

Don't write us off

New TUC research will underpin one of its most important campaigns – the push for a better deal for workplace injury victims. TUC's Owen Tudor explains.

There is a yawning gap in the British health and safety system, and it has been there for over 60 years.

Although there is always more to do, unions have made great strides in that time on prevention, on safety reps, on compensation.

But when prevention fails, compensation is small comfort – how often have you heard someone who's just won a compensation claim say "I'd give it all up if I had my health back"?

People suffering major injuries in Britain stand only a 1 in 6 chance of getting back to work. Even in the USA, their chances are 1 in 3, and in Scandinavia, they have a 50:50 chance.

Twenty-seven thousand people every year, according

to the Health and Safety Executive (HSE), leave work forever because of a workplace injury or illness. They exchange their jobs, their health and their wages for poverty and disability.

In South Wales, there are far more people "on the sick" than "on the social" because of the legacy of heavy industry and deindustrialisation.

The UK economy is losing £300 million a week because of work-related illness and injury. A society that creates stress, RSI and bad backs – the main causes of occupational sickness absence and early retirement – but does nothing sustained to help people recover, is unsustainable.

Welfare state

Exactly 60 years ago, in the blueprint for the welfare state, William Beveridge wrote: "Rehabilitation is a continuous process by which disabled persons should be transferred from the state of being incapable under full medical care to the state of being producers and earners."

"Rehabilitation must be continued from the medical through the post-medical

stage till the maximum of earning capacity is restored... a service for this purpose should be available for all disabled persons who can profit by it irrespective of the cause of their disability."

Along with what became the National Health Service (NHS), access to rehabilitation was, he wrote, one of the three pillars of the welfare state. But apart from the effort made to get disabled ex-servicemen back into work, the vision has been left unfulfilled.

No rehab here

Past TUC surveys of safety reps have shown even in the unionised workplaces where safety reps are found, only 13 per cent (1998) to 23 per cent (2000) of employers provide access to rehabilitation for their employees. And all we knew was that bald, headline figure – we didn't know what the numbers meant except that large sections of the workforce had no real access to help when they got injured.

Now we know a lot more. *Rehabilitation and retention: what works is what matters*, the findings of a Department of Work and Pensions-funded

TUC survey of over 1,000 workplaces, found fewer than 1 in 10 (8 per cent) had achieved "best practice" in rehabilitation (see right).

There is clear evidence that good practice includes an early visit to the company doctor – something often resisted by union reps and members who fear they are being referred to a farewell service rather than a welfare service.

But remember, such early interventions only work where employers are ready to accept the possibility of the injury or illness being work-related, and where the sickness absence system is separate from the disciplinary system.

Sometimes the right answer is that the worker has to leave their job. But a proper rehabilitation system would make that absolutely the last and worst option – a demonstration of failure on the part of professionals and management.

Rehabilitation and retention: what matters is what works (summary, £5/£1 for trade unionists); *Rehabilitation and retention: the view from the workplace* (full report, £25/£10); *Rehabilitation and retention: the case studies* (£25/£10). www.tuc.org.uk/h_and_sl/

Just what the workers ordered

The West Yorkshire Hickson and Welch chemical factory used to have a very poor health and safety reputation. It has since won awards for the partnership approach to prevention pioneered by the union and the (new) management. There is now a separate "Absence Review Committee" dealing with rehabilitation – and chaired by the union convenor.

Wales worse: David Jenkins, general secretary of the Wales TUC, says one in four people at work in Wales will suffer an injury or develop an illness so serious they will never work again. He says the rehabilitation situation is twice as bad in Wales as in the UK overall, with just 15 per cent getting back to work.

Wales TUC briefing, Employment retention and rehabilitation, is available on the TUC safety site: http://www.tuc.org.uk/h_and_sl/

Under covered: Five million workers have had their workplace health services taken

away in the last 10 years. Just 1 in 7 workers in the UK now have the benefit of comprehensive occupational health support, and only three per cent of companies get top marks for their provision. Responding to the HSE and the Institute of Occupational Medicine findings, TUC general secretary John Monks said: "We need a legal right to workplace health services like they have in Scandinavia, and the government is going to have to step in and put some of the extra NHS money to work for people at work."

Survey of use of occupational health support, HSE Contract Research Report CRR 445/2002, ISBN 0-7176-2394-7, £20.00 from HSE Books or free on the HSE research webpages (see page 30).

Lagging behind: Victims of workplace injury and illness are being let down by uneven and fragmented rehabilitation services, says a June 2002 consultation document issued by the Association of British Insurers (ABI) with the TUC. *Getting back to work* says Britain now lags behind other industrialised countries in providing rehabilitation. TUC's John



HEAD START? The UK lags behind other industrialised nations in getting sick and injured employees back to work.

photo: Eve Barker

What works for the workers?

Main findings from the *Rehabilitation and retention: what works is what matters* TUC 2002 survey were:

- ◆ A third (34 per cent) of workplaces achieved an element of "good practice" in dealing with injured or ill workers. Only 8 per cent achieved what TUC gauged as "best practice".
- ◆ The main problems likely to affect the ability of employees to carry out their duties were stress, back pain, infections and RSI.
- ◆ Paid sick leave was available to established staff for over six months in 32 per cent of workplaces for manual workers and 36 per cent for non-manual workers. Just over half of the workplaces (54 per cent) had formal "return to work interviews."
- ◆ Delays in employees returning to work had resulted from waiting for NHS appointments in 39 per cent of workplaces.
- ◆ Line managers were most likely to be in charge of recording sickness absence, conducting return to work interviews and following up long-term absences.
- ◆ In only a quarter of workplaces are sickness absence statistics made available to union reps and/or the safety committee.
- ◆ The main steps taken to help injured or ill workers back to work were phased returns to work (56 per cent), changes to tasks or work content (54 per cent), changed working hours (44 per cent), visits to keep in touch (39 per cent) and providing training (23 per cent).

What works best?

TUC found certain workplace features were strongly associated with good and best practