. In Scotland, the number of monthly referrals also discharged during the period October 2015 – December 2016 was more varied, from 45 to 105 per month (see Table 3.7).

Table 3.7 Referrals by month, discharged October 2015 – December 2016 (By nation)

Categories	England and Wales	Scotland
October 2015	730	64
November 2015	702	61
December 2015	583	67
January 2016	621	55
February 2016	636	45
March 2016	609	61
April 2016	672	105
May 2016	610	77
June 2016	653	68
July 2016	652	83
August 2016	645	103
September 2016	651	67
October 2016	348	71
November 2016	280	56
December 2016	94	34
Total	8,486	1,017

Source: English and Welsh management information, Scottish management information, clients referred and discharged October 2015 – December 2016.

In England and Wales, in every quarter between October 2015 and December 2016 employers consistently made more referrals than GPs, referring two-thirds (67 per cent) of all employees during this time. However, over the delivery period, the total number of referrals from GPs made each quarter declined, as did the share of total referrals made by GPs which declined (from 46 per cent to 25 per cent). Conversely

the number of referrals from employers increased on a quarterly basis, and the proportion of referrals from employers rose (from 54 per cent in the first quarter to 75 per cent in the final quarter). For figures see Table 3.8.

In Scotland, the number of referrals of individuals who were also discharged between October 2015 and December 2016 was more balanced between employers and GPs, with employers generating 56 per cent and GPs 44 per cent (see Table 3.9). There appeared to be a similar trend to England and Wales with a decreasing proportion of referrals from GPs over the lifetime of service delivery and an increase in the proportion of referrals from employers.

Table 3.8 Referral origin – Referrals by quarter, England and Wales

Categories	Q1: Oct-Dec 2015		Q2: Jan-Mar 2016		Q3: Apr-Jun 2016		Q4: Jul-Sep 2016		Q5: Oct-Dec 2016		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Employer	1,088	*54*	1,232	*66*	1,358	*70*	1,445	*74*	543	*75*	5,666	*67*
GP	927	*46*	634	*34*	577	*30*	503	*26*	179	*25*	2,820	*33*
Total	2,015	*100*	1,866	*100*	1,935	*100*	1,948	*100*	722	*100*	8,486	*100*

Source: English and Welsh management information, clients referred and discharged October 2015 – December 2016.

Table 3.9 Referral origin – Referrals by quarter, Scotland

Categories	Q1: Oct-Dec 2015		Q2: Jan-Mar 2016		Q3: Apr-Jun 2016		Q4: Jul-Sep 2016		Q5: Oct-Dec 2016		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Employer	94	*49*	89	*55*	114	*46*	162	*64*	108	*67*	567	*56*
GP	98	*51*	72	*45*	136	*54*	91	*36*	53	*33*	450	*44*
Total	192	*100*	161	*100*	250	*100*	253	*100*	161	*100*	1,017	*100*

Source: Scottish management information, clients referred and discharged October 2015 – December 2016.

All employee survey respondents were asked who referred them to the service; their GP or their employer. There were a number of statistically significant differences between responses, indicating differences in the types of employees GPs and employers referred into the service. This illustrates the importance of using both referral channels in order to reach the widest possible eligible population.

- Employees from England and Wales were more likely to be referred by their employer (73 per cent) than those from Scotland (61 per cent) (see TA Table 3.6 in the Technical Annex).
- Employees who had returned to work were more likely to be referred by their employer than those who were not yet back at work (74 per cent compared to 68 per cent) (see TA Table 3.7 in the Technical Annex).
- People with mental health conditions were more likely to be referred by their GP (39 per cent) than people with other health conditions (17 per cent) or musculoskeletal conditions (20 per cent) (see TA Table 3.8 in the Technical Annex).

- Employees in managerial and professional occupations were more likely to be referred by their GP (31 per cent) than employees in sales, process and elementary occupations (22 per cent). Conversely, employees in sales, process and elementary occupations were more likely to be referred by their employer (78 per cent) than employees in managerial and professional occupations (69 per cent) (see TA Table 3.9 in the Technical Annex).

Data from the employer survey captured the extent of repeat referrals from employers as employers that had made a referral were asked how many referrals they had made. This indicated that while six in ten employers (58 per cent) had made just one referral to the service, there were many repeat referrals to the service, with 23 per cent of employers having made three or more referrals (Table 3.10). The highest number of referrals from an individual employer totalled 35. Employers with access to an occupational health service (29 per cent) were more likely than those without access to such services (17 per cent) to have made three or more referrals to Fit for Work (Table 3.11).

Table 3.10 How many referrals to the service have you made? (Weighted data)

Categories	N	*Col %*
1	290	*58*
2	90	*18*
3+	120	*23*
Don't know	0	*0*
Total	500	*100*

Base: All respondents referring an employee to the service (N=498). Unweighted.

Notes: Disclosure control has been applied to this table.

Source: Fit for Work evaluation employer survey.

Table 3.11 How many referrals to the service have you made? By whether have an occupational health service (Weighted data)

Categories	Has OH service		No OH service		All	
	N	*Col %*	N	*Col %*	N	*Col %*
1	120	*51*	170	*66*	290	*58*
2	50	*17*	40	*17*	90	*18*
3+	70	*29*	40	*17*	120	*23*
Don't know	0	*1*	0	*0*	0	*0*
Total	240	*100*	250	*100*	500	*100*

Base: All respondents referring an employee to the service and reporting whether they have access to an occupational health service, (N=490). All respondents referring an employee to the service (N=498). Unweighted.

Notes: Disclosure control has been applied to this table.

Source: Fit for Work evaluation employer survey.

The majority of referrals in England and Wales were from England (90 per cent), with the proportion remaining relatively constant on a quarterly basis between October 2015 and December 2016 (Table 3.12). There were no statistically significant differences in the level of referrals between the nations over time.

Table 3.12 UK nations – Referrals by quarter

Categories	Q1: Oct-Dec 2015		Q2: Jan-Mar 2016		Q3: Apr-Jun 2016		Q4: Jul-Sep 2016		Q5: Oct-Dec 2016		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
England	1,693	*89*	1,595	*90*	1,667	*91*	1,695	*91*	639	*92*	7,289	*90*
Wales	206	*11*	174	*10*	166	*9*	175	*9*	59	*8*	780	*10*
Total	1,899	*100*	1,769	*100*	1,833	*100*	1,870	*100*	698	*100*	8,069	*100*

Source: English and Welsh management information, clients referred and discharged October 2015 – December 2016.

3.2.2 Profile of referrals

The management information collects the demographic characteristics of employees, and some basic details about their employer. While there were some differences noted above in trends over time between employer and GP referrals, and referral patterns between regions, the proportion of employees referred on a quarterly basis by demographic characteristics such as gender, age, ethnicity and health condition did not fluctuate over time and therefore data are reported below for the whole time period. Similarly, the sector and size profile of organisations that referred employees worked for also showed little change between the quarters.

Age

The most dominant age group referred in England and Wales were those aged 35-54, with a total of 4,149 referrals, representing 49 per cent of total referrals between October 2015 and December 2016. There was a similar picture in Scotland, with those aged 35-54 also representing 49 per cent of total referrals between October 2015 and December 2016. In Scotland the service had referrals from more employees in the 16-34 age group than in England and Wales (29 per cent compared to 26 per cent) (Table 3.13).

Table 3.13 Age range – Referrals by nation

Categories	England and Wales		Scotland	
	N	*Col %*	N	*Col %*
16-34	2,196	*26*	298	*29*
35-54	4,149	*49*	499	*49*
55+	2,141	*25*	217	*21*
Total	8,486	*100*	1,014	*100*

Source: English and Welsh management information, Scottish management information, clients referred and discharged October 2015 – December 2016.

Gender

In both England and Wales and Scotland, between October 2015 and December 2016 more females were referred than males, representing 56 per cent and 60 per cent of total referrals respectively (Table 3.14).

Table 3.14 Gender – referrals by nation

Categories	England and Wales		Scotland	
	N	*Col %*	N	*Col %*
Female	4,755	*56*	607	*60*
Male	3,716	*44*	410	*40*
Other	7	*0*	-	-
Prefer not to say	8	*0*	-	-
Total	8,486	*100*	1,017	*100*

Source: English and Welsh management information, Scottish management information, clients referred and discharged October 2015 – December 2016.

Health condition and length of sickness absence

In terms of main health condition at the point of referral, referrals in England and Wales were fairly evenly split between employees presenting with a mental health condition, a musculoskeletal condition (MSK) and another health condition, with a total of 2,843 referrals for employees with mental health conditions (34 per cent of referrals), a total of 2,583 referrals of employees with a musculoskeletal condition (30 per cent of referrals), and 3,060 referrals of employees with other health conditions (36 per cent of referrals). Comparable data are not available for Scotland on this indictor (Table 3.15).

Table 3.15 Referral by main health condition, England and Wales

Categories	N	Col %
Mental health	2,843	34
MSK	2,583	30
Other	3,060	36
Total	8,486	100

Source: English and Welsh management information, clients referred and discharged October 2015 – December 2016.

The management information was used to estimate the median length of time that employees had been absent from work prior to their referral to the service. In Scotland, there was a median of 60 days absence prior to referral. In England and Wales the median length of time was shorter, at 46 days.

Respondents to the Wave One employee survey were also asked about the length of time they had been on sick leave when they were first referred to the service (respondents were able to estimate if they could not remember exactly). Thirty-five per cent of employees referred into the service had been off work for between one and

two months. A quarter (24 per cent) had been off for between three and four months and a further 22 per cent had been absent for at least five months before their referral (see Table 3.16).

- Those under 35 were more likely than respondents over 55 to have been off work for less than one month (12 per cent compared to seven per cent). Both those aged 35-49 (17 per cent) and 55 or over (20 per cent) were more likely than respondents aged under 35 to have been on sick leave for longer than six months (ten per cent) (see TA Table 3.10 in the Technical Annex).
- Nine per cent of employees were referred before one month. People referred by their GP were more likely to be referred during this time (19 per cent) than those referred by their employer (six per cent)[25] (see TA Table 3.11 in the Technical Annex).
- People who had returned to work were more likely to have been on sick leave for up to two months at the point of referral than those who had not yet returned to work (51 per cent compared to 33 per cent). It follows that those who had not yet returned to work were more likely to have been off work for six months or more than those who had returned to work (22 per cent compared to 13 per cent) (see Table 3.16).
- Those with mental health conditions were more likely to have been off work for one to two months before their referral (43 per cent) compared to those with musculoskeletal or other health problems (34 per cent and 28 per cent respectively) (see TA Table 3.12 in the Technical Annex).

Table 3.16 How long had you been on sick leave when you were referred to Fit for Work? By whether back at work (Weighted data)

Categories	Returned to work		Not returned to work		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Less than 1 month	76	*11*	20	*6*	96	*9*
1 – 2 months	272	*40*	99	*27*	371	*35*
3 – 4 months	163	*24*	91	*25*	255	*24*
5 – 6 months	43	*6*	19	*5*	62	*6*
6 months or more	86	*13*	82	*22*	167	*16*
Unsure/Don't know	39	*6*	55	*15*	94	*9*
Total	679	*100*	366	*100*	1,045	*100*

Base: All respondents (N=1,045). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Employee survey respondents were also asked to report how long they had been on sick leave in total over the previous 12 months. The period of absence prior to referral to Fit for Work was not the sole period of sickness absence in the 12 months prior to the survey for many employees. The length of time that employees reported being absent from work in the 12 months prior to the survey tended to be greater than the duration of sick leave prior to referral to the service with 23 per cent of respondents

[25] It should be noted that employers should not refer their employees to the service before four weeks of absence.

being off sick for six months or more over the 12 months prior to the survey, with just 16 per cent being on sick leave for six months or more prior to referral (see Table 3.17).

Table 3.17 Length of sick leave (Weighted data)

Categories	Length of sick leave immediately prior to referral		Total sick leave in 12 months prior to referral	
	N	*Col %*	N	*Col %*
Less than 1 month	96	*9*	49	*5*
1 – 2 months	371	*35*	288	*28*
3 – 4 months	255	*24*	249	*24*
5 – 6 months	62	*6*	95	*9*
6 months or more	167	*16*	245	*23*
Unsure/Don't know	94	*9*	120	*11*
Total	1,045	*100*	1,045	*100*

Base: All respondents (N=1,045). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

There were a number of statistically significant differences in the length of sick leave:

- Those under 35 were more likely than respondents over 55 to have been off work one to two months (34 per cent compared to 23 per cent) (see TA Table 3.13 in the Technical Annex).
- Five per cent of employees were referred before they had been on sick leave for one month. Employees referred by their GP were more likely to be referred when they had been on sick leave for less than a month compared to those referred by employers (ten per cent compared to three per cent) (see TA Table 3.14 in the Technical Annex).
- Employees that were back at work at the time of the survey (58 per cent) were more likely to have spent one to four months on sick leave at the point of referral than those who had not returned to work (40 per cent) (see TA Table 3.15 in the Technical Annex).
- Those with mental health conditions (35 per cent) and musculoskeletal conditions (28 per cent) were more likely to have been off work for one to two months before their referral compared to those with other health problems (19 per cent). People with other health conditions (30 per cent) were more likely to have been off for six months or more compared to those with musculoskeletal (23 per cent) or mental health problems (19 per cent) (see TA Table 3.16 in the Technical Annex).

Ethnicity and disability

Management information about ethnicity and disability in both England and Wales and Scotland have a large amount of missing data. However, for those employees where this data was recorded, most employees referred to the service between October 2015 and December 2016 were white, representing 86 per cent of all referrals in

England and Wales, and 97 per cent in Scotland (Table 3.19). Twenty-six per cent of employees were recorded as having a disability in England and Wales and 17 per cent in Scotland (Table 3.18).

Table 3.18 Number of referrals by disability (By nation)

Categories	England and Wales		Scotland	
	N	*Col %*	N	*Col %*
No disability	3,716	*73*	471	*79*
Prefer not to say	41	*1*	24	*4*
Disabled	1,349	*26*	98	*17*
Total	5,106	*100*	593	*100*

Source: English and Welsh management information, Scottish management information, clients referred and discharged October 2015 – December 2016.

Table 3.19 Number of referrals by ethnicity (By nation)

Categories	England and Wales		Scotland	
	N	*Col %*	N	*Col %*
White	4,380	*86*	600	*97*
Black or Black British	150	*3*	0	*0*
Asian or Asian British	190	*4*	10	*2*
Arab or Arab British	0	*0*	0	*0*
Mixed ethnicity	140	*3*	10	*1*
Other ethnicity	250	*5*	0	*1*
Total	5,110	*100*	620	*100*

Notes: Disclosure control has been applied to this table

Source: English and Welsh management information, Scottish management information, clients referred and discharged October 2015 – December 2016.

Area deprivation

The home postcodes of referred employees in the management information were linked to the Index of Multiple Deprivation (IMD)[26] to understand the type of geographies that individuals referred to the service came from. The highest proportion of referrals in England was from the most deprived areas, and the lowest proportion of referrals was from the less deprived areas. The highest number of employees

[26] The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation for small areas in England. The Index of Multiple Deprivation ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). The IMD combines information from seven domains to produce an overall relative measure of deprivation. The domains are Income Deprivation; Employment Deprivation; Education, Skills and Training Deprivation; Health Deprivation and Disability; Crime; Barriers to Housing and Services; and Living Environment Deprivation.

was from highly deprived areas (quintile 1 on IMD) representing 27 per cent of total referrals. Only 13 per cent of total referrals were from the least deprived areas (quintile 5 on IMD). For figures see Table 3.20.

Referrals in Wales and Scotland followed a similar trend, with higher proportions of employees coming from the most deprived areas, and the lowest proportion coming from less deprived areas. In Wales the highest number of employees were from the most deprived areas (quintile 1 on WIMD)[27] representing 27 per cent of total referrals. Only 12 per cent of employees were from the less deprived areas (quintile 5 on WIMD) (Table 3.21). In Scotland, the highest number of employees came from highly deprived areas (quintile 1 on SIMD)[28] representing 26 per cent of total referrals. Only 14 per cent of total referrals were from less deprived areas (quintile 5 on SIMD) (Table 3.22).

Table 3.20 Referrals by IMD quintiles for England

Categories	N	*Col %*
IMD England quintile 1	1,957	*27*
IMD England quintile 2	1,686	*23*
IMD England quintile 3	1,472	*20*
IMD England quintile 4	1,214	*17*
IMD England quintile 5	960	*13*
Total	7,289	*100*

Source: English management information, clients referred and discharged October 2015 – December 2016.

Table 3.21 Referrals by Welsh IMD quintiles

Categories	N	*Col %*
WIMD quintile 1	212	*27*
WIMD quintile 2	167	*21*
WIMD quintile 3	164	*21*
WIMD quintile 4	147	*19*
WIMD quintile 5	90	*12*
Total	780	*100*

Source: Welsh management information, clients referred and discharged October 2015 – December 2016.

Table 3.22 Referrals by Scottish IMD quintiles

Categories	N	*Col %*
SIMD quintile 1	258	*26*
SIMD quintile 2	236	*24*
SIMD quintile 3	205	*21*
SIMD quintile 4	156	*16*
SIMD quintile 5	142	*14*
Total	997	*100*

Source: Scottish management information, clients referred and discharged October 2015 – December 2016.

[27] Welsh Index of Multiple Deprivation.
[28] Scottish Index of Multiple Deprivation.

Employer characteristics

The management information collects data from employees about their employer. The tables below therefore represent the types of employers that service users were referred from, but do not represent the profile of referring employers, because as shown in Table 3.10, many employers engaging with the service have made multiple referrals. In addition, there was a large proportion of missing data. Data about the number of employers accessing the service had not been collected by providers.

In England and Wales, the sector that most employees described themselves as working in was 'other services', with a total of 2,472 referrals representing just under half of total referrals (48 per cent). Public administration, education and health was the second largest with 27 per cent of referred employees stating that they worked in this sector. In Scotland, the sector that most employees described themselves as working in was 'other services', with a total of 414 referrals representing just under two-thirds of total referrals (64 per cent). Public administration, education and health was the second largest with 17 per cent of referred employees stating that they worked in this sector (see TA Table 3.17 in the Technical Annex). It should be noted that sector data was not collected using the Standard Industrial Classification (SIC) code system, and data collected from the employer and employee surveys using this measure indicates a greater diversity of sectors using the service.

In both England and Wales, and Scotland, most employees described themselves as working for very large employers with 500 or more employees (50 per cent and 58 per cent respectively). In England and Wales a further 13 per cent were working for employers with 250-499 employees, and 16 per cent of referred employees said they worked for organisations with 49 or fewer employees. In Scotland, 18 per cent of employees said they worked for medium-sized organisations with 50-249 employees, and 15 per cent for organisations with 49 or fewer employees (see TA Table 3.18 in the Technical Annex).

In terms of employer type, employees of private sector business made up 77 per cent of referrals between October 2015 and December 2016 in England and Wales, compared to 63 per cent in Scotland. In contrast, 18 per cent of referred employees were from public sector organisations in England and Wales, compared to 26 per cent in Scotland (see TA Table 3.19 in the Technical Annex). In the management information the organisation type was unknown for a large number of employees referred (over 3,400 have missing data in England and Wales).

Where data had been recorded[29] in England and Wales the management information showed that just over a third (36 per cent) of referred employees had access to occupational health services via their employer. The remaining 64 per cent were recorded as not having access to occupational health services. In Scotland the figure was reversed, with two-thirds (65 per cent) of referred employees having access to occupational health services, and one-third stating they did not (35 per cent) (Table 3.23).

The extent of missing data in the management information may be masking the true extent to which employees had access to occupational health services. The Wave One employee survey showed that 46 per cent of employees reported access to occupational health services, and 48 per cent of respondents who were in employment at Wave Two reported access to occupational health services (Table 3.25).

This proportion is similar to the number of employers reporting access to occupational health services. The employer survey shows that overall 48 per cent of employers reported that they had access to occupational health services, either in-house or via an external provider. There was statistically significant variation by size, with large

[29] It was missing for 40 per cent of cases in England and Wales and 60 per cent in Scotland.

employers with 250 or more employees more likely to have access to occupational health services (69 per cent) than employers with 50-249 employees or less than 50 employees (40 and 22 per cent respectively) as shown in Table 3.24.

Table 3.23 Access to occupational health via employer

Categories	England and Wales		Scotland	
	N	*Col %*	N	*Col %*
No access to OH	3,258	*64*	131	*35*
Access to OH	1,851	*36*	248	*65*
Total	5,109	*100*	379	*100*

Source: English and Welsh management information, Scottish management information, clients referred and discharged October 2015 – December 2016. Missing cases excluded (England and Wales N=3,377 missing cases, Scotland N=638 missing cases).

Table 3.24 Employer access to Occupational Health services by size (Weighted data)

Categories	Less than 50 employees		50-249 employees		250+ employees		All	
	N	Col %	N	Col %	N	Col %	N	Col %
No access to OH	100	76	90	60	60	29	250	51
Access to OH	30	22	60	40	150	69	240	48
Don't know	0	2	0	0	0	2	10	1
Total	130	100	150	100	210	100	490	100

Base: All respondents, missing data excluded (N=493). Unweighted.

Notes: Disclosure control has been applied to this table.

Source: Fit for Work evaluation employer survey.

Table 3.25 Employee access to occupational health services at the Wave One and Wave Two surveys (Weighted data)

Categories	Wave One		Wave Two	
	N	*Col %*	N	*Col %*
Did have access to occupational health services	381	*46*	156	*48*
Did not have access to occupational health services	431	*52*	147	*46*
Unknown	25	*3*	19	*6*
Total	837	*100*	322	*100*

Base: All respondents, missing data excluded (N=837). All respondents in employment at Wave Two (N=322). Unweighted.

Source: Fit for Work evaluation Wave One employee survey; Fit for Work Wave Two employee survey.

3.2.3 GP referral experience

There are different systems used by GPs in England and Wales compared to Scotland to undertake referrals. Almost all GPs interviewed expressed concerns that the referral system was not easy and quick to use. In particular, comparisons were made between the time taken to complete a fit note (around one minute) versus a Fit for Work referral that could take three to four minutes of a consultation. GPs particularly cited the relative complexity of the referral process in the time given for a consultation.

Whilst some GPs in England and Wales felt the process for referring was fine, a theme from the qualitative interviews was the view that the online portal was cumbersome, particularly in the initial set-up phase when it was perceived that a large amount of free text had to be entered. GPs explained that this format took up extra time in a busy consultation when clinicians were already pressed for time.

GPs in England and Wales frequently stated that the referral process would be much improved if it went through existing medical systems. They explained that having an online portal rather than a mechanism integrated into, for example, EMIS or SystmOne[30] made the process laborious. A number felt that this would significantly influence their decision to use it in future and therefore the complexity of the referral process was a barrier to greater referral rates among referring GPs. Were the referral system in England and Wales to have been combined within an existing system, GPs explained this would have reduced the problem with recall around how the process worked, and it would have allowed patient demographics to be uploaded with relative ease. Interviewees also pointed out that further down the line it would make it easier to attach a Return to Work Plan (RtWP) to a patient's notes.

> *'If it came through to EMIS it would be a dream! I'm a big fan of lean quality improvement methodologies, so anything that reduces clicks or wastage in processes, I'm all for that.'*
>
> Referring GP

The GP referral process in Scotland involved referrals being made via the Scottish Care Information (SCI) gateway. Qualitative evidence suggests that this appeared to be integrated into practice and could be one explanation for the larger share of referrals coming from GPs in Scotland compared to England and Wales (44 per cent compared to 30 per cent)

> *'We hugely prefer making referrals through the SCI gateway – if you've got one system for everything, one way of making all referrals, that's so much easier.'*
>
> Referring GP

3.2.4 Employer views of the referral system

Qualitative interviews with employers found their experience of making a referral across all regions was highly positive; the mechanism and process was seen as simple and easy to use. The ability to refer online was particularly welcomed, as was the speed at which a referral could be made (about five minutes) and a response received.

> *'[It was] very, very easy to do, and once that was done, very quickly I was contacted by the coordinator who went through a few bits on the forms, and said "it's in our hands now", and assigned a Case Manager.'*
>
> SME (50-249 employees)

[30] Different clinical computer systems in England/Wales used by GPs.

Respondents to the employer survey were asked who within their organisation had responsibility for making referrals to the Fit for Work service. Multiple responses were allowed. Staff working in Human Resources, either as part of a centralised office function or in a branch office, had the job role most likely to make a referral to the service (60 per cent). Line managers, other managers and directors were also roles that were most likely to refer employees to Fit for Work (19 per cent, nine per cent and six per cent respectively). Job roles referring to the service given by more than five per cent of respondents are detailed in Table 3.26.

Table 3.26 Which job roles refer to Fit for Work? (Weighted data)

Multiple responses included	
Categories	*%*
HR in centralised office	*44*
Employee's line manager	*19*
HR in branch office	*12*
Other – manager	*9*
Other - director	*6*
HR/Personnel (not stated if branch or central)	*4*
Any HR (NET)	*60*
Base	504

Base: All respondents (N=504). Unweighted.

Source: Fit for Work evaluation employer survey.

3.2.5 Experience of gaining consent to make a referral

There were differences in the employee experience of the consent process depending on whether referrals came from a GP or an employer. A higher proportion of employees expressed the view that they had not felt they had a choice whether to use the service, compared to a lower proportion of employers who reported that individuals were reluctant to give consent.

GPs experience

When presented with eligible employees, GPs needed to first consider whether an employee would be appropriate to refer to the Fit for Work service. In some instances GPs that were aware of the service deliberately chose not to refer certain patients. Primarily this was where they did not think the service would provide any additional value; for example, where patients had access to occupational health via their employer. Interviewees explained this would end up duplicating existing provision, something they were keen to avoid.

In some instances referring GPs introduced the service to eligible patients, but the patient declined their consent to be referred, although GPs explained it was rare that this should be the case. While some GPs said patients were receptive and keen to have additional input to help them back to work, others that had had patients decline explained that reasons included where the patient:

- Did not want to return to their place of work because the situation was perceived to be so bad it was 'unfixable';
- Was unwilling to engage with a service of this nature associated with UK Government;
- Had a lack of understanding about what the service could do;
- Did not want to talk to 'yet another' person about long-term personal problems; and
- Saw that being on the phone for an extended period of time would be unmanageable with their current health condition.

Employer experience

Most employers (93 per cent) said they felt well informed about explaining the service to employees and asking for their consent to make a referral. There were some statistically significant differences on this measure between employers of different sizes. Employers with 250 or more employees (97 per cent) were more likely than employers with less than 50 employees (88 per cent) to feel well informed about explaining the service and seeking employee consent for referral (Table 3.27).

Table 3.27 How well informed do you feel about explaining the service to your employees and asking for their consent to make a referral? By size (Weighted data)

Categories	Less than 50 employees		50-249 employees		250+ employees		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Very well informed	60	*45*	90	*59*	130	*62*	290	*57*
Fairly well informed	60	*43*	50	*33*	70	*35*	190	*37*
Not very well informed	10	*9*	10	*5*	10	*3*	20	*5*
Not at all informed	0	*1*	10	*3*	0	*0*	10	*1*
Don't know	0	*1*	0	*0*	0	*0*	0	*1*
Total	130	*100*	150	*100*	210	*100*	500	*100*
Extent felt informed (very or fairly)	120	*88*	140	*92*	210	*97*	470	*93*

Base: All respondents referring an employee to the service or receiving an RtWP and reporting size (N=498). All respondents (N=504). Unweighted.

Notes: Disclosure control has been applied to this table.

Source: Fit for Work evaluation employer survey.

All employers that had initiated a referral to the service were asked how their employees reacted when they sought their consent for referral. Most employers (82 per cent) reported that their employees were happy to give their consent for referral. Ten per cent reported that employees were reluctant to give their consent and six per

cent had experienced a mixed reaction, with some employees they had referred being positively inclined towards using the service and other employees reluctant to do so (Table 3.28).

Table 3.28 How have employees reacted when you have sought their consent for referral? (Weighted data)

Categories	N	*Col %*
Happy to give their consent	410	*82*
Reluctant to give their consent	47	*10*
Refused consent	3	*1*
Mixed reaction - some happy, others reluctant	30	*6*
Don't know/can't remember	7	*2*
Total	498	*100*

Base: All respondents referring an employee to the service (N=498). Unweighted.

Source: Fit for Work evaluation employer survey.

Employee experience

Employee survey respondents were asked to what extent they felt it was their choice whether to use the service. Most employees (66 per cent) felt they had some degree of choice over whether they were referred, with one-third (33 per cent) feeling that it was not their choice at all (Table 3.29).

- Responses also varied by referral route: 80 per cent of those referred by their GP said they had some level of choice about being referred, compared to 61 per cent of employer referrals (see TA Table 3.20 in the Technical Annex).
- Employees who had received an assessment were more likely than those who had not to feel that they had some degree of choice over whether to use the service (67 per cent in comparison to 57 per cent) (see TA Table 3.21 in the Technical Annex).
- Employees with mental health conditions were more likely to have felt they had some choice in being referred to the service (74 per cent) than those with musculoskeletal or other health conditions (61 per cent and 64 per cent respectively) (see TA Table 3.22 in the Technical Annex).
- Employees who had since returned to work were more likely to have felt it was their choice to use the service initially (70 per cent) than those who were still off work (59 per cent) (see TA Table 3.23 in the Technical Annex).
- Respondents that had received an RtWP were more likely than those who had not to feel they had some choice in being referred to the service (69 per cent compared to 53 per cent) (see TA Table 3.24 in the Technical Annex).

Some employees in the qualitative research, referred by either their GP or their employer, had no recall of agreeing to be referred to the service and were 'a bit surprised' to receive a call. This potentially suggests a communication issue at referral stage that could affect an employee's perceptions of giving consent to be referred, but it is not possible to draw firm conclusions with the evidence available.

> *'They just phoned me up out the blue! I dunno how they got my number.'*
>
> Employee, Other Health Condition

Some employees participating in the qualitative research reported that they agreed to be referred to the service despite feeling unable to continue in their job, including one individual who later dropped out of the service. Whilst some explained how keen they were to return and how frustrating this made their situation, others explained that they never truly believed that they would return to work from the start and were simply going through the process as they felt it was required of them.

Table 3.29 To what extent did you feel it was your choice of whether to use the service? (Weighted data)

Categories	N	*Col %*
Entirely your choice	227	*22*
Mainly your choice	158	*15*
Partly your choice	308	*29*
Not your choice at all	341	*33*
Don't know	11	*1*
Total	1,045	*100*

Base: All respondents (N=1,045). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

The employee survey respondents were asked how they felt about being referred to Fit for Work. Most employees were generally unconcerned (51 per cent) about their referral to Fit for Work. However around one quarter (26 per cent) were either very or fairly concerned (see Table 3.30). Employees who had been referred by their employer were more likely to feel concerned about being referred into the service (29 per cent) than those referred by their GP (17 per cent) (see TA Table 3.27 in the Technical Annex).

Table 3.30 How did you feel about being referred to Fit for Work? (Weighted data)

Categories	N	*Col %*
Very concerned	78	*7*
Fairly concerned	191	*18*
Neither concerned nor unconcerned	227	*22*
Fairly unconcerned	290	*28*
Very unconcerned	240	*23*
Don't know	19	*2*
Total	1,045	*100*

Base: All respondents (N=1,045). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

In addition to rating how concerned they felt about being referred to the service, employees were asked to explain their concerns, and their answers were then coded. Of employees who stated they had some concerns about their referral, the most

common reason given was that they did not know enough about the service or lacked information (40 per cent), or that they might be encouraged to return to work too quickly (15 per cent) (Table 3.31).

Table 3.31 What were your concerns? (Weighted data)

Multiple responses included	
Categories	%
I didn't know enough about it/lack of information	*40*
May be encouraged to return to work too quickly (and risk damaging health)	*15*
Didn't know why I had been referred	*13*
The process/what to expect/how helpful it would be	*9*
Concerned about the neutrality of the service	*9*
The outcome/what impact it would have on returning to work/ when I would return to work	*8*
Thought I might lose my job/employer would use it against me	*7*
Why I needed to be referred	*6*
Other	*7*
Base	268

Base: All respondents concerned about being referred to the service (N=269). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

3.2.6 Timing of the referral

Respondents to the employee survey were asked to reflect on whether the referral to the service came at the right time for them. Employees most commonly agreed that their referral to Fit for Work had come at the right time (56 per cent), although one-third (33 per cent) felt their referral was either too early or too late (see Table 3.32).

- Respondents who had received an assessment were more likely to feel that the referral had come at the right time (59 per cent) than those who had not received an assessment (32 per cent). More specifically, employees who did not receive an assessment were more likely to feel that the referral had come too late (34 per cent) compared to those who had received an assessment (15 per cent) (see TA Table 3.29 in the Technical Annex).

Exploring the length of sickness absence prior to referral in relation to employee views about whether the referral came at the right time, shows that overall similar proportions of employees felt that their referral had come at the right time regardless of their length of sickness absence prior to referral. Most employees in all groups felt that their referral came at the right time.

Generally, employees who were referred after shorter periods of absence (e.g. those referred after less than one month) were more likely (23 per cent) than those referred after five months or more (14 per cent) to think they were referred too early.

Conversely, employees referred after longer periods (e.g. 20 per cent among five months or more) were more likely than employees referred after less than one month's absence (13 per cent) to feel they had been referred too late.

Table 3.32 Did you think the referral came at the right time for you, too early or too late? By length of time absent from work prior to referral (Weighted data)

Categories	Less than 1 month		1-2 months		3-4 months		5 months or more		Don't know		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Right time	57	*59*	213	*58*	136	*53*	127	*55*	47	*49*	580	*56*
Too early	21	*22*	64	*17*	44	*17*	29	*13*	14	*15*	172	*16*
Too late	12	*13*	59	*16*	50	*20*	46	*20*	12	*13*	179	*17*
Don't know	6	*6*	34	*9*	25	*10*	28	*12*	22	*23*	114	*11*
Total	96	*100*	370	*100*	255	*100*	230	*100*	95	*100*	1,045	*100*

Base: All respondents who received an assessment (N=1,045). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

4 The assessment

Chapter summary

- There was a substantial degree of pre-assessment drop-out from the service. In England and Wales 41 per cent of referred employees did not receive an assessment, and in Scotland this figure was 46 per cent.
- Employees referred by an employer were more likely to receive an assessment than employees referred by their General Practitioner (GP). In England and Wales, and in Scotland 65 per cent and 60 per cent of employees respectively referred by their employers received an assessment. By contrast, 45 per cent of employees referred by their GP in England and Wales and 47 per cent in Scotland received an assessment.
- GPs referred a higher proportion of cases experiencing mental health conditions than were referred by employers.
- Just over half of employees received one assessment (52 per cent), 19 per cent received two assessments, and the remaining 29 per cent had three or more assessments. Employees in England and Wales (53 per cent) were more likely than those in Scotland (39 per cent) to have only one assessment.
- The majority of employees surveyed tended to have their assessments by telephone. Most employees (87 per cent) were happy with the format of their assessment, but 13 per cent would have preferred a face-to-face assessment.
- The profile of referred cases differed between England and Wales and Scotland, with more employees in Scotland diagnosed at assessment with a mental health condition than in England and Wales (53 per cent compared to 45 per cent).
- Sixty-five per cent of employers that had not had contact with a case manager reported that there was something that they would otherwise liked to have discussed. The most frequently cited issue employers would have liked to discuss was the practicalities of the recommendations made in the Return to Work Plan (RtWP) (25 per cent of employers that did not have contact).
- In England and Wales, 36 per cent of employees 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 would be likely to be fit within three months.
- Generally employees found case managers to be friendly and approachable. Employees who dropped out of the service post-assessment (89 per cent) were less likely to agree than completers (94 per cent) that the case manager was easy to talk to.
- Large employers and those with access to occupational health services were more likely than small employers and those without access to occupational health services to have had additional contact with the service. Some employers had contact with a case manager before their organisation received an RtWP (37 per cent) and a further 34 per cent said they had had contact with the case manager both before and after receiving an RtWP.

This chapter details the findings relating to the occupational health assessment, including the assessment coverage and findings, and employer contact with case managers.

4.1 Process of assessment

4.1.1 The profile of employees receiving an assessment

In England and Wales, between October 2015 and December 2016, 59 per cent of individuals who were referred and discharged received an assessment according to management information. Forty-one per cent did not receive an assessment and therefore disengaged with the service pre-assessment. In Scotland, 55 per cent of referred employees received an assessment, with 46 per cent not, indicating a slightly higher pre-assessment drop-out rate in Scotland than in England and Wales (Table 4.1). Discharge reasons, including pre-assessment drop-out, are explored in detail in Chapter 5.

Table 4.1 Did referred employees receive an assessment?

Categories	England and Wales		Scotland	
	N	*Col %*	N	*Col %*
Received an assessment	4,984	*59*	554	*55*
Did not receive an assessment	3,502	*41*	463	*46*
Total	8,486	*100*	1,017	*100*

Source: English and Welsh management information, Scottish management information, clients referred and discharged October 2015 – December 2016.

There was a statistically significant difference by referral route into the service and the likelihood of receiving an assessment, with employees referred by an employer more likely than those referred by GPs to receive an assessment. The majority of employees referred by employers, both in England and Wales, and Scotland received an assessment (65 per cent, and 60 per cent respectively). In contrast, the majority of employees referred by their GP did not receive an assessment (55 per cent in England and Wales and 53 per cent in Scotland) as shown in Table 4.2 and Table 4.3 below.

Table 4.2 Did referred employees receive an assessment? (By referral route, England and Wales)

Categories	Employer		GP		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Received an assessment	3,701	*65*	1,283	*45*	4,984	*59*
Did not receive an assessment	1,965	*35*	1,537	*55*	3,502	*41*
Total	5,666	*100*	2,820	*100*	8,486	*100*

Source: English and Welsh management information, clients referred and discharged October 2015 – December 2016.

Table 4.3 Did referred employees receive an assessment? (By referral route, Scotland)

Categories	Employer		GP		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Received an assessment	341	*60*	213	*47*	554	*55*
Did not receive an assessment	213	*40*	237	*53*	463	*46*
Total	567	*100*	450	*100*	1,017	*100*

Source: Scottish management information, clients referred and discharged October 2015 – December 2016.

Among those employees who received an assessment in England and Wales, GPs referred a higher proportion of cases experiencing mental health conditions than were referred by employers, (34 per cent compared with 21 per cent) whereas employers referred a higher proportion of cases with 'other' health conditions (28 per cent compared with 16 per cent) (Table 4.4). A similar pattern was found in Scotland, where among those who received an assessment, GPs also referred a higher proportion of individuals experiencing mental health conditions than employers. Approximately 40 per cent of those referred by their GPs were experiencing mental health conditions, compared to 27 per cent of those referred by their employer, although in both instances, mental health was the most common health condition (Table 4.5).

Table 4.4 Types of health conditions, diagnosed at assessment (By referral route, England and Wales)

Categories	Employer		GP	
	N	*Col %*	N	*Col %*
Mental Health	767	*21*	418	*34*
Musculoskeletal conditions	987	*27*	276	*23*
Other	1,026	*28*	196	*16*
Mental Health & MSK	263	*7*	109	*9*
Mental Health & Other	362	*10*	150	*12*
MSK & Other	158	*4*	44	*4*
MH, MSK & Other	63	*2*	34	*3*
Total	3,626	*100*	1,227	*100*

Base: All assessed and identified with one or more health condition (N=4,853).

Source: English and Welsh management information, clients referred, assessed and discharged October 2015 – December 2016.

Table 4.5 Types of health conditions, diagnosed at assessment (By referral route, Scotland)

Categories	Employer		GP	
	N	*Col %*	N	*Col %*
Mental Health	86	*27*	79	*40*
MSK	57	*18*	28	*14*
Other	78	*25*	34	*17*
Mental Health & MSK	28	*9*	16	*8*
Mental Health & Other	34	*11*	26	*13*
MSK & Other	35	*11*	16	*8*
Total	318	*100*	199	*100*

Base: All assessed and identified with one or more health condition (N=517).

Source: Scottish management information, clients referred, assessed and discharged October 2015 – December 2016.

There was a statistically significant relationship between the ages of referred employees and whether or not they participated in an assessment in England and Wales. Employees in older age groups were more likely than those in younger age groups to receive an assessment. In England and Wales those aged 16-24 were fairly evenly split with 49 per cent receiving an assessment, and 51 per cent not receiving an assessment. This compared to 63 per cent of employees aged 55-64 and 59 per cent of employees aged over 65 receiving an assessment (Table 4.6). The age differences in Scotland were not statistically significant, but are included in Table 4.7 for comparative purposes.

Table 4.6 Did referred employees receive an assessment? (By age range, England and Wales)

Categories	Received an assessment		Did not receive an assessment		All	
	N	*Row %*	N	*Row %*	N	*Row %*
<16	0	*6*	30	*94*	30	*100*
16-24	250	*49*	250	*51*	500	*100*
25-34	930	*56*	740	*44*	1,660	*100*
35-44	1,010	*57*	760	*43*	1,770	*100*
45-54	1,450	*61*	930	*39*	2,380	*100*
55-64	1,210	*63*	700	*37*	1,910	*100*
65+	140	*59*	100	*41*	230	*100*
Total	4,980	*59*	3,500	*41*	8,490	*100*

Notes: Disclosure control has been applied to this table.

Source: English and Welsh management information, clients referred and discharged October 2015 – December 2016.

Table 4.7 Did referred employees receive an assessment? (By age range, Scotland)

Categories	Received an assessment		Did not receive an assessment		All	
	N	*Row %*	N	*Row %*	N	Row %
16-24	35	*45*	43	*55*	78	*100*
25-34	116	*53*	104	*47*	220	*100*
35-44	122	*54*	105	*46*	227	*100*
45-54	158	*58*	114	*42*	272	*100*
55-64	114	*56*	91	*44*	205	*100*
65+	7	*58*	5	*42*	12	*100*
Total	552	*54*	462	*46*	1,014	*100*

Source: Scottish management information, clients referred and discharged October 2015 – December 2016.

In England and Wales, employees that received an assessment were fairly evenly split in terms of main health condition, with 31 per cent identifying mental health as their main condition, 32 per cent identifying a musculoskeletal condition as their main condition, and 37 per cent identifying 'other' as their main health condition (Table 4.8). However, employees with some main health conditions were more likely than others to receive an assessment. Employees with a musculoskeletal condition or other health condition (61 per cent and 60 per cent respectively) were more likely than those with a mental health condition (55 per cent) to receive an assessment (see TA Table 4.1 in the Technical Annex).

In Scotland, compared to England and Wales, a higher proportion of employees receiving an assessment presented with a mental health condition (39 per cent), although the slightly differing process and timing for collecting the data throughout the intervention affects comparability here (see Table 4.8 and Table 4.9). In England and Wales, data about the 'main health condition' is provided at referral/enrolment stage whereas in Scotland information about health conditions is asked for at the assessment stage.

Table 4.8 Referred employees receiving an assessment (By main health condition, England and Wales)

Categories	N	*Col %*
Mental Health	1,563	*31*
Musculoskeletal	1,575	*32*
Other	1,846	*37*
Total	4,984	*100*

Source: English and Welsh management information, clients referred and discharged October 2015 – December 2016.

Table 4.9 Referred employees receiving an assessment (By main health condition, Scotland)

Categories	N	*Col %*
Mental Health	200	*39*
Musculoskeletal	151	*29*
Other	166	*32*
Total	517	*100*

Source: Scottish management information, clients referred and discharged October 2015 – December 2016 and giving health condition.

In England there was a statistically significant association between Index of Multiple Deprivation (IMD) quintile and whether an employee received an assessment, with those in the most deprived areas less likely to receive an assessment than those in more affluent areas. In the most deprived areas in England (IMD quintile 1) 58 per cent of employees received an assessment and 42 per cent did not. In the most affluent areas (IMD quintile 5) 64 per cent of employees received an assessment, and 36 per cent did not (Table 4.10). A similar pattern was found in Scotland where those in the most deprived areas were less likely to receive an assessment than those in more affluent areas. In the most deprived areas in Scotland (Scottish Index of Multiple Deprivation (SIMD) quintile 1) 53 per cent of employees received an assessment and 47 per cent did not. In the most affluent areas (SIMD quintile 5) 63 per cent of employees received an assessment, and 37 per cent did not (Table 4.12). By contrast in Wales across the Welsh Index of Multiple Deprivation (WIMD) quintiles between 55 and 59 per cent of employees received an assessment in each quintile, but there was not a similar pattern to that found in England and Scotland in terms of degree of disadvantage, and the differences in the Welsh data are not statistically significant (Table 4.11).

Table 4.10 Did they receive an assessment? (By IMD quintiles for England)

Categories	Received an assessment		Did not receive an assessment		All	
	N	*Row %*	N	*Row %*	N	*Row %*
IMD quintile 1	1,129	*58*	828	*42*	1,957	*100*
IMD quintile 2	1,060	*63*	626	*37*	1,686	*100*
IMD quintile 3	912	*62*	560	*38*	1,472	*100*
IMD quintile 4	783	*64*	431	*36*	1,214	*100*
IMD quintile 5	617	*64*	343	*36*	960	*100*
Total	4,501	*62*	2,788	*38*	7,289	*100*

Source: English management information, clients referred and discharged October 2015 – December 2016.

Table 4.11 Did they receive an assessment? (By IMD quintiles for Wales)

Categories	Received an assessment		Did not receive an assessment		All	
	N	*Row %*	N	*Row %*	N	*Row %*
WIMD quintile 1	123	*58*	89	*42*	212	*100*
WIMD quintile 2	92	*55*	75	*45*	167	*100*
WIMD quintile 3	90	*55*	74	*45*	164	*100*
WIMD quintile 4	86	*59*	61	*41*	147	*100*
WIMD quintile 5	50	*56*	40	*44*	90	*100*
Total	441	*57*	339	*43*	780	*100*

Source: Welsh management information, clients referred and discharged October 2015 – December 2016.

Table 4.12 Did they receive an assessment? (By IMD quintiles for Scotland)

Categories	Received an assessment		Did not receive an assessment		All	
	N	*Row %*	N	*Row %*	N	*Row %*
SIMD quintile 1	136	*53*	122	*47*	258	*100*
SIMD quintile 2	115	*49*	121	*51*	236	*100*
SIMD quintile 3	111	*54*	94	*46*	205	*100*
SIMD quintile 4	95	*61*	61	*39*	156	*100*
SIMD quintile 5	90	*63*	52	*37*	142	*100*
Total	547	*55*	450	*45*	997	*100*

Source: Scottish management information, clients referred and discharged October 2015 – December 2016.

Employer characteristics of employees receiving an assessment

In England and Wales, the management information suggests most employees receiving an assessment worked in the service sector in 'other services' (48 per cent) or 'public administration, education and health' (27 per cent). The same pattern was found in Scotland, where the majority of employees who received an assessment were working in 'other services' (62 per cent), followed by 'public administration, education and health' (18 per cent) as shown in Table 4.13. It should be noted that sector data was not collected using the Standard Industrial Classification (SIC) code system, and data collected from the employer and employee surveys using this measure indicates a greater diversity of sectors using the service.

Employees receiving an assessment were most likely to work for very large employers with more than 500 employees. In England and Wales, 50 per cent of employees receiving an assessment worked for very large employers and in Scotland it was 57 per cent (Table 4.14).

In England and Wales, three in four employees receiving an assessment worked in the private sector (75 per cent). This compared to 56 per cent in Scotland, although the extent of missing data in this variable in Scotland limits comparability here (Table 4.15).

Table 4.13 Employees receiving an assessment (By employer sector)

Categories	England and Wales		Scotland	
	N	*Col %*	N	*Col %*
Agriculture, forestry and fishing	38	*1*	6	*1*
Banking and Finance	103	*2*	21	*4*
Construction	104	*2*	19	*3*
Distribution, hotels and restaurants	402	*8*	20	*4*
Energy and Water	46	*1*	18	*3*
Manufacturing	345	*7*	12	*2*
Other services	2,401	*48*	341	*62*
Public admin, education and health	1,354	*27*	97	*18*
Retail and Wholesale	-	-	4	*1*
Transport and communications	191	*4*	13	*2*
Total	4,984	*100*	551	*100*

Source: English and Welsh management information, Scottish management information, Clients receiving an assessment and referred and discharged October 2015 – December 2016.

Table 4.14 Employees receiving an assessment (By employer size and nation)

Categories	England and Wales		Scotland	
	N	*Col %*	N	*Col %*
Very Large (500+)	2,494	*50*	314	*57*
Large (250-499)	642	*13*	51	*9*
Medium (50-249)	1,070	*21*	96	*18*
Small (10-49)	648	*13*	60	*11*
Micro (1-9)	130	*3*	24	*4*
Total	4,984	*100*	545	*100*

Notes: Disclosure control has been applied to this table.

Source: English and Welsh management information, Scottish management information, Clients receiving an assessment and referred and discharged October 2015 – December 2016.

Table 4.15 Employees receiving an assessment (By employer type and nation)

Categories	England and Wales		Scotland	
	N	*Col %*	N	*Col %*
Private sector business	3,757	*75*	306	*56*
Public sector business	895	*18*	128	*23*
A voluntary/not for profit	245	*5*	56	*10*
Not known	87	*2*	59	*11*
Total	4,984	*100*	549	*100*

Source: English and Welsh management information, Scottish management information, Clients receiving an assessment and referred and discharged October 2015 – December 2016.

4.1.2 Number of assessments

All surveyed employees who had an assessment were asked how many assessments they had received. Just over half of employees received one assessment (52 per cent), and 19 per cent received two assessments. The remaining 29 per cent of employees had three or more assessments (Table 4.16). This suggests heterogeneity in the level and depth of support required by service users, and indicates that there is a group of referred employees for whom the type of support provided by Fit for Work may not be sufficient to address the reasons for their absence from work.

Employees in England and Wales were more likely (53 per cent) than those in Scotland (39 per cent) to report having one assessment only as shown in Table 4.16. Employees in managerial and professional occupations were more likely (59 per cent) to have had one assessment than employees in sales, process and elementary occupations (46 per cent). One in five (20 per cent) of people in sales, process and elementary occupations had three assessments compared to six per cent of employees in managerial and professional occupations (Table 4.17).

- Employees who had returned to work were more likely to have received one assessment (57 per cent) than those who were still absent from work at the time of the survey (43 per cent). Those who were not back at work were more likely to report having had three or four assessments (19 per cent and 11 per cent respectively) than those who were back at work (12 per cent and six per cent respectively) as shown in Table 4.18.
- Employees aged under 35 were more likely (59 per cent) than those aged 35-54 (50 per cent) or over 55 (48 per cent) to report having one assessment (see TA Table 4.12 in the Technical Annex).

Table 4.16 How many assessments did you have? By nation (Weighted data)

Categories	England and Wales		Scotland		All	
	N	*Col %*	N	*Col %*	N	*Col %*
1	430	*53*	30	*39*	450	*52*
2	160	*19*	20	*23*	170	*19*
3	110	*14*	20	*22*	130	*15*
4	60	*8*	10	*11*	70	*8*
5	20	*3*	0	*2*	20	*3*
6+	30	*3*	0	*3*	30	*3*
Total	810	*100*	80*	*100*	900	*100*

Base: All who had an assessment (N=895). Unweighted.

Notes: Disclosure control has been applied to this table.

Source: Fit for Work evaluation Wave One employee survey.

Table 4.17 How many assessments did you have? By occupation (Weighted data)

Categories	Managers and professionals		Admin, skilled trades and carers		Sales, process and elementary occupations		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
1	133	*59*	166	*53*	166	*46*	446	*52*
2	43	*19*	52	*17*	78	*22*	174	*19*
3	14	*6*	47	*15*	70	*20*	131	*15*
4	17	*8*	27	*9*	27	*8*	71	*8*
5	7	*3*	8	*3*	9	*3*	24	*3*
6+	10	*4*	15	*5*	7	*2*	30	*3*
Total	224	*100*	315	*100*	357	*100*	897	*100*

Base: All who had an assessment (N=895). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Table 4.18 How many assessments did you have? By whether back at work at Wave One (Weighted data)

Categories	Returned to work		Not returned to work		All	
	N	*Col %*	N	*Col %*	N	*Col %*
1	332	*57*	134	*43*	466	*52*
2	115	*20*	59	*19*	174	*19*
3	72	*12*	59	*19*	131	*15*
4	37	*6*	34	*11*	71	*8*
5	14	*2*	9	*3*	23	*3*
6+	16	*3*	16	*5*	32	*4*
Total	586	*100*	311	*100*	897	*100*

Base: All who had an assessment (N=895). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

4.1.3 Assessment mode

Delivery of assessments was planned to be primarily by telephone, with around five per cent of assessments anticipated to be face-to-face. Face-to-face appointments were required to take place within 90 minutes travelling distance for the employee. All employees surveyed who had had an assessment(s) were asked whether this was conducted by telephone, or face-to-face.

For employees who received more than one assessment, there seemed little change in whether this was provided by telephone or face-to-face. The overwhelming majority of employees surveyed in all cases tended to have their assessments by telephone, equating to 98 per cent of first assessments, 97 per cent of second assessments and 97 per cent of third assessments (Table 4.19).

Table 4.19 Was the first/second/third assessment conducted by telephone or face-to-face? (Weighted data)

Categories	First assessment		Second assessment		Third assessment	
	N	*Col %*	N	*Col %*	N	*Col %*
Telephone	880	*98*	420	*97*	250	*97*
Face-to-face	20	*2*	10	*3*	10	*3*
Can't remember	0	*0*	0	*0*	0	*0*
Total	900	*100*	430	*100*	260	*100*

Base: All who had an assessment (N=895). Unweighted.

Notes: Disclosure control has been applied to this table.

Source: Fit for Work evaluation Wave One employee survey.

All surveyed employees who had an assessment were asked whether or not they were happy with it being conducted by telephone or face-to-face (depending on how they received the service). Most employees (87 per cent) were happy with the format of their assessment, but 13 per cent would have preferred a face-to-face assessment (Table 4.20). No respondents receiving a face-to-face assessment would have preferred a telephone assessment. Qualitative interviews with employees also indicated that in general the telephone format was convenient and allowed their assessment to be carried out at a time that was suitable for them. However, although employees thought the telephone approach had been convenient, several expressed a preference for a face-to-face assessment, if they were to be given a choice.

The employee survey found some differences with the satisfaction of the mode of assessment by age, and health condition. Employees aged under 35 that had had an assessment were more likely to say they were happy with the format of the service (90 per cent) than those employees who were aged 55 or over (83 per cent) (see TA Table 4.14 in the Technical Annex). Employees with other health conditions were more likely (92 per cent) than those with mental health (87 per cent) or musculoskeletal conditions (85 per cent) to report that they were happy with the format of the assessment (see TA Table 4.15 in the Technical Annex).

The qualitative research provided some examples of the experiences of employees with mental health conditions who found the telephone assessment difficult and the length and complexity of the conversation exhausting. There were examples of employees who found the process too arduous to continue, and decided to end their contact with Fit for Work mid-assessment. Furthermore, one employee who was absent from call centre work described how their ability to make decisions was impaired at the time of assessment and further limited by the telephone format. They felt that this should have been taken into consideration by their case manager.

> *'I had to answer a million questions over the telephone, when the last thing I wanted to do was be on the telephone or speak to anybody. So it was not a good experience […] As it was the reason why I was off, I think it was the wrong way to go about it.'*
>
> Employee, Mental Health Condition

The telephone assessment was also found to be difficult by individuals whose physical health condition impacted their ability to speak, listen, hear, or concentrate for extended periods of time. For one individual who had undergone brain surgery, talking for long periods of time was tiring, and they therefore found the assessment taxing.

Nevertheless, interviewees who had not found the process as difficult often acknowledged that provision of face-to-face assessments would be at a higher cost to the taxpayer and 'needs must', demonstrating a pragmatic understanding.

Table 4.20 Were you happy with your first assessment being conducted by telephone/face-to-face? (Weighted data)

Categories	N	*Col %*
Happy with format	777	*87*
Would have preferred face-to-face	114	*13*
Would have preferred telephone	0	-
Don't know	6	*1*
Total	897	

Base: All who had an assessment (N=895). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

4.1.4 Assessment coverage

All surveyed employees who had an assessment were asked about its coverage. The majority of employees reported that their assessment covered their general attitudes to health and work (92 per cent), their physical and/or mental health, and the effect this may have on their work (94 per cent) and difficulties at work that might act as obstacles (94 per cent). A smaller percentage of employees reported that their assessment had discussed personal difficulties outside work that might act as obstacles to getting back to work (77 per cent). See Table 4.21 for figures.

Table 4.21 Did your assessment(s) cover the following? (Weighted data)

Categories	Your general attitudes to your health and your work		Discussion of your physical and/or mental health, and the effect this may have on your work		Discussion about any difficulties at work that might act as obstacles to you getting back to work		Other personal difficulties outside work that might act as obstacles to you getting back to work	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Yes	822	*92*	843	*94*	839	*94*	688	*77*
No	41	*5*	38	*4*	45	*5*	169	*19*
Not sure	33	*4*	15	*2*	13	*1*	40	*4*
Total	897	*100*	897	*100*	897	*100*	897	*100*

Base: All who had an assessment (N=895). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

There were differences in the coverage of assessments between ethnic groups, with employees from white ethnic groups appearing to have assessments with more comprehensive coverage. Employees from white ethnic groups were more likely than those from Black and Minority Ethnic (BAME) groups to report that their assessment covered general attitudes to their health and work (93 per cent compared to 87 per cent); physical and/or mental health and the effect this might have on their work (95

per cent compared to 87 per cent); and difficulties at work that might act as obstacles to getting back to work (95 per cent compared to 87 per cent) (see TA Table 4.16 in the Technical Annex).

There were some differences in the coverage of the assessment reported between employees of different ages. Together they suggest that people aged under 35 had more comprehensive coverage in their assessment.

- Employees aged under 35 were more likely to say that the discussion covered their physical and/or mental health, and the effect this may have on their work (97 per cent) compared to those aged 35-54 (94 per cent) and those aged 55 or over (92 per cent) (see TA Table 4.17 in the Technical Annex).
- Employees aged under 35 and aged 35-54 (95 per cent each) were more likely to say that the discussion covered difficulties at work that might act as obstacles to getting back to work compared to those aged 55 or over (90 per cent). The same pattern was also observed regarding coverage of other personal difficulties outside work that might act as obstacles to getting back to work. Employees aged under 35 and aged 35-54 (79 per cent each) were more likely to say that the discussion covered this compared to those aged 55 or over (69 per cent) (see TA Table 4.17 in the Technical Annex).

The employee survey also found that employees who had returned to work were more likely to report that during the assessment they had discussed any difficulties at work that might act as obstacles to them getting back to work (96 per cent) compared to those that had not returned to work (90 per cent) (see TA Table 4.18 in the Technical Annex).

The qualitative research with employees found that they had varied experiences of their assessment content, comprising:

- Those who felt the conversation was appropriately lengthy and detailed, allowing them to discuss the entirety of their situation;
- Those who felt the questions were problematic due to their complex terminology or personal nature; and
- Some employees who felt the questions were too work-focused and did not take wider context into account.

Some employees felt their situation was covered in enough detail by the case manager, and that they were able to discuss, at length and in depth, all their sources of stress, both work-related and from their personal circumstances. Various suggestions were made by the case manager as to how employees could manage the different aspects of the difficulties they were experiencing. However, others found the assessment questions problematic. Some employees explained how the open-ended nature of certain questions proved difficult, as they felt this did not best help them accurately explain their situation. Others saw the questions as too complex or couched in highly medical terminology that made them hard to understand. Alternatively, some found the questions to be overly ‘personal’ and as such they felt uncomfortable sharing private details about their health and life over the telephone with someone who they had not met, as this employee explained:

> *‘It was a complete stranger over the phone, and I didn’t know who they were or where they were from. I did feel that I was giving my personal information to them […] I wasn’t comfortable in doing that, but I thought at the time that I had to […] I don’t feel that I should be telling anyone my business, apart from my doctor.’*
>
> Employee, Mental Health Condition

The survey showed that generally most employees surveyed (90 per cent) felt that there was nothing that the assessment did not cover that they would have liked to have had discussed. Where employees did report additional things they would have liked to have had covered with their case manager the responses were varied. For example, a small number felt that they needed to have spoken to a medical professional, some felt that they would have liked to discuss the problem at work that was causing the absence during the assessment and others felt that the assessment did not take account of their mental state.

4.1.5 Assessment findings

This section largely draws on the management information to detail the obstacles and recommendations detailed as part of the assessment. Different data collection processes in England and Wales and Scotland limit the comparability between the two providers on some of these measures, and these are noted in the text where appropriate.

Health conditions

There are two sources of data on the health condition of service participants in the management information dataset. One is drawn from the data the service receives on referral (i.e. from the GP or employer using the individual's fit note). In the data for England and Wales, this is referred to as the individual's 'pre-assessment health condition' and is broken down into three categories: mental health; musculoskeletal and 'other'. In the data for Scotland, this pre-assessment information is provided only as a descriptive open text field and has not been included in this analysis because of the processing cost required.

Secondly health conditions are covered and noted as part of the assessment and referred to here as a 'post-assessment health condition'. This is the information that is used in all analysis of health conditions in the management information data for Scotland. Where relevant, the post-assessment health condition information has been aggregated into the main health condition categories: mental health; musculoskeletal (MSK) and 'other'.

The management information in Scotland showed that over two-thirds of those assessed (70 per cent) reported experiencing one type of health obstacle with 30 per cent assessed as having comorbid conditions, where they experienced one or more simultaneously occurring health conditions. In England and Wales, a quarter of employees (25 per cent) were found at assessment to have comorbid conditions. In Scotland more employees were diagnosed at assessment as having a mental health condition than in England and Wales (32 per cent compared to 24 per cent). In England and Wales, more employees than in Scotland were assessed as having a MSK condition (26 per cent compared to 16 per cent) (Table 4.22).

One case manager discussed the complexity of some cases:

> *'We get training on basic conditions, but the reality of what we get on a day-to-day basis… my experience is, these are not mild to moderate depressions or back problems that I'm dealing with… it's not straightforward stuff. It's rare to get the straightforward ones.'*
>
> Case manager

Table 4.22 Types of health conditions, diagnosed at assessment (By nation)

Categories	England and Wales		Scotland	
	N	*Col %*	N	*Col %*
Mental Health	1,185	*24*	165	*32*
MSK	1,263	*26*	85	*16*
Other	1,222	*25*	112	*22*
Mental Health & MSK	372	*8*	44	*9*
Mental Health & Other	512	*11*	60	*12*
MSK & Other	202	*4*	51	*10*
MH & MSK & Other	97	*2*	-	-
Total	4,853	*100*	517	*100*

Source: English and Welsh management information, Scottish management information, clients referred, assessed and discharged October 2015 – December 2016 and giving health condition.

Other obstacles to returning to work

In addition to poor health, people may have other obstacles that prevent them from returning to work. Nearly all assessed employees in Scotland and in England and Wales reported at least one health obstacle (97 per cent and 98 per cent respectively). Data relating to other obstacles to returning to work differ significantly between England and Wales, and Scotland, to the extent that it suggests differences in recording practices which limits the comparability between the two datasets.

In Scotland, one or more work obstacle was recorded for 96 per cent of assessed employees, compared to just 18 per cent of assessed employees in England and Wales as shown in Table 4.23 and Table 4.24. Over half of those assessed in Scotland experienced psychological obstacles (55 per cent) and two-thirds (67 per cent) reported one or more home life obstacles (Table 4.24). Seven in ten assessed employees in Scotland (71 per cent) described health, work and social obstacles during their assessment, indicating the complexity of cases (see TA Table 4.21 in the Technical Annex).

Table 4.23 Outcome of Fit for Work assessment, England and Wales

Categories	Obstacle identified		Obstacle not identified	
	N	Row %	N	*Row %*
Has one or more health obstacles	4,871	*98*	113	*2*
Any work obstacle	894	*18*	4,090	*82*
Any home life obstacle [34]	682	*14*	4,302	*86*

Base: All assessed (N=4,984).

Source: English and Welsh management information, clients referred, assessed and discharged October 2015 – December 2016.

[31] *Psychological obstacles in the England and Wales dataset have no data.*

Table 4.24 Outcome of Fit for Work assessment, Scotland

Categories	Reported Obstacle		Did not report obstacle	
	N	*Row %*	*N*	*Row %*
Has one or more health obstacle	517	*97*	16	*3*
Has one or more work obstacles	512	*96*	21	*4*
Has one or more psychological obstacles	293	*55*	240	*45*
Has one or more home life obstacles	358	*67*	175	*33*

Base: All assessed (N=533).

Source: Scottish management information, clients referred, assessed and discharged October 2015 – December 2016.

Among assessed employees in Scotland, the most commonly cited work obstacle was the impact of the person's health condition on their ability to carry out their duties (88 per cent of all those with an assessment) and the impact of their health condition on their ability to commute (31 per cent) (Table 4.25).

In Scotland, individuals identifying mental health as their main condition were more likely to experience a perceived unsympathetic employer (37 per cent) compared to 17 per cent each for employees with other or musculoskeletal conditions. Employees with a mental health condition were more likely to experience performance management as a work obstacle (36 per cent), than employees with other (25 per cent) or musculoskeletal conditions (21 per cent). Furthermore, 23 per cent of those with mental health as their main condition perceived bullying or harassment in the workplace compared to only three per cent of individuals with musculoskeletal conditions and four per cent of those with other health conditions (Table 4.25). Due to the extent of missing data in England and Wales comparisons are not made between nations on this measure.

Table 4.25 Work obstacle, by pre-assessment health condition, Scotland

Multiple responses included

Categories	Mental Health		Musculoskeletal		Other		All	
	N	*%*	N	*%*	N	*%*	N	*%*
Impact on commute*	50	*23*	60	*39*	60	*36*	160	*31*
Impact on duties	180	*89*	140	*93*	150	*91*	470	*88*
Other	10	*5*	0	*3*	0	*1*	20	*3*
Perceived bullying or harassment*	50	*23*	0	*3*	10	*4*	60	*11*
Perceived unsympathetic employer*	70	*37*	30	*17*	30	*17*	130	*24*
Performance management*	70	*36*	30	*21*	40	*25*	140	*27*
Does not enjoy role	0	*2*	0	*0*	0	*1*	10	*1*

Base: All assessed and identified with one or more health conditions (N=517).

*Note: * indicates significant differences. Others have been included for information; Disclosure control has been applied to this table.*

Source: Fit for Work management information Scotland, clients referred, assessed and discharged October 2015 – December 2016.

The most common social obstacle recorded among assessed employees in Scotland was confidence (53 per cent), particularly for those who identified their main health condition as mental health. For those individuals experiencing mental health conditions, 73 per cent identified confidence as a social obstacle, compared with 40 per cent of those with musculoskeletal conditions and 41 per cent of those with other conditions. In general, those experiencing mental health conditions were more likely to identify bereavement, caring responsibilities, and relationships as a social obstacle than employees with musculoskeletal or other health conditions (Table 4.26).

Table 4.26 Social obstacle by pre-assessment health condition, Scotland

Categories	Mental Health		Musculoskeletal		Other		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Lack of basic skills	10	*3*	0	*2*	10	*3*	10	*3*
Unhelpful beliefs	20	*8*	10	*7*	10	*8*	40	*8*
Bereavement*	60	*28*	10	*9*	20	*11*	90	*17*
Caring responsibilities*	40	*22*	20	*11*	10	*8*	70	*14*
Confidence*	150	*73*	60	*40*	70	*41*	270	*53*
Debt	50	*27*	40	*24*	30	*17*	120	*23*
Housing	20	*12*	10	*9*	20	*9*	50	*10*
Lack of sufficient language skills	0	*1*	0	*1*	0	*2*	10	*1*
Legal issues	10	*6*	10	*6*	0	*2*	20	*4*
Awaiting medical treatment*	30	*17*	50	*35*	60	*39*	150	*29*
Other	20	*10*	10	*9*	10	*7*	40	*9*
Relationships*	50	*25*	20	*13*	20	*11*	90	*17*
Social isolation*	0	*0*	0	*0*	0	*0*	0	*0*

Base: All assessed and identified with one or more health conditions (N=517).

*Note: * indicates significant differences. Others have been included for information. Disclosure control has been applied to this table.*

Source: Fit for work management information Scotland, clients referred, assessed and discharged October 2015 – December 2016.

Fitness to work

The assessment concluded with a recommendation of the person's fitness for work. In England and Wales, 36 per cent were deemed to be fit for work with adjustments, compared to 39 per cent of assessed employees 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 would be likely to be fit within three months (see Table 4.27 and Table 4.28 below).

Among those who had received an assessment in England and Wales, cases where the main health condition identified was mental health were more likely to be considered not fit for work currently but likely to be within three months (65 per cent compared with 55 per cent of musculoskeletal and 56 per cent of other main

health conditions). This group were also less likely to be recommended as fit for work with adjustments (31 per cent compared with 39 per cent of musculoskeletal and 37 per cent of other main health conditions) (Table 4.27). The differences were not statistically significant in Scotland.

Table 4.27 Recommendation by pre-assessment health condition, England and Wales

Categories	Mental Health		Musculoskeletal		Other		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Fit for work – with adjustments	476	*31*	609	*39*	690	*37*	1,775	*36*
Not fit for work currently – but likely to be within three months	1,013	*65*	869	*55*	1,027	*56*	2,909	*58*
Fit for work – no adjustments required	39	*3*	22	*1*	46	*3*	107	*2*
Not fit for work currently – and unlikely to be fit within three months	34	*2*	74	*5*	82	*4*	190	*4*
Total	1,562	*100*	1,574	*100*	1,845	*100*	4,981	*100*

Base: All assessed and given a recommendation (N=4,981).

Source: Fit for Work management information England and Wales, clients referred, assessed and discharged October 2015 – December 2016.

Table 4.28 Recommendation by pre-assessment health condition, Scotland

Categories	Mental Health		Musculoskeletal		Other		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Fit for work – with adjustments	70	*35*	60	*40*	70	*42*	200	*39*
Not fit for work currently – but likely to be within three months	130	*63*	90	*57*	90	*53*	300	*58*
Fit for work – no adjustments required	0	*2*	0	*3*	0	*2*	10	*2*
Not fit for work currently – and unlikely to be fit within three months	0	*1*	0	*0*	0	*2*	0	*1*
Total	200	*100*	150	*100*	170	*100*	520	*100*

Base: All assessed, received a Fit for Work recommendation, and had a health condition recorded (N=516).

Note: Differences in this table are not statistically significant and are presented for information. Disclosure control has been applied to this table.

Source: Fit for Work management information Scotland, clients referred, assessed and discharged October 2015 – December 2016.

4.1.6 Employee views of the assessment

Surveyed employees were asked for their views of the assessment. Most employees agreed that their assessment was conducted in a professional manner (96 per cent), that their case manager was easy to talk to (93 per cent) and that the assessment covered all the issues affecting their return to work, not just their medical condition (91 per cent). A marginally smaller percentage agreed that their assessment focused on return to work and not just their medical condition (88 per cent) (Table 4.29).

Table 4.29 To what extent do you agree or disagree that... (Weighted data)

Categories	Your assessment focused on return to work and not just your medical condition		Your case manager was easy to talk to		Your assessment(s) covered all the issues affecting your return to work		Your assessment(s) was conducted in a professional manner	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Strongly agree	447	*50*	591	*66*	478	*54*	598	*67*
Agree	334	*38*	246	*28*	339	*38*	257	*29*
Neither agree nor disagree	61	*7*	29	*3*	27	*3*	15	*2*
Disagree	29	*3*	15	*2*	28	*3*	12	*1*
Strongly disagree	13	*1*	12	*1*	18	*2*	12	*1*
Total	**884**	***100***	**894**	***100***	**890**	***100***	**894**	***100***
Agree	781	*88*	838	*93*	817	*91*	855	*96*
Disagree	43	*5*	27	*3*	45	*5*	24	*3*

Base: 'Don't know' responses have been excluded. All who had an assessment and reported focus on return to work (N=881). All who had an assessment and reported whether case manager was easy to talk to (N=892). All who had an assessment and reported whether assessment covered all issues (N=888). All who had an assessment and reported whether assessment was conducted professionally (N=893). Unweighted.

Source: Fit for Work evaluation Wave One employee survey. Note: the person who conducts the assessment is called a case manager.

Assessment focused on return to work not just a medical condition

One statement had statistically significant differences reported by age, and whether the employee was back at work:

- Employees aged under 35 (90 per cent) or 35-54 (90 per cent) were more likely than those aged 55 or over (82 per cent) to report that their assessment focused on their return to work and not just their medical condition (see TA Table 4.25 in the Technical Annex).
- Employees who were back at work were more likely to agree with the statement that the assessment focused on their return to work and not just their medical condition than employees who were not yet back at work at the time of the survey (91 per cent compared to 84 per cent) (see TA Table 4.26 in the Technical Annex).

Employees' views on the empathy and professionalism of case managers

All employees who had an assessment were asked the extent to which they agreed or disagreed that their case manager was easy to talk to. Overall, 93 per cent of employees agreed or strongly agreed with this statement. Employees who dropped out of the service post-assessment were less likely (89 per cent) than completers (94 per cent) to agree that the case manager was easy to talk to (see TA Table 4.27 in the Technical Annex).

The qualitative research with employees also found that they generally felt case managers were friendly and approachable, and had an empathetic approach that was particularly valued. Where employees felt they had been dealt with in an attentive, supportive and reassuring manner, they felt better able to think through the process of returning to work. For example, one employee who received two assessments compared the *'unhelpful'* approach of their first case manager (who, they felt, had been too keen to push them back to work and did not pay enough attention to their circumstances) compared to the second who was seen as *'compassionate'* and *'understanding'*.

> *'I got the sense [the case manager] was sympathetic, [they were] trying to understand the office scenario that I was describing to [them] that was all relevant to what I was experiencing.'*
>
> Employee, Mental Health Condition

The importance of ensuring that employees felt that their situation had been fully appraised and understood in a sensitive and professionally informed manner was emphasised. Employees also explained it was essential to feel that case managers understood the complexity of their workplace environment and health condition. Where employees felt advice came from a specialist in their health condition, this was held in high esteem. Employees were vociferous that a one-size-fits-all or generalist approach should not be applied. As such, interviewees expressed frustration when they did not think their case manager fully understood the specific health condition or workplace situation.

> *'The guy that was doing it was very nice and very helpful, but I just kept thinking, "you don't quite get this". Because for me it was huge, and you're saying, "have you tried a bit of relaxation?"'*
>
> Employee, Other Health Condition

Whether assessment covered all issues

All surveyed employees that had had an assessment were asked the extent to which they agreed or disagreed that their assessment covered all the issues affecting their return to work.

- Employees who were back at work (93 per cent) were more likely to agree that their assessment covered all the issues affecting their return to work than those who were not back at work (88 per cent) (see TA Table 4.28 in the Technical Annex).
- Employees who dropped out of the service post-assessment (78 per cent) were less likely to agree that their assessment covered all the issues affecting their return to work than employees who completed the process (93 per cent) (see TA Table 4.29 in the Technical Annex).

The qualitative interviews found that, given that generally employees maintained they were given enough time in their assessment to talk through all the issues facing them, this suggests that any perceived lack of understanding between employees

and case managers was not down to a lack of time. In part this may be explained by the difficulties experienced in articulating more abstract feelings. Some employees explained that they found it hard to fully explain the entirety of their situation. This particularly related to the idiosyncrasies of workplace relationships and organisational structure, or how they felt towards their work or health condition.

4.2 Employer contact with case managers

Employers can have contact with case managers before and after their employee receives an RtWP. This section presents the evidence relating to when employers have contact with case managers, and the nature of that contact, before exploring satisfaction with the outcomes of the contact and finally details of anything else they would have liked to discuss with a case manager.

4.2.1 When contact takes place

All employers responding to the survey were asked about the nature of their contact with the service. Where employers worked for an organisation with multiple sites they were directed to think about activities at the site they worked at. Nearly all employers surveyed (99 per cent) had made a referral to the service for an employee at their organisation. Just over three-quarters (77 per cent) had received an RtWP for an employee referred by the organisation, and two per cent had received an RtWP for an employee referred by a GP. Nearly one-third (31 per cent) had had other contact with the service (Table 4.30). Responses here were varied, but included emailing the service and having telephone conversations with case managers, for example to clarify the referral process, or to seek advice or request updates about their employees.

Table 4.30 What contact has your organisation had with the service? (Weighted data)

Multiple responses included		
Categories	N	*%*
Made a referral for an employee	498	*99*
Received an RtWP for an employee referred by your organisation	390	*77*
Received an RtWP for an employee referred by a GP	11	*2*
Had other contact	158	*31*

Base: All respondents (N=504). Unweighted.

Source: Fit for Work evaluation employer survey.

There were some differences in the nature of contact employers had had with the service.

- Large employers were more likely (43 per cent) than employers with 50-249 employees (24 per cent) and with fewer than 50 employees (22 per cent) to have had other contact with the service (see TA Table 4.33 in the Technical Annex).

- Employers in the business and other services sector were more likely (nine per cent) than employers in the energy and manufacturing sector (one per cent), retail sector (two per cent), or health, care and charity sector (two per cent) to have received an RtWP for an employee referred by a GP, although these findings should be treated with some caution due to the low base size (see TA Table 4.34 in the Technical Annex).
- Employers with access to occupational health services were more likely (37 per cent) than employers without access to such services (26 per cent) to have had other contact with the service (see TA Table 4.35 in the Technical Annex).

All surveyed employers that had had contact with the service (i.e. made a referral to the service and/or received an RtWP) were asked whether they or their organisation had any contact with the case manager undertaking the assessment. This could be either before receiving an RtWP for their employee, or afterwards, or both before and after. Just under half (49 per cent) said they had had contact with a case manager, and just over half (51 per cent) said they had not (see Table 4.31 below).

Table 4.31 Did you have contact with a case manager undertaking the assessment? (Weighted data)

Categories	N	*Col %*
No	255	*51*
Yes (for most recent employee case, or within the last six months)	246	*49*
Total	501	*100*

Base: All respondents that had contact with the service (N=501). Unweighted.

Source: Fit for Work evaluation employer survey.

Those employers that had had contact with a case manager were asked who had initiated contact. Three in five employers (60 per cent) said that their organisation had initiated contact with a case manager, whilst 36 per cent said that the case manager had initiated contact with them (see TA Table 4.36 in the Technical Annex). Large employers and those with access to an occupational health service were more likely to have had other contact with the service, and to have had the capacity to initiate contact themselves.

Employers that had had contact with a case manager were asked when this contact had taken place. Thirty-seven per cent said it was before their organisation received an RtWP, 29 per cent said it was after they had received an RtWP and the remaining 34 per cent said they had had contact with the case manager both before and after receiving an RtWP (see Table 4.32).

There were differences in terms of when contact between employers and case managers had taken place by employer size. Employers with 250 or more employees were more likely (43 per cent) to have had contact with a case manager before their organisation received an RtWP compared to employers with fewer than 50 employees (33 per cent) or 50-249 employees (30 per cent). See Table 4.32 for figures.

Qualitative interviews with employers found that where they had the opportunity to talk to a case manager before receiving the RtWP, this fostered a greater sense of co-production and ownership of the RtWP which was particularly valued by employers, as was staying up-to-date with the progression of a case. This view was supported by one case manager who was interviewed:

'Talking to employers is really good, it moves everything forward – they're like, "yes I can do that, no I can't do that", it's really good.'

Case manager

Communication and contact with case managers after receiving the RtWP is detailed further in Section 4.2.2.

Table 4.32 When contact takes place, by size (Weighted data)

Categories	Less than 50 employees		50-249 employees		250+ employees		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Before your organisation received the RtWP	20	*33*	21	*30*	43	*43*	86	*37*
After your organisation received the RtWP	17	*28*	25	*36*	25	*25*	68	*29*
Or both before and after	24	*39*	23	*33*	32	*32*	79	*34*
Total	61*	*100*	69*	*100*	100	*100*	233	*100*

Base: All respondents that had contact with a case manager and reported size (N=230). 'Don't know' responses removed. Unweighted.

Source: Fit for Work evaluation employer survey.

4.2.2 The nature of contact

All employers that had had contact with a case manager were asked about the nature of this contact. The most frequently reported type of contact was to receive an update on the progress of the case (39 per cent).[32] Three in ten employers (30 per cent) said that their contact with a case manager was to discuss the practicalities of recommendations in the RtWP. Responses given by more than five per cent of respondents are detailed in Table 4.33.

[32] There are restrictions regarding data protection and consent about the nature and type of information that case managers are able to discuss and share with employers about employees.

Table 4.33 Nature of contact (Weighted data)

Multiple responses included	
Categories	*% of employers*
Receiving an update on the progress of the case	*39*
Discussing practicalities of recommendations made in RtWP	*30*
Other contact	*19*
Discussing case history	*11*
Don't know	*8*
Information about Fit for Work referrals (e.g. rules/ eligibility etc.)	*7*
Discussing/clarifying the RtWP	*7*
Providing further information about employee's work environment and role	*7*

Base: All respondents that had contact with a case manager (N=246); responses given by more than five per cent. Unweighted.

Source: Fit for Work evaluation employer survey.

There were statistically significant differences in the nature of contact between employers and case managers by size. Employers with 250 or more employees were more likely (36 per cent) than employers with fewer than 50 (20 per cent) or 50-249 employees (29 per cent) to have had contact with case managers to discuss the practicalities of the recommendations in the RtWP. Large employers were also more likely to have discussed case history (15 per cent) compared to employers with 50-249 employees (five per cent). Employers with 50-249 employees were more likely than employers of other sizes to have had contact to provide further information about an employee's role (13 per cent compared to three per cent of those with less than 50 employees and four per cent of those with 250 or more employees) (Table 4.34).

Table 4.34 Nature of contact, by size (Weighted data)

Multiple responses included				
Categories	Less than 50 employees	50-249 employees	250+ employees	All
	%	*%*	*%*	*%*
Receiving an update on the progress of the case	*40*	*44*	*35*	*39*
Discussing practicalities of recommendations made in RtWP	*20*	*29*	*36*	*30*
Other contact	*17*	*16*	*23*	*19*
Discussing case history	*11*	*5*	*15*	*11*
Don't know	*11*	*9*	*5*	*8*
Information about Fit for Work referrals (e.g. rules/eligibility etc.)	*13*	*6*	*5*	*7*
Discussing/clarifying the RtWP	*5*	*6*	*9*	*7*
Providing further information about employee's work environment and role	*3*	*13*	*4*	*7*
Base	64*	77*	102	246

Base: All respondents that had contact with a case manager (N=246). Unweighted.

Source: Fit for Work evaluation employer survey.

Exploring when the contact between employers and case managers took place shows that there was some variation. Of those employers that had contact with case managers about discussing the practicalities of the RtWP, one in five (22 per cent) had contact before their organisation received the RtWP, with 32 per cent having contact after the RtWP was issued, and 42 per cent both before and after the RtWP was issued, indicating that of those employers that had contact with case managers, two-thirds (64 per cent) had contact prior to the issue of an RtWP (Table 4.35). In total, around a third of all employers surveyed that had contact with a case manager (30 per cent) discussed the practicality of recommendations (Table 4.34).

Table 4.35 Discussing practicalities of recommendations made in RtWP with a case manager (Weighted data)

Categories	Had contact with case manager about practicality of recommendations		No contact with case manager about practicality of recommendations		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Before your organisation received the RtWP	16	*22*	70	*41*	86	*35*
After your organisation received the RtWP	24	*32*	44	*26*	68	*28*
Both before and after	31	*42*	48	*28*	79	*32*
Don't know	3	*4*	10	*6*	13	*5*
Total	74*	*100*	172	*100*	246	*100*

Base: All respondents that had contact with a case manager (N=246). Unweighted.

Source: Fit for Work evaluation employer survey.

All employees who received a copy of their RtWP were asked whether their case manager contacted their employer to discuss it with them. The majority of employees (55 per cent) who had an RtWP reported that their case manager discussed their return to work with their employer, although quite a high proportion (nearly one in three employees) did not know or could not recall whether this had been the case (30 per cent) (Table 4.36).

- Employees referred by their GP were more likely (30 per cent) than those referred by their employer (11 per cent) to report that their case manager did not contact their employer to discuss their RtWP (see TA Table 4.38 in the Technical Annex). Both employees in managerial and professional occupations and those referred by a GP were more likely to have mental health conditions (see Technical Appendix section 3.2.1).
- Employees with a mental health condition were more likely (22 per cent) than those with musculoskeletal (13 per cent) or other health conditions (12 per cent) to say that their case manager did not contact their employer to discuss their RtWPs (see TA Table 4.39 in the Technical Annex).
- Employees in sales, process and elementary occupations were more likely (62 per cent) to say their case manager contacted their employer to discuss their RtWP than employees in managerial and professional occupations (47 per cent) (see TA Table 4.40 in the Technical Annex).

Table 4.36 Did your case manager contact your employer to discuss your RtWPs? (Weighted data)

Categories	N	*Col %*
Yes contacted employer	443	*55*
No did not contact employer	129	*16*
Don't know/can't recall	241	*30*
Total	813	*100*

Base: All who received an RtWP (N=814). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

4.2.3 Employer satisfaction with the outcome of case manager contact

All employers that had had contact with a case manager were asked about their level of satisfaction with the outcome of the contact. Most (72 per cent) were very or fairly satisfied with the outcome of their contact with a case manager. There were differences in satisfaction levels by employer size. Employers with 50-249 employees were more satisfied (either very or fairly) (84 per cent) than employers with less than 50 employees (65 per cent) or 250 or more employees (68 per cent) as shown in Table 4.37.

All employers that had contact with a case manager were asked how much of the information they wanted they were able to access from the case manager. Most (58 per cent) said they were able to access all of the information they wanted, 29 per cent said they were able to access some and 13 per cent said they were able to access none (Table 4.38). There were no statistically significant differences between key groups to responses to this question.

Table 4.37 Were you/your organisation satisfied with the outcome of this contact? By size (Weighted data)

Categories	Less than 50 employees		50-249 employees		250+ employees		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Very satisfied	22	*35*	34	*45*	45	*45*	102	*42*
Fairly satisfied	19	*30*	29	*39*	23	*23*	73	*30*
Neither satisfied nor unsatisfied	5	*8*	4	*5*	8	*8*	17	*7*
Fairly dissatisfied	6	*10*	4	*5*	12	*12*	22	*9*
Or very dissatisfied	11	*17*	4	*5*	11	*11*	26	*11*
Total	63*	*100*	75*	*100*	99*	*100*	240	*100*

Base: All respondents that had contact with a case manager and reported size (N=237). Unweighted.

Source: Fit for Work evaluation employer survey.

Table 4.38 How much of the information you wanted were you able to access from the case manager? (Weighted data)

Categories	N	Col %
All	134	*58*
Some	68	*29*
None	29	*13*
Total	231	*100*

Base: All respondents that had contact with a case manager (N=231). 'Don't know' has been recoded as missing data. Unweighted.

Source: Fit for Work evaluation employer survey.

4.2.4 What employers that did not have contact with a case manager would have liked to discuss

Those employers that did not have contact with a case manager were asked if there was anything they would have liked to have discussed with a case manager. Respondents could give multiple answers. One in three employers (31 per cent) said that they did not want contact with the case manager, and a further five per cent did not know, however the other employers that had not had contact with a case manager reported that there was something that they would have liked to have discussed. The most frequently cited issue employers would have liked to discuss was the practicalities of the recommendations made in the RtWP (25 per cent of employers that did not have contact). Other areas for discussion were varied and those given by more than five per cent of respondents are noted in Table 4.39.

There were statistically significant differences in what employers who did not have contact with a case manager would have liked to have discussed by size. Employers from small organisations (less than 50 employees) were more likely to have wanted to provide further information about the employee's work environment and role (13 per cent) and to be part of the assessment process (ten per cent) than employers with 50-249 employees (seven per cent and five per cent respectively) or employers with 250 or more employees (four per cent and two per cent respectively).

Table 4.39 What, if anything, would you/your organisation have liked the opportunity to discuss with a case manager? By size (Weighted data)

Multiple responses included

Categories	Less than 50 employees	50-249 employees	250+ employees	All
	%	*%*	*%*	*%*
Didn't want contact	*28*	*32*	*31*	*31*
Discussing practicalities of recommendations made in RtWP	*27*	*23*	*26*	*25*
Receiving an update on the progress of the case	*18*	*23*	*23*	*22*
When/if the employee would be returning to work	*4*	*9*	*8*	*8*
Providing further information about employee's work environment and role	*13*	*7*	*4*	*7*
Discussing case history	*6*	*9*	*4*	*6*
To be part of the assessment process	*10*	*5*	*2*	*5*
Other	*6*	*3*	*8*	*6*
Base				255

Base: All respondents that had not had contact with a case manager (N=255). Unweighted.

Source: Fit for Work evaluation employer survey.

5 Return to Work Plan

Chapter summary

- In England and Wales, 82 per cent of employees that had an assessment were issued with a Return to Work Plan (RtWP), meaning the service delivered 4,108 RtWPs. In Scotland, only one of the 533 assessed employees was not issued with an RtWP.
- In England and Wales, employees referred by an employer were more likely to receive an RtWP (84 per cent) than those referred by a GP (77 per cent).
- Employees were highly satisfied with their RtWP. Most employees were satisfied that they were able to agree all the issues covered by their RtWP with their case manager (86 per cent). Eighty-one per cent were satisfied with their RtWP overall.
- Regression analysis showed that employees in England and Wales were 3.2 times more likely to think their RtWP was helpful with a view to returning to work than employees in Scotland.
- Qualitative interviews with employees revealed that satisfaction was greater when employees thought their RtWP was tailored, personalised, appropriate for their occupation and sector, and was 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. Ninety-one per cent shared their RtWP with their employer: three-quarters (76 per cent) shared all of their RtWP, and 15 per cent shared part.
- In England and Wales, employees with a mental health condition were less likely to share their RtWP with their employer (87 per cent) than those with musculoskeletal (92 per cent) or other conditions (94 per cent). A similar pattern was found in Scotland.
- Employers – particularly referring employers – could feel frustrated when they could not find out more information or access RtWPs without employee consent.
- Just under half of employees (45 per cent) had been required to submit their RtWP summary to certify their absence. Two in five (40 per cent) of employees who were not required by their employer to submit a summary of their RtWP reported that their employer asked them for a fit note.
- Nearly two in five (39 per cent) 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.
- Sixty-one per cent of employers surveyed reported they had fully implemented the RtWP and a further 23 per cent reported they had partially implemented it.
- Employers most commonly reported that recommendations were not enacted because they were impractical or inappropriate to their work context (45 per cent of employers had RtWP recommendations that were not implemented).
- Employees surveyed in the first Wave with mental health conditions were more likely to also be receiving help from external sources whilst in contact with the Fit for Work service (49 per cent) than those with musculoskeletal (26 per cent) or other conditions (29 per cent). This relationship was also found in the Wave Two employee survey.

- Just below one-fifth of employees (17 per cent) would have liked more support from the service.
- All employers were asked about their awareness and use of a tax exemption of up to £500 (per year, per employee) on medical treatments recommended to help their employees return to work. Four in ten employers (40 per cent) were aware of this tax exemption but had not used it and a further one per cent of employers had used this tax exemption in the past. The majority of employers (53 per cent) had not heard of this exemption and the remaining six per cent of employers were not sure. Most employers (84 per cent) said that they would definitely or possibly consider using the tax exemption in future.

This chapter covers the employee and employer experience of the Return to Work Plan (RtWP), including the recommendations contained in the RtWPs and whether or not they are implemented and the reasons for this.

5.1 Receiving Return to Work Plans

5.1.1 Employee experience

In England and Wales, the management information shows that 82 per cent of employees who were referred and had an assessment and were discharged between October 2015 and December 2016 received an RtWP, meaning the service delivered 4,108 RtWPs during this period. Eighteen per cent of employees that were assessed were recorded as not receiving an RtWP (Table 5.1). By contrast, in Scotland, only one out of the 533 employees receiving an assessment did not receive an RtWP. The reasons for this difference are unclear. However, the two providers have slightly different processes, which could explain some of the differences. In England and Wales enrolment and assessment usually takes place in the same session, whereas for Scotland, employees have an initial call to enrol and then a second call to carry out the assessment.

In England and Wales, the average (mean) number of days between referral and last RtWP published to the employee was 13 days, the median was six days, and the mode was two days. In Scotland the average (mean) number of days between referral and last RtWP was 25 days, with a median of 14 days and a mode of 0. The minimum number of days between referral and last RtWP was 0 days and the maximum was 126 days. The differences here are likely to be explained by the slightly different ways and time points that the two providers collect and record assessment and RtWP data. In the Scottish system, an employee has one assessment and then all contact after that is recorded as an RtWP, whereas in England and Wales employees can have multiple assessments and contact, and a new RtWP is not necessarily created and published each time.

In England and Wales employees referred by an employer were more likely to receive an RtWP than those referred by a GP. Of employees referred by an employer 84 per cent received an RtWP, and 16 per cent did not. Of employees referred by a GP 77 per cent received an RtWP and 23 per cent did not (Table 5.1).

Table 5.1 Whether assessed employees received an RtWP – England and Wales (by source of referral)

Categories	Employer referral		GP referral		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Received RtWP	3,114	*84*	994	*77*	4,108	*82*
Did not receive RtWP	587	*16*	289	*23*	876	*18*
Total	3,701	100	1,283	100	4,984	100

Source: English and Welsh management information, clients referred and discharged October 2015 – December 2016 and having an assessment.

5.1.2 Employer experience

During the assessment employees can give their consent for their RtWP to be shared with their employer. All employers surveyed that had referred an employee to the service were asked how many RtWPs they had received. Just under half of these employers (48 per cent) had received one RtWP, with 14 per cent receiving two and 16 per cent receiving three or more (Table 5.2). The most RtWPs that one respondent reported receiving was 20. Around one in five employers (22 per cent) that had made a referral had not received an RtWP.

Table 5.2 How many RtWPs for your employees have you received? (Weighted data)

Categories	N	*Col %*
None	108	*22*
1	237	*48*
2	69	*14*
3+	81	*16*
Total	494	*100*

Base: All respondents referring an employee to the service (N=494). Unweighted.

Source: Fit for Work evaluation employer survey.

Those who had not received an RtWP were asked if they knew the reason for this. A quarter of employers (25 per cent) were not sure why. The three most frequently mentioned reasons were the employee not consenting to sharing the RtWP (17 per cent), the service being unable to contact the employee (12 per cent of this group of employers) and because the employee had returned to work before their RtWP was completed (11 per cent of cases) as shown in Table 5.3.

Table 5.3 Why employers hadn't received an RtWP (Weighted data)

Multiple responses included		
Categories	*%*	% of employers
Employee not consented to sharing RtWP	*15*	*17*
FfW unable to contact employee	*11*	*12*
Employee returned to work before RtWP complete	*9*	*11*
Other	*7*	*8*
FfW cannot/will not discuss it with me/data protection issues	*7*	*8*
Have not heard anything/no contact with FfW	*7*	*8*
Too soon, recent referral	*6*	*7*
Employee was not ready to return to work	*6*	*7*
Employee resigned/left the company	*5*	*6*
Don't know/unsure	*22*	*25*
Base		88*

Base: All respondents who had not received an RtWP for their employee (N=88). Unweighted.

Source: Fit for Work evaluation employer survey.

5.1.3 Employee satisfaction with the RtWP two months after discharge

All surveyed employees at Wave One receiving an RtWP were asked about their level of satisfaction regarding a number of dimensions. The highest proportion of employees were satisfied that they were able to agree the issues with their case manager (88 per cent), that their RtWP covered all issues affecting their return to work (86 per cent) and that they were able to agree the recommendations in their RtWP (86 per cent).

A slightly smaller proportion of employees were satisfied that the RtWP contained new suggestions or actions not considered before (76 per cent) or that it would help them return to work (76 per cent). Four in five employees were satisfied with their RtWP as a whole (81 per cent) (Table 5.4).

There were a number of differences in levels of satisfaction on these measures by region.

- Employees in Scotland (95 per cent) were more likely than those in England and Wales (86 per cent) to report they were satisfied that they were able to agree the recommendations with their case manager (see TA Table 5.1 in the Technical Annex).
- Employees in Scotland were more likely than those in England and Wales to be satisfied that the actions in their RtWP were achievable (92 per cent compared to 77 per cent) (see TA Table 5.1 in the Technical Annex).
- Employees in Scotland were more likely than those in England and Wales to be satisfied that their RtWP would help them to return to work (88 per cent compared to 75 per cent) (see TA Table 5.1 in the Technical Annex).

Table 5.4 How satisfied were you...? (Weighted data)

Categories	Very satisfied		Fairly satisfied		Neither satisfied nor dissatisfied		Fairly dissatisfied		Very dissatisfied		Don't Know		All
	N	*Row %*	N	*Row %*	N	*Row %*	N	*Row %*	N	*Row %*	N	*Row %*	N
That the RtWP covered all the issues affecting your return to work	433	*53*	265	*33*	63	*8*	26	*3*	20	*2*	7	*1*	813
That you were able to agree the issues covered by your RtWP with your case manager	458	*56*	260	*32*	46	*6*	28	*3*	15	*2*	6	*1*	813
That you were able to agree the recommendations in your RtWP with your case manager	465	*57*	237	*29*	53	*6*	27	*3*	27	*3*	4	*1*	813
That your RtWP was tailored to your particular needs	458	*56*	228	*28*	61	*7*	31	*4*	31	*4*	5	*1*	813
That the actions in your RtWP were achievable	408	*50*	228	*28*	82	*10*	39	*5*	47	*6*	9	*1*	813
That your RtWP would help you return to work	395	*49*	221	*27*	98	*12*	42	*5*	45	*5*	13	*2*	813
That your RtWP contained new suggestions or actions not considered before	340	*42*	274	*34*	126	*16*	23	*3*	32	*4*	18	*2*	813
With your RtWP as a whole	452	*56*	201	*25*	79	*10*	33	*4*	46	*6*	3	*0*	813

Base: All who received their RtWP (N=814). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

The Scottish management information dataset also captured satisfaction data from employees that had undertaken an assessment two weeks after using the service.[33] For employees that were referred and discharged between October 2015 and December 2016, this set of results is more positive than the data collected as part of the employee survey for this evaluation. The difference in the time elapsed since receiving the service and the data collection points, and the different scale against which responses were collected, could explain the difference, with employees less satisfied over time depending on whether their situation had changed. The survey results have demonstrated that employees who returned to work were generally more positive on a range of measures about the service than employees who were yet to return to work.

Table 5.5 shows that:

- The majority of employees (94 per cent) were satisfied (giving a rating of very satisfied, or 4) that all return to work issues were addressed by their assessment. Seventy-five per cent of employees said they were very satisfied and 19 per cent were satisfied that all return to work issues were addressed by the assessment.
- Most employees were satisfied that their RtWP was easy to understand (94 per cent).
- Most employees were satisfied that their RtWP recommendations were relevant for their return to work (94 per cent).
- The majority of employees were satisfied that the service was easy to use (96 per cent), with 83 per cent being very satisfied. The overwhelming majority of employees were satisfied that they were able to trust the service (99 per cent).

[33] Comparable data are not presented for England and Wales because of the large number of missing values.

Table 5.5 How satisfied were you that...?

Categories	Not at all satisfied		1		2		3		4		Very satisfied		All
	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N
All return to work issues addressed by assessment	0	*0*	0	*0*	0	*0*	20	*5*	70	*19*	280	*75*	370
RtWP easy to understand	0	*0*	0	*0*	0	*0*	20	*5*	60	*15*	290	*79*	370
RtWP recommendations relevant for return to work	0	*1*	0	*0*	10	*1*	10	*4*	70	*18*	280	*76*	370
Service easy to use	0	*0*	0	*0*	0	*1*	10	*3*	50	*13*	300	*83*	370
Able to trust service	0	*0*	0	*0*	0	*1*	0	*1*	40	*11*	320	*88*	370

Notes: Disclosure control has been applied to this table.

Source: Scottish management information, clients referred and discharged October 2015 – December 2016.

Employees who had returned to work were more likely to express satisfaction across a range of measures than those employees who had not returned to work at the time of the survey. See Table 5.6 below for figures.

- Employees who had returned to work were more likely to be satisfied that their RtWP covered all issues affecting return to work (90 per cent) than employees who had yet to return to work (77 per cent). They were also more likely to be satisfied that they were able to agree the issues with their case manager (93 per cent compared to 80 per cent) and agree the recommendations compared to those not back at work (91 per cent compared to 77 per cent).
- Additionally, employees who had returned to work were more likely to be satisfied that the RtWP was tailored to their particular needs (90 per cent compared to 74 per cent), that the recommendations were achievable (87 per cent compared to 62 per cent), that the RtWP would help them back to work (88 per cent compared to 53 per cent), and that it contained actions that had not been suggested before (80 per cent compared to 68 per cent). They were also generally more satisfied with the RtWP overall (87 per cent compared to 67 per cent that had not returned to work).

Table 5.6 How satisfied were you with the following... By whether back at work (Weighted data)

Categories	Returned to work								Not returned to work							
	Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Don't know		Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Don't know	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
That the RtWP covered all the issues affecting your return to work	480	*90*	30	*6*	20	*3*	0	*1*	210	*77*	30	*11*	30	*11*	0	*1*
That you were able to agree the issues covered by your RtWP with your case manager	500	*93*	20	*3*	20	*3*	0	*1*	220	*80*	30	*10*	30	*9*	0	*1*
That you were able to agree the recommendations in your RtWP with your case manager	490	*91*	20	*4*	20	*4*	0	*0*	210	*77*	30	*10*	30	*11*	0	*1*
That your RtWP was tailored to your particular needs	480	*90*	30	*5*	30	*5*	0	*0*	210	*74*	30	*12*	40	*13*	0	*1*
That the actions in your RtWP were achievable	460	*87*	40	*7*	30	*6*	0	*1*	170	*62*	40	*16*	60	*20*	10	*2*
That your RtWP would help you return to work	470	*88*	40	*7*	30	*5*	0	*1*	150	*53*	60	*23*	60	*21*	10	*3*
That your RtWP contained new suggestions or actions not considered before	430	*80*	80	*15*	20	*4*	10	*2*	190	*68*	50	*17*	30	*12*	10	*3*
With your RtWP as a whole	470	*87*	40	*7*	30	*6*	0	*0*	190	*67*	40	*15*	50	*17*	0	*1*
Total	540								280							

Base: All who received their RtWP (N=814). Unweighted.

Notes: Disclosure control has been applied to this table.

Source: Fit for Work evaluation Wave One employee survey. Note: the person who conducts the assessment is called a case manager.

Logistic regression was conducted on the Wave One employee survey data to explore what factors were associated with whether employees felt their RtWP was helpful with a view to returning to work (see TA Table 5.2 in the Technical Annex). Results from the logistic regression have been presented using odds ratios. After controlling for other factors, odds ratios indicated that employees in England and Wales were 3.2 times more likely to think their RtWP was helpful than employees in Scotland. Employees who were not provided with occupational health support by their employer were also 2.2 times more likely to find their RtWP helpful than those who had access to such support. Those who had returned to work were 4.6 times more likely to agree their RtWP was helpful than those who were still absent from work at the time of interview.

A range of perceptions about the RtWPs were also statistically significant. Employees who were satisfied their RtWP met each of the following criteria were significantly more likely to find their RtWP helpful than those who were neutral or dissatisfied:

- That their RtWP was tailored to their situation (3.7 times more likely);
- That the recommendations in their RtWP were achievable (8.3 times more likely);
- That their RtWP contained suggestions that were new to them (4.8 times more likely); and
- That their RtWP was satisfactory overall (8.8 times more likely).

The qualitative interviews with employees found that some very much valued their RtWP, and this reflected the views of those who experienced a range of different health conditions and workplace relationships. Those with positive views felt their RtWP represented their situation well, suggesting realistic and achievable steps that both they and their employer could take to help them back to work.

> *'It said what I wanted it to say… it reflected some of the issues I had about different stress levels, and in particular the shift work that I used to do which is physically hard… [It] acknowledged the issues that were contributing to my illness, and that's what I wanted to bring to my HR department.'*
>
> Employee, Other Health Condition
>
> *'I wasn't suddenly faced with "oh my goodness I'm going back to work tomorrow and after two weeks I'm in full-time". It was done gradually, I think over six weeks and that was brilliant.'*
>
> Employee, Musculoskeletal Problem

Others were less sure and described that whilst their RtWP was good in and of itself, it was not 'quite right' for them. Negative views were reported where employees felt that their RtWP was not tailored enough and required more personalisation both in respect of their job role (e.g. taking account of the specifics of security logistics rather than fitting an RtWP to a generic driving role) or their health condition. For example, several employees explained that there were no '*light duties'* in their organisation, that they *'couldn't be insured [at work] until I was 100 per cent fit'* or that recommendations were simply impractical. One employee explained the perceived gap in the tailoring of their RtWP recommendations to their situation:

> *'After taking six weeks off it was quite difficult to go back, they wanted to phase me back into work, but I knew [my employer] wouldn't accept that… I did tell [my employer] that [Fit for Work] wanted to phase me back in to work and [they] just sort of laughed and thought it was funny.'*
>
> Employee, Mental Health Condition

5.1.4 Employee satisfaction with the RtWP eight to ten months after discharge

During the Wave Two survey employees were again asked how satisfied they were with their RtWP in hindsight according to a number of different elements. Satisfaction remained high. Four-fifths (80 per cent) of respondents were satisfied or very satisfied that their RtWP was tailored to their needs, three-quarters (76 per cent) felt that it was helpful with a view to returning to work and satisfaction across all other measures was high (see Table 5.7). These satisfaction scores are very similar to those reported at Wave One – typically Wave Two scores are only a few percentage points less than Wave One satisfaction scores, although statistical tests for significance were not performed because the data come from two separate surveys, and these elements were not linked.

Table 5.7 Satisfaction with RtWP (Weighted data)

Categories	Very satisfied		Fairly satisfied		Neither satisfied nor dissatisfied		Fairly dissatisfied		Very dissatisfied		All
	N	*Row %*	N	*Row %*	N	*Row %*	N	*Row %*	N	*Row %*	N
RtWP covered all issues affecting return to work	226	*51*	115	*26*	63	*14*	18	*4*	19	*4*	441
RtWP was tailored to particular needs	227	*51*	129	*29*	60	*14*	12	*3*	18	*4*	446
RtWP was helpful with a view to returning to work	213	*48*	125	*28*	68	*15*	15	*3*	25	*6*	446
Recommendations in RtWP were achievable	207	*47*	127	*29*	58	*13*	21	*5*	24	*5*	436
RtWP contained new suggestions/actions that had not been considered before	154	*35*	142	*33*	106	*24*	15	*3*	19	*4*	437
Satisfaction with RtWP as a whole	226	*51*	128	*29*	54	*12*	11	*3*	23	*5*	443

Base: All respondents who received their RtWP that reported: "RtWP covered all issues affecting return to work" (N=442); "that RtWP was tailored" (N=447), "that RtWP was helpful with a view to returning to work" (N=448), "that recommendations were achievable" (N=438), "that RtWP contained new suggestions" (N=437); and "overall satisfaction with RtWP" (N=444), 'don't know' responses excluded. Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

A number of results were found related to respondents' satisfaction regarding whether their RtWP was tailored to their needs:

- Respondents in organisations with fewer than 50 employees were less likely to be satisfied (72 per cent) than those in organisations with 50-249 employees (84 per cent) or organisations with 250 or more employees (86 per cent) (see TA Table 5.14 in the Technical Annex).
- Respondents in retail, hospitality, leisure, creative, business services and other services (89 per cent) and energy, manufacturing, construction, transport and logistics (87 per cent) were more likely to be satisfied than those in public administration and public services (79 per cent) and the health, care and charity sectors (72 per cent) (see TA Table 5.16 in the Technical Annex).
- Respondents in Scotland were more likely to be satisfied (93 per cent) than those in England and Wales (78 per cent) (see TA Table 5.17 in the Technical Annex).

A number of results were found related to respondents' satisfaction regarding whether the recommendations in their RtWP were achievable:

- Respondents who had access to additional sick pay over Statutory Sick Pay (SSP) at Wave Two were more likely to be satisfied (84 per cent) than those who did not have access (73 per cent) (see TA Table 5.21 in the Technical Annex.
- Managers and professionals (81 per cent) and those in sales, process and elementary occupations (82 per cent) were more likely to be satisfied than those in administrative, skilled trades and caring roles (67 per cent) (see TA Table 5.22 in the Technical Annex).

5.2 Sharing and discussing the RtWP

5.2.1 Sharing the RtWP with GPs

In England and Wales and Scotland, a high proportion of employees shared their RtWP with their GP. In England and Wales the management information shows that 92 per cent of employees referred and discharged between October 2015 and December 2016 consented to share their RtWP with their GP. Just eight per cent did not. In Scotland 93 per cent of assessed employees shared their RtWP with the GP and seven per cent did not (Table 5.8). The qualitative research with employees supports the prevalence of sharing as respondents were at ease with sharing their RtWP with their GP.

Table 5.8 Whether shared RtWP with GP (By nation)

Categories	England and Wales		Scotland	
	N	*Col %*	N	*Col %*
Shared RtWP with GP	3,774	*92*	494	*93*
Did not share RtWP with GP	334	*8*	38	*7*
Total	4,108	*100*	532	*100*

Source: English and Welsh management information, Scottish management information, clients referred and discharged October 2015-December 2016 and having an assessment.

Employees in the survey were asked to recall whether or not they wanted to share their RtWP with their GP. Those that did not were asked why this was the case. The most commonly cited reason was that they did not think it was relevant for their GP to see the RtWP (38 per cent) (Table 5.9). Qualitative interviews with employees supported these findings, with the only reasons given about not choosing to share an RtWP with a GP being in cases where interviewees felt the changes required were solely work-oriented and therefore they felt the RtWP had limited relevance for their doctor.

Table 5.9 Why did you not agree that your RtWP could be shared with your GP? (Weighted data)

Multiple responses included	
Categories	*%*
I didn't think it was relevant for my GP to see it	*38*
Other	*26*
It contained information I didn't want my GP to see	*18*
Don't know/can't recall/no reason	*18*
I did not think my GP would want to see it	*8*
There were no actions for my GP	*7*
Base	56*

Base: All who received their RtWP and did not agree to share it with their GP (N=56). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Most employees taking part in the survey reported that they did not discuss their RtWP with their GP (58 per cent). Employees in Scotland (59 per cent) were more likely to have discussed their RtWP with their GP than employees in England and Wales (39 per cent), perhaps in part reflecting the higher proportion of employees referred by GPs in Scotland and therefore who may have more of a vested interest in following up with employees they had referred (Table 5.10).

Table 5.10 Did you discuss your RtWP with your GP? By region Weighted data)

Categories	England and Wales		Scotland		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Discussed RtWP with GP	290	*39*	40	*59*	330	*40*
Did not discuss RtWP with GP	440	*59*	30	*43*	470	*58*
Don't know/can't recall	10	*2*	0	*3*	10	*2*
Total	740	*100*	70*	*100*	810	*100*

Base: All who received their RtWP and reporting region (N=813). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

All employees surveyed who had discussed their RtWP with their GP were asked how helpful that discussion was with a view to getting them back to work. Of those employees who did discuss their RtWP with their GP, just over three-quarters (77 per cent) found this discussion helpful with a view to getting back to work (Table 5.11).

Table 5.11 How helpful was that discussion, with a view to getting you back to work? (Weighted data)

Categories	N	*Col %*
Very helpful	171	*52*
Fairly helpful	82	*25*
Neither helpful nor unhelpful	47	*14*
Fairly unhelpful	12	*4*
Very unhelpful	10	*3*
Don't know	5	*2*
Total	327	*100*

Base: All who discussed their RtWP with their GP (N=327). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

5.2.2 Sharing and discussing the RtWP with employers

Management information for England and Wales and Scotland showed that the vast majority of all referred and discharged employees that received an RtWP shared it with their employer (91 per cent and 90 per cent respectively) (see Table 5.12 and Table 5.13 below). This is the same proportion found in the employee survey, although this gathered data about full and partial sharing, where just over three-quarters of employees (76 per cent) agreed to share all of their RtWP with their employer, and 15 per cent some of it (91 per cent sharing the RtWP in total) (see TA Table 5.61 in the Technical Annex). A general willingness to share the RtWP with employers was supported by the qualitative research with employees. They were also broadly happy to share their RtWP with their employer and only a small number had chosen to keep part or their entire RtWP private. Of those who had kept (parts of) their RtWP private, one employee had never shared it as they felt their employer would not have accepted the recommendations. Another employee chose to share only certain things with their employer because they did not want to disclose out of work stresses they were experiencing as well as stressors in the workplace.

The management information in both England and Wales and Scotland showed that employees referred by their employer were more likely to share their RtWP with their employer, than those referred by their GP. In England and Wales, 96 per cent of employees, who were referred by their employer, shared their RtWP compared to 78 per cent of employees who were referred by their GP (Table 5.12). In Scotland, 94 per cent of employees, who were referred by their employer, shared their RtWP compared to 84 per cent of employees who were referred by their GP (Table 5.13).

Table 5.12 Whether shared RtWP with employer (By referral route, England and Wales)

Categories	Employer referral		GP referral		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Shared RtWP with employer	2,979	*96*	775	*78*	3,754	*91*
Did not share RtWP with employer	135	*4*	219	*22*	354	*9*
Total	3,114	*100*	994	*100*	4,108	*100*

Source: English and Welsh management information, clients referred and discharged October 2015 – December 2016 and having an assessment.

Table 5.13 Whether shared RtWP with employer (By referral route, Scotland)

Categories	Employer referral		GP referral		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Shared RtWP with employer	309	*94*	171	*84*	480	*90*
Did not share RtWP with employer	19	*6*	33	*16*	52	*10*
Total	328	*100*	204	*100*	532	*100*

Source: Scottish management information, clients referred and discharged October 2015 – December 2016 and having an assessment.

Employees with a mental health condition were found both in the management information and employee survey evidence to be less likely to share their RtWP with their employer than employees with other health conditions. In the management information in England and Wales 94 per cent of employees with other as their main health condition shared their RtWP with their employer compared to 87 per cent of employees with a mental health condition, and 92 per cent of employees with a musculoskeletal condition (see TA Table 5.66 in the Technical Annex). A similar pattern was found in Scotland with 96 per cent of employees with other as their main health condition sharing their RtWP with their employer compared to 87 per cent of employees with a mental health condition, and 91 per cent of employees with a musculoskeletal condition (see TA Table 5.67 in the Technical Annex).

All employees who received an RtWP were asked whether they discussed it with their employer.

- Employees who were back at work were more likely to have discussed their RtWP with their employer (87 per cent) than those still absent from work (68 per cent) (see TA Table 5.68 in the Technical Annex).
- Respondents with other health conditions were more likely to discuss their RtWP with their employer (85 per cent) than employees with a mental health condition (77 per cent) (see TA Table 5.69 in the Technical Annex).

Employees who had a discussion about their RtWP with their employer were asked for the role of the colleague they consulted. The majority of employees involved their immediate line manager or supervisor (72 per cent). Employees who were referred by their GP were more likely to speak to their line manager (82 per cent) than

those referred by their employer (68 per cent). Contrastingly, those referred by their employer were more likely to speak to their HR or personnel manager (44 per cent) than those referred by their GP (25 per cent) (Table 5.14).

Table 5.14 With whom did you have that discussion? By referral route (Weighted data)

Multiple responses included			
Categories	GP	Employer	All
	%	*%*	*%*
Immediate line/manager/supervisor	*82*	*68*	*72*
HR/personnel manager	*25*	*44*	*39*
Base	173	464	656

Base: All who discussed their RtWP with their employer (656). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

All surveyed employees that had discussed the RtWP with an employer were asked how helpful that discussion was with a view to getting them back to work. Just below three-quarters of employees (72 per cent) who had discussed their RtWP with their employer reported that they found the conversation helpful with a view to returning to work (see TA Table 5.70 in the Technical Annex).

- Employees with a mental health condition (18 per cent) were more likely than those with other health conditions (11 per cent) to say that the discussion with their employer was unhelpful (see TA Table 5.70 in the Technical Annex).

Those surveyed employees who said that some or none of their RtWP could be shared with their employer were asked why they did not want to share it. Employees who had not shared some, or all, of their RtWP, most commonly reported that this was because it contained information they did not want their employer to see (55 per cent). A further 24 per cent felt that the RtWP did not contain any information that was relevant for their employer (Table 5.15).

Table 5.15 Why did you not want to share some or all of your RtWP with your employer? (Weighted data)

Multiple responses included	
Categories	*%*
It contained information I didn't want my employer to see	*55*
I didn't think it was relevant for my employer to see it	*24*
Personal reasons/wanted it to remain private/didn't want them to know	*12*
Other	*5*
Don't know/can't recall	*5*
Base	172

Base: All who did not agree to share their entire RtWP with their employer (N=172). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

From the perspective of employers, particularly among those that had referred an employee to the service, the lack of resulting communication could be a source of frustration. This was primarily borne out of the need for confidentiality and for consent to share details of the RtWP to be given by the employee. One manager of a small to medium-sized enterprise (SME) interviewed as part of the qualitative research reported that they had not heard anything from Fit for Work about an employee they had referred and would have liked to have understood what had happened as a result of the referral. A number of employers therefore felt that their employee had been 'uncooperative' and they were 'in the dark'.

> *'I'd have liked somebody to ask for a progress report, and I'd like the service to be in contact with the employee so once again to show that [they are] accountable.'*
>
> SME (50-249 employees)
>
> *'[Employers should receive more information], because otherwise it's only [their] word, and there's no benefit for [them] to tell me.'*
>
> Large Employer (250+ employees)

These employers wanted:

- To be more involved in the process;
- To receive updates on how the process was progressing; and
- To receive reassurance that action was being taken.

5.3 Return to Work Plan recommendations

5.3.1 The nature of the recommendations

The management information captured the nature of the recommendations in employees' RtWPs. The prevalence of recommendations varied considerably between England and Wales, and Scotland, and potentially indicates that recording this information outside of the RtWP in the data management system was not consistently undertaken in Scotland as the proportion of assessed employees receiving various recommendations was considerably lower than in England and Wales. In both providers the most common recommendation was a phased return to work, recorded for 60 per cent of assessed employees in England and Wales and 32 per cent in Scotland (Table 5.16). Amended duties and altered hours were the next most frequently recorded recommendations in both England and Wales and Scotland. Qualitative interviews with case managers showed how the employees' employment situation could affect the type of recommendations that were available to them. For example:

> *'Call centre work, because of the sort of work that's being done in call centres, there's not a lot of scope for amended duties… it can be part of the pressures as well, so when you get into insurance-type work, very target-oriented, trying to get any phased returns into that is really difficult because that will impact on the employees' targets and their teams' targets. Manual-type work, construction-type work is difficult as well, particularly depending on size of the business.'*
>
> Case manager

'The smaller the organisation, the harder it is. They're employed to do a very specific role. The easier organisations are the ones like [very large organisation] because they've got such a big workforce and such a wide variety of roles that might be available, and there might always be people off sick or on annual leave, so there's jobs that need to be filled in.'

Case manager

Table 5.16 Recommendations in the RtWP (By nation)

Multiple responses included		
Categories	England and Wales	Scotland
	%	*%*
Phased return to work	*60*	*32*
Amended duties	*39*	*27*
Altered hours	*22*	*18*
Workplace adaptations	*5*	*9*
Alternative work	*9*	*2*
Other	*27*	*1*
Base	4,984	533

Base: All respondents being assessed.

Source: English and Welsh management information, Scottish management information, clients referred, assessed and discharged October 2015 – December 2016.

All employers that received an RtWP were asked whether the RtWP contained any recommendations for their own organisation. The majority of employers (89 per cent) reported that the RtWP contained recommendations for them (Table 5.17). Thirteen per cent of employers in the private sector said that the RtWP did not contain any recommendations for them compared to four per cent of employers in the voluntary sector (see TA Table 5.72 in the Technical Annex).

Table 5.17 Were there recommendations in that RtWP for you/your organisation? (Weighted data)

Categories	N	*Col %*
Recommendations for employer in the RtWP	333	*89*
No recommendations for employer in the RtWP	42	*11*
Total	375	*100*

Base: All respondents that received an RtWP and recalled recommendations (N=375). Unweighted.

Source: Fit for Work evaluation employer survey.

All employers that had recommendations in the RtWP were asked to what extent they liaised with their employee about them. Most (83 per cent) said they liaised to a large extent, with a further 13 per cent liaising to some extent. Only three per cent said they did not liaise with their employees about the recommendations at all (Table 5.18).

Table 5.18 To what extent did you liaise with your employee about these recommendations? (Weighted data)

Categories	N	*Col %*
To a large extent	275	*83*
To some extent	44	*13*
Or not at all	11	*3*
Total	330	*100*

Base: All respondents with recommendations in the RtWP (N=330). Unweighted.

Source: Fit for Work evaluation employer survey.

5.3.2 Take up of recommendations

All employees that received a copy of their RtWP were asked whether the recommendations took place. Thirty-nine per cent reported that all of the recommendations were acted upon and a further 22 per cent reported that some of the recommendations had been acted upon (see TA Table 5.73 in the Technical Annex).

- Employees referred by their employer were more likely to report that all of the recommendations in their RtWP had been acted on (43 per cent) than employees who had been referred by their GP (31 per cent) (see TA Table 5.73 in the Technical Annex).
- Employees with other health conditions, or musculoskeletal conditions, were more likely to report that all of the recommendations had been acted on (46 per cent and 42 per cent respectively) compared to employees with a mental health condition (33 per cent) (see TA Table 5.74 in the Technical Annex).
- Employees in managerial and professional occupations (42 per cent) and sales, process and elementary occupations (42 per cent) were more likely than employees in administrative, skilled trades and caring roles (35 per cent) to report that all the recommendations in their RtWP had taken place (see TA Table 5.75 in the Technical Annex).

Employers that had recommendations in their employees' RtWPs were asked about the extent to which these recommendations had been implemented by their organisation. Most employers with recommendations said that they had fully implemented them (61 per cent). A further 23 per cent said they had implemented them partially. Sixteen per cent of employers with recommendations in the RtWP had not implemented them at all (Table 5.19). There were no statistically significant differences by size or sector.

Table 5.19 To what extent were these recommendations implemented by your organisation? (Weighted data)

Categories	N	*Col %*
Fully	197	*61*
Partially	76	*23*
Not at all	50	*16*
Total	323	*100*

Base: All respondents with recommendations in the RtWP and reporting implementation status, (N=324). Unweighted.

Source: Fit for Work evaluation employer survey.

Respondents to the employee survey who had remaining RtWP actions at Wave One were asked at Wave Two (i.e. eight to nine months later) if these had since been put into place. Nearly two-thirds of respondents (73 per cent) explained that no further action had taken place and the recommendations had not been enacted (Table 5.20). The most common reason given for why recommendations were still outstanding was that respondents' employers had disregarded them or did not want to implement them (22 per cent) but one-fifth (20 per cent) reported there was no specific reason (see Table 5.21). This suggests a relatively static picture, with little degree of change in whether recommendations are implemented over time.

Table 5.20 Any subsequent employer action on remaining RtWP actions (Weighted data)

Categories	N	*Col %*
Employer has now acted on recommendations	29	*27*
Employer has not acted on recommendations	80	*73*
Total	109	*100*

Base: All respondents who had remaining actions for their employer at Wave One (N=107). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 5.21 Reasons given for remaining employer RtWP actions not being enacted (Weighted data)

Multiple responses included	
Categories	*Col %*
Employer disregarded them/did not want to implement them	*22*
No specific reason	*20*
Couldn't deliver in my work context/not practicable	*15*
They have been implemented	*15*
I have left work	*12*
Recommendation(s) cost too much	*7*
Other	*7*
Base	56*

Base: All respondents who had remaining actions for their employer at Wave One and at Wave Two (N=56). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Which recommendations were implemented one to two months after discharge?

Employers that had either fully or partially implemented the recommendations were asked which they had acted upon. Nearly nine in ten employers implementing recommendations (89 per cent) had taken forward a phased return to work for an employee. Altering hours (77 per cent) and amending duties (68 per cent) were also frequently implemented (Table 5.22). This suggests that employers tend to be acting on multiple recommendations within the RtWP, although it should be noted that this does not capture the frequency with which these recommendations form part of the RtWP.

Table 5.22 Which recommendations were acted on? (Weighted data)

Multiple responses included	
Categories	*% of employers*
Phased return to work	*89*
Altered hours	*77*
Amended duties	*68*
Workplace adaptations	*34*
Alternative work	*30*
Other	*14*
All were acted on	*1*
Base	*273*

Base: Respondents that had fully or partially implemented recommendations (N=273). Unweighted.

Notes: Disclosure control has been applied to this table.

Source: Fit for Work evaluation employer survey.

- Employers with 250 or more employees were more likely (94 per cent) than those with less than 50 employees (87 per cent), or 50-249 employees (88 per cent) to have acted on a phased return to work (see TA Table 5.76 in the Technical Annex).
- Employers with 250 or more employees and 50-249 employees were more likely (69 per cent and 73 per cent respectively) than employers with less than 50 employees (57 per cent) to have acted on the recommendation to amend duties (see TA Table 5.76 in the Technical Annex).

Which recommendations were not acted on one to two months after discharge?

Qualitative interviews with employees found that where employees had chosen to share an RtWP, this had been circulated amongst line management and, where it was deemed appropriate for certain recommendations/cases, HR and occupational safety and health personnel. They asserted that line managers were best placed to oversee implementation of any recommendations as they had day-to-day interactions with the employee in question.

Corroborating evidence came from employer interviews. Employers also used the RtWP as a starting point or basis for addressing workplace obstacles, and some explained that they had detailed their own plans using the advice of Fit for Work as a basis. Overall, employers explained they had put 'most' recommendations in place (commonly a phased return, reduced hours and/or lighter duties) but felt that certain suggestions were not realistic or necessary, including putting in place job-share arrangements, or providing counselling.

Surveyed employees reported that where employers had not acted on recommendations the ones most commonly not acted upon were finding 'light' or amended duties (32 per cent), arranging for shorter hours or days, or breaks (31 per cent) and provision of workplace adjustments, i.e. chairs or standing desks (21 per cent) (Table 5.23).

Table 5.23 Which elements of your RtWP were not acted upon by employers? (Weighted data)

Multiple responses included	
Categories	*%*
Finding 'light'/amended duties	*32*
Shorter hours/days, breaks	*31*
Provision of workplace adjustments e.g. chairs/standing desk	*21*
Phased return to work	*18*
Don't know	*11*
Other	*8*
Risk assessment	*5*
Base	209

Base: All employees who had some/all of their RtWP recommendations not acted upon by employer (N=209). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Employees who had actions in their RtWP that were not taken forward were asked who did not action the recommendations. For all employees who reported that only some or none of their RtWP recommendations took place, 73 per cent reported this was because they had not been acted on by their employer, whilst 29 per cent reported it was because they themselves had not acted on them. Five per cent of employees reported that recommendations had not been acted on by their GP (Table 5.24).

- Employees who were referred by their GP were more likely to report that they had not acted on recommendations for themselves (39 per cent) than employees who were referred by their employer (23 per cent) (Table 5.24).

Table 5.24 Who didn't action the recommendations? By referral route (Weighted data)

Multiple responses included			
Categories	Referred by GP	Referred by Employer	All
	%	*%*	*%*
You	*39*	*23*	*29*
Your employer	*63*	*80*	*73*
Your GP	*5*	*4*	*5*
Base	101	177	285

Base: All employees for whom only some or none of their RtWP recommendations took place (N=285). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Evidence from qualitative interviews with employees suggested that where employees were referred by their GP they were likely to report that recommendations aimed at employers had only partially been enacted, including where individuals:

- Returned to work with reduced hours but were forced to scale up to their full hours much sooner than their RtWP suggested;
- Returned on a phased return but workplace adjustments (e.g. a chair, a trolley) were not provided.

Alternatively, some GP-referred employees explained that their employer had not acted on any of the recommendations, either because their employer did not recognise the legitimacy of Fit for Work, or because it was felt that there were no 'light duties' or shorter shifts that could be provided, i.e. that to be at work they had to be able to work at their full capacity. The latter was particularly prevalent in construction (or other manual labour) and work involving driving long distances.

> *'I was more or less told that they don't do light duties so it was more or less don't go back in to work, or go in and do the work - which ended up in me going off sick again.'*
>
> Employee, Musculoskeletal Condition
>
> *'My employer didn't even read the information that was given to him after the referral had been made. So what can you do? There's no obligation for an employer to take on board anything they have been told.'*
>
> Employee, Other Health Condition

Employers that had not acted upon recommendations were asked which recommendations were not acted upon. Alternative work (34 per cent), phased return to work (31 per cent), workplace adaptations (29 per cent) and amended duties (27 per cent) were the most frequently given recommendations that had not been acted upon (Table 5.25).

Table 5.25 Which recommendations were not acted on? (Weighted data)

Multiple responses included	
Categories	*% of employers*
Alternative work	*34*
Phased return to work	*31*
Workplace adaptations	*29*
Amended duties	*27*
Don't know/unsure	*26*
Other	*21*
Altered hours	*19*
Base	*126*

Base: All respondents not acting on recommendations, (N=126). Unweighted.

Source: Fit for Work evaluation employer survey.

Employers that had recommendations in the RtWP which were not acted upon were asked why they had not been implemented. The most commonly cited reason was that the recommendations were not appropriate to the work context or that delivery was not practicable (45 per cent). The second most commonly cited reason was that the employee did not return to work or had not yet returned (17 per cent). Other reasons were varied, and included a view that the recommendations would not benefit the employee (eight per cent), and that the recommendation cost too much (five per cent). Reasons given by five per cent or more of respondents are detailed below (Table 5.26).

Table 5.26 Why were these recommendations not implemented? (Weighted data)

Multiple responses included	
Categories	% of employers
Couldn't deliver in my work context/delivery not practicable	*45*
Didn't return to work/not returned	*17*
Other	*8*
Recommendations would not benefit the employee	*8*
Employee was not ready to return to work when recommendations were received	*6*
Not enough detail or guidance	*6*
Employee did not want action taken	*5*
Recommendation(s) cost too much	*5*
Don't know	*5*
Base	*126*

Base: All respondents not acting on recommendations (N=126). Unweighted.

Source: Fit for Work evaluation employer survey.

Permanent and temporary arrangements

By the time of interview at Wave Two, most respondents who were in work at Wave Two had no permanent arrangements (76 per cent) or temporary arrangements (83 per cent) in place to help them remain in work (see Table 5.27 and Table 5.28). A number of statistically significant relationships were found:

- Respondents who were with a different employer were more like to have no permanent changes in place (91 per cent) compared to respondents who were with the same employer (72 per cent) (see TA Table 5.86 in the Technical Annex).
- Respondents with mental health (87 per cent) and musculoskeletal conditions (86 per cent) were more likely to have no temporary changes in place than those with other conditions (74 per cent) (see TA Table 5.88 in the Technical Annex).
- Respondents in organisations with 250 or more employees (90 per cent) and organisations with 50-249 employees (85 per cent) were more likely to have no temporary changes in place compared to those in organisations with less than 50 employees (75 per cent) (see TA Table 5.90 in the Technical Annex).

Table 5.27 Permanent changes at work to help respondents to remain in work (Weighted data)

Categories	N	*Col %*
No arrangements are in place	282	*76*
Some arrangements in place	89	*24*
Total	371	*100*

Base: All respondents currently in work at Wave Two reporting on any permanent changes at work (N=372). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 5.28 Temporary changes at work to help respondents to remain in work (Weighted data)

Categories	N	*Col %*
No arrangements are in place	310	*83*
Some arrangements in place	63	*17*
Total	372	*100*

Base: All respondents currently in work at Wave Two reporting on any temporary changes at work (N=373). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

5.4 Signposting

Of those employees who were assigned or signposted to interventions during the assessment and RtWP, management information shows that the majority were signposted to self-help materials (98 per cent of assessed employees in England and Wales and 77 per cent in Scotland).[34] In England and Wales, seven per cent were assigned further case management, although this category did not exist in the Scottish management information so comparisons are not possible. Six per cent of the assessed employees in Scotland were assigned specialist occupational therapy advisors within the Fit for Work service (Table 5.29).

Table 5.29 Assigned interventions in the RtWP, by nation

Multiple responses included				
Categories	England and Wales		Scotland	
	N	*%*	N	*%*
Self-help materials	4,867	*98*	411	*77*
Specialist mental health advisor engaged	19	*0*	10	*2*
Specialist physio advisor engaged	-	*-*	5	*1*
Specialist occupational health advisor engaged	30	*1*	65	*12*
Specialist occupational therapy advisor engaged	9	*0*	33	*6*
Further case management	344	*7*	-	-
Specialist musculosketal advisor engaged	76	*2*	-	-
Base: All respondents being assessed	4,970		533	

Source: English and Welsh management information, Scottish management information, clients referred, assessed and discharged October 2015-December 2016.

[34] The contract for the service providers, HML and Scottish Government, prohibits the onward referral to other services.

There was considerable variation between the two services in the types of signposts made in England and Wales and Scotland. In Scotland just under half (49 per cent) of assessed employees were signposted to the Fit for Work advice line, with around one in five (21 per cent) of assessed employees being signposted to this service in England and Wales. Large proportions of assessed employees were signposted to 'other' services not captured by the data (69 per cent of assessed employees in England and Wales, and 45 per cent of assessed employees in Scotland) (Table 5.30).

Table 5.30 Signposts to service in the RtWP, by nation

Multiple responses included				
Categories	England and Wales		Scotland	
	N	%	N	%
Fit for Work website	1,170	*24*	160	*30*
Fit for Work advice line	1,060	*21*	260	*49*
Tax exemptions for employers	480	*10*	110	*21*
NHS counselling	470	*9*	50	*10*
ACAS	420	*8*	100	*18*
NHS physiotherapy	320	*6*	10	*3*
Employer service	300	*6*	110	*21*
Debt management	230	*5*	40	*8*
Access to work	220	*4*	70	*13*
Trade union	40	*1*	40	*8*
Legal advice	20	*0*	10	*1*
Advocacy service	10	*0*	20	*4*
Addictions service	10	*0*	0	*0*
Other	3,450	*69*	240	*45*

Base: All respondents being assessed England and Wales (N=4,970); Scotland (N=533).

Notes: Disclosure control has been applied to this table.

Source: English and Welsh management information, Scottish management information, clients referred, assessed and discharged October 2015 – December 2016.

5.5 Value of the RtWP

5.5.1 Views on the use of the RtWP

All employers surveyed that had recommendations in the RtWP were asked how helpful these recommendations were with a view to facilitating their employee's return to work. They were directed to think about the recommendations themselves, regardless of their outcome. Nearly four in five employers (79 per cent) agreed that the recommendations had been helpful (Table 5.31).

Table 5.31 On paper, how helpful were the recommendations with a view to facilitating your employee's return to work? (Weighted data)

Categories	N	*Col %*
Very helpful	120	*36*
Fairly helpful	141	*43*
Neither helpful nor unhelpful	36	*11*
Fairly unhelpful	15	*4*
Or very unhelpful	20	*6*
Total	331	*100*

Base: All respondents with recommendations in the RtWP (N=332). Unweighted.

Source: Fit for Work evaluation employer survey.

There were some statistically significant variations by size, whether the organisation had access to occupational health services, and whether the employee had returned to work.

- Employers with 50-249 employees and employers with 250 or more employees were more likely (85 per cent and 80 per cent respectively) than employers with less than 50 employees (68 per cent) to agree that the recommendations had been helpful (see TA Table 5.93 in the Technical Annex).
- Employers with access to an occupational health service were more likely (88 per cent) than those without access to an occupational health service (70 per cent) to agree that the recommendations had been helpful (see TA Table 5.94 in the Technical Annex).

The qualitative interviews with employers also found general agreement that the RtWP provided helpful specifications about assisting their employee back to work. Several larger employers explained that they were already familiar with the kinds of recommendations proposed. However, having internal protocols and knowledge confirmed by an external health professional was welcomed for verifying the approach taken.

> *'I was thrilled with it, it was probably what we would have done anyway but it was nice that the person got to discuss it with someone.'*
>
> Large employer (250+ employees)
>
> *'It was a really good way, after that length of absence […] having a staged reintroduction for work done for you. It was well managed […] All you had to do is take it and talk it through. It prevented us from having to draw up a load of paperwork ourselves.'*
>
> Large employer (250+ employees)

A number of employers also welcomed the RtWP because it had conferred some responsibility on the employee to address some obstacles they faced themselves.

Where employers found the RtWP less helpful, reasons for this were that the RtWP(s):

- Were generic and lacked sufficient personalisation to their employee's situation;
- Did not take their business context into account;

- Lacked sufficient precise detail about recommendations (e.g. 'between two and 12 weeks');
- Did not include recommendations with enough employer input; and
- Had not given any suggestions about how to help their employee back to work.

5.5.2 Certifying absence from work and using as fit note

Employees who had received a copy of their RtWP were asked if they had been required by their employer to submit the summary in order to certify their absence from work. Just under half of employees (45 per cent) had been required to submit their RtWP summary to certify their absence (Table 5.32).

Table 5.32 Have you been required by your employer to submit the summary of your RtWP to certify your absence, like a fit note? (Weighted data)

Categories	N	*Col %*
Had to submit summary of RtWP	365	*45*
Did not have to submit summary of RtWP	413	*51*
Don't know	35	*4*
Total	813	*100*

Base: All who received their RtWP (N=814). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Respondents that were not required by their employer to submit a summary of their RtWP were asked whether their employer had asked them for a fit note. Two in five (40 per cent) of employees who were not required by their employer to submit a summary of their RtWP reported that their employer had asked them for a fit note (Table 5.33).

Table 5.33 Did your employer ask you for a fit note? (Weighted data)

Categories	All	
	N	*Col %*
Employer asked for a fit note	180	*40*
Employer did not ask for a fit note	259	*58*
Don't know	9	*2*
Total	448	*100*

Base: All not required by their employer to submit a summary of their RtWP (N=451). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

5.5.3 Employers' use of tax exemption

All employers were asked about their awareness and use of a tax exemption of up to £500 (per year, per employee) on medical treatments recommended to help their employees return to work. This is applicable to treatments recommended by health professionals within Fit for Work and health professionals within employer-arranged occupational health services. Four in ten (40 per cent) employers were aware of this tax exemption but had not used it and a further one per cent of employers had used this tax exemption in the past. The majority of employers (53 per cent) had not heard of this exemption and the remaining six per cent of employers were not sure (Table 5.34).

- Employers with 250 or more employees were more likely (45 per cent) than employers with less than 50 employees (33 per cent) to have heard of the tax exemption but not to have used it (see TA Table 5.95 in the Technical Annex).
- Employers in the energy, manufacturing, construction, transport and logistics sector and the business and other services sector were more likely (52 per cent and 57 per cent) than employers in other sectors (30 per cent, 32 per cent and 34 per cent respectively for employers in retail, hospitality, leisure and creative; health, care and charity; and public administration and public services) to have been aware of this tax exemption but not to have used it in the past (see TA Table 5.96 in the Technical Annex).
- Employers that had received an RtWP for some or all employees were more likely (44 per cent) to be aware of this tax exemption but not to have used it compared to employers that had not received an RtWP (25 per cent) (see TA Table 5.97 in the Technical Annex).
- Employers that had had contact with a Fit for Work case manager were more likely (52 per cent) than those who had not (29 per cent) to report they were aware of this tax exemption but had not used it in the past (see TA Table 5.98 in the Technical Annex).

Table 5.34 Which of the following statements applies to this organisation? (Weighted data)

Categories	N	*Col %*
We have used this tax exemption in the past	7	*1*
We are aware of this tax exemption but have not used it in the past	201	*40*
We are not aware of this tax exemption at all	265	*53*
Don't know/unsure	31	*6*
Total	504	*100*

Base: All respondents (N=504). Unweighted.

Source: Fit for Work evaluation employer survey.

All employers were asked whether they would consider this tax exemption to fund medical treatments to help employees. The majority (84 per cent) said that they definitely or possibly would consider using the tax exemption (Table 5.35). There were some statistically significant differences.

- Employers with 50-249 employees were more likely (96 per cent) than employers with less than 50 employees (86 per cent) and those with 250 employees or more (77 per cent) to say they would consider using this tax exemption (see TA Table 5.99 in the Technical Annex).
- Employers without access to occupational health services were more likely (89 per cent) than those with access to occupational health services (80 per cent) to report they would consider using this tax exemption in the future (see TA Table 5.102 in the Technical Annex).

Table 5.35 Would you consider using this tax exemption in the future to fund medical treatments to help employees get back to work? (Weighted data)

Categories	N	*Col %*
Yes, definitely	165	*33*
Yes, possibly	259	*51*
No	30	*6*
Not applicable	12	*2*
Unsure/don't know	37	*7*
Total	504	*100*

Base: All respondents (N=504). Unweighted.

Source: Fit for Work evaluation employer survey.

5.6 Post-RtWP support

5.6.1 Support from other organisations

All employees surveyed two to three months after using the service were asked whether they received any help with the obstacles affecting their return to work from anyone else whilst they were in contact with Fit for Work. About two-thirds of employees (65 per cent) were not receiving help for the obstacles affecting their return to work from anyone else whilst 35 per cent reported they were receiving additional support (Table 5.36).

- Those with mental health conditions were more likely to be receiving help (49 per cent) than those with musculoskeletal (26 per cent) or other health conditions (29 per cent) (see TA Table 5.105 in the Technical Annex).
- Employees aged under 35 were more likely (39 per cent) than those aged 55 or over (29 per cent) to have received help with obstacles affecting their return to work from organisations other than Fit for Work (see TA Table 5.106 in the Technical Annex).
- Employees in managerial and professional occupations were more likely (44 per cent) than those in sales, process and elementary occupations (27 per cent) to be receiving help from others (see TA Table 5.107 in the Technical Annex).

Table 5.36 At the same time as you were in contact with Fit for Work, did you receive help with the obstacles affecting your return to work from anyone else? (Weighted data)

Categories	N	*Col %*
Received additional support	362	*35*
Did not receive additional support	675	*65*
Don't know	9	*1*
Total	1,045	*100*

Base: All respondents (N=1,045). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Employees who reported receiving help from other organisations alongside working with the Fit for Work service were asked from whom they had had support. The most frequently cited response about who provided additional support was another health professional (40 per cent) or their GP (35 per cent). Fifteen per cent of employees who were receiving additional help stated this was from their employer's occupational health department or provider (Table 5.37).

Table 5.37 Who was the additional help from? (Weighted data)

Multiple responses included	
Categories	*%*
Other health professional	*40*
GP	*35*
Your employer's occupational health department or contractor	*15*
Other	*8*
Counsellor/counselling/therapist	*8*
Colleagues at work	*7*
Family/friends	*7*
Employer/manager	*5*
Base	484

Base: All respondents who had additional help with obstacles affecting return to work (N=484). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Respondents to the Wave Two employee survey were asked whether they had received any help with the obstacles affecting their return to work from anyone other than Fit for Work since their Wave One interview. The majority of respondents (71 per cent) had not received any further support. Fourteen per cent of respondents had received support from another health professional and seven per cent received support from their GP (see Table 5.38).

There were a number of statistically significant relationships:

- Respondents in organisations with 250 or more employees and organisations with less than 50 employees were less likely to have received no further support (67 per cent and 71 per cent respectively) than those in organisations with 50-250 employees (84 per cent) (see TA Table 5.109 in the Technical Annex).
- Respondents with mental health conditions were more likely to have received further support (38 per cent) than those with musculoskeletal (22 per cent) or other conditions (25 per cent) (see TA Table 5.111 in the Technical Annex).

Table 5.38 Subsequent support received from other sources (Weighted data)

Multiple responses included	
Categories	*%*
No further support	*71*
Another health professional	*14*
GP	*7*
Employers occupational health department or contractor	*6*
Other source	*6*
Base	*492*

Base: All respondents reporting subsequent support (N=492). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

5.6.2 Support from case managers

Employees were asked whether they had any further contact with their Fit for Work case manager once they had agreed their RtWP. Fifty-one per cent of employees had further contact with the service after agreeing their RtWP (Table 5.39).

- Employees in England and Wales were more likely to report that they had had further contact with their Fit for Work case manager (53 per cent) than employees in Scotland (32 per cent) (see TA Table 5.115 in the Technical Annex).
- Employees in managerial and professional occupations were more likely (57 per cent) than employees in administrative and skilled trades (47 per cent) and sales, process and elementary occupations (51 per cent) to have had further contact with a case manager after agreeing their RtWP (see TA Table 5.116 in the Technical Annex).

Table 5.39 Did you have any further contact with your Fit for Work case manager once you had agreed your RtWP? (Weighted data)

Categories	N	*Col %*
Had further contact with case manager after agreeing RtWP	417	*51*
Did not have further contact with case manager after agreeing RtWP	369	*45*
Don't know/can't recall	27	*3*
Total	813	*100*

Base: All who received their RtWP (N=814). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Employees who had additional contact with their case manager were asked what this contact was about. Reasons cited by five per cent of respondents or more are detailed in Table 5.40. Just under half of employees who had had additional contact with their case manager (48 per cent) explained that additional contact with the service was about the progress with their RtWP. Nineteen per cent of employees stated that their case manager had been in contact to find out whether they had returned to work.

Table 5.40 What was the contact about? (Weighted data)

Multiple responses included	
Categories	*%*
Asking about the progress with your RtWP	*48*
Asking whether you had gone back to work	*19*
Asking how you were getting on/how you were doing/about your progress	*11*
Asking whether you needed any further support	*11*
Problems with employer	*5*
Return to work date/changing/extending return to work date/plan	*5*
Base	418

Base: All who had further contact with their Fit for Work case manager (N=418). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Employees who had had further contact with their case manager were asked about the helpfulness of this additional support (see Table 5.41). Three-quarters of employees (75 per cent) felt that additional contact with Fit for Work was helpful.

Table 5.41 How helpful did you find the further contact with your case manager? (Weighted data)

Categories	N	*Col %*
Very helpful	211	*51*
Fairly helpful	101	*24*
Neither helpful nor unhelpful	67	*16*
Fairly unhelpful	13	*3*
Very unhelpful	22	*5*
Don’t know	3	*1*
Total	417	*100*

Base: All who had further contact with their Fit for Work case manager (N=418). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

All employees who received a copy of their RtWP were asked whether they would have liked any further contact beyond that. More than two-thirds of employees (71 per cent) stated they would not have liked additional contact from the service (Table 5.42).

Table 5.42 Would you have liked further contact beyond that? (Weighted data)

Categories	N	*Col %*
Would have liked further contact	214	*26*
Would not have liked further contact	577	*71*
Not sure	22	*3*
Total	813	*100*

Base: All who received their RtWP (N=814). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

At the Wave Two survey, employees were asked whether they had received any further contact from the service either from a case manager or by contacting the advice services. Only five per cent had had further contact with the service, although it should be noted that once an employee is discharged there is no requirement for the service provider to continue support (Table 5.43).

Table 5.43 Further contact with the service (Weighted data)

Categories	N	*Col %*
No further contact	447	*94*
Received some further contact (e.g. case manager, contacted advice services)	27	*5*
Base	474	100

Base: All respondents reporting further contact with the service (N=474). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Nearly one-fifth of respondents (17 per cent) would have like more support from the service (see Table 5.44). A number of statistically significant relationships were found.

- People with good current self-reported mental health were more likely to report that Fit for Work could not have done any more to support them (88 per cent) compared to those whose mental health was changeable (78 per cent) or whose health was fair or poor (72 per cent) (see TA Table 5.120 in the Technical Annex).
- Respondents aged under 35 and 55 and over were more likely to report that Fit for Work could not have done any more to support them (87 per cent and 89 per cent respectively) than respondents aged between 35 and 54 (78 per cent) (see TA Table 5.122 in the Technical Annex).

Table 5.44 Further support desired from Fit for Work (Weighted data)

Categories	N	*Col %*
FfW could not have done more	407	*83*
FfW could have done more	85	*17*
Total	492	*100*

Base: All respondents reporting whether or not they wanted further support from Fit for Work (N=492). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

6 Discharge and drop-out

Chapter summary

- In England and Wales the largest group of employees were discharged because they were 'assumed returned to work' (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 a Return to Work Plan (RtWP).
- In Scotland, among employees who did not receive an assessment, the main discharge reason was that the employee was not contactable (61 per cent), followed by inappropriate referral (28 per cent).
- Those employees who reported they did not have an assessment were evenly split between those who said that the service did not get in contact with them (51 per cent) and those that reported they did not follow through to complete the assessment (49 per cent).
- Among employees who had received an assessment in England and Wales, more complex cases, such as those identified at assessment as experiencing a combination of mental health and musculoskeletal conditions or a combination of mental health, musculoskeletal and other conditions were more likely to have their case under review by the service for three months than on average. This indicates a group of employees whose support needs are more than can be supported by the intervention.
- In England and Wales, employees referred by employers were more likely to be assessed than those referred by their General Practitioner (GP). Employees with a musculoskeletal condition were more likely to be assessed than employees with a mental health condition.
- The same pattern was found when looking at post-assessment drop-out. Employees with a musculoskeletal condition were more likely to receive an RtWP than those with a mental health condition, as were those referred by their employer when compared to those referred by their GP.
- Employees who were neutral or dissatisfied with whether their assessment had focused on all the issues they faced, and whether their assessment was conducted professionally, were more likely to drop-out post-assessment than employees who were satisfied on these measures. This indicates that the perceived quality of experience of the service also affects drop-out.

This chapter examines the reasons employees are discharged from the service, and what affects drop-out, both prior to receiving an assessment and afterwards.

6.1 Discharge reasons

6.1.1 Overall discharge reason

The management information records when and why employees finished contact with the service, although the categories and the way that data are inputted vary between the two service providers, which limit comparability.

In England and Wales, of those employees who were referred and discharged by the service between October 2015 and December 2016, the largest group of employees were discharged because they were 'assumed returned to work' (33 per cent), with a further 11 per cent noted as 'employee returned to work'.[35] The second largest group of employees were discharged due to the service being 'unable to contact employee' (14 per cent), followed by a 'case held for three months' (13 per cent) (Table 6.1).

Among cases referred in Scotland, the most common discharge reason was being unable to contact the employee; this accounted for over a quarter of cases (27 per cent). It was much higher than in England and Wales and suggests a greater degree of drop-out from the service at an initial stage. Twenty-three per cent of cases in Scotland were discharged having returned to work with a Return to Work Plan (RtWP). The next most common discharge reasons were: 'no further support' where it was felt that a return to work was not possible or not possible within three months, even with increased support (14 per cent), 'inappropriate referral' where the individual was discovered to be ineligible for the service, such as those not in employment (12 per cent), and those who had been discharged post-RtWP with no further contact (11 per cent) (Table 6.2).

Employee reactions to the process of discharge from the service were found to be mixed. Interviews with employees found that some felt that the exit process had been timely and smooth and that the follow-up call they received was valuable. Individuals who had generally positive experiences of the service had similarly positive experiences of the discharge processes. These employees had mostly found that their return to work was progressing relatively smoothly and that any issues that arose had been dealt with. The level of contact they received was deemed sufficient to assure them that Fit for Work had made efforts to check on their progress. For example:

> *'I thought it was very good, they used to ring me every week to see how I was doing when I was back at work.'*
>
> Employee, Mental Health Condition

Others criticised what they saw as an abrupt end to their involvement with the service. These were primarily individuals who had not returned to work or who experienced difficulties in implementing the recommendations in their RtWP.

> *'There was a lot at the beginning, all intense and then it… just stopped dead.'*
>
> Employee, Musculoskeletal Condition

[35] The service providers assume that an employee has returned to work after three months if they are unable to make contact with them. Individuals in the category of 'employee returned to work' have had contact with the service and their return to work status has been confirmed.

Table 6.1 All employees referred in England and Wales, by discharge reason

Categories	N	*Col %*
Employee declined service (pre-assessment)	894	*11*
Employee declined service (post-assessment)	195	*2*
Returned to work (assessment)	43	*1*
Case held for three months	1,072	*13*
Employee returned to work	959	*11*
Not in paid employment	396	*5*
No more action	429	*5*
Assumed returned to work	2,809	*33*
Not living in England and Wales	9	*0*
Unsuccessful referral [39]	480	*6*
Unable to contact employee	1,200	*14*
Total	8,486	*100*

Source: English and Welsh management information, clients referred and discharged October 2015 – December 2016.

Table 6.2 All employees referred in Scotland, by discharge reason

Categories	N	*Col %*
Employee declined service (pre-assessment)	40	*4*
Employee declined service (post-assessment)	0	*0*
Employee informed return to work – with RtWP	230	*23*
Discharged post – RtWP – no further contact	110	*11*
Employee has exceeded three months on the service	10	*1*
Employee unsatisfied with service received	0	*0*
No further support is available	140	*14*
Other reason	70	*7*
Inappropriate referral [40]	120	*12*
Employee not contactable	280	*27*
Discharge reason missing	20	*2*
Total	1020	*100*

Notes: Disclosure control has been applied to this table.

Source: Scottish management information, clients referred and discharged October 2015 – December 2016.

[39] Unsuccessful referral' describes cases where a referral has been made to the service but the case has not proceeded to assessment and has been discharged because the referral was not appropriate for the service. For example, where an individual was unemployed or self-employed, not resident in England or Wales, referred in the previous 12 months, had not consented to the referral, or another reason. This is equivalent to the discharge reason 'Inappropriate referral' in the management information for Scotland.

[40] 'Inappropriate referral' describes cases where a referral has been made to the service but the case has not proceeded to assessment and has been discharged because the referral was not appropriate for the service. For example, where an individual was unemployed or self-employed, not resident in Scotland, referred in the previous 12 months; had not consented to the referral, or another reason. This is equivalent to the discharge reason 'Unsuccessful referral' in the management information for England and Wales.

6.1.2 Discharge reason by whether employee received assessment

The majority of employees in England and Wales who received an assessment were discharged as they were ‘assumed returned to work’ (56 per cent), followed by the ‘case held for three months’ (18 per cent), and ‘employee returned to work’ (12 per cent). The majority of employees who did not receive an assessment were discharged due to the service being ‘unable to contact the employee’ (34 per cent), followed by the ‘employee declined service pre-assessment’ (25 per cent), and ‘unsuccessful referral’ (13 per cent) (see TA Table 6.3 in the Technical Annex).

Among those employees who had received an assessment in England and Wales, cases identified at assessment as experiencing a combination of mental health and musculoskeletal conditions or all three types of conditions were more likely to have had their case held for three months and therefore exceeded the maximum time available for support (29 per cent and 41 per cent respectively compared with the overall population average rate of 18 per cent). Similarly, these cases were least likely to be assumed returned to work, with 46 per cent for cases experiencing a combination of mental health and musculoskeletal conditions and 37 per cent for cases experiencing all three conditions compared with 56 per cent across all cases assessed (see TA Table 6.3 in the Technical Annex).

Of those employees who received an assessment in Scotland, the most common discharge reason was that the employee had returned to work with an RtWP (42 per cent); although for 25 per cent of those who received an assessment there was no further support available as it was felt that a return to work was not possible or not possible within three months, even with increased support. Nineteen per cent were discharged post-RtWP with no further contact so the service was unable to complete their discharge reason more specifically. Among those who did not receive an assessment, the main discharge reason was that the employee was not contactable (61 per cent), followed by inappropriate referral (28 per cent), and that the employee declined the service (nine per cent) (see TA Table 6.4 in the Technical Annex).

6.1.3 Discharge reason by whether employee successfully completed the intervention

In England and Wales the majority of employees who successfully completed Fit for Work were discharged because they were ‘assumed returned to work’ (82 per cent), with the remainder noted as ‘employee returned to work’ (18 per cent). The majority of assessed employees who did not successfully complete the intervention were discharged due to ‘case held for three months’ (59 per cent), followed by ‘no more action’ (21 per cent), and ‘employee declined service (post assessment)’ (ten per cent) (see Table 6.3 below).

In Scotland all employees who successfully completed the intervention were discharged because the employee returned to work with their RtWP. The most common reason that employees who did not successfully complete the intervention were discharged was due to no further support being available as it was felt that a return to work was not possible, or not possible within three months even with increased support (39 per cent), followed by those discharged post-RtWP with no further contact (32 per cent), identifying employees that had at least one RtWP but whom the service could not make contact with to confirm a discharge reason (Table 6.4).

Table 6.3 England and Wales: Whether they successfully completed the Fit for Work intervention (By reason for discharge)

Categories	Successfully completed FfW intervention		Did not successfully complete FfW intervention		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Assumed returned to work	2,355	*82*	0	*0*	2,355	*57*
Case held for three months	0	*0*	715	*59*	715	*17*
Employee declined service (post-assessment)	0	*0*	123	*10*	123	*3*
Employee not contactable	0	*0*	7	*1*	7	*0*
Employee returned to work	532	*18*	0	*0*	532	*13*
No more action	0	*0*	255	*21*	255	*6*
Not in paid employment	0	*0*	99	*8*	99	*2*
Returned to work (assessment)	0	*0*	13	*1*	13	*0*
Unsuccessful referral - other reason	0	*0*	9	*1*	9	*0*
Total	2,887	*100*	1,221	*100*	4,108	*100*

Source: English and Welsh management information, clients referred and discharged October 2015 – December 2016 and having an assessment.

Table 6.4 Scotland: Whether they successfully completed Fit for Work intervention (By reason for discharge)

Categories	Successfully completed FfW intervention		Did not successfully complete FfW intervention		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Employee declined service (post-assessment)	0	*0*	0	*0*	0	*0*
Employee informed return to work with RtWP	200	*100*	30	*8*	230	*43*
Discharged post-RtWP - no further contact	0	*0*	110	*32*	110	*20*
Employee has exceeded three months on service	0	*0*	10	*2*	10	*1*
No further support is available	0	*0*	130	*39*	130	*24*
Other reason	0	*0*	60	*18*	60	*11*
Unable to contact employee	0	*0*	10	*2*	10	*1*
Total	200	*100*	330	*100*	530	*100*

Source: Scottish management information, clients referred and discharged October 2015 – December 2016 and having an assessment.

6.2 Pre-assessment drop-out

Pre-assessment drop-out refers to where an employee withdraws from the service after being referred but before undertaking an assessment. Employees participating in the Wave One survey who did not receive an assessment, or who didn't recall receiving one, were asked why this was the case. Fifty-one per cent of employees who did not have an assessment said this was because the service did not get in contact with them and the remaining 49 per cent reported they did not follow through to complete the assessment (Table 6.5).

Table 6.5 Why did you not receive an assessment? (Weighted data)

Categories	N	*Col %*
No one from Fit for Work got in contact to arrange an assessment	60	*51*
I did not go through with the assessment	59	*49*
Total	119	*100*

Base: All who did not have an assessment (N=119). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

All those who did not have an assessment and who reported that this was because they did not go through with it were asked why they chose not to go through with it. The data presented in the table should be treated with some caution due to the small base size. The two most frequently cited reasons were that the employee was already back at work or planning a return to work at the time of the assessment (33 per cent) and that the employee did not think that the assessment would benefit them (22 per cent) (Table 6.6).

Table 6.6 Why did you not go through with the assessment? (Weighted data)

Multiple responses included	
Categories	*%*
Back at work/planning/preparing to go back to work	*33*
I did not think it would benefit me	*22*
Other	*21*
I was not well on the day	*12*
I was worried I'd be pushed back to work too soon	*5*
Still sick/having treatment/continuation from the doctor	*5*
Base	59*

Base: All who did not have an assessment because they did not go through with it (N=59). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

The management information provided the opportunity to explore what explains whether an employee leaves the service before having an assessment. Explanation of the profile of employees receiving an assessment compared to that of employees who do not is contained in Chapter 3. Further analysis was undertaken separately on the

management information datasets for England and Wales, and for Scotland. The full specifications of the models are contained in the Technical Annex (see TA Table 6.9 and TA Table 6.10).

In England and Wales, employees referred by employers were more likely to be assessed than those referred by their GP (the odds of being assessed when referred by a GP were half the odds of those if an employee was referred by their employer). Employees with a musculoskeletal condition were more likely to be assessed than employees with a mental health condition. The probability of being assessed was greater for females and increased with age. The odds of being assessed were higher for age ranges 45-54 and 55-64 in comparison to the base category, those aged 35 to 44 years old. Conversely, individuals aged 16-24 years old were less likely to be assessed. Employees in Index of Multiple Deprivation (IMD) quintiles two through to five were all more likely to be assessed than the most deprived group, IMD quintile 1. It has to be noted that there are two different IMD indices, one calculated for England and one for Wales (IMD and WIMD). Thus, the quintile categories refer to the country of origin.

The logit model using the equivalent management information for Scotland showed a similar pattern regarding referral route and SIMD index. Employees referred by a GP were less likely than those referred by an employer to receive an assessment; the odds were approximately half. Employees from the least deprived areas were more likely than those in the most deprived areas to receive an assessment. The odds of individuals within the fourth and fifth quintile of the deprivation index receiving an assessment were 70 and 90 per cent higher than those in the first quintile.

Qualitative findings from employees that had left the service pre-assessment found that some in England and Wales reported that they had been told by their GP that referral was mandatory, and they only discovered later that they could have declined. Another employee explained that from the outset they had been trying to decide whether to return to work with adjustments or retire, and their GP had felt the service might be able to help him reach that decision. However, the experience of other drop-outs remained similar to employees who completed the service: they felt they had fairly limited information from their GP and were encouraged to ‘give it a go’ to see whether it worked for them. Other employees that had dropped out of the service pre-assessment explained that this was because they discovered that Fit for Work was not appropriate for their circumstances. This included examples where they were looking for funding to retrain as they were unable to return to their original job, or where the employee realised that they were not ready for work and were told that they were therefore *‘not eligible’* for the Fit for Work service:

> *‘I said I’m not ready, I’m not well enough… and basically that was the option and I said: “can you let my employer know that?” And they said: “no, you either go through the assessment process – a 45-minute phone call and whatever else it involved – or you have to drop out of it”. So reluctantly I felt I didn’t have a choice other than to drop out of it.’*
>
> Employee, Other Health Condition

6.3 Post-assessment drop-out

Post-assessment drop-out refers to where employees withdraw from the service after having an assessment and before receiving an RtWP (see TA Table 6.11 and TA Table 6.12 in the Technical Annex).

The management information in England and Wales was used to explore the determinants of being issued an RtWP and what therefore determined post-assessment drop-out. For this model we removed individuals that did not receive an assessment. We controlled for socio-demographic variables as well as whether the employee had multiple health conditions, whether they had a work obstacle, or a home life obstacle. The likelihood of receiving an RtWP was greater when individuals had a musculoskeletal condition or any other health condition compared to those who had a mental health condition. The odds of those with a musculoskeletal condition receiving an RtWP were approximately 78 per cent higher than the odds of someone with a mental health condition. The probability of receiving an RtWP was smaller when employees were referred by a GP rather than by their employer, and when they were located in Wales compared to in England. Workers in quintiles 2, 3, 4 and 5 of the IMD index were less likely to receive an RtWP than workers in the first quintile. The odds ratios ranged between 0.6 for individuals in the third quintile of the IMD index and 0.7 for those in quintile 2. It was not possible to conduct equivalent analysis of the management information in Scotland because only one case that had an assessment did not receive an RtWP.

Logistic regression was also conducted on the Wave One employee survey to explore what predicted whether an employee dropped out of the service post-assessment as the dataset contained other variables including employee perceptions of the service. After controlling for other factors, several elements were statistically significantly associated with a higher likelihood of dropping out. Employees who were neutral or dissatisfied with the following elements of their assessment were more likely to drop-out post-assessment than employees who were satisfied with them:

- Their assessment had focused on all the issues affecting their return to work (3.4 times more likely); and
- Their assessment was conducted professionally (7.7 times more likely).

Supporting the findings of the regression analysis above, qualitative interviews with employees also found that some post-assessment drop-out could generally be characterised as those who were dissatisfied with service delivery. Some were initially willing to engage with the service, but found the experience stressful and not something they felt able to continue with. In the qualitative sample there were some employees who were dissatisfied with the service because they did not think their situation had been sufficiently captured by a telephone assessment, or because spending a time on the phone exacerbated underlying stress and anxiety. There was one employee, for example, who had worked in a call centre and found speaking on the telephone for long periods stressful.

7 Outcomes of Fit for Work

Chapter summary

Short and medium-term views

- Two months post-referral, 65 per cent of employees had returned to work in some capacity. Employees off for less than a month were 2.1 times more likely to return to work than those off for three months or more. Employer referrals were 1.8 times more likely to be back at work than General Practitioner (GP) referrals.
- At Wave One, nearly three-quarters of employees back at work (74 per cent) reported the service had been helpful in their return to work. Most commonly, employees who thought it was not helpful reported that it could not do anything for them (17 per cent) or that their employer had not acted on the service's recommendations (13 per cent).
- At Wave One, employees back at work with a mental health condition were more likely to report that the service improved their confidence and positivity (36 per cent) than employees with musculoskeletal (23 per cent) or other health conditions (20 per cent).
- The most common ways in-work respondents felt the service aided them were that it pointed them in the direction of support they needed (34 per cent), improved their self-confidence and kept them positive (27 per cent) and that it encouraged their employer to make changes at work that had helped them (27 per cent).
- Most employees back at work took no further sick leave (87 per cent). Regression analysis showed that employees aged under 35 were 2.1 times more likely to take additional leave than those aged 35 to 54. Respondents with a musculoskeletal condition were 2.5 times less likely to take further leave compared to those with other health conditions; those with mental health conditions were 2 times less likely.
- Labour market inactivity is associated with poor health. At Wave One (within two months of discharge), 57 per cent of employees who had not yet returned to work explained that they could not work because they were still ill. At Wave Two (8 -10 months after discharge), 34 per cent of out-of-work employees 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.
- Over half of employees (54 per cent) seeking to, or unsure about a, return to work at Wave One reported that the service had been helpful to prepare them for work in future. Twenty-three per cent reported the service had been unhelpful.
- Forty-six per cent of employers reported that the service would or had made no difference to their employee's ability to sustain work, whilst 37 per cent reported it was helpful in this regard.
- Employers who had contact with case managers were more likely to agree Fit for Work would help their employee stay in work (45 per cent) than those who did not have contact (28 per cent).
- Eight to ten months after discharge
- Two-thirds (65 per cent) of employees who received an assessment were in work and one-third (35 per cent) were not working. There was little movement in employment status between the two employee surveys. Most respondents (56 per cent) were in work at both waves and just over one-quarter (26 per cent) were not working at both waves.

- Seventy-five per cent of in-work employees were doing the same type of work and 69 per cent were with the same employer as at the Wave One interview.
- Managers and professionals were more likely to be doing the same type of work at Wave Two (83 per cent) than those in administrative, skilled trades and caring roles (78 per cent) and sales, process and elementary occupations (64 per cent).
- Respondents who were referred by their employer were more likely to be with the same employer (74 per cent) than those referred by their GP (59 per cent).
- Sixty-one per cent of employees reported that Fit for Work had helped them to return to work faster and 58 per cent reported that the service helped them stay in work.
- Respondents who had mental health conditions were more likely to think the service speeded up their return to work (72 per cent) than those with musculoskeletal (57 per cent) or other conditions (54 per cent).
- The majority of employees who were back in work at Wave Two (86 per cent) had not had any further periods of long-term sickness absence for more than a week in the previous eight months since their return to work. Respondents in sales, process and elementary occupations were more likely to agree the service helped reduce the likelihood of further sickness absence (58 per cent) than those in administrative, skilled trades and caring occupations (38 per cent) and managers or professionals (41 per cent).
- Fifty-two per cent of in-work employees agreed that the service helped them reduce the number of sick days taken since their return to work.
- Eighty-one per cent of employees who had an assessment reported they were not claiming welfare benefits.
- Four out of five employees were satisfied with the service overall (78 per cent).
- Self-reported physical and mental health and improvements in health are consistently associated with higher satisfaction and positive views of Fit for Work.

This chapter presents the evidence about the outcomes of the Fit for Work service. These focus specifically on whether referred employees have returned to work, and what kind of employment they are in. Secondly, this chapter reports on retention in work and further periods of sickness absence. Outcomes relating to health and well-being and satisfaction with the service are also explored.

Respondents to the Wave Two employee survey were asked for their level of agreement on a number of potential benefits to engaging with the service. The greater proportion of respondents agreed or strongly agreed that the service had helped them return to work more quickly than they would otherwise have done (61 per cent), followed by 58 per cent of respondents who agreed or strongly agreed that participating in Fit for Work had helped them stay in work. The lowest levels of agreement were the 42 per cent of respondents who agreed or strongly agreed that the service helped them to increase the amount of hours they worked. The highest levels of disagreement were where 20 per cent of respondents disagreed or strongly disagreed that the service had helped them to have better relationships at work and where 20 per cent of respondents disagreed or strongly disagreed that the service helped them to reduce the number of sick days taken since they returned to work (Table 7.1).

Table 7.1 Views on the benefits of Fit for Work and difference made (Weighted data)

Categories	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree		All
	N	*Row %*	N	*Row %*	N	*Row %*	N	*Row %*	N	*Row %*	N
Helped to return to work more quickly	110	*35*	84	*26*	65	*20*	40	*12*	19	*6*	318
Helped stay in work	89	*28*	96	*30*	80	*25*	41	*13*	11	*4*	317
Reduced the likelihood of having a period of long-term sickness absence in the future	76	*25*	66	*21*	110	*36*	43	*14*	14	*5*	309
Helped to manage health condition(s)	119	*24*	150	*31*	127	*26*	61	*12*	32	*6*	487
Helped to reduce number of days off work since return to work	76	*24*	89	*28*	88	*28*	47	*15*	15	*5*	315
Helped to work more productively	68	*21*	80	*25*	116	*36*	42	*13*	13	*4*	319
Helped to have better relationships at work	61	*20*	75	*24*	114	*36*	41	*13*	22	*7*	314
Helped to increase the amount of hours able to work	58	*18*	76	*24*	107	*34*	50	*16*	22	*7*	312

Base: All scales apart from management of health: all respondents (excluding 'don't know' responses) back at work reporting FfW helped them return to work quicker (N=320), helped stay in work (N=320), reduced likelihood of further sickness absence (N=310) reduced number of sick days since return to work (N=317), helped work more productively (N=321), helped to have better relationships at work (N=315), helped to increase hours worked (N=313). Management of health: all respondents reporting FfW helped manage health condition (N=486). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

7.1 Return to work

7.1.1 Return to work two months after discharge

Return to work

Most surveyed employees (65 per cent) had returned to work in some capacity at the time of the first survey (i.e. within two months of using the service) (Table 7.2). There were no statistically significant differences between whether or not an employee had returned to work at the time of the survey and whether they recalled receiving a copy of their Return to Work Plan (RtWP).

- Employees with mental health conditions were more likely to be back working again at the time of the survey (69 per cent) than employees with musculoskeletal conditions (62 per cent) (see TA Table 7.2 in the Technical Annex).
- Employees that felt they had a degree of choice in their referral (whether by an employer or GP) were more likely to have returned to work (69 per cent) compared to employees who felt they no choice in the referral (57 per cent) (see TA Table 7.3 in the Technical Annex).
- Employees in managerial and professional occupations were more likely to have returned to work by the time of the survey (77 per cent) than employees in administrative, skilled trades and caring occupations (61 per cent) and employees in sales, process and elementary occupations (60 per cent) (see TA Table 7.4 in the Technical Annex).

Table 7.2 Are you now back working again in any capacity? (Weighted data)

Categories	N	*Col %*
Returned to work	679	65
Not returned to work	336	35
Total	1,045	*100*

Base: All respondents (N=1,045). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Type of work two months since discharge

All employees who had returned to work at the time of the first survey, one to two months after being discharged from Fit for Work (65 per cent of all respondents), were asked whether they were doing the same or a different type of work compared to the time they went off sick. Of employees who had returned to work, the majority (85 per cent) were doing the same type of work as before they went off sick (Table 7.3).

- Employees aged under 35 or between 35 and 54 (18 per cent and 16 per cent respectively) were more likely than those aged 55 or over to have changed to a different type of work (nine per cent) (see TA Table 7.12 in the Technical Annex).
- Employees who were in sales, process and elementary occupations (79 per cent) were less likely to have returned to the same type of work than employees in managerial and professional occupations (86 per cent), and those in administrative, skilled trades and caring occupations (89 per cent) (see TA Table 7.13 in the Technical Annex).

Table 7.3 What job are you doing? Are you doing the same type of work as before you went off sick or a different type of job? (Weighted data)

Categories	N	*Col %*
Yes, the same type of work	575	*85*
No, different type of job	104	*15*
Total	679	*100*

Base: All back at work (N=676). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Employees who had returned to work were asked if they were working for the same employer or a different one. Nearly nine in ten (89 per cent) reported that they had returned to work with the same employer (Table 7.4). Employees with a mental health condition were more likely to have returned to work with a different employer (16 per cent) than employees with other health conditions (six per cent) (see TA Table 7.15 in the Technical Annex).

Table 7.4 Is your job with the same employer or a different one? (Weighted data)

Categories	N	*Col %*
The same employer	601	*89*
A different one	78	*11*
Total	679	*100*

Base: All back at work (N=676). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Helpfulness of involvement with the service in return to work

All employees who had returned to work at the time of the Wave One survey were asked how helpful they found their involvement with the Fit for Work service in helping them to return to work. Of employees who had returned to work, nearly three-quarters (74 per cent) reported that the service had been helpful in their return to work (Table 7.5).

Table 7.5 How helpful or unhelpful has your involvement with the service been in helping your return to work? (Weighted data)

Categories	N	*Col %*
Very helpful	347	*51*
Fairly helpful	153	*23*
Neither helpful nor unhelpful	94	*14*
Fairly unhelpful	28	*4*
Very unhelpful	47	*7*
Don’t know	9	*1*
Total	679	*100*

Base: All back at work (N=676). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

There were some statistically significant differences in how helpful or unhelpful employees found their involvement with the Fit for Work service.

- Employees aged 35-54 were more likely to find the service helpful in their return to work (77 per cent) than employees aged under 35 (68 per cent) (Table 7.6).
- Employees in Scotland were more likely (95 per cent) than those in England and Wales (72 per cent) to report that they found the service helpful in their return to work (Table 7.7).

Table 7.6 How helpful or unhelpful has your involvement with the service been in helping your return to work? By age (Weighted data)

Categories	Under 35		35-54		55+		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Helpful	120	*68*	270	*77*	110	*71*	500	*74*
Neither helpful nor unhelpful	20	*14*	50	*13*	20	*16*	90	*14*
Unhelpful	30	*17*	30	*8*	20	*10*	80	*11*
Don't know	0	*1*	0	*1*	0	*3*	10	*1*
Total	180	*100*	340	*100*	160	*100*	680	*100*

Base: All back at work (N=676). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Table 7.7 How helpful or unhelpful has your involvement with the service been in helping your return to work? By region (Weighted data)

Categories	England and Wales		Scotland		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Helpful	450	*72*	50	*95*	500	*74*
Neither helpful nor unhelpful	90	*15*	0	*4*	90	*14*
Unhelpful	70	*12*	0	*1*	80	*11*
Don't know	10	*1*	0	*0*	10	*1*
Total	620	*100*	60*	*100*	680	*100*

Base: All back at work (N=676). Unweighted.

Notes: Disclosure control has been applied to this table.

Source: Fit for Work evaluation Wave One employee survey.

Employees who had returned to work and had found the Fit for Work service helpful in supporting them to do this were asked in what way their involvement assisted their return to work. Answers given by five per cent or more of respondents are detailed in Table 7.8. The most common ways respondents felt it had aided them were that it pointed them in the direction of support they needed (34 per cent), improved their self-confidence and kept them positive (27 per cent) and that it encouraged their employer to make changes at work that had helped them (27 per cent).

- Employees with other health conditions were more likely to say that the service assisted their return to work by encouraging their employer to make changes at work (39 per cent) compared to employees with mental health conditions (19 per cent) and musculoskeletal conditions (27 per cent) (Table 7.8).
- Employees with a mental health condition were more likely to report that the service improved their confidence and kept them positive (36 per cent) compared to employees with musculoskeletal conditions (23 per cent) or those with other health conditions (20 per cent) (Table 7.8).

Table 7.8 In what way has your involvement with the service assisted your return to work? By health condition (Weighted data))

Multiple responses included

Categories	Mental health	MSK	Other	All
	%	*%*	*%*	*%*
Pointed me in the direction of the support I needed	*37*	*36*	*28*	*34*
Improved my confidence/kept me positive	*36*	*23*	*20*	*27*
Encouraged my employer to make changes at work that have helped me	*19*	*27*	*39*	*27*
Helped me to manage my condition better	*14*	*11*	*8*	*11*
Created a plan to work with	*10*	*10*	*8*	*10*
Someone to talk to and listen	*11*	*7*	*11*	*9*
Gave good advice	*8*	*4*	*4*	*5*
Base	102	265	131	501

Base: All who found Fit for Work helpful in preparing to return to work (N=501). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Employees who reported that they had found Fit for Work neither helpful nor unhelpful in assisting their return to work or who reported they found the service unhelpful in their return to work were asked why this was the case. The most commonly cited reasons for the service not being helpful were that it could not do anything for them (17 per cent) and that their employer had not acted on the recommendations (13 per cent) (Table 7.9).

Table 7.9 In what way was the Fit for Work service not helpful in assisting your return to work? (Weighted data)

Multiple responses included	
	%
Didn't do anything/couldn't do anything for me	*17*
Employer has not acted on some/all of the recommendations	*13*
Didn't use the service	*13*
No/little contact with them	*12*
Didn't listen/understand what I do/need	*9*
Need to be 'fully recovered' to be able to return to work	*7*
Little understanding of my health condition	*7*
Wasn't ready to go back to work	*6*
Needed more personal/face-to-face contact	*6*
Other	*14*
Base	175

Base: All who found Fit for Work neither helpful nor unhelpful or unhelpful in preparing to return to work (N=175). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Logistic regression was conducted on the Wave One employee survey dataset to explore what predicts whether an employee returns to work after engaging with the service. Length of sickness absence at the point of referral was statistically significantly related to return to work. Employees who had been off work for less than a month at the point of referral were 2.1 times more likely to have returned to work than employees who had been off for three months or more. Employer referrals were 1.8 times more likely to have returned to work than those referred by GPs. Employees who received sick pay in addition to Statutory Sick Pay were 1.7 times more likely to be back at work than those who only received Statutory Sick Pay. Those whose health had improved were 6.3 times more likely to have returned to work as those whose health was neutral or worse[38] (see TA Table 7.16 in the Technical Annex).

Likelihood of working in future

The employees who were not back in work at the time of the first survey were asked whether or not they were still seeking to return to work in the future. Most (47 per cent) were definitely seeking to return to work, whilst one-fifth (20 per cent) were possibly seeking to return to work, and 12 per cent said it depended. Sixteen per cent of employees were not seeking to return to work (Table 7.10).

- People aged under 35 or 35-55 were more likely (53 per cent and 50 per cent respectively) than those employees aged 55 or over who were yet to return to work to report that they were still definitely seeking to return to work (37 per cent) (see TA Table 7.17 in the Technical Annex).

[41] Please note: where odds ratios have a value that is lower than one, these have been described in terms of an outcome being less likely to occur. For example, a ratio of 0.16 would be expressed as being 6.3 times less likely to experience that outcome.

- Employees who were yet to return to work at the time of the survey and had mental health conditions or musculoskeletal conditions were more likely (55 per cent and 49 per cent respectively) than those who had other health conditions (37 per cent) to report that they were definitely seeking to return to work (see TA Table 7.18 in the Technical Annex).

Table 7.10 Are you still seeking to return to work? (Weighted data)

Categories	N	*Col %*
Yes definitely	174	*47*
Yes possibly	72	*20*
No	60	*16*
Depends	44	*12*
Don't know	17	*5*
Total	366	*100*

Base: All respondents not back at work (N=369). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Employees who reported that they were unsure whether they would return to work or who did not plan to return to work were asked why this was the case. The most frequently given reason cited by nearly six in ten of this group of employees (57 per cent) was because they were still ill. There were varied other reasons given by employees for not planning to return to work. These were each only reported by a small number of employees and the data should be treated with caution. Reasons given included the type or nature of their work (eight per cent), waiting for medical treatment (seven per cent), or because of perceived problems with their employer (five per cent) (Table 7.11).

Table 7.11 Why are you not seeking to or unsure you will return to work? (Weighted data)

Multiple responses included	
Categories	*%*
Still ill	*57*
Other (reason)	*14*
Type/nature of the work	*8*
Waiting for treatment/waiting for an operation	*7*
Problems with my employer	*5*
Base	120

Base: All not back at work and who are not seeking to return/unsure about returning to work (N=120). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Employees who were not working at the time of the survey, but who were still seeking to return to work were asked what was preventing them from returning to work. Most (52 per cent) explained that a persistent or worsening health condition was preventing them from returning to work, whilst 46 per cent explained they felt they needed to be 'fully recovered' to return to work (Table 7.12).

Table 7.12 What is preventing you from returning to work? (Weighted data)

Multiple responses included	
Categories	*%*
Health condition not sufficiently improved/got worse/still ill	*52*
Need to be 'fully recovered' to be able to return to work	*46*
Waiting to find another job/been made redundant	*14*
Employer has not acted on RtWP recommendations	*6*
Other conditions at work need to improve	*5*
Base	363

Base: All not back at work (N=363). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Employees who were not working at the time of the survey, but who were still seeking to return to work were asked about the helpfulness of their involvement with the Fit for Work service in preparing them for work. Over half of employees seeking to or unsure about returning to work (54 per cent) reported that the service had been helpful in preparing them to return to work at some point in the future, whilst 23 per cent felt the service had been unhelpful (Table 7.13).

- Employees who were yet to return to work, but who had a choice in their referral, were more likely to report that the service had been very or fairly helpful in preparing them to return to work (63 per cent) than those employees who had not had a choice in their referral (41 per cent) (Table 7.14).

Table 7.13 How helpful or unhelpful has your involvement with the service been in preparing you to return to work at some point in the future? (Weighted data)

Categories	N	Col %
Very helpful	89	*29*
Fairly helpful	77	*25*
Neither helpful nor unhelpful	65	*21*
Fairly unhelpful	17	*6*
Very unhelpful	51	*17*
Don't know	8	*3*
Total	307	100

Base: All seeking to/all unsure about returning to work (N=307). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Table 7.14 How helpful or unhelpful has your involvement with the service been in preparing you to return to work at some point in the future? By level of choice in referral (Weighted data)

Categories	Had no choice		Had some choice		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Very helpful	30	*20*	60	*35*	90	*29*
Fairly helpful	30	*21*	50	*28*	80	*25*
Neither helpful nor unhelpful	30	*26*	30	*18*	70	*21*
Fairly unhelpful	10	*8*	10	*3*	20	*6*
Very unhelpful	30	*23*	20	*13*	50	*17*
Don't know	0	*2*	10	*3*	10	*3*
Total	120	*100*	180	*100*	310	*100*

Base: All seeking to/all unsure about returning to work and reporting choice (N=303). All seeking to/all unsure about returning to work (N=307). Unweighted.

Notes: Disclosure control has been applied to this table.

Source: Fit for Work evaluation Wave One employee survey.

Employees who were out of work at the time of the survey, but reported that Fit for Work had helped them to prepare for work were asked how their involvement with Fit for Work had been helpful. Responses cited by more than five per cent of respondents are detailed in Table 7.15.

The main reason given for how Fit for Work helped employees towards returning to work, cited by 47 per cent of these employees, was that it pointed them in the direction of the support they needed. One-third (33 per cent) of this group reported that their involvement with Fit for Work had helped to improve their confidence, keep them positive or to empower them. A range of other reasons were cited by smaller numbers of employees, and these included helping them to better manage their condition (14 per cent), encouraging their employer to make changes to support them (11 per cent), and giving them someone to talk to about their situation (eight per cent) (Table 7.15).

Table 7.15 In what way has your involvement with Fit for Work helped you to move towards returning to work? (Weighted data)

Multiple responses included	
Categories	*%*
Pointed me in the direction of the support I needed	*47*
Improved confidence/kept me positive/empowered me	*33*
Helped me to manage my condition better	*14*
Encouraged my employer to make changes at work that have helped me	*11*
Someone to talk to/talked about everything/the conversation/support	*8*
Enabled me to access additional health care that could help me stay in work	*7*
Other	*6*
Advice/a lot of advice/good advice	*6*
None/nothing/not at all/it hasn't/couldn't help me	*6*
Base	165

Base: All not back at work and who found Fit for Work helpful in preparing to return to work (N=165). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Employees who were out of work at the time of the survey, but who were seeking to return to work, and who reported that Fit for Work had not been helpful in preparing them for a return to work were asked why that was. A variety of reasons were given. The most commonly cited reason given by one in four of employees in this group (25 per cent) was that they needed to be 'fully recovered' before a return to work was possible. Other reasons were given by small numbers of respondents and included that the Fit for Work service could not offer them any support (13 per cent), that they had little contact with the service or it did not get back in touch with them (12 per cent), that the service did not have enough understanding of their health condition (11 per cent), and that their employer had not acted upon some or all of the recommendations (nine per cent) (Table 7.16).

Table 7.16 Why was Fit for Work not helpful in helping to prepare your return to work? (Weighted data)

Multiple responses included	
Categories	*%*
Need to be 'fully recovered' to be able to return to work	*25*
Didn't do anything/didn't give any support/couldn't do anything for me	*13*
No/little contact with them/no one got in touch/never got back to me	*12*
Not enough/little understanding of my health condition	*11*
Employer has not acted on some/all of the recommendations	*9*
Didn't progress things/still waiting for some things to happen	*7*
Didn't use it/didn't need it/wasn't eligible	*6*
Didn't listen/understand what I do/need	*6*
Wasn't ready to go back/was rushed to go back	*5*
Other	*13*
Base:	142

Base: All not back at work and who found Fit for Work unhelpful in preparing to return to work (N=142). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Perceived influence of Fit for Work on return to work

All employees were asked to select a statement that best described their perceptions of whether and how Fit for Work had affected their return to work. The statement that most employees said best described their involvement with the service was that it made very little difference to their return to work (41 per cent). Just under two in five (37 per cent) stated that it enabled them to return to work quicker than they would otherwise have done (Table 7.17).

Of those respondents that had returned to work, 58 per cent reported that the service enabled them to return to work more quickly than they would have otherwise, and 34 per cent said the service had made very little difference to them returning to work. Among those respondents who were not back at work at the time of the Wave One survey, 55 per cent said that the service made very little difference to them returning to work, and 28 per cent felt that in the future the service should enable them to return to work more quickly than they would otherwise have done (Table 7.18).

Table 7.17 Which of the following statements best describes your involvement with the service? (Weighted data)

Categories	N	*Col %*
It made very little difference to me returning to work	432	*41*
It enabled me to return to work quicker than I would otherwise have done	390	*37*
It should enable me to return to work quicker than I otherwise would have done	103	*10*
It delayed me getting back to work	57	*5*
Don't know	63	*6*
Total	1,045	*100*

Base: All respondents (N=1,045). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Table 7.18 Involvement with Fit for Work, by whether back at work at Wave One (Weighted data)

Categories	Back at work		Not back at work		All	
	N	*Col %*	N	*Col %*	N	*Col %*
It made very little difference to me returning to work	231	*34*	201	*55*	432	*41*
It enabled me to return to work quicker than I would otherwise have done	390	*58*	0	*0*	390	*37*
It should enable me to return to work quicker than I otherwise would have done	0	*0*	103	*28*	103	*10*
It delayed me getting back to work	26	*4*	31	*8*	57	*5*
Don't know	31	*5*	31	*8*	63	*6*
Total	678	*100*	366	*100*	1,045	*100*

Base: All respondents giving return to work status. All respondents (N=1,045). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Employees with other or musculoskeletal health conditions were more likely to report that the service made little difference to them (44 and 45 per cent respectively) than employees with a mental health condition (34 per cent). Conversely, employees with a mental health condition were more likely to say that the service enabled them to return to work quicker than they otherwise would have done (47 per cent) compared to employees with musculoskeletal (33 per cent) and other health conditions (33 per cent) (Table 7.19).

Employees aged 55 or over were more likely (46 per cent) than those employees aged 35-54 (39 per cent) to say that the service made little difference to their return to work. People aged under 35 were more likely (13 per cent) than people aged 55 or over (seven per cent) to say that in the future the service should enable them to return to work quicker than they would otherwise have done (Table 7.20).

Table 7.19 Which of the following statements best describes your involvement with the service? By health condition (Weighted data)

Categories	Mental Health		MSK		Other		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
It made very little difference to me returning to work	114	*34*	179	*45*	131	*44*	432	*41*
It enabled me to return to work quicker than I would otherwise have done	158	*47*	132	*33*	98	*33*	390	*37*
It should enable me to return to work quicker than I otherwise would have done	31	*9*	41	*10*	29	*10*	103	*10*
It delayed me getting back to work	18	*5*	24	*6*	17	*6*	57	*5*
Don't know	18	*5*	24	*6*	20	*7*	63	*6*
Total	340	*100*	400	*100*	295	*100*	1,045	*100*

Base: All respondents giving health condition (N=1,035). All respondents (N=1,045). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Table 7.20 Which of the following statements best describes your involvement with the service? By age (Weighted data)

Categories	Under 35		35-54		55+		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
It made very little difference to me returning to work	107	*41*	207	*39*	115	*46*	432	*41*
It enabled me to return to work quicker than I would otherwise have done	93	*36*	206	*39*	91	*36*	390	*37*
It should enable me to return to work quicker than I otherwise would have done	34	*13*	53	*10*	17	*7*	103	*10*
It delayed me getting back to work	14	*5*	30	*6*	12	*5*	57	*5*
Don't know	11	*4*	36	*7*	15	*6*	63	*6*
Total	259	*100*	531	*100*	250	*100*	1,045	*100*

Base: All respondents giving age (N=1,040). All respondents (N=1,045). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Receiving key elements of the service affected the likelihood that employees would attribute a quicker return to work to Fit for Work.

- Employees who had received a Fit for Work assessment were more likely (41 per cent) than those who had not (nine per cent) to report that the service enabled them to return to work quicker than they would otherwise have done. Conversely those who had not had an assessment were more likely to say that the service had made very little difference to them returning to work (68 per cent) compared to those who had had an assessment (37 per cent) (see TA Table 7.20 in the Technical Annex).

- Employees who had received a Return to Work Plan (RtWP) were more likely (43 per cent) than those who had not (22 per cent) to say that the service had enabled them to return to work quicker than they would otherwise have done. Employees who had not had an RtWP were more likely to feel that the service had made very little difference to them returning to work (57 per cent) compared to those who had received an RtWP (36 per cent) (see TA Table 7.21 in the Technical Annex).

All employees were asked whether the Fit for Work service could have done more to help them to get back to work. Most employees (78 per cent) felt that the service could not have done more to help them get back to work (Table 7.21).

- Employees who had had a Fit for Work assessment were more likely (80 per cent) than those who had not had an assessment (65 per cent) to report that the Fit for Work service could not have done any more to help get them back into work (see Figure 1.1 for explanation of drop-out from the service) (Table 7.21).
- Employees who had not received an RtWP were more likely (32 per cent) than those employees who had (15 per cent) to say that the service could have done more to help them (Table 7.22).

Table 7.21 Could the service have done more to help you get back to work? By whether had a Fit for Work assessment (Weighted data)

Categories	Had an assessment		Did not receive an assessment		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Could have done more	145	*16*	25	*21*	172	*16*
Could not have done more	717	*80*	78	*65*	814	*78*
Not sure	35	*4*	17	*14*	58	*6*
Total	897	*100*	119	*100*	1,045	*100*

Base: Respondents who recalled whether or not they had an assessment (N=1,014). All respondents (N=1,045). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Table 7.22 Could the service have done more to help you get back to work? By whether received an RtWP (Weighted data)

Categories	Received an RtWP		Did not receive an RtWP		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Could have done more	121	*15*	21	*32*	172	*16*
Could not have done more	663	*82*	39	*59*	814	*78*
Not sure	29	*4*	6	*9*	58	*6*
Total	813	*100*	66	*100*	1,045	*100*

Base: Respondents who recalled having an assessment (N=877). All respondents (N=1,045). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Surveyed employers that had employees who had not returned to work at the time of the survey, but whom they thought might do in future, were asked what the effect had been, or what the effect would be, of the advice provided by the service on their employee's ability to go back to work. Nearly half (48 per cent) agreed that the service had helped/would help their employee to go back to work quicker than they would have done otherwise. Thirty-eight per cent agreed that it had made/would make no difference to the time it had taken or would take their employee to go back to work, and six per cent agreed that it had meant/would mean that their employee had taken longer to go back to work than they would have done otherwise (Table 7.23).

Table 7.23 What has been or will be the effect of the advice provided by Fit for Work on your employee's ability to go back to work? (Weighted data)

Categories	N	*Col %*
It has helped/will help my employee to go back to work quicker than they would have done otherwise	152	*48*
It has made/will make no difference to the time it has taken or will take my employee to go back to work	120	*38*
It has meant/will mean that my employee has taken longer to go back to work than they would have done otherwise	20	*6*
Don't know/too early to say	26	*8*
Total	319	*100*

Base: All respondents who used the service and whose employee has/may return to work (N=318). Unweighted.

Source: Fit for Work evaluation employer survey.

7.1.2 Return to work eight to ten months after discharge

Most respondents were in work at the time of their Wave Two interview (65 per cent). However, over one-third of respondents (35 per cent) were not in work at the time of their Wave Two interview – in other words around eight months after their Wave One interview and ten months after first being discharged from the service (see Table 7.24).

Having access to sick pay over and above Statutory Sick Pay (SSP) at both Wave One and Two was statistically significantly associated with being in work at Wave Two. At Wave One, 72 per cent of those with access to additional sick pay were in work, compared to 56 per cent of those without access (see TA Table 7.22 in the Technical Annex). At Wave Two, 98 per cent of those who had access to additional sick pay were in work, compared to 71 per cent of those who did not (see TA Table 7.23 in the Technical Annex).

Occupation was statistically significantly associated with the likelihood of being in work at Wave Two. Managers and professionals were more likely to be in work (80 per cent) than those in administrative, skilled trades and caring occupations (59 per cent) and sales, process and elementary occupations (61 per cent) (see TA Table 7.24 in the Technical Annex).

In addition, current self-reported health and change in self-reported health over time was associated with employment status at Wave Two:

- Respondents who reported having good mental health were more likely to be in work (78 per cent) compared to those who reported changeable (47 per cent) or fair or poor mental health (46 per cent) (see TA Table 7.25 in the Technical Annex).
- Respondents who reported having good physical health were more likely to be in work (82 per cent) compared to those who reported changeable (53 per cent) or fair or poor physical health (49 per cent) (see TA Table 7.26 in the Technical Annex).
- Respondents who reported their health had improved since they were referred to Fit for Work were more likely to be in work at Wave Two (80 per cent) compared to those whose health was the same or worse (39 per cent) (see TA Table 7.27 in the Technical Annex).
- Respondents who reported their health had improved since they were interviewed at Wave One were more likely to be in work at Wave Two (80 per cent) compared to those whose health was the same or worse (40 per cent) (see TA Table 7.28 in the Technical Annex).

Table 7.24 Whether in work at time of Wave Two interview (Weighted data)

Categories	N	*Col %*
In work	320	*65*
Not in work	172	*35*
Total	492	*100*

Base: All respondents reporting current employment status at Wave Two (N=492). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Of respondents who were not in work at Wave Two and reporting a valid work situation, 47 per cent were unemployed and not seeking paid work, 34 per cent were still an employee but on sick leave and 19 per cent were unemployed and seeking paid work (Table 7.25).

Table 7.25 Work situation of respondents not currently working (Weighted data)

Categories	N	*Col %*
An employee but on sick leave	49	*34*
Unemployed and seeking paid work	28	*19*
Unemployed and not seeking paid work	68	*47*
Total	145	*100*

Base: All respondents not currently in work at Wave Two reporting valid work situation (N=142). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Looking at the change in return to work between Wave One and Wave Two showed that there was typically little movement in or out of the labour market. The majority of respondents (56 per cent) were in work at both waves and just over one-quarter (26 per cent) were not working at both waves (this includes respondents who were still employed but on sick leave, as well as those receiving benefits) (see Table 7.26).

Table 7.26 Change in whether working between Wave One and Wave Two interviews (Weighted data)

Categories	N	Col %
In work at both Wave One and Wave Two	273	*56*
Out of work at both Wave One and Wave Two	129	*26*
Entered work between Wave One and Wave Two	47	*10*
Left work between Wave One and Wave Two	43	*9*
Total	492	*100*

Base: All respondents (N=492). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Logistic regression was conducted on Wave Two of the employee survey to see what predicted work status at Wave Two (see TA Table 7.29 in the Technical Annex). A number of factors were employment-specific. Respondents working in health, care and charity at Wave One were 2.6 times more likely to be working at Wave Two than respondents working in retail, hospitality, leisure, creative, business services and other services at Wave One. Respondents working in organisations with 250 or more employees at Wave One were 2.1 times more likely to be in work at Wave Two than those in organisations with 50 or fewer employees. In addition, respondents who had access to additional sick pay on top of SSP at Wave One were two times more likely to be in work at Wave Two than those who did not have access to additional sick pay.

Some health-related factors were also associated with employees working at Wave Two. Self-reported physical health had a positive overall effect, and respondents with good self-reported physical health at Wave Two were 2.8 times more likely to be working at Wave Two than those who reported fair or poor physical health. Lastly, respondents whose self-reported physical health had improved since their referral to Fit for Work were 3.4 times more likely to be working at Wave Two, than those whose self-reported physical health was the same or worse.

Logistic regression was conducted to explore what predicted returning to work for any period of time after being discharged from Fit for Work. Age had an overall statistically significant effect, and respondents aged under 35 were 3.3 times more likely to have returned to work at some point, than respondents aged 55 and over. Respondents who had access to additional sick pay on top of SSP at Wave One were 2 times more likely to have returned to work at some point than those who did not have access to additional sick pay. In addition, respondents who had not received additional support from other sources since their discharge were 2.3 times more likely to have returned to work at some point than those who had received other support.

Respondents with good self-reported physical health at Wave Two were 2.7 times more likely to have returned to work at some point than those with changeable physical health. Respondents whose health had improved since their referral to Fit for Work were 2.6 times more likely to have returned to work at some point than respondents whose health was the same or worse. Similarly, respondents whose health had improved since their Wave One interview were 2.4 times more likely to have gone back to work at some point.

Perceived influence of Fit for Work on return to work

At Wave Two, 61 per cent of respondents reported that Fit for Work helped them return to work more quickly (Table 7.27). A number of statistically significant results were found related to in-work respondents' level of agreement on whether the service helped them to return to work more quickly:

- Respondents who had access to occupational health at Wave One were more likely to agree (67 per cent) compared to those who did not have access (56 per cent, see Table 7.27).
- Respondents who had mental health conditions were more likely to agree (72 per cent) than those with musculoskeletal (57 per cent) or other conditions (54 per cent, see Table 7.28).
- Looking at sector at Wave One, respondents in energy, manufacturing, construction, transport and logistics and retail, hospitality, leisure, creative, business services and other services were more likely to agree (70 per cent and 66 per cent respectively) than those in health, care and charity (51 per cent) and public administration and public service (53 per cent) (see TA Table 7.31 in the Technical Annex).
- Respondents whose health was the same or worse than at their referral to Fit for Work were more likely to feel neutral or disagree (57 per cent) than those whose health had improved (33 per cent) (see TA Table 7.32 in the Technical Annex). Similarly, respondents whose health was the same or worse than at Wave One were more likely to feel neutral or disagree (49 per cent) than those whose health had improved (36 per cent) (see TA Table 7.33 in the Technical Annex).

Table 7.27 Fit for Work helped respondent return to work more quickly, by access to Occupational Health at Wave One (Weighted data)

Categories	Access to occupational health		No access to occupational health		All	
	N	Col %	N	Col %	N	Col %
Neutral and disagree	48	*33*	75	*44*	124	*39*
Agree	96	*67*	94	*56*	196	*61*
Total	144	*100*	169	*100*	318	*100*

Base: All respondents currently in work at Wave Two reporting influence on speed of return to work and access to occupational health at Wave One (N=315). All respondents currently in work at Wave Two reporting influence on speed of return to work (N=320). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.28 Fit for Work helped respondent return to work more quickly, by health condition (Weighted data)

Categories	Mental health		MSK		Other		All	
	N	Col %	N	Col %	N	Col %	N	Col %
Neutral and disagree	32	*28*	52	*43*	38	46	124	*39*
Agree	81	*72*	68	*57*	45	54	196	*61*
Total	113	*100*	120	*100*	83*	100	318	*100*

Base: All respondents currently in work at Wave Two reporting influence on speed of return to work and health condition (N=318). All respondents currently in work at Wave Two reporting influence on speed of return to work (N=320). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Likelihood of working in future

Respondents who were out of work at Wave Two were asked what would help them return. Just under one-quarter (24 per cent) stated they wanted more time for recovery, and around one-fifth wanted treatment or further support for their health condition (21 per cent) or a more conducive attitude and better support from their employer (20 per cent). Seven per cent reported that there was no support that could help them back to work (see Table 7.29).

Table 7.29 Support that would help respondents return to work (Weighted data)

Multiple responses included	
Categories	*%*
More time for recovery	*24*
Treatment or further treatment for your condition	*21*
The attitude/level of support from your employer	*20*
Finding a new job	*9*
Require employer to implement RtWP	*8*
Changed duties	*6*
An improvement in your condition	*6*
Phased return to work	*6*
Changed hours of work	*6*
Nothing	*7*
Base	54*

Base: All respondents not currently working who provided data on whether anything would help them return to work (N=54). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Type of work eight to ten months since discharge

Respondents who had returned to work by the time of the Wave Two survey were generally doing the same type of work they had been doing before their referral to Fit for Work, with three-quarters (75 per cent) doing so (see Table 7.30). Just over two-thirds of respondents (69 per cent) in work were with the same employer (see Table 7.31). The two are related, where respondents who were with the same employer being more likely to be doing the same type of work (89 per cent) than those with a new employer (46 per cent) (see Table 7.32).

A number of other statistically significant relationships were found related to any changes in respondents' nature of work:

- Respondents with access to sick pay in addition to SSP at Wave One were more likely to be doing the same type of work (79 per cent) than those without access to additional sick pay (66 per cent) (see TA Table 7.39 in the Technical Annex).
- Managers and professionals were more likely to be doing the same type of work (83 per cent) than those in administrative, skilled trades and caring occupations (78 per cent) and sales, process and elementary occupations (64 per cent) (see TA Table 7.40 in the Technical Annex).
- Looking at sector at Wave One, respondents in the health, care and charity sector were the most likely to be doing the same type of work (84 per cent) whilst those in retail, hospitality, leisure, creative, business services and other services were the least likely (64 per cent) (see TA Table 7.41 in the Technical Annex).
- Respondents with fair or poor mental health were more likely to be in the same type of work (83 per cent) than those whose health was changeable over time (60 per cent) or who reported good mental health (75 per cent) (see TA Table 7.43 in the Technical Annex).
- Respondents who reported their health was the same or worse compared to their Wave One interview were more likely to be doing the same type of work (86 per cent) than those whose health was better (71 per cent) (see TA Table 7.44 in the Technical Annex).

Further statistically significant relationships were found related to any changes in respondents' employer:

- Respondents with other health conditions were more likely to be with the same employer (82 per cent) than those with musculoskeletal conditions (69 per cent) or mental health conditions (61 per cent) (see TA Table 7.48 in the Technical Annex).
- Respondents were more likely to be with the same employer if they had access to sick pay above SSP at Wave One (77 per cent compared to 56 per cent for those who did not have access to additional sick pay) (see TA Table 7.50 in the Technical Annex) or Wave Two (75 per cent compared to 63 per cent) (see TA Table 7.51 in the Technical Annex).
- Respondents who were referred by their employer were more likely to be with the same employer (74 per cent) than those referred by their GP (59 per cent) (see TA Table 7.53 in the Technical Annex).

Table 7.30 Changes in nature of work since referral to Fit for Work (Weighted data)

Categories	N	*Col %*
Same type of work	237	*75*
Different type of work	81	*25*
Total	318	*100*

Base: All respondents in work at Wave Two reporting whether or not there had been any change in the nature of their work (N=321). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.31 Changes in employer since referral to Fit for Work (Weighted data)

Categories	N	*Col %*
The same employer	219	*69*
A different employer	96	*30*
Self-employed	-	-
Total	319	*100*

Base: All respondents in work at Wave Two reporting whether or not there had been any change in their employer (N=322). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.32 Changes in nature of work since referral to Fit for Work, by changes in employer since referral to Fit for Work (Weighted data)

Categories	Same employer		Different employer		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Same type of work	193	*89*	44	*46*	219	*69*
Different type of work	25	*11*	52	*54*	96	*30*
Total	218	*100*	96*	*100*	319	*100*

Base: All respondents reporting whether or not there had been any change in their employer and whether or not there had been any change in the nature of their work (N=317). All respondents reporting whether or not there had been any change in their employer (N=322). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Reasons for leaving job role

The most commonly specified reasons that employees were out of the labour market or had changed jobs were health-related. Just over one-third (34 per cent) reported they could not cope with the physical or mental demands at work, 28 per cent had been found not fit for work and one-quarter (25 per cent) said they had their employment contract terminated due to ill health. There were a range of less common reasons given such as moving house, or getting a promotion or pay rise, but

these were all reported by less than five per cent of respondents, and there was also a particularly high proportion of respondents (39 per cent) who gave diverse 'other' reasons (see Table 7.33). A number of statistically significant relationships were found:

- Respondents referred by their GP were more likely to have left or changed work due to work-related stress (30 per cent) than those referred by their employer (18 per cent) (see TA Table 7.63 in the Technical Annex).
- Respondents working in organisations with 250 or more employees at Wave One were more likely to have been found fit for work (80 per cent) than those in organisations with 50-249 employees (74 per cent) or fewer than 50 employees (62 per cent) (see TA Table 7.66 in the Technical Annex).
- Respondents who reported good mental health at Wave Two were more likely to have been found fit for work (81 per cent) than those who had fair or poor health (58 per cent) or those whose health was changeable over time (71 per cent) (see TA Table 7.67 in the Technical Annex).
- Respondents whose health was the same or worse compared to when they were referred to Fit for Work were more likely to have been found not fit for work (34 per cent) than those whose health had improved (22 per cent) (see TA Table 7.68 in the Technical Annex).

Table 7.33 Reasons why respondents out of work or in a new position left their former job role (Weighted data)

Multiple responses included	
Categories	%
Felt could not cope with physical/mental demands at work	*34*
Was found unfit for work by FfW/GP/Work Capability Assessment	*28*
Employment terminated by employer due to ill health	*25*
Work-related stress	*22*
Employer was inflexible	*18*
Poor relationship with previous employer	*15*
Still with same employer (but on sick leave)	*15*
Dissatisfied with job/job opportunities	*14*
Harassment or bullying at work	*13*
Employer didn't action my RtWP	*10*
Employment terminated by employer due to other reason	*9*
Needed different working hours	*8*
Not financially worthwhile	*5*
Other	*39*
Base	242

Base: All respondents not currently in work at Wave Two or who are in a different job reporting reasons for leaving their former employment (N=242). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Surveyed employers were asked whether their employee was back in work at the time of the survey. Just over half (53 per cent) of employers stated that their (most recently referred) employee was back at work by the time of the survey. Fifteen per cent stated that the employee had not yet returned to work, and 29 per cent stated

that the employee had left their job (see Table 7.34). There were some statistically significant differences in whether the employer stated that their employee was back at work at the time of the survey by size, and whether the employer had an occupational health service.

- Employers with less than 50 employees and employers with 50-249 employees were more likely to state that the employee had left their job (36 per cent and 33 per cent respectively) than employers with more than 250 employees (22 per cent) (see TA Table 7.72 in the Technical Annex).
- Employers that had access to an occupational health service (whether in-house or contracted to external providers) were more likely to report that their employee had returned to work at the time of the survey (59 per cent) than employers who did not have an occupational health service (47 per cent). Employers without access to an occupational health service (34 per cent) were more likely to report that their employee had left their job than employers with an occupational health service (24 per cent) (see TA Table 7.73 in the Technical Annex).

Table 7.34 Is this (most recently referred) employee now back at work? (Weighted data)

Categories	N	*Col %*
Yes – back at work	265	*53*
No – employee has not returned yet	77	*15*
No – employee has left their job	146	*29*
Don't know/unsure	14	*3*
Total	501	*100*

Base: All respondents who used the service (N=501). Unweighted.

Source: Fit for Work evaluation employer survey.

7.1.3 Increasing hours worked

The Wave Two employee survey asked about whether the service helped employees to increase the number of hours they worked. Forty-two per cent of respondents agreed or strongly agreed that the service helped them increase their hours worked (see TA Table 7.74 in the Technical Annex). A number of statistically significant differences were found:

- Employees in sales, process and elementary occupations were more likely to agree that the service helped employees to increase the number of hours they worked (56 per cent) compared to administrative, skilled trades and caring occupations (33 per cent) and managers and professionals (37 per cent, see Table 7.35).
- Looking at the sector at Wave One, respondents working in the health, care and charity sector, and public administration and public services were more likely to disagree that the service helped employees to increase the amount they worked (80 per cent and 62 per cent respectively) compared to those in energy, manufacturing, construction, transport and logistics (49 per cent) and retail, hospitality, leisure, creative, business services and other services (46 per cent, see Table 7.36).

- Respondents who were with a different employer at Wave Two were more likely to agree that the service helped employees to increase the amount of hours they worked (53 per cent) compared to those with the same employer (38 per cent, see Table 7.37).
- Respondents whose health was the same or worse than when they were referred to Fit for Work were more likely to feel neutral or disagree that the service helped them increase the number of hours worked (75 per cent) than those whose health had improved (52 per cent) (see TA Table 7.79 in the Technical Annex). Similarly, respondents whose health was the same or worse than at the Wave One survey were more likely to feel neutral or disagree (76 per cent) than those whose health had improved (52 per cent) (see TA Table 7.80 in the Technical Annex).

Table 7.35 Fit for Work helped respondent increase hours worked, by occupation at Wave One (Weighted data)

Categories	Managers and professionals		Admin, skilled trades and carers		Sales, process and elementary occupations		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Neutral and disagree	61	*63*	66	*67*	51	*44*	179	*57*
Agree	36	*37*	33	*33*	64	*56*	133	*43*
Total	97*	*100*	99*	*100*	115	*100*	312	*100*

Base: All respondents currently in work at Wave Two reporting whether the service helped them increase their hours at work and occupation (N=313). All respondents currently in work at Wave Two reporting whether the service helped them increase their hours at work (N=313). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.36 Fit for Work helped respondent increase hours worked, by sector at Wave One (Weighted data)

Categories	Energy, manufacturing, construction, transport and logistics		Retail, hospitality, leisure, creative, business services and other		Health, care and charity		Public administration and public services		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Neutral and disagree	39	*49*	45	*46*	59	*80*	36	*62*	179	*57*
Agree	41	*51*	54	*55*	15	20	22	38	133	*43*
Total	80*	*100*	99*	*100*	74*	*100*	58*	*100*	312	*100*

Base: All respondents currently in work at Wave Two reporting whether the service helped them increase their hours at work and sector at Wave One (N=313). All respondents currently in work at Wave Two reporting whether the service helped them increase their hours at work (N=313). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.37 Fit for Work helped respondent increase hours worked, by change in employer between Wave One and Wave Two (Weighted data)

Categories	Same employer		Different employer		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Neutral and disagree	131	*62*	45	*47*	176	*57*
Agree	82	*38*	50	*53*	132	*43*
Total	213	*100*	95*	*100*	308	*100*

Base: All respondents currently reporting whether the service helped them increase their hours at work and whether they were with the same/different employer (N=309). All respondents currently reporting whether the service helped them increase their hours at work (N=313). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

7.1.4 Working more productively

The Wave Two employee survey asked whether the service had enabled the employee to work more productively. Forty-six per cent of respondents reported that they agreed or strongly agreed that the service helped them to work more productively (see TA Table 7.85 in the Technical Annex). A number of statistically significant results were found:

- Respondents who did not have access to additional sick pay over SSP at Wave One were more likely to agree that the service helped them to work more productively (56 per cent) than those who had additional pay (41 per cent) (see TA Table 7.86 in the Technical Annex).
- Those in sales, process and elementary occupations were more likely to agree that the service helped them to work more productively (58 per cent) compared to administrative, skilled trades and caring occupations (39 per cent) and managers and professionals (41 per cent) (see TA Table 7.87 in the Technical Annex).
- Looking at the sector at Wave One, respondents in energy, manufacturing, construction, transport and logistics and retail, hospitality, leisure, creative, business services and other services were more likely to agree that the service helped them to work more productively (53 per cent and 55 per cent respectively) than those in the health, care and charity sector (37 per cent) (see TA Table 7.88 in the Technical Annex).
- Respondents with changeable physical health were more likely to feel neutral or disagree that the service helped them to work more productively (72 per cent) than those with good physical health (50 per cent) or fair/poor physical health (51 per cent) (see TA Table 7.89 in the Technical Annex).

7.1.4 Developing better relationships at work

Respondents to the Wave Two employee survey were asked whether they felt the service had enabled them to have better relationships at work. Forty-three per cent of respondents agreed that the service helped them have better relationships at work (see Table 7.38). A number of statistically significant results were found:

- Respondents in employers with 50-249 employees at Wave Two were more likely to agree than those in organisations with less than 50 employees (53 per cent compared to 43 per cent) or organisations with 250 or more employees (33 per cent) (see Table 7.38).
- Respondents who had access to occupational health at Wave One were more likely to agree (51 per cent) than those who did not have access (36 per cent, see Table 7.39).
- Respondents in sales, process and elementary occupations were more likely to agree (55 per cent) than respondents in administrative, skilled trades and caring occupations (34 per cent) and managers or professionals (40 per cent) (see Table 7.40).
- Looking at sector at Wave One, respondents working in health, care and charity (78 per cent) and public administration and public services were more likely to feel neutral or disagree (60 per cent) compared to those in energy, manufacturing, construction, transport and logistics (48 per cent) and retail, hospitality, leisure, creative, business services and other services (46 per cent) (see TA Table 7.95 in the Technical Annex).

Table 7.38 Fit for Work helped respondent have better relationships at work, by size of employer at Wave Two (Weighted data)

Categories	Less than 50 employees		50-249 employees		250 or more employees		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Neutral and disagree	51	*57*	50	*47*	64	*67*	177	*57*
Agree	38	*43*	57	*53*	31	*33*	137	*43*
Total	89*	*100*	107	*100*	95*	*100*	314	*100*

Base: All respondents currently in work at Wave Two reporting on whether the service helped them have better relationships at work and size of employer (N=291). All respondents currently in work at Wave Two reporting on whether the service helped them have better relationships at work (N=315). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.39 Fit for Work helped respondent have better relationships at work, by access to Occupational Health at Wave One (Weighted data)

Categories	Access to OH		No access to OH		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Neutral and disagree	69	*49*	107	*64*	177	*57*
Agree	72	*51*	61	*36*	137	*43*
Total	141	*100*	168	*100*	314	*100*

Base: All respondents currently in work at Wave Two reporting on whether the service helped them have better relationships at work and access to Occupational Health at Wave One (N=310). All respondents currently in work at Wave Two reporting on whether the service helped them have better relationships at work (N=315). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.40 Fit for Work helped respondent have better relationships at work, by occupation at Wave One (Weighted data)

Categories	Managers and professionals		Admin, skilled trades and carers		Sales, process and elementary occupations		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Neutral and disagree	59	*60*	67	*67*	51	*45*	177	*57*
Agree	39	*40*	34	*34*	63	*55*	137	*43*
Total	98*	*100*	100	*100*	114	*100*	314	*100*

Base: All respondents currently in work at Wave Two reporting on whether the service helped them have better relationships at work and occupation (N=315). All respondents currently in work at Wave Two reporting on whether the service helped them have better relationships at work (N=315). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

7.2 Retention in employment

All employers who had used the service were asked what the effect had been, or what the effect would be, of the advice provided on their employee's ability to remain in work following their return. Forty-six per cent of employers felt that the service had made/would make no difference to their employee's ability to sustain themselves in work, 37 per cent of employers agreed that it had helped/would help their employee to remain in work longer than they would have done otherwise, and three per cent of employers agreed that it had/would have a detrimental impact on their employee's ability to remain in work. A further 14 per cent said that it was too early to say (see Table 7.41).

Table 7.41 What has been or will be the effect of the advice provided by Fit for Work/Fit for Work Scotland on your employee's ability to remain in work following their return? (Weighted data)

Categories	N	*Col %*
It has helped/will help my employee to remain in work longer than they would have done otherwise	118	*37*
It has made/will make no difference to my employee's ability to sustain themselves in work	147	*46*
It has had/will have a detrimental impact on my employee's ability to remain in work	8	*3*
Don't know/too early to say	45	*14*
Total	319	*100*

Base: All respondents who used the service and whose employee had/might return to work (N=318). Unweighted.

Source: Fit for Work evaluation employer survey.

There were statistically significant differences in responses depending on whether the employer had had any contact with a case manager. Employers who had had any contact with a case manager were more likely to agree that the advice provided by the service had helped/would help their employee to remain in work longer than they would have done otherwise (45 per cent), than employers who had not had any contact with a case manager (28 per cent) (see Table 7.42).

Table 7.42 What has been or will be the effect of the advice provided by Fit for Work on your employee's ability to remain in work following their return, by whether had any contact with a case manager (Weighted data)

Categories	Had contact with case manager		Not had contact with case manager		All	
	N	*Col %*	N	*Col %*	N	*Col %*
It has helped/will help my employee to remain in work longer than they would have done otherwise	74	*45*	44	*28*	118	*37*
It has made/will make no difference to my employee's ability to sustain themselves in work	71	*43*	77	*50*	147	*46*
It has had/will have a detrimental impact on my employee's ability to remain in work	5	*3*	3	*2*	8	*3*
Don't know/too early to say	15	*9*	31	*20*	45	*14*
Total	165	*100*	155	*100*	319	*100*

Base: All respondents who used the service and whose employee had/might return to work (N=318). Unweighted.

Source: Fit for Work evaluation employer survey.

Fifty-eight per cent of respondents to the Wave Two employee survey agreed or strongly agreed that the service had helped them to remain in employment (see TA Table 7.99 in the Technical Annex). A number of statistically significant results were found:

- Looking at sector at Wave One, respondents in energy, manufacturing, construction, transport and logistics and retail, hospitality, leisure, creative, business services and other services were more likely to agree (64 per cent and 67 per cent respectively) than those in health, care and charity (48 per cent) or public administration and public services (47 per cent, see Table 7.43).
- Respondents with the same employer were more likely to agree (64 per cent) than respondents who had moved to a new employer (47 per cent, see Table 7.44).
- Respondents whose health was the same or worse than the time of their referral to Fit for Work were more likely to feel neutral or disagree (60 per cent) than those whose health had improved (36 per cent) (see TA Table 7.101 in the Technical Annex). Similarly, respondents whose health was the same or worse than at Wave One were more likely to feel neutral or disagree (56 per cent) than those whose health had improved (37 per cent) (see TA Table 7.102 in the Technical Annex).

Table 7.43 Fit for Work helped respondent to remain in employment, by sector at Wave One (Weighted data)

Categories	Energy, manufacturing, construction, transport and logistics		Retail, hospitality, leisure, creative, business services and other		Health, care and charity		Public administration and public services		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Neutral and disagree	29	*36*	34	*33*	41	*52*	29	*53*	132	*42*
Agree	52	*64*	68	*67*	38	*48*	26	*47*	185	*58*
Total	81*	*100*	102	*100*	79*	*100*	55*	*100*	317	*100*

Base: All respondents currently in work at Wave Two reporting whether service influenced their ability to remain in employment and sector (N=320). All respondents currently in work at Wave Two reporting whether service influenced their ability to remain in employment (N=320). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.44 Fit for Work helped respondent to remain in employment, by change in employer since Wave One interview (Weighted data)

Categories	Same employer		Different employer		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Neutral and disagree	79	*36*	50	*53*	132	*42*
Agree	140	*64*	44	*47*	185	*58*
Total	219	*100*	94*	*100*	317	*100*

Base: All respondents currently in work at Wave Two reporting whether service influenced their ability to remain in employment and same/different employer since Wave One interview (N=316). All respondents currently in work at Wave Two reporting whether service influenced their ability to remain in employment (N=320). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

7.3 Claiming welfare benefits

Respondents were asked whether they claimed any welfare benefits including Personal Independence Payment, Employment and Support Allowance and Jobseeker's Allowance. The majority of respondents were not claiming welfare benefits of any kind (81 per cent) whilst 19 per cent of respondents were claiming some form of welfare benefits (see Table 7.45). These predominantly comprised

of out-of-work benefits, as respondents in work at Wave Two were statistically significantly less likely to be claiming any benefits (97 per cent) than those not in work (51 per cent, see Table 7.46).

A number of other statistically significant relationships were found:

- Respondents were more likely not to be claiming welfare benefits if they had access to additional sick pay over SSP at Wave One (86 per cent compared to 73 per cent) (see TA Table 7.105 in the Technical Annex) or Wave Two (98 per cent compared to 81 per cent) (see TA Table 7.106 in the Technical Annex).
- Managers and professionals were more likely not to be claiming welfare benefits (90 per cent) than those in administrative, skilled trades and caring occupations (78 per cent) or sales, process and elementary occupations (77 per cent) (see TA Table 7.107 in the Technical Annex).

Table 7.45 Receipt of welfare benefits (Weighted data)

Categories	N	Col %
Not claiming welfare benefits	397	*81*
Claiming welfare benefits	95	*19*
Total	492	*100*

Base: All respondents (N=492). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.46 Receipt of welfare benefits, by employment status at Wave Two Weighted data)

Categories	Currently in work		Not currently in work		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Not claiming benefits	310	*97*	87	*51*	397	*81*
Claiming benefits	10	*3*	85	*49*	95	*19*
Total	320	*100*	172	*100*	492	*100*

Base: All respondents reporting whether they were receiving welfare benefits (N=492). All respondents (N=492). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

7.4 Health and well-being

7.4.1 Health and well-being two months after discharge

All surveyed employees, one to two months after using the service, were asked how they would describe their health and well-being compared to when they were referred to the Fit for Work service. Two-thirds of employees (66 per cent) reported that their health and well-being was better compared to when they were referred to their service and 11 per cent stated it had got worse (see Table 7.47).

- Employees with mental health conditions were more likely to report that their health was better (77 per cent) than those with either musculoskeletal (60 per cent) or other (62 per cent) health conditions (see Table 7.47).
- Employees in managerial and professional occupations were more likely to describe their health and well-being as much better compared to when they were referred to the service (46 per cent), than employees in sales, process and elementary occupations (34 per cent) (see Table 7.48).

Table 7.47 How would you describe your health and well-being now compared to when you were referred to the service? By health condition (Weighted data)

Categories	Mental health		MSK		Other		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Much better	158	*47*	132	*33*	102	*35*	397	*38*
Somewhat better	105	*31*	108	*27*	81	*27*	295	*28*
About the same	53	*16*	95	*24*	72	*25*	224	*21*
Somewhat worse	13	*4*	44	*11*	23	*8*	79	*8*
Much worse	7	*2*	18	*4*	13	*4*	38	*4*
Don't know	3	*1*	3	*1*	4	*2*	12	*1*
Total	340	*100*	400	*100*	295	*100*	1,045	*100*

Base: All respondents reporting health condition (N=1,035). All respondents (N=1,045). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Table 7.48 How would you describe your health and well-being now compared to when you were referred to the service? By occupation (Weighted data)

Categories	Managers and professionals		Admin, skilled trades and carers		Sales, process and elementary occupations		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Much better	120	*46*	140	*37*	140	*34*	400	*38*
Somewhat better	90	*34*	100	*28*	110	*25*	300	*28*
About the same	40	*16*	80	*21*	110	*25*	220	*21*
Somewhat worse	10	*3*	30	*8*	40	*10*	80	*8*
Much worse	0	*1*	20	*5*	20	*5*	40	*4*
Don't know	0	*2*	0	*1*	0	*1*	10	*1*
Total	260	*100*	370	*100*	420	*100*	1,050	*100*

Base: All respondents (N=1,045). Unweighted.

Notes: Disclosure control has been applied to this table.

Source: Fit for Work evaluation Wave One employee survey.

Employer views of employees' health and well-being

Over half of employers (55 per cent) either strongly agreed or agreed that the advice provided by Fit for Work had helped or would help their employee to better manage their health condition(s). Nineteen per cent of employers were neutral and neither agreed nor disagreed with this, and 22 per cent either disagreed or strongly disagreed (Table 7.49).

Table 7.49 To what extent do you agree that the advice provided by Fit for Work has helped or will help your employee to better manage their health condition? (Weighted data)

Categories	N	*Col %*
Strongly agree	100	*23*
Agree	139	*32*
Neither agree nor disagree	82	*19*
Disagree	50	*11*
Strongly disagree	49	*11*
Don't know/ too early to say	15	*3*
Total	435	*100*

Base: All respondents who used the service and were able to report whether the service helped their employee to better manage their health condition (N=434). Unweighted.

Source: Fit for Work evaluation employer survey.

There were some statistically significant differences by size in levels of agreement that the advice helped employees to better manage their health condition. Employers with less than 50 employees were more likely to strongly disagree or disagree (30 per cent) than employers with over 250 employees (18 per cent) (see Table 7.50).

Table 7.50 To what extent do you agree that the advice provided by Fit for Work has helped or will help your employee to better manage their health condition? By size (Weighted data)

Categories	Less than 50 employees		50-249 employees		250+ employees		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Strongly agree	30	*22*	30	*27*	40	*22*	100	*23*
Agree	30	*26*	40	*32*	70	*35*	140	*32*
Neither agree nor disagree	30	*22*	20	*15*	40	*19*	80	*19*
Disagree	20	*15*	20	*12*	20	*9*	50	*11*
Strongly disagree	20	*15*	20	*12*	20	*9*	50	*11*
Don't know/too early to say	0	*1*	0	*2*	10	*6*	20	*3*
Total	120	*100*	130	*100*	190	*100*	440	*100*

Base: All respondents who used the service and were able to report whether the service helped their employee to better manage their health condition and reported size (N=425). All respondents who used the service and were able to report whether the service helped their employee to better manage their health condition (N=435). Unweighted.

Notes: Disclosure control has been applied to this table.

Source: Fit for Work evaluation employer survey.

7.4.2 Health and well-being eight to ten months after discharge

Respondents generally had good self-reported mental health at the time of the Wave Two interview. A little under two-thirds of respondents (60 per cent) had good or very good mental health. Self-reported physical health was less positive, with fewer than one-half of respondents (46 per cent) reporting good or very good physical health. Around one-fifth of respondents indicated that their mental health (19 per cent) or physical health (18 per cent) was changeable (see Table 7.51 and Table 7.52).

Table 7.51 Current state of general mental health (Weighted data)

Categories	N	*Col %*
Very good	148	*30*
Good	144	*30*
Fair	61	*13*
Bad	26	*5*
Very bad	16	*3*
Changeable	92	*19*
Total	487	*100*

Base: All respondents reporting current mental health (N=488). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.52 Current state of general physical health (Weighted data)

Categories	N	*Col %*
Very good	63	*13*
Good	161	*33*
Fair	111	*23*
Bad	41	*8*
Very bad	26	*5*
Changeable	86	*18*
Total	488	*100*

Base: All respondents reporting current physical health (N=489). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

A number of statistically significant results were found to be related to respondents' level of agreement on whether the service helped them manage their health condition:

- Respondents in work at Wave Two were more likely to agree (63 per cent) than those not in work (40 per cent, see Table 7.53).
- Respondents who had access to occupational health at Wave One were more like to agree (60 per cent) than those who did not have access (49 per cent, see Table 7.54).
- Respondents with access to additional sick pay over SSP at Wave Two were more likely to agree (65 per cent) than those who did not have access (53 per cent, see Table 7.55).
- Respondents with a mental health condition were more likely to agree (63 per cent) than those with a musculoskeletal (55 per cent) or other condition (47 per cent, see Table 7.56).
- Looking at sector at Wave One, respondents in energy, manufacturing, construction, transport and logistics and retail, hospitality, leisure, creative, business services and other services were more likely to agree (64 per cent and 59 per cent respectively) than those in health, care and charity (46 per cent) or public service and administration (47 per cent) (see TA Table 7.117 in the Technical Annex).
- Looking at sector at Wave Two, respondents in energy, manufacturing, construction, transport and logistics were more likely to agree (80 per cent) than those in retail, hospitality, leisure, creative, business services and other services (64 per cent), and health, care and charity (54 per cent) (see TA Table 7.118 in the Technical Annex).
- Respondents who had good mental health were more likely to agree (64 per cent) than those with changeable (49 per cent) or fair or poor mental health (37 per cent) (see TA Table 7.119 in the Technical Annex).
- Respondents who had good physical health were more likely to agree (64 per cent) than those with changeable (42 per cent) or fair or poor physical health (50 per cent) (see TA Table 7.120 in the Technical Annex).
- Respondents whose health was the same or worse than at the time of their referral to Fit for Work were more likely to feel neutral or disagree (65 per cent) than those whose health had improved (32 per cent) (see TA Table 7.121 in the Technical Annex). Similarly, respondents whose health was the same or worse than at Wave One were more likely to feel neutral or disagree (63 per cent) than those whose health had improved (34 per cent) (see TA Table 7.122 in the Technical Annex).

- Respondents with other conditions were more likely to feel neutral or disagree that the service had helped them to manage their condition (53 per cent) than those with musculoskeletal (45 per cent) or mental health conditions (37 per cent) (see TA Table 7.123 in the Technical Annex).

Table 7.53 Fit for Work helped respondent to manage health condition, by employment status at Wave Two interview (Weighted data)

Categories	Currently in work		Not currently in work		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Neutral and disagree	118	*37*	100	*60*	219	*45*
Agree	201	*63*	68	*40*	268	*55*
Total	319	*100*	168	*100*	487	*100*

Base: All respondents reporting influence on ability to manage health condition and work status (N=486). All respondents reporting influence on ability to manage health condition (N=486). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.54 Fit for Work helped respondent to manage health condition, by access to occupational health at Wave One (Weighted data)

Categories	Access to OH		No access to OH		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Neutral and disagree	85	*40*	131	*51*	219	*45*
Agree	130	*60*	126	*49*	268	*55*
Total	215	*100*	257	*100*	487	*100*

Base: All respondents reporting influence on ability to manage health condition and access to occupational health at Wave One (N=472). All respondents reporting influence on ability to manage health condition (N=486). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.55 Fit for Work helped respondent to manage health condition, by access to additional sick pay over SSP at Wave Two (Weighted data)

Categories	Additional sick pay		No additional sick pay		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Neutral and disagree	74	*35*	62	*47*	219	*45*
Agree	137	*65*	70	*53*	268	*55*
Total	211	*100*	132	*100*	487	*100*

Base: All respondents reporting influence on ability to manage health condition and access to additional sick pay over SSP at Wave Two (N=344). All respondents reporting influence on ability to manage health condition (N=486). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.56 Fit for Work helped respondent to manage health condition, by health condition (Weighted data)

Categories	Mental health		MSK		Other		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Neutral and disagree	59	*37*	81	*45*	74	*53*	214	*44*
Agree	102	*63*	100	*55*	66	*47*	268	*56*
Total	161	*100*	181	*100*	140	*100*	482	*100*

Base: All respondents reporting influence on ability to manage health condition and health condition (N=481). All respondents reporting influence on ability to manage health condition (N=486). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Change in health condition over time

Most respondents reported that their health and well-being had improved over time. Nearly two-thirds of respondents (63 per cent) explained that their health was much or somewhat improved since they were first referred to the service. A similar proportion (62 per cent) reported their health had improved since the Wave One interview (see Table 7.57 and Table 7.58).

Table 7.57 Change in physical and mental health since time of referral to Fit for Work (Weighted data)

Categories	N	*Col %*
Much better	211	*43*
Somewhat better	95	*20*
About the same	111	*23*
Somewhat worse	39	*8*
Much worse	31	*6*
Total	487	*100*

Base: All respondents reporting change in physical and mental health since time of referral to Fit for Work (N=487). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.58 Change in physical and mental health since time of interview at Wave One (Weighted data)

Categories	N	*Col %*
Much better	186	*38*
Somewhat better	119	*24*
About the same	112	*23*
Somewhat worse	42	*9*
Much worse	28	*6*
Total	487	*100*

Base: All respondents reporting change in physical and mental health since time of interview at Wave One (N=487). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Logistic regression was conducted on the Wave Two employee survey to explore what predicted improvement in employees' self-reported physical and mental health since their referral to Fit for Work (see TA Table 7.133 in the Technical Annex). Respondents whose primary health condition was a mental health issue were 10.4 times more likely to say their physical and mental health had improved since their referral to Fit for Work compared to respondents with a musculoskeletal health condition. Respondents who were referred by their GP were 3.3 times less likely than employees referred by their employer to have reported an improvement in their health since referral to Fit for Work.

Respondents who responded neutrally or disagreed that Fit for Work helped them to manage their health condition were 1.3 times less likely to have seen an improvement in health since their referral to the service than those who agreed that the service helped them to manage their health condition. Respondents with good physical health were 2.8 times more likely to report improvements in their health since their referral to the service than those with fair or poor self-reported physical health.

Logistic regression was conducted on the Wave Two employee survey to explore what predicted improvements in respondents' health since their Wave One interview (see TA Table 7.134 in the Technical Annex). The main statistically significant relationships related to changes in health. Respondents with good self-reported mental health at the Wave Two survey were 3.3 times more likely to report improvement than those with fair or poor self-reported mental health. Respondents with good self-reported physical health at the Wave Two survey were 2.5 times more likely to report improvement than those with fair or poor self-reported physical health. Lastly, respondents with caring responsibilities for adults were 3.6 times more likely than respondents without these caring responsibilities to report an improvement in their health since the Wave One interview.

Respondents were asked to rate their ability to work from a scale of zero (at worst) to ten (at best). Over half of respondents (56 per cent) reported their work ability was in the top three deciles. In contrast, just 14 per cent of respondents reported their work ability was in the bottom three deciles (see Table 7.59).

Table 7.59 Self-reported work ability on a scale from 0 (worst) to 10 (best) (Weighted data)

Categories	N	Col %
0	38	8
1	12	2
2	17	4
3	21	5
4	29	6
5	27	6
6	16	3
7	44	9
8	97	20
9	58	12
10	114	24

Base: All respondents self-assessing their ability to work (N=472). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

7.5 Further sickness absence

7.5.1 Further absence two months after discharge

All employees who were back at work at the time of the interview, either with the same or with a different employer, were asked whether or not they had been off sick again since they returned to work. Of all employees who had returned to work at the time of the Wave One survey, the majority had not had further periods of sickness absence since their return to work (87 per cent) (see Table 7.60).

- Employees aged under 35 (16 per cent) were more likely than those aged 35-54 (four per cent) or 55 and over (six per cent) to have been off work sick for the same reason since they returned to work (see TA Table 7.135 in the Technical Annex).
- Employees with mental health conditions (90 per cent) or musculoskeletal conditions (91 per cent) were more likely than those with other health conditions (80 per cent) to say that they had not been off work sick since they returned (see TA Table 7.136 in the Technical Annex).

Table 7.60 Have you been off sick again since you returned to work? (Weighted data)

Multiple responses included	
Categories	*%*
Yes, been off for the same reason	*8*
Yes, been off for another reason	*5*
No, not been off sick since returned to work	*87*
Don't know	*0*
Base	676

Base: All back at work (N=676). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Logistic regression was conducted on the Wave One employee survey data to explore what predicted whether employees who had returned to work went on to have additional periods of sickness absence (see TA Table 7.137 in the Technical Annex). The significant results all relate to demographic and health circumstances.

Younger employees were 2.1 times more likely than those aged 35 to 54 to have additional periods of sickness absence.

Employees without access to occupational health through their employer were 2.1 times more likely to have additional periods of sickness absence than those who had access.

Health condition had an overall statistically significant effect on additional sickness absence. Employees with a mental health condition were 2 times less likely to have additional periods of sickness absence compared to those with other conditions, whilst those with a musculoskeletal condition were 2.5 times less likely.

Lastly, employees who felt their health was the same or worse compared to when they were referred to Fit for Work were 2.1 times more likely to have had additional periods of sickness absence compared to those whose health had improved.

7.5.2 Further absence eight to ten months after discharge

The majority of employees who were back in work at Wave Two (86 per cent) had not had any further periods of long-term sickness absence for more than a week in the previous eight months since their return to work (see Table 7.61).

Table 7.61 Additional period of long-term sickness absence for in-work respondents (Weighted data)

Categories	N	*Col %*
Yes, have been off sick	43	*14*
No, have not been off sick	275	*86*
Total	318	*100*

Base: All respondents in work at Wave Two (N=320). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

A little over two-thirds (69 per cent) of respondents who were not in work at Wave Two had been off work continuously since their Wave One interview, and 31 per cent had returned to work for a period of time in the intervening eight months (see Table 7.62). A number of statistically significant relationships were found:

- Respondents whose mental health was fair or poor (77 per cent) and changeable (77 per cent) were more likely to have been continually absent than those with good mental health (58 per cent) (see TA Table 7.138 in the Technical Annex).
- Respondents whose health was the same or worse compared to the time of their referral to Fit for Work were more likely to have been continually absent (77 per cent) than those whose health had improved (57 per cent) (see TA Table 7.139 in the Technical Annex).
- Respondents whose health was the same or worse compared to their interview at Wave One were more likely to have been continually absent (76 per cent) than those whose health had improved (60 per cent) (see TA Table 7.140 in the Technical Annex).

Table 7.62 Continuity of sick leave since discharge from Fit for Work for out of work respondents (Weighted data)

Categories	N	*Col %*
Employee continually off work since Wave One interview	118	*69*
Returned to work for a period of time after Wave One interview	52	*31*
Total	171	*100*

Base: All respondents not currently in work at Wave Two reporting continuity of sickness absence (N=169). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Fifty-three per cent of respondents agreed that the service helped them to reduce the number of sick days taken after returning to work (see Table 7.63). A number of statistically significant differences were found:

- Respondents who had no access to additional sick pay over SSP at Wave One were more likely to agree (61 per cent) compared to those who had additional sick pay (48 per cent, see Table 7.63).
- Those in sales, process and elementary occupations were more likely to agree (65 per cent) compared to employees in administrative, skilled trades and caring occupations (47 per cent) and managers and professionals (44 per cent, see Table 7.64).

Table 7.63 Fit for Work helped respondent reduce number of sickness absence days after returning to work, by access to additional sick pay over SSP at Wave One (Weighted data)

Categories	Additional sick pay		No additional sick pay		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Neutral and disagree	106	*52*	41	*39*	150	*48*
Agree	96	*48*	64	*61*	165	*53*
Total	202	*100*	105	*100*	315	*100*

Base: All respondents currently in work at Wave Two reporting influence on number of sickness absence days after returning to work and access to additional sick pay over SSP at Wave One (N=309). All respondents currently in work at Wave Two reporting influence on number of sickness absence days after returning to work (N=317). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.64 Fit for Work helped respondent reduce number of sickness absence days after returning to work, by occupation at Wave One (Weighted data)

Categories	Managers and professionals		Admin, skilled trades and carers		Sales, process and elementary occupations		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Neutral and disagree	56	*56*	53	*53*	40	*35*	150	*48*
Agree	44	*44*	47	*47*	74	*65*	165	*52*
Total	100	*100*	100	*100*	114	*100*	315	*100*

Base: All respondents currently in work at Wave Two reporting influence on number of sickness absence days after returning to work and occupation (N=317). All respondents currently in work at Wave Two reporting influence on number of sickness absence days after returning to work (N=317). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

7.5.3 Likelihood of future sickness absence

Forty-six per cent of respondents agreed or strongly agreed that the service helped them reduce the likelihood of future long-term sickness absence (Table 7.65). A number of statistically significant differences were found:

- Respondents in organisations with 50-249 employees were more likely to agree that the service helped them reduce the likelihood of future sickness absence (55 per cent) than those in organisations with less than 50 employees (39 per cent) or organisations with 250 or more employees (40 per cent, see Table 7.65).

- Respondents with good physical health at Wave Two were more likely to agree (54 per cent) than those with fair or poor physical health (39 per cent) or changeable physical health (32 per cent, see Table 7.66).
- Respondents who reported access to additional sick pay over SSP at Wave Two were more likely to agree (49 per cent) than those who did not have access (36 per cent) (see TA Table 7.148 in the Technical Annex).
- Respondents in sales, process and elementary occupations were more likely to agree (55 per cent) than respondents in administrative, skilled trades and caring roles (37 per cent) and managers or professionals (44 per cent) (see TA Table 7.149 in the Technical Annex).
- Respondents whose health was the same or worse than at the time of their referral to Fit for Work were more likely to feel neutral or disagree (76 per cent) than those whose health had improved (47 per cent) (see TA Table 7.152 in the Technical Annex). Similarly, respondents whose health was the same or worse than at the Wave One interview were more likely to feel neutral or disagree (70 per cent) than those whose health had improved (49 per cent) (see TA Table 7.153 in the Technical Annex).

Table 7.65 Fit for Work reduced the likelihood of future long-term sickness absence, by size of employer at Wave Two (Weighted data)

Categories	Fewer than 50 employees		50-249 employees		250 employees or more		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Neutral and disagree	54	*61*	48	*45*	56	*60*	167	*54*
Agree	35	*39*	59	*55*	37	*40*	143	*46*
Total	89*	*100*	107	*100*	93*	*100*	309	*100*

Base: All respondents currently in work at Wave Two reporting influence of service on likelihood of future long-term sickness absence and the size of employer at Wave Two (N=289). All respondents currently in work at Wave Two reporting influence of service on likelihood of future long-term sickness absence (N=310). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.66 Fit for Work reduced the likelihood of future long-term sickness absence, by current physical health (Weighted data)

Categories	Good		Fair or poor		Changeable over time		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Neutral and disagree	83	*46*	51	*61*	30	*68*	167	*54*
Agree	97	*54*	32	*39*	14	*32*	143	*46*
Total	180	*100*	83*	*100*	44	*100*	309	*100*

Base: All respondents currently in work at Wave Two reporting influence of service on likelihood of future long-term sickness absence and reporting current physical health (N=308). All respondents currently in work at Wave Two reporting influence on future long-term sickness absence (N=310). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

7.6 Satisfaction

7.6.1 Employee satisfaction with the service

Respondents were asked about their overall general satisfaction with the service in hindsight at Wave Two. Respondents were generally highly positive of the service, with 78 per cent reporting they were satisfied or very satisfied. Only nine per cent reported they were dissatisfied or very dissatisfied (see Table 7.67). In addition, a number of further statistically significant relationships were identified:

- Respondents to the Wave Two survey who were in work at Wave Two were more likely to be satisfied (82 per cent) than those who were out of work (73 per cent, see Table 7.68).
- Respondents with a mental health condition (86 per cent) were more likely to be satisfied with Fit for Work overall than employees with a musculoskeletal (76 per cent) or other health condition (77 per cent) (see Table 7.69).
- Respondents who had good mental health were more likely to be satisfied (64 per cent) than those with changeable (18 per cent) or fair/poor mental health (18 per cent) (see TA Table 7.156 in the Technical Annex).
- Respondents who had good physical health were more likely to be satisfied (49 per cent) than those with changeable (17 per cent) or fair/poor physical health (34 per cent) (see TA Table 7.157 in the Technical Annex).
- Respondents whose health was better than when they were referred to Fit for Work were more likely to be satisfied (85 per cent) than those whose health was the same or had deteriorated (70 per cent) (see TA Table 7.158 in the Technical Annex). Similarly, respondents whose health was better than at the time of the interview at Wave One were more likely to be satisfied (84 per cent) than those whose health was the same or had deteriorated (71 per cent) (see TA Table 7.159 in the Technical Annex).

Table 7.67 Overall satisfaction with Fit for Work (Weighted data)

Categories	N	*Col %*
Very satisfied	232	*47*
Satisfied	155	*31*
Neither satisfied nor dissatisfied	62	*13*
Dissatisfied	21	*4*
Very dissatisfied	23	*5*
Total	492	*100*

Base: All respondents reporting overall satisfaction with Fit for Work (N=492). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.68 Overall satisfaction with Fit for Work, by current employment status at Wave Two (Weighted data)

Categories	Currently in work		Not currently in work		All	
	N	*Col %*	N	*Col %*	N	*Col %*
Neutral or dissatisfied	59	*18*	47	*27*	106	*22*
Satisfied with FfW	261	*82*	125	*73*	386	*78*
Total	320	*100*	172	*100*	492	*100*

Base: All respondents giving overall satisfaction with the service and current work status (N=492). All respondents giving overall satisfaction with the service (N=492). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

Table 7.69 Overall satisfaction with Fit for Work, by health condition at Wave One (Weighted data)

Categories	Mental Health		MSK		Other		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Neutral or dissatisfied	22	*14*	46	*24*	32	*23*	106	*22*
Satisfied with FfW	139	*86*	143	*76*	105	*77*	386	*78*
Total	161	*100*	189	*100*	137	*100*	492	*100*

Base: All respondents giving overall satisfaction with the service and current work status (N=492). All respondents giving health condition at Wave One (N=487). Unweighted.

Source: Fit for Work evaluation Wave Two employee survey.

7.6.2 Employer satisfaction with the service

All employers that used Fit for Work were asked to rate their satisfaction with aspects of the service. Specifically, how easy they found it to use; whether the recommendations in the RtWP addressed the return to work needs of their employee; the feasibility of delivering the RtWP; and whether they felt able to trust the advice of the service.

All the areas received high levels of satisfaction. However, on these measures employers were most likely to be very or fairly satisfied that the service was easy to use (89 per cent). A similar proportion of employers were very or fairly satisfied that the recommendations in an RtWP addressed the return to work needs of their employee; with the feasibility of delivering the RtWP; and that they felt able to trust the advice of the service (80 per cent, 80 per cent and 78 per cent respectively) (see Table 7.70).

Table 7.70 How satisfied are you that… (Weighted data)

	A. The service was easy to use		B. RtWP addressed the needs of employee		C. RtWP was deliverable		D. You were able to trust advice provided	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Very satisfied	284	*57*	172	*45*	184	*47*	205	*49*
Fairly satisfied	161	*32*	135	*35*	128	*33*	121	*29*
Neither satisfied nor unsatisfied	16	*3*	23	*6*	32	*8*	42	*10*
Fairly dissatisfied	17	*3*	25	*7*	16	*4*	22	*5*
Very dissatisfied	21	*4*	31	*8*	27	*7*	29	*7*
Total	499	*100*	386	*100*	387	*100*	420	*100*

Base: A. All respondents who used the service (N=499). B. All who received an RtWP (N=386). C. All who received an RtWP (N=387). D. All respondents who used the service and who received advice for their employee (N=420). Unweighted.

Source: Fit for Work evaluation employer survey.

Ease of use

Most (89 per cent) of employers were either very or fairly satisfied that the service was easy to use, seven per cent were either fairly dissatisfied or very dissatisfied that the service was easy to use, and three per cent of employers were neither satisfied nor unsatisfied (Table 7.71). There were some statistically significant differences in the views about the ease of use:

- Employers with 50-249 employees were more likely (64 per cent) than those with less than 50 employees (50 per cent) to be very satisfied that the service was easy to use (see Table 7.71).
- Employers in the charity/voluntary sector were more likely to say that they were very dissatisfied that the service was easy to use (11 per cent), than employers in the private sector (three per cent) (see TA Table 7.161 in the Technical Annex).

- Employers who received an RtWP for some or all employees (64 per cent) were more likely to say that they were very satisfied that the service was easy to use than employers who did not receive an RtWP (28 per cent) (see TA Table 7.162 in the Technical Annex).
- Employers whose employee had returned to work at the time of the survey were more likely to be very or fairly satisfied that the service was easy to use (93 per cent) than employers whose employee had not returned to work (85 per cent) (see TA Table 7.163 in the Technical Annex).

Table 7.71 How satisfied are you that the service was easy to use? By size (Weighted data)

Categories	Less than 50 employees		50-249 employees		250+ employees		All	
	N	*Col %*	N	*Col %*	N	*Col %*	N	*Col %*
Very satisfied	64	*50*	95	*64*	121	*58*	284	*57*
Fairly satisfied	45	*35*	41	*28*	70	*33*	161	*32*
Neither satisfied nor unsatisfied	6	*5*	3	*2*	7	*3*	16	*3*
Fairly dissatisfied	9	*7*	3	*2*	5	*2*	17	*3*
Very dissatisfied	5	*4*	7	*5*	7	*3*	21	*4*
Total	129	*100*	149	*100*	210	*100*	499	*100*

Base: All respondents who used the service and reported size (N=488). All respondents who used the service (N=499). Unweighted.

Source: Fit for Work evaluation employer survey.

Whether recommendations addressed return to work needs

Most employers who received an RtWP (80 per cent) were very or fairly satisfied that the recommendations in their most recent RtWP addressed the return to work needs of their employee (see TA Table 7.164 in the Technical Annex). There were some statistically significant differences by size and access to an occupational health service in how satisfied employers were that the recommendations in the most recent RtWP appropriately addressed the return to work needs of their employee:

- Employers with less than 50 employees were less likely (29 per cent) than employers with 50-249 employees (57 per cent) or employers with 250 or more employees (46 per cent) to say they were very satisfied that the recommendations in the most recent RtWP they received appropriately addressed the return to work needs of their employee (see TA Table 7.164 in the Technical Annex).
- Employers who did not have access to an occupational health service were more likely to be fairly or very dissatisfied that the recommendations in the most recent RtWP they received appropriately addressed the return to work needs of their employee (19 per cent), than employers who had an occupational health service (in-house or contracted to external providers) (ten per cent) (see TA Table 7.165 in the Technical Annex).

Whether employers felt able to trust the advice provided

Nearly four in five (78 per cent) of employers were very or fairly satisfied that they would be able to trust the advice provided by Fit for Work (see Table 7.72). There were some statistically significant differences in how satisfied employers were on this measure:

Employers with less than 50 employees were more likely to say they were very dissatisfied or fairly dissatisfied that they were able to trust the advice provided by Fit for Work (18 per cent) compared to employers with 250+ employees (eight per cent) (see Table 7.72).

- Employers in the retail, hospitality, leisure and creative sector were more likely to be very or fairly satisfied on this measure (85 per cent) than employers in the energy, manufacturing, construction, transport and logistics sector (68 per cent). By contrast, employers in the energy, manufacturing, construction, transport and logistics sector were more likely to be very or fairly dissatisfied (19 per cent) than employers in retail, hospitality, leisure and creative sector (eight per cent), health, care and charity (six per cent) and public administration and public services (eight per cent)[39] (see TA Table 7.166 in the Technical Annex).
- Employers who that felt the level of long-term sickness absence was not high in their organisation were less likely (74 per cent) than those who felt long-term sickness absence was high (86 per cent) to be very or fairly satisfied they could trust the advice provided by the service (see TA Table 7.167 in the Technical Annex).
- Employers whose employee had returned to work were more likely (88 per cent) than employers whose employee had yet to return to work (65 per cent) to say they were very or fairly satisfied that they could trust the advice provided by the service (see TA Table 7.168 in the Technical Annex).
- Employers who received an RtWP for some or all of their employees were more likely to be satisfied that they could trust the advice of the service (82 per cent) than employers who had not received RtWPs (49 per cent) (see TA Table 7.169 in the Technical Annex).

Table 7.72 How satisfied are you that you felt able to trust the advice provided by the service? By size (Weighted data)

Categories	Less than 50 employees		50-249 employees		250+ employees		All	
	N	Col %	N	Col %	N	Col %	N	Col %
Very satisfied	46	*41*	65	*54*	91	*51*	205	*49*
Fairly satisfied	32	*28*	33	*27*	53	*30*	121	*29*
Neither satisfied nor unsatisfied	15	*13*	8	*7*	19	*11*	42	*10*
Fairly dissatisfied	8	*7*	7	*6*	6	*3*	22	*5*
Very dissatisfied	12	*11*	8	*7*	9	*5*	29	*7*
Total	113	*100*	121	*100*	178	*100*	420	*100*

Base: All respondents using the service (except those stating not applicable) who reported whether the service supported their employee, and reported size (N=411). All respondents using the service except those stating not applicable that the service supported their employee (N=420). Unweighted.

Source: Fit for Work evaluation employer survey.

[42] *Please note the small sample sizes here.*

Whether employers would use the service again

All employers that had used the service were asked whether they would use it again in future. Most (61 per cent) said they would definitely use the service again, with 13 per cent saying they would probably use it, and a further 17 per cent saying they would possibly use it. Only eight per cent said they would definitely not use the service in future (see Table 7.73).

Table 7.73 Would you use the Fit for Work service in future? (Weighted data)

Categories	N	*Col %*
Definitely	306	*61*
Probably	64	*13*
Possibly	85	*17*
Or definitely not	40	*8*
Don't know/too early to say	5	*1*
Total	501	*100*

Base: All respondents that used the service (N=501). Unweighted.

Source: Fit for Work evaluation employer survey.

There were some statistically significant differences in likely future use of the service:

- Private sector employers were more likely (76 per cent) than organisations in the charity and voluntary sector (61 per cent) to say they would definitely or probably use the service in future (see TA Table 7.170 in the Technical Annex).
- Employers with 250 or more employees and 50-249 employees were more likely (64 per cent and 66 per cent respectively) than those with less than 50 employees (52 per cent) to say that they would definitely use the service in future (see TA Table 7.171 in the Technical Annex).
- Employers that received an RtWP for some or all of their employees were more likely (80 per cent) than those who did not receive one (53 per cent) to say they would definitely or probably use the service in future (see TA Table 7.172 in the Technical Annex).

Regression analysis was conducted on the employer survey dataset to find out what factors explained the willingness to use the Fit for Work service again (see TA Table 7.173 in the Technical Annex). In order to simplify the analysis we created a dummy, taking the value of one for options 'definitely', 'probably' and 'possibly' and zero for 'definitely not'. The model tries to explain this willingness to use the service in terms of several factors, including satisfaction with the service. Analysis shows in relation to the sectors, employers under the category containing retail, hospitality, leisure and creative work were less likely to want to use the service again than those in energy, manufacturing or construction. In addition, local or central government employers would be less likely to use the service again than private sector employers. The model does not show any difference in relation to the size of the firm or any other variable, such as whether the organisation had access to occupational health services or whether there was contact with a case manager.

8 Perceived benefits and suggested improvements

Key findings

- Qualitative evidence demonstrated that 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 quick and efficient tool for dealing with reasonably simple cases of sickness absence, where advice was high quality and recommendations were supported by the opinion of an external occupational health professional.
- General Practitioners (GPs) felt the service gave patients agency to think about managing their condition and returning to work, and helped to distinguish their relationship with their patients from the welfare system. It also freed up time (in particular for repeat fit notes) and could reduce their workload. However, GPs' views were only sought in the earlier stages of service delivery and these views may not be generalisable.
- Employers felt that the service had reduced their non-financial burdens as they had to spend less time encouraging an employee to engage with the process of returning to work and did not have to be involved with drafting a plan themselves.
- Some employees would have liked more contact and follow-up from the service, and some suggested that this should include follow-up support such as careers advice where recommendations were not enacted and where employees were changing career/job role.
- Employers largely suggested that there should be more communication between case managers and employers, for example, updating them about the progress of their employees' cases, enabling them to have more input into the process, and enabling greater tailoring of the Return to Work Plan (RtWP) to their work environment and the employees' roles.
- GPs made a number of suggestions for improvements which they felt would help them and their colleagues to make greater numbers of referrals in future. These included broadening the eligibility criteria; improvements to the referral mechanism in England and Wales; and better marketing of the service.
- Email was characterised as an ineffective means of communicating about programmes with GPs, and a number emphasised the importance of face-to-face contact to enable them to market the programme effectively.

This chapter looks at employer and employee perceptions of the added value of the service, and their suggestions for its improvement.

8.1 Perceived benefits of the service

One of the key values of the service articulated by employees taking part in the qualitative interviews was that it opened channels of communication between them and their employer, as they had not felt able to do this themselves. 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. Furthermore, the open channels had been a good conduit to articulate a defined process as outlined in the Return to Work Plan (RtWP), also seen as a valuable aid to structure returning to work. In Scotland, the NHS and DWP branding attached to the service was seen as a positive in enabling change and establishing credibility because it gave the service gravitas and 'clout'.

Employers equally valued the way the service opened communication between them and their employee, but particularly appreciated its speed and the incorporation of external occupational health expertise. The input of a medical professional in the form of a case manager was felt to make the recommendations better informed and therefore improve the quality of the return to work process.

> *'[Fit for Work] incorporates the opinion of a health professional – what they're agreeing to isn't just the view of a manager who wants to get the work done.'*
>
> Large employer (250+ employees)

GPs identified a number of benefits of Fit for Work, although they emphasised that at the time of the interviews it was too early for practice- or GP-level benefits to be clear and that those identified could not be considered generalisable. Benefits identified by GPs were as follows:

- The compassionate service delivery;
- Providing access to professional occupational health advice and signposting to additional support;
- Giving patients agency to think about managing their condition and returning to work;
- Helping to distinguish their relationship with their patients from the welfare system;
- Freeing up of GP time (in particular for repeat fit notes); and
- Reduced GP workload.

A number of referring GPs explained that they had received positive feedback from their patients about the service, suggesting that many patients had felt supported and that someone had listened to their concerns. Compassion was important; one GP explained that patients *'no longer feel they were just going through the motions'* of engaging with a service once they had contact with Fit for Work and sensed that their situation was taken seriously. Combining a compassionate approach with advice on workplace adjustments and faster access to other medical interventions (e.g. physiotherapy) was therefore felt to interrupt cycles of sickness absence.

Some GPs further explained that the service helped patients see how they might begin to take ownership of the situation (if they were in a position to) and see ways that they could take action to manage their condition and return to work. Furthermore, this helped patients to understand how their workplace could support them to work whilst effectively and safely taking their health into consideration. For example:

> *'Patients start to think about how they might get back to work, whereas otherwise they might have waited for someone else to employ them. Now they think, "there are things I can do to get back to work".'*
>
> Referring GP

GPs saw these benefits as particularly helpful in those situations where work relationships had broken down and employees were finding it hard to engage with the HR aspects of being away from work, and ways to return.

Early emerging benefits for GPs themselves were also identified. Some welcomed the way in which the service distinguished them from arbitration of the benefits system, in that they were no longer solely responsible for certifying sickness absence; someone independent was appraising the situation. This was felt to improve GP-patient relationships.

> *'[What] I've found is that not only do they have a lot of expertise, but they take the responsibility and the worry off the GP and take over the whole process.'*
>
> Referring GP

Some GPs also explained that some time had been freed up, as they were no longer seeing patients as frequently for repeat fit notes. This therefore meant that their workload was reduced. However, at the time of the interviews GPs felt that it was still early in the evolution of the service and, as such, they had yet to see if this would really make a difference in their practice more widely.

Many employers identified clear benefits for their employees, but many had also discerned ways in which the service could profit them, and as such most reported that they anticipated using the service in the future if it was applicable. The clearest benefit that employers identified was cost savings stemming from:

- Reducing the need for private occupational health expenditure (often seen as prohibitive);
- Reducing Statutory Sick Pay, overtime and agency staff costs; and
- Reducing staff turnover therefore reducing costs for recruitment and induction training.

In addition, employers welcomed having access to a quick and efficient tool for dealing with reasonably simple cases of sickness absence, where advice was high quality and recommendations were supported by the opinion of an external occupational health professional. The fact that advice was independently provided was seen to enhance its weight, as it provided *'that layer of separation from the organisation'* so that people could open up, but with more time than would be possible to allot with a GP.

> *'It's brilliant that there's someone who's a trained medical professional who has got the skills, experience and knowledge to listen and advise. The two positives that we've had… somebody has actually raised their awareness that actually you don't need to be sat at home, you can go back in and the employer will do this and that for you… When it comes from a medical professional, it gives you a bit more confidence.'*
>
> Large employer (250+ employees)

Most employers felt that the service had reduced their non-financial burdens as well. Employers did not have to spend time encouraging an employee to engage with the process (as the responsibility rested with case managers), did not have to be involved with drafting a plan themselves and felt assured that the inclusion of signposting put some responsibility on employees to help themselves.

8.2 Suggestions for improvement

8.2.1 Employee suggestions for improvement

All respondents to the employee Wave One survey were asked for their suggestions about how the Fit for Work service could be improved. Just less than two out of five employees (37 per cent) stated that no improvements to the service were required, and 15 per cent of respondents said they did not know. Improvements that were suggested by more than five per cent of respondents are shown in the Table 8.1.

Table 8.1 What more could Fit for Work have done to help get you back to work? (Weighted data)

Multiple responses included	
Categories	*%*
No improvements required	*37*
More contact/follow-up	*11*
More face-to-face/personal contact	*11*
More empathy/understanding from Fit for Work/case manager	*5*
More understanding/listen to the individual	*5*
Don't know	*15*
Other	*5*
Base	1,045

Base: All respondents (N=1,045). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Employees who felt that Fit for Work could have done more to help them return to work were asked what other support they would have liked. Responses given by more than five per cent of respondents are detailed in Table 8.2. The most frequently cited suggestion of what Fit for Work could have done to help get them back to work was to show more understanding of what the employee was saying (14 per cent). Requiring the employer to implement the RtWP and having face-to-face contact were the next most frequently cited suggestions, by 12 per cent and ten per cent of respondents respectively.

Table 8.2 What more could Fit for Work have done to help get you back to work? (Weighted data)

Multiple responses included	
Categories	*%*
Show more understanding of what I was saying	*14*
Require employer to implement RtWP	*12*
Personal contact/face-to-face	*10*
Been quicker	*6*
Act as a liaison/contact with my employer or GP	*6*
Referred me to (more) medical help	*6*
Provided more advice/information	*6*
Base	169

Base: All who felt Fit for Work could have done more for them (N=169). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

The qualitative interviews with employees also surfaced a suggestion for greater follow-up support where recommendations were not enacted or where employees were changing career/job role if they felt unable to return to their existing employer. A number of employees discussed how, in situations without a smooth return to work, it would be valuable to have further input from Fit for Work. Many employees explained that they had struggled to agree the implementation of some (or sometimes all) recommendations with their employer. This was impacting on their ability to return to work and/or risking subsequent periods of sickness absence. Interviewees explained that this could prove an isolating and stressful experience that they were not equipped to navigate. Additional guidance and/or mediation from the service was desired to help bridge this gap.

8.2.2 Employer suggestions for improvement

All surveyed employers that had used the service were asked whether they had any suggestions for improvement. Just over half of these employers (53 per cent) suggested an improvement (see Table 8.3). Employers that had not received an RtWP for their employee(s) were more likely to suggest an improvement to the service (62 per cent) than employers who had received an RtWP (51 per cent) (see TA Table 8.1 in the Technical Annex). Employers whose employee had returned to work by the time of the survey were less likely (48 per cent) than those employers whose employee had not returned to work at the time of survey (59 per cent) to suggest an improvement (see TA Table 8.2 in the Technical Annex).

Table 8.3 Are there any improvements you would like to see made to the service? (Weighted data)

Categories	N	*Col %*
Yes – there are improvements	263	*53*
No – there are no improvements	230	*47*
Total	493	*100*

Base: All respondents that used the service, with 'don't know' responses excluded (N=493). Unweighted.

Source: Fit for Work evaluation employer survey.

All employers who reported that there were improvements they would like to see made to the service were asked for details of these. These were open-ended comments, coded and grouped against a set of themes that emerged from responses. Nearly half (49 per cent) of this group of employers suggested that there should be more communication between case managers and employers. This was also the main suggestion for improvement among employers participating in the qualitative interviews where they were frustrated by cases where they had not known if their employee had chosen not to share feedback or whether the service was yet to contact them. One in ten (11 per cent) felt the service could be improved with more employer input into the process and one in ten (ten per cent) felt that the advice should be more tailored to their work environment and to the nature of their employee's role. Just under one-third (29 per cent) of employers provided a suggestion for improvement coded as 'other' (see Table 8.4). Suggestions for improvements were very varied, but included some detailed comments with suggestions for improvements to the detail and accuracy contained in RtWPs, and that employers would have liked to have re-referred the same employee within a 12-month period. Suggestions for improvement reported by more than five per cent of employers are detailed below.

Table 8.4 What improvements would you like to see? (Weighted data)

Multiple responses included

Categories	%	% of employers
More communication between the case managers and employers	*30*	*49*
Employers to have more input in the process	*7*	*11*
Advice more tailored to work environment and nature of role	*6*	*10*
More involvement from GPs	*5*	*8*
Recommendations that are more realistic and achievable	*5*	*8*
Face-to-face meetings for employee assessments	*4*	*7*
Able to refer employee before they have been on sick leave for four consecutive weeks	*4*	*7*
Better outcomes from using the service	*4*	*6*
Advice more tailored to nature of employee's health condition	*3*	*6*
Compulsory for employee to share RtWP	*3*	*6*
Publicise the service more	*3*	*5*
Other	*18*	*29*

Base: All who used the service and would like to have seen improvements (N=261). Unweighted.

Source: Fit for Work evaluation employer survey.

There were some statistically significant differences in the types of suggestions for improvements given by employers of different sizes, between employers that had had contact with a case manager and those that had not, by whether the employer had access to occupational health services and by whether they had had an RtWP for some or all of their employees.

- Employers that had not had contact with case managers were more likely (57 per cent) than those that had had communication with case managers (42 per cent) to suggest that there should be more communication between case managers and employers (see TA Table 8.3 in the Technical Annex).

- Employers that did not have access to an occupational health service were more likely (16 per cent) to suggest that employers should have more input into the process than employers that did have occupational health services (six per cent) (see TA Table 8.4 in the Technical Annex).
- Employers that had not received an RtWP for some or all of their employees were more likely (69 per cent) than employers who had received an RtWP (43 per cent) to report that the service could be improved with more communication between case managers and employers (see TA Table 8.5 in the Technical Annex).
- Large employers with 250 or more employees were more likely (57 per cent) than those with 50-249 employees (40 per cent) to suggest that the service would be improved with more communication between case managers and employers. Employers with less than 50 employees were more likely to suggest that employers should have more input into the process (20 per cent) than employers with 50-249 employees (seven per cent) or employers with 250 employees or more (eight per cent) (see TA Table 8.6 in the Technical Annex).

8.2.3 GP suggestions for improvement

GPs made a number of recommendations for improvements which they felt would help them and their colleagues to make greater numbers of referrals in future. These were as follows:

- Broadening of the service's eligibility criteria;
- Improvements to the referral mechanism in England and Wales;
- Better access/signposting to wider and statutory services; and
- Better marketing of the service.

Many GPs were dissatisfied with the eligibility criteria, and explained that the fewer restrictions placed on the service, the more likely GPs were to use it, not only because the potential eligible population would be bigger, but also because GPs would not have to worry about the precise specifications of the criteria.

As noted elsewhere in this report, the referral mechanism in England and Wales made GPs perceive the process of referring individuals into the service to be 'laborious'. GPs expressed frustration about the technological problems affecting the take up of what should be a very helpful service. GPs explained that integrating the referral system into existing medical systems would be 'a dream'.

In terms of RtWP recommendations, some GPs felt there should be more extensive signposting and/or referrals to wider and statutory support services. For example, some GPs indicated that the number of physiotherapy sessions that patients had received after engaging with the service was not sufficient, whilst several explained that facilitating/ spurring greater access to talking therapies would be a valuable addition to the service.

Lastly, many GPs explained that the service needed to be marketed more effectively in order to raise GPs' awareness of the existence of the service and of its benefits. GPs explained that it would be valuable to have better, more concise summaries of the service alongside clinical case studies to illustrate referral pathways.

> *'People don't have an awareness at this practice, or in general, that I'm aware of.'*
>
> Referring GP

Email was also characterised as an ineffective means of communicating, and a number of GPs emphasised the importance of face-to-face contact, particularly if those responsible for marketing the service were also GPs rather than other clinicians.

9 Fit for Work Advisory service

Alongside the Fit for Work assessment service, both of the Fit for Work contractors deliver an advice service for employees, employers and GPs, primarily via telephony but also involving web chat and email methods. Employees were asked about their awareness of the service. Most employees were unaware of the Fit for Work advice service (57 per cent) (see Table 9.1).

- Younger employees – both those aged under 35 and those aged 35-54 – were more likely to be aware of the advice service (46 per cent and 44 per cent respectively) than respondents aged 55 or over (34 per cent) (see TA Table 9.1 in the Technical Annex).
- Employees referred to Fit for Work by their employer were more likely to be aware of the advice service (45 per cent) compared to those referred by their GP (36 per cent) (see TA Table 9.2 in the Technical Annex).

Table 9.1 Other than what we have talked about today, are you aware of the separate Fit for Work advice service? (Weighted data)

Categories	N	*Col %*
Aware of Fit for Work advice service	440	*42*
Not aware of Fit for Work advice service	593	*57*
Don't know	12	*1*
Total	1,045	*100*

Base: All respondents (N=1,045). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Those employees who were aware of the Fit for Work advice service were asked whether they had used it (Table 9.2). Of employees who were aware of the advice service, the majority had not made use of it (88 per cent).

Table 9.2 Have you used the Fit for Work advice service? (Weighted data)

Categories	N	*Col %*
Yes	50	*12*
No	380	*88*
Don't know	0	*0*
Total	440	*100*

Base: All aware of the Fit for Work advice service (N=436). Unweighted.

Notes: Disclosure control has been applied to this table.

Source: Fit for Work evaluation Wave One employee survey.

Employees who had heard of and who had used the Fit for Work advice service were asked which type of service they had used (Table 9.3). Just over half (55 per cent) of the employees had used the telephone line. The majority of employees who had heard of and used the Fit for Work advice service were satisfied with the service they received (83 per cent) (Table 9.4). These findings should be treated with caution due to the small base size.

Table 9.3 Which Fit for Work advice service have you used? (Weighted data)

Multiple responses included		
Categories	N	*%*
Telephone line	30	*55*
Online chat	10	*15*
Email	10	*16*
Website/online	10	*10*
Other	0	*2*
Don't know	0	*4*
Base	50*	

Base: All aware of and using the Fit for Work advice service (N=50). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

Table 9.4 How satisfied were you with the Fit for Work advice service? (Weighted data)

Categories	N	*Col %*
Very satisfied	30	*67*
Fairly satisfied	10	*15*
Neither satisfied nor dissatisfied	10	*12*
Fairly dissatisfied	0	*2*
Very dissatisfied	0	*4*
Total	50*	*100*

Base: All aware of and using the Fit for Work advice service (N=50). Unweighted.

Source: Fit for Work evaluation Wave One employee survey.

10 Conclusions

This chapter draws together findings from across the Fit for Work evaluation process to explore the experience of employers, employees and General Practitioners (GPs). It summarises evidence relating to the evaluation aims about the take up of the service, including the number and type of referrals. It then identifies where the service has been designed and implemented effectively, and where it has been less effective in design, implementation and meeting its overall aim of reducing the incidence and length of long-term sickness absence and flows onto long-term sickness benefit.

10.1 Take up of the service

Employers were the largest source of referrals: The service had a 'soft launch'. First, GPs were able to refer to the service from March 2015, initially from a limited number of geographies and then more widely, with referrals from employers accepted from September 2015. Over time both the proportion of total referrals from GPs and the total volume of referrals from GPs have fallen. GP referral rates have been affected by low levels of awareness among GPs of the service and its potential benefits. GPs made a number of suggestions for improvements, which they felt would help them and their colleagues to make greater numbers of referrals in future. These included: broadening the eligibility criteria; improvements to the referral mechanism in England and Wales; and better marketing of the service. Email was characterised as an ineffective means of communicating about programmes with GPs. GPs and employers have different motivations and benefits for referring. While GPs spoke about potentially writing fewer fit notes, the potential benefits to employers of having an employee return to work (more quickly), amongst other benefits, such as receiving the advice of a health professional, are potentially considerably larger and therefore far offset the time costs associated with making a referral.

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. First, this could suggest that each referral route is reaching different cohorts of the eligible population. Second, this could also suggest that the issue of mental health in the workplace and the extent to which employees feel comfortable discussing it in the context of an employment relationship pervades.

The differences in extent of integration of the service with NHS systems appear to have given rise to slightly differing caseloads across England and Wales and Scotland. Overall the cases in Scotland appear more complex, with employees more likely to report comorbid conditions, although differences in the collection of data on health conditions at assessment should be noted here. However, in both England and Wales and Scotland, there was a relatively large group of employees deemed fit for work within three months at the assessment stage, but who did not return to work. The evidence suggests that the primary reason these individuals have not returned to work is for health reasons. This raises a question regarding whether the service is sufficient for individuals with complex cases to secure a sustainable return to work within three months.

The consent process: GPs and employers shape employees' understanding of the service at the point of referral. Employees referred by their employer were less likely to have a good understanding of the service prior to engagement and were less likely to feel they had a choice in their referral than employees referred by their GP. Consent to participate in the service takes place within the context of an employment relationship, and while most employer-referred employees were happy to consent to the service, and to consent to share their Return to Work Plan (RtWP) with their employer, there were some employees for whom giving consent seemed more problematic. Employees with mental health conditions were less likely to give consent to share their RtWP than others.

Reaching small and medium-sized employers: The policy intent behind the service was to support employers who did not have access to occupational health, particularly small and medium-sized employers. Unsurprisingly, given the scale of their workforce, large employers were a greater source of repeat referrals than small employers. However, in many instances the service supplements support already in place to manage sickness absence in their workplace, especially amongst large employers, with 69 per cent of employers with 250 or more employees having access to occupational health services for example. Indeed, employers with access to occupational health services were more likely to make three or more referrals to the service than those without this access.

In terms of raising awareness, large employers were most likely to have heard about the service from external events and HR and occupational health services. By contrast, small employers with fewer than 50 employees, without an HR or occupational health service, were more likely to have found out about the service based on their own research.

Timing of referral: Referring employees to, and enabling them to access, the service early in the onset of their health condition was a design feature of the service. Employees who were absent from work for longer than two months prior to referral were less likely to return to work than those who accessed the service more quickly. Taken alone this evidence suggests that the four-week referral point is appropriate and that the service should be offered as an early intervention. However, 16 per cent of employees felt they were offered the service too early, suggesting individual differences in the timing of support.

10.2 What is effective and what is working less well?

Drop-out before assessment was high: The service was not able to make contact with a large number of referred employees, equating to 14 per cent in England and Wales, and 27 per cent of referrals in Scotland, in total around 1,500 referred employees in the 15-month period looked at. In Scotland, existing GP systems (the Scottish Care Information gateway), which are helpful for aiding referrals from GPs, are auto-filled with contact details. This could lead to out of date contact information being transferred. In addition, in Scotland there is 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. In England and Wales this is all done in one step. This extra stage could also contribute to higher levels of pre-assessment drop-out in Scotland.

Processes for gaining consent were generally effective: Broadly, the process of gaining employees' consent both at the referral stage, and to share some or all of their RtWP with their employer was working, with over nine in ten employees with an RtWP agreeing to share some or all of their RtWP with their employer. However, in some cases employees felt they lacked the choice of whether or not to engage with the service and where this was the case it might limit the effectiveness of the service and whether or not the employee will want to implement recommendations. This is likely to affect the engagement of employees with mental health conditions in particular, as they are less likely to agree to share their RtWP with their employer and more likely to have been referred by their GP.

The telephone mode was effective for most people: The telephone mode was generally welcomed by employees, as it meant the service was delivered in a timely manner. However, some flexibility is required to accommodate sensitivities and personal circumstances and to ensure that all potential service users have the opportunity to engage with the service. For example, employees aged 55 or over were less likely to want to use the service via the telephone. People in this age group were also less likely to report that they covered all aspects of their health and work issues in their assessment, while they were more likely than other age groups to have more than one assessment. Employees with mental health conditions were also less likely to be satisfied with the telephone mode of the service. The proportion of employees receiving a face-to-face service has been low, although this was part of the service design.

Case managers were viewed as supportive: Case managers' support was valued, and many employers and employees would have liked more contact with their case manager. In addition, having case manager contact was related positively to holding favourable views of the service. For example, employers who had contact with case managers were more likely to have a better understanding of the service, and to have heard of the tax exemptions for funding medical treatments to help employees get back to work. Critically, employers who had had contact with a case manager were more likely to feel that the service had or would help their employee to remain in work. However, half of employers had had no contact with a case manager, and of those that did, the majority of employers initiated the contact themselves. Among employers that did not have contact with case managers, nearly two-thirds (65 per cent) would have liked contact with case managers relating to various aspects of the service, particularly to receive updates on their employee's case and the opportunity to explain their workplace context. Taken together there was an appetite among employers for more contact with case managers, specifically to discuss making recommendations more workplace-specific and feasible, and the practicalities of the recommendations. These dimensions were reported to be among the reasons why employers had not implemented RtWP recommendations. Any further contact between case managers and employers would need to be handled carefully given sensitivities around disclosure and consent.

Some recommendations were not felt to be 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 at all. While there is no opportunity for some recommendations to be put into practice if the employee does not return to work, in other cases where recommendations had not been implemented this was most frequently because an employer had not taken them up. In these cases common reasons given by employers were that they could not be delivered within their work context or were not practicable. Increasing the likelihood that employers will implement the recommendations could improve the service's outcomes. There appears to be an appetite from employers for greater flexibility (and

incidence of) involvement pre-agreement of the RtWP (where possible). Management information showed that actions typically recommended a phased return to work and amended duties.

Service users were satisfied: Both employers and employees were satisfied with the service provision against a range of measures. GPs were not as engaged in using the service, rarely being asked to carry forward recommendations in the RtWP, for example. While qualitative evidence from GPs suggests they were generally satisfied with the involvement they had, their involvement in service delivery was minimal, particularly compared to employees and employers. This may contribute to low awareness levels among this group.

The service was particularly valuable to medium-sized organisations: Where the service engaged with employees in medium-sized organisations (those with 50-249 employees) those employers were more likely than other employer types to be satisfied that the recommendations in the most recent RtWP appropriately addressed the return to work needs of their employee. Medium-sized employers were less likely than large employers (with 250 or more employees) to have pre-existing access to occupational health services for their staff, so the service was more likely to be the main source of support for their employees. Medium-sized employers were more likely to be able to implement some recommendations, such as amending duties, than smaller employers. The service has been less effective at engaging with small employers and, once they were engaged, there was evidence that small employers found aspects of the service less tailored to them. For example, they were more likely than employers of other sizes to want to provide information for the RtWP and to be more involved in the assessment process, and were less likely than other groups of employers to have acted on recommendations to alter working hours. Small employers (with less than 50 employees) were less satisfied with the service. For example, they were more likely to disagree that the service would help their employee to manage their health condition compared to employers with 250 or more employees. They were also less likely to agree that the service was easy to use and that the RtWP addressed the needs of the employee, and they were less likely to trust the advice provided or to say they would use the service again.

Two-thirds of people returned to work within three months: Those employees assessed felt the service made a difference, but some outcomes were linked to extrinsic factors: 65 per cent of referred employees had returned to work within two to three months after discharge from the service. However, the evaluation could not assess what might have happened anyway, and employees' perceptions suggested that just a proportion of those that had returned to work would attribute this to the service. Two to three months after discharge, 41 per cent of employees referred to the service reflected that the service had made very little difference to their return to work, with just under two in five (37 per cent) of that group stating that it enabled them to return to work quicker than they would have without it, so it is not clear how much of this initial change can be attributed to the service. At Wave Two, eight to ten months after discharge, 61 per cent of employees that received an assessment reported that the service had helped them to return to work more quickly, and 58 per cent of this group reported that the service helped them to stay in work. Where the service had a depth of engagement with employees, for example in delivering assessments and RtWPs, they were most likely to report it had a positive effect. However, analysis of the survey data found that an employee's current physical and mental health, as well as change in health over time, was consistently statistically significantly associated with employment status, satisfaction and views of Fit for Work. Extrinsic factors were

likely to contribute to respondents feeling positive about the service, and reporting of positive outcomes. For example, if respondents were back at work and had improved health, they were likely to feel more positive about the service.

There were a third of employees for whom the service did not support their return to work: The number of assessments received by employees varied and, combined with data about the number of work and other obstacles identified at the assessment, suggested heterogeneity in the level and depth of support required by service users. There was a group of referred employees that the service did not support back to work. A third (35 per cent) of employees were not working around eight to ten months after discharge from the service, and of those half (49 per cent) were subsequently claiming welfare benefits, such as Employment and Support Allowance. The service does not currently offer follow-up support, or support beyond a three-month period. Some employees, particularly those with mental health conditions, accessed further support from other organisations after discharge. Cases with more complex needs may require multiple assessments and take longer than the three months support offered by the service to secure a sustainable return to work.

Employees with mental health conditions experienced the service differently: Employees with mental health conditions had a different experience of Fit for Work compared to employees with musculoskeletal or other health conditions. For example, they were more likely to feel they had choice in their referral, and were more likely to be referred by their GP than their employer. In general, they were less confident in the likelihood that they would return to work at the outset of the service, were less likely to share their RtWP with their employer, and were less likely to have implemented all the recommendations. Employees with a mental health condition were more likely to have returned to work with a different employer and yet also to value the service highly, for example, being more satisfied with the service overall eight to ten months after discharge. Taken together, the findings indicate that employees with a mental health condition that were using the service perceived that there might be some stigma attached to their health condition in the workplace and tended to be more reluctant to share information with and return to their original employer.

There was demand from some individuals for support to change job: Most employees who returned to work, did so to the same employer they were working for when they became absent from work (85 per cent of those returning to work within two months). However, there were a group of employees for whom their workplace or job role caused or exacerbated their health condition, and within the first few months 15 per cent of employees had returned to work with another employer.

11 Appendix

11.1 Detailed methodology

11.1.1 Qualitative research

The qualitative methodology comprised 72 in-depth qualitative interviews: 30 interviewees with employees, 14 interviews with General Practitioners (GPs) who had referred into the service, 13 interviews with non-referring GPs and 15 interviews with employers who had either referred into the service or received a Return to Work Plan (RtWP). Each of these elements is discussed below. GP, employer and employee cases were not linked and a 360° case study approach with interviews with GPs, and employers linked to individual cases was not used. Ad hoc feedback (both in interviews and in written correspondence) was provided by practice managers in surgeries where GPs were unable or unwilling to participate in research.

Due to difficulties in accessing English and Welsh samples it is important to note that GPs and employees in Scotland were recruited and interviewed at a much earlier phase of service roll-out.

The sample source for all of these interviews was the management information held by Health Management Limited (HML) in England and Wales and NHS Scotland about people referred to the service who had not withdrawn their consent to take part in the evaluation. During the introduction to the interviews, the purpose and process of the research was re-stated and interviewees were asked to give verbal consent to proceed with the interview and for it to be recorded using encrypted Dictaphones. Researchers conducted semi-structured conversations using a discussion guide agreed with the Department for Work and Pensions (DWP).

Employee interviews

Thirty interviews were completed with employees who had used the service, comprising 21 interviews in England and Wales and nine in Scotland.

Interviews with Scottish employees only captured evidence from those referred by their GP. This was due to lower employer referral rates as these interviews were conducted at an earlier phase: at the time in the Scottish sample of 80, 75 had been referred by their GP and five by their employer. In addition, no drop-outs could be recruited in Scotland as at the time of receiving the sample there were no employees identified as drop-outs who had agreed to share their details for evaluation purposes.

Moreover, due to inconsistencies in the English and Welsh management information, the discharge reasons of some employees who declined the service are subsumed within other discharge categories. For example, some interviewees recorded both as ‘no further action’ and ‘case held for three months’ had dropped out of the service at various points.

Table 11.1 details the demographic characteristics of achieved interview participants.

Table 11.1 Employee demographic characteristics

Categories		N
Location	England	16
	Wales	5
	Scotland	9
Referred by	GP	21
	Employer	9
Primary health condition	Musculoskeletal	10
	Mental Health	10
	Other	10
Discharge Reason[43]	Back at work	8
	Case held for 3 months	3
	No further action	3
	Assumed return to work	2
	Declined pre-assessment	4
	Declined post-assessment	1
	Unknown	9
Drop-out	Yes	7
	No	23
Age group	16-24	0
	25-34	3
	35-44	4
	45-54	12
	55-64	3
	65+	3
	Unknown	5
Gender	Male	16
	Female	14

Base: N=30.

Source: IES, 2016.

Referring GP interviews

Fourteen interviews were conducted with GPs who had referred into the service. Recruitment was limited by details available in the management information, so it was not possible to recruit according to size of practice, single or multiple sites or nature of patient roster. Details of achieved interviews are in Table 11.2.

[40] *Discharge reasons as reported by the service providers.*

Table 11.2 Referring GP demographic characteristics

Categories		N
Location	England	8
	Wales	2
	Scotland	4
Gender	Male	7
	Female	7

Base: N=14.

Source: IES, 2016.

Non-referring GP interviews

Thirteen non-referring GPs were interviewed for this report.

Recruitment of non-referring GPs proved one of the most challenging aspects of fieldwork to date.

Some non-referring GPs in England and Wales were identified via marketing management information from HML, which reported practice-level details alongside the number of face-to-face visits from HML marketing teams and referrals made. No contact details (named or otherwise) were included in the sample, therefore the Institute for Employment Studies (IES) recruiters had to undertake additional work to identify and contact practice managers. A sub-sample of practices was selected where practices were recorded as receiving at least one visit (so they could be considered as 'aware') but had made no referrals to date. However, it emerged during recruitment that a number of practices, which were recorded as having received at least one visit, reported that they were yet to be formally contacted by a representative or receive a visit, and as such GPs were not aware of the service. Other practice managers explained they had not had time to distribute marketing materials to their GPs, so GPs were unaware of the service.

In addition, practice managers frequently explained that GPs did not have time to participate in a phone call (specified as no more than five minutes), although they often passed on feedback that had been shared with them. One practice manager explained that British Medical Association and Local Medical Council advice to GPs was that they should not undertake any unfunded non-obligatory work, and as such they would not be able to participate in research.

It was not possible to identify non-referring practices in Scotland due to the recording and reporting of data. Attempts were made to cross reference a list of all referring practices in Scotland against both marketing and global lists of GP practices in Scotland (as held by ISD Scotland[41]), but as the latter lists were either incomplete or out of date, this was not possible.

Snowballing techniques were also used to try to reach non-referring GPs, including via contacts of the research team and UK Government departments. This purposive sampling method may introduce an element of bias due to the likelihood of similarity

[41] Information Services Division Scotland: a division of National Services Scotland, part of NHS Scotland which provides health information, health intelligence, statistical services and advice.

amongst social networks. However, it is well-recognised as a valuable and reliable strategy for research which seeks to reach difficult-to-access populations who may not be reached by more formalised sampling approaches.

Employer interviews

Fifteen interviews were conducted with employers who had used the service – primarily those who had referred an employee (Table 11.3). During recruitment, researchers attempted to secure more interviews with employers who had not referred their employee but had (according to management information) received an RtWP. However, conversations with employers at interviewee recruitment revealed that many said that they had not accessed or were not aware of the RtWP and/or had no recall or awareness of the service (or any action taken as a result). This raises an important question about implementation of recommendations after an RtWP has been released, if a number of non-referring employers are not accessing RtWPs or having any interaction with their employees about the service.

In addition, very few Welsh employers were present in the sample (ten out of 201), whilst the Scottish sample of referring employers had a lot of duplicates (i.e. branches of the same large employer).

Table 11.3 Employer demographic characteristics

Categories		N
Location	England	11
	Wales	1
	Scotland	3
Referral route of employee	GP	1
	Employer	14

Base: N=15.

Source: IES, 2016.

11.1.2 The employer survey

The survey aimed to achieve 500 telephone interviews with employers that had been in contact with the Fit for Work service between July 2015 and May 2016. All respondents were sent an advance letter two weeks before the start of fieldwork that explained the purpose of the study, the reasons for their inclusion in the research and the form that the survey would take. Respondents were invited to opt out of the survey if they wished, or enquire about further details of the research before deciding whether to participate. Surveying took place in September 2016. All telephone interviews were conducted using Computer Assisted Telephone Interviewing (CATI).

The sample for the survey was drawn from records held by HML and NHS Scotland. The sample consisted of the following information:

- Referral ID
- Origin of Referral
- Referral Received Date
- Case Discharge Date
- Case Discharge Reason

- Employee First Name
- Employee Last Name
- Employer Name
- Employer Address Data
- Employer Post Code
- Employer Telephone Number
- Employer Mobile Number
- Employer Email Address
- Employer Communications Preference.

At the start of the survey, respondents were screened to ensure that they recalled having contact with the service.

The employer achieved sample

Table 11.4 below provides details of the sample provided to the research team, and how it was used. A total of 1,229 leads were available, and 504 interviews were achieved. The adjusted response rate, accounting for ineligible respondents and cases with the wrong contact details, was 53 per cent.

Table 11.4 The employer sample

Categories		Response rate	
	N	*Raw %*	*Adjusted %*
Issued, after removing initial ineligibles and opt-outs	1,229	*100*	-
Wrong numbers (including named contact not there)	199	*16*	-
Ineligible	8	*1*	-
Not available during fieldwork period/other cannot participate	76	*6*	
Maximum available sample	946	*77*	*100*
Interviews completed	**504**	***41***	***53***
Refusals and quits	78	*6*	*8*
Contact made but no interview achieved by end of fieldwork	161	*13*	*17*
No answer/engaged/always voicemail	202	*16*	*21*

Source: Fit for Work Employer Survey.

Table 11.5 details the breakdown of the achieved employer survey sample by key demographics. These demographics are used throughout the report to analyse and report on statistically significant differences in the findings between different groups of employers.

- Most employers in the achieved sample were large (with 250 or more employees) (42 per cent).
- Employers have been grouped into five sectors on the basis of Standard Industrial Classification codes for analysis, with the largest groupings in the energy, manufacturing, construction, transport and logistics sector (28 per cent), public administration and public services (26 per cent) and retail, hospitality, leisure and creative sector (25 per cent).

- Most employers in the sample (71 per cent) were from private-sector organisations.
- Around half (48 per cent) of the sample had access to occupational health services, and the remaining half (51 per cent) did not, with the remainder unsure.
- The majority of the achieved sample was employers based in England and Wales (95 per cent) with the remainder based in Scotland (five per cent).

Table 11.5 Achieved employer sample profile

Categories		Achieved sample	
		N	*Col %*
Number of employees	1-9	34	*7*
	10-49	97	*19*
	50-249	150	*30*
	250-499	57	*11*
	500 +	155	*31*
	Don't know	11	*2*
Sector	Energy, manufacturing, construction, transport and logistics	143	*28*
	Retail, hospitality, leisure and creative	128	*25*
	Business services and other	45	*9*
	Health, care and charity	58	*12*
	Public administration and public services	130	*26*
Organisation type	Private sector	358	*71*
	Charity/voluntary sector	75	*15*
	Local/central government financed body	65	*13*
Occupation Health Service	Yes, in-house	46	*9*
	Yes, contracted to external providers	195	*39*
	No	255	*51*
	Don't know/unsure	8	*2*
Region	England and Wales	479	*95*
	Scotland	25	*5*

Base: All respondents, unweighted data (N=504).

Source: Fit for Work evaluation employer survey.

Employer survey weighting

The data presented throughout this report are weighted by region (England and Wales/Scotland). It was not possible to analyse whether there were any differences between the achieved sample and the employer population in relation to size or sector because of the way the Fit for Work management information system is structured and the data are collected. The management information collects data directly from employees. This therefore leads to duplication of employer information when several employees work for one employer, and there are several instances of employers referring more than one employee. Using the current management information system, it is not possible to accurately ascertain which employees are employed by the same employer. In addition, the employer sector coding captured from employees

has been collected using a list of sector codes that do not disaggregate well in order to link to the Standard Industrial Classification (SIC) codes used to capture sector in the survey. Therefore, accurate comparisons are not feasible and we cannot use the management information to accurately ascertain the characteristics of the employer population.

The issued sample file of employer contacts included region (England and Wales/ Scotland). The region variable is likely to be accurate given the way the service is structured between two providers, one covering Scotland and another England and Wales. Seven per cent of the issued sample of employers was based in Scotland, compared to five per cent of the achieved sample. The sample file of employers did not include sector or size, and in addition any data would have been given by employees and been subject to the potential inaccuracies outlined above. Therefore, we have not been able to explore any differences between respondents and non-respondents to the survey by size or sector. Employers from Scotland make up a small proportion of the overall sample, and while weights have been applied to the data they only have a small effect on the data overall. All data presented throughout this report are weighted.

11.1.3 The Wave One employee survey

The survey aimed to achieve 1,000 telephone interviews with employees shortly following their discharge from the Fit for Work service. Given the number of employees using the service on a monthly basis the sampling strategy involved trying to make contact with all employees that had been discharged from the service since January 2016 by telephone and fieldwork then continued until 1,000 survey interviews were achieved. The sample of service users was transferred on a rolling basis, month by month, with interviews taking place during the month after. Therefore, on average, respondents will have been contacted for their participation in the survey between one and two months after they were discharged from the service.

All respondents were sent an advance letter two weeks before the start of fieldwork which explained the purpose of the study, reasons for their inclusion in the research and the form that the survey would take. Respondents were invited to opt out of the survey if they wished, or enquire about further details of the research before deciding whether to participate. Surveying took place on a monthly basis, interviewing the employees discharged in the previous month and this continued until mid-August 2016 (i.e. interviewing employees discharged between January and June 2016). All telephone interviews were conducted using Computer Assisted Telephone Interviewing (CATI).

Each month the sample for the survey was drawn from records held by HML and the NHS Scotland, and comprised all employees who were eligible referrals (i.e. not self-employed, not unemployed) who had been discharged in the previous month and who had consented to take part in the evaluation. The sample consisted of the following information:

- Case Number
- Origin of Referral
- Employee First Name
- Employee Last Name
- Employee Address Data
- Employee Post Code

- Employee Telephone Number
- Employee Mobile Number
- Employee Email Address
- Case Discharge Date
- Case Discharge Reason
- Employee Consent to Service Evaluation.

At the start of the survey, respondents were screened to ensure that they recalled having contact with the service. Those unable to recall did not participate any further in the research, as they were deemed ineligible (see Table 11.6).

The achieved employee sample

Table 11.6 provides details of the sample provided to the research team, and how it was used. A total of 1,150 respondents started an interview, however 103 (nine per cent) said that they had had no contact with the Fit for Work service (despite being on the service providers' records as having been discharged from the service) and were therefore deemed ineligible for the survey. The achieved sample comprised 1,045 responses. The raw response rate, which is calculated using the total issued sample, was 34 per cent. The adjusted response rate, accounting for ineligible respondents and cases with the wrong contact details, was 38 per cent.

Table 11.6 The sample

Categories	N	Raw %	Adjusted %
Issued, after removing initial ineligibles and opt-outs	3,099	*100*	-
Wrong numbers	252	*8*	-
Ineligibles (claimed no contact with the service)	103	*3*	-
Maximum valid sample	2,744	*89*	*100*
Achieved interviews	**1,045**	***34***	***38***
Refusals and quits	482	*16*	*18*
Non-contact after 10+ calls	1,213	*39*	*44*

Source: Fit for Work Wave One Employee Survey.

Table 11.7 below details the demographic breakdown of the survey sample alongside a demographic breakdown from the management information for all employees who had an assessment with Fit for Work or Fit for Work Scotland between 1st January 2016 and 30th April 2016. The profile of the achieved sample closely maps to the pattern found in the management information with regards to ethnic group, gender, and region (England and Wales, versus Scotland). Differences between the achieved sample and the management information were evident regarding age, and hence weights were applied to the survey data with regards to age, alongside controlling for other variables such as ethnicity which may have been affected by the weighting process. All data presented throughout this report are therefore weighted.

Table 11.7 Demographic breakdown of the sample and management information

Categories		Achieved sample (service users Jan-June 2016)		Management information (Jan-April 2016)	
		N	*Col %*	N	*Col %*
Gender	Male	431	*41*	400	*42*
	Female	614	*59*	550	*58*
	Prefer not to say	-	*-*	0	*0*
Age	16-24	59	*6*	58	*6*
	25-34	157	*15*	178	*19*
	35-44	207	*20*	186	*20*
	45-54	324	*31*	283	*30*
	55-64	262	*25*	224	*24*
	65+	29	*3*	11	*1*
Ethnicity	White	899	*86*	881	*86*
	Mixed/multiple ethnic groups	27	*3*	26	*3*
	Asian/Asian British	44	*4*	24	*3*
	Black/African/Caribbean/ Black British	52	*5*	28	*3*
	Other ethnic group	6	*1*	52	*6*
	Unknown	17	*2*	-	*-*
Region	Scotland	91	*9*	57	*6*
	England and Wales	948	*92*	884	*94*
Size of organisation	1-9	78	*7*	27	*3*
	10-49	206	*20*	134	*14*
	50-249	263	*25*	217	*23*
	250-499	104	*10*	128	*14*
	500+	273	*26*	434	*46*
	Unknown	121	*12*	-	*-*
Access to occupational health	Yes	472	*45*	-	*-*
	No	450	*52*	-	*-*
	Unknown	33	*3*	-	*-*
Primary health condition	Mental health condition	340	*32*	292	*31*
	Musculoskeletal condition	400	*38*	312	*33*
	Other health condition	304	*30*	335	*36*
	Unknown	13	*1*	-	*-*
Provision of sick pay above Statutory Sick Pay	Yes	613	*69*	-	*-*
	No	393	*38*	-	*-*
	Unknown	40	*4*	-	*-*

Categories		Achieved sample (service users Jan-June 2016)		Management information (Jan-April 2016)	
		N	*Col %*	N	*Col %*
Caring responsibilities, children under 16	Yes – sole responsibility	76	*7*	-	-
	Yes – shared responsibility	246	*24*	-	-
	No	719	*69*	-	-
Caring responsibilities for people sick, disabled or elderly	Yes	188	*18*	-	-
	No	857	*82*	-	-

Base: All respondents, unweighted data (N=1,045).

Notes: Disclosure control has been applied to gender on the management information.

Source: Fit for Work evaluation Wave One employee survey; Preliminary MI report England and Wales; Preliminary MI report Scotland.

There are notable differences between the sizes of employers as described in the management information and as described by employees in the survey. Employees in the survey were more likely to report that they worked for smaller organisations and less likely to report they worked in very large organisations than suggested by the management information. One explanation for this could be differences in understanding and data recording about whether employees were asked for data about the site they worked at, or for the employer as a whole where it has several sites.

Several regression models have been built to further explore that data. Each model was only able to use a subset of the data that had complete data for all the variables required for analysis. The models try to control for and take account of all possible contributory factors, but there are some unobserved factors that are likely to affect the data in some instances, such as whether an individual works full or part-time, and their contract type. Therefore, while providing indicative findings, these should be treated with some degree of caution.

11.1.4 The Wave Two employee survey

The original employee survey sample of eligible respondents (those who received an assessment and who gave permission to be re-contacted for further research) came to a total of 836 respondents from the 1,045 respondents in the Wave One survey.[42] The telephone number(s) for 73 of these contacts (nine per cent) were no longer correct, leaving a valid sample of 763. A total of 492 interviews were achieved, giving an adjusted response rate of 64 per cent (see Table 11.8).

[42] The Wave One survey sampled all employees regardless of whether or not they had an assessment, whilst the Wave Two survey only followed up employees who recalled receiving an assessment at Wave One. Although the Wave Two survey is weighted, there are likely to be a number of unobservable differences limiting the comparability of the two surveys.

Respondents were interviewed on a rolling basis to capture their experiences around eight to ten months since they were first discharged from the service. Fieldwork took place between December 2016 and May 2017.

Table 11.8 The sample

Categories	N	Raw %	Adjusted %
Issued, after removing initial ineligibles and opt-outs	836		
Wrong numbers	73	*9*	
Maximum valid sample	763	*91*	*100*
Achieved interviews	**492**	***59***	***64***
Refusals and quits	55	*7*	*7*
Contact made but no interview completed	8	*1*	*1*
Non-contact after 10+ calls	208	*25*	*27*

Source: Fit for Work Wave Two Employee Survey.

Table 11.9 below details the demographic breakdown of the survey sample alongside a demographic breakdown from Wave One employee survey. The profile of the Wave Two respondents mapped closely to the profile of the Wave One achieved sample. However, to adjust for minor discrepancies the data was weighted for a number of intersecting demographic characteristics, namely age, gender and ethnicity. Differences on a number of attitudinal variables were also included, and as a result the data was also weighted for differences between Wave One and Wave Two according to respondents' views on how Fit for Work influenced their speed of returning to work. Weighting for attitudinal variables accounts for the fact both experiences and views will influence responses as well as personal characteristics.

Table 11.9 Demographic breakdown of the Wave One and Wave Two achieved samples

Categories		Achieved Sample: Wave One survey+		Achieved sample: Wave Two survey	
		N	*Col %*	N	*Col %*
Gender	Male	360	*43*	214	*44*
	Female	477	*57*	278	*57*
	Prefer not to say	-		-	-
Age	16-24	40	*5*	25	*5*
	25-34	164	*20*	62	*13*
	35-44	184	*22*	100	*20*
	45-54	262	*31*	161	*33*
	55-64	170	*20*	131	*27*
	65+	15	*2*	12	*2*
	Refused	3	*0*	1	*0*

Categories		Achieved Sample: Wave One survey[+]		Achieved sample: Wave Two survey	
		N	*Col %*	N	*Col %*
Ethnicity	White	721	*86*	436	*89*
	Mixed/multiple ethnic groups	26	*3*	15	*3*
	Asian/Asian British	35	*4*	17	*4*
	Black/African/ Caribbean/ Black British	36	*4*	14	*3*
	Other ethnic group	3	*0*	3	*1*
	Refused	17	*2*	7	*1*
Caring responsibilities, children under 16	Yes – sole responsibility	58	*7*	24	*5*
	Yes – shared responsibility	197	*24*	106	*22*
	No	581	*69*	362	*74*
	Refused	1	*0*	-	-
Caring responsibilities for people sick, disabled or elderly	Yes	149	*18*	90	*18*
	No	688	*82*	400	*81*
	Unknown	-	-	2	*0*
Region	England and Wales	756	*90*	439	*89*
	Scotland	78	*9*	51	*10*
	Unknown	3	*0*	-	-
Primary health condition[$]	Mental health condition	287	*34*	164	*33*
	Musculoskeletal condition	316	*38*	191	*39*
	Other health condition	227	*27*	137	*28*
	Unknown	7	*1*	-	-
Referral Route	GP	223	*27*	150	*31*
	Employer	591	*71*	334	*68*
	Unknown	23	*3*	8	*2*
Size of organisation at Wave One	1-9	62	*7*	31	*6*
	10-49	173	*21*	114	*23*
	50-249	211	*25*	124	*25*
	250-499	88	*11*	52	*11*
	500+	221	*27*	131	*27*
	Unknown	82	*10*	40	*8*

Categories		Achieved Sample: Wave One survey+		Achieved sample: Wave Two survey	
		N	*Col %*	N	*Col %*
Size of organisation at Wave Two	1-9	Not applicable		31	*6*
	10-49	58	*12*		
	50-249	80	*16*		
	250-499	35	*7*		
	500+	92	*19*		
	Unknown	26	*5*		
	Not in employment	170	*35*		
Access to occupational health at Wave One	Yes	381	*46*	217	*44*
	No	431	*52*	261	*53*
	Unknown	25	*3*	14	*3*
Access to occupational health at Wave Two	Yes	Not applicable		156	*32*
	No	147	*30*		
	Total	303	*62*		
	Unknown	19	*4*		
	Not in employment	170	*35*		
Provision of sick pay above Statutory Sick Pay at Wave One	Yes	482	*58*	288	*59*
	No	324	*39*	190	*39*
	Unknown	31	*4*	14	*3*
Provision of sick pay above Statutory Sick Pay at Wave Two	Yes	Not applicable		211	*43*
	No	138	*28*		
	Total	121	*25*		
	Unknown	22	*5*		
	Not in employment	121	*25*		
Occupation	Managers and professionals	205	*25*	99	*31*
	Admin, skilled trades and carers	299	*36*	104	*32*
	Sales, process and elementary occupations	333	*40*	119	*37*

Categories		Achieved Sample: Wave One survey+		Achieved sample: Wave Two survey	
		N	*Col %*	N	*Col %*
Sector at Wave One	Energy, manufacturing, construction, logistics	208	*25*	130	*26*
	Retail, hospitality, leisure, creative, business services and other	273	*33*	157	*32*
	Health, care and charity	198	*24*	116	*24*
	Public administration and public services	158	*19*	89	*18*
Sector at Wave Two	Energy, manufacturing, construction, logistics	Not applicable		64	*20*
	Retail, hospitality, leisure, creative, business services and other			136	*42*
	Health, care and charity			77	*24*
	Public administration and public services			45	*14*

Base: All respondents, unweighted data (N=492)

+ all respondents eligible for follow-up at Wave Two (i.e. who recalled an assessment and gave permission to be followed up)

$ denotes multiple response question.

Source: Fit for Work Wave Two Employee Survey.

11.1.5 Management Information

In England and Wales, the Fit for Work service was provided by HML Limited who carried out enrolment, assessment and case management. In Scotland, most data was provided by Salus who were responsible for assessment, case management and, in some instances, enrolment. Further information was provided by NHS24 who carried out most enrolments and provided management information for cases which had not progressed to assessment stage.

Data was requested for cases that had been enrolled and discharged in the period between 1st October 2015 and 31st December 2016 inclusive. This time period was chosen so that services and data collection for all service providers would be well established and any variations to data collections, such as changes to the coding of key data fields, would be agreed and implemented before the start of the data collection period for the study. It was felt that 15 months of data was sufficient to give a representative picture of the service and its use.

However, as this analysis did not cover the whole period of the service, findings could differ from the overall management information. In some instances due to small sample sizes, apparent differences between groups (e.g. between countries) may not be statistically significant and therefore should be viewed with caution. Only data from cases where individuals had consented to share their information with the evaluation were included in the datasets. Service users in England and Wales were asked at enrolment for consent to share their information but could choose to withdraw this consent at a later point during their Fit for Work journey, in which case, none of their data would be included in the evaluation dataset. In Scotland, service users were asked at enrolment whether they consented to share their enrolment data with the evaluation, and then at the assessment stage, they were asked separately for their consent to share their assessment information. For this reason, the Fit for Work dataset for Scotland included cases where all relevant data was available, but also cases where only enrolment data was available even where an individual had received an evaluation or agreed an RtWP. Where an individual withdrew their consent, none of their information was included in the evaluation data received.

The management information was cleaned and formatted. For both England and Wales, and Scotland datasets, information from the enrolment stage and the assessment stage were stored as separate files or data worksheets which were merged into one dataset using case ID as the matching variable. During data cleaning, files were checked for appropriate consents, and impossible values and corrupted values were removed. Postcode data was provided separately to the main dataset and this was matched to Index of Multiple Deprivation (IMD), country and region using the February 2016 National Statistics Postcode Lookup UK files.

It was not possible to merge the datasets for Scotland and England and Wales as some elements on the Fit for Work journey had been recorded differently. Some key examples include:

- In the Scotland dataset, the first assessment is recorded as an assessment and any further meetings are recorded as an instance of an RtWP. However, in the England and Wales dataset, an individual can receive multiple assessments and multiple RtWPs.
- In the Scotland dataset, an individual case is limited to three RtWPs, whereas the England and Wales dataset includes up to ten assessments for an individual and as many RtWPs are also permitted.
- In the Scotland dataset, up to two health conditions may be recorded for an individual at assessment. However, the England and Wales dataset includes up to six health conditions.
- There are discrepancies between the Scotland and the England and Wales data in terms of the discharge reasons they use. While the majority of discharge reasons are consistent across the two datasets, there are examples of discharge reasons that are unique to one dataset and are not included in the initial shared list of discharge reasons.

A number of key variables were created to identify and explore progression through the main stages of the Fit for Work journey.

- A variable was created to identify whether an individual had started to receive an assessment. This was created using variables recording the date that an assessment took place in order to identify where an assessment record had been created.

- A variable was created to identify whether an individual had agreed and received an RtWP. This was created using variables recording the date when an RtWP was published or shared with the employee/service user in order to identify where an RtWP had been received.
- A further variable was created to identify when an individual had successfully completed their RtWP and returned to work. This was created using the discharge reason variables. As noted previously, discharge reasons were not identical between the datasets for England and Wales, and those for Scotland. For this reason, the variables identifying successful completion of the Fit for Work programme have been created differently for each dataset. In the Scotland dataset, cases were coded as successful completions where the discharge reason had been recorded as 'Employee informed return to work – With RtWP'. In the England and Wales dataset, cases were coded as successful completions where the discharge reason was recorded as 'Employee returned to work' or 'Assumed returned to work'. It is likely that the variable for England and Wales overestimates the number of service users who have returned to work following completion of an RtWP, whereas the variable for Scotland is likely to slightly underestimate, as there may be service users who have returned to work after completing their RtWP where the service has lost contact with them. It is felt that comparisons between the two datasets using this variable are likely to produce unreliable findings.

An overview of population numbers at each stage of the Fit for Work journey created using these key variables is provided in Table 11.10 below.

Table 11.10 Overview of Management Information Samples

Categories	England and Wales	Scotland
Referrals	8,486	1,017
Cases receiving an assessment	4,984	554
Cases receiving as assessment – excluding cases which have not consented to share their assessment data	N/A	533
Cases receiving an RtWP	4,108	532
Cases which have successfully completed an RtWP and are confirmed returned to work	2,887	202

Source: Management information England and Wales, Management information Scotland, Employees referred and discharged between October 2015 and December 2016.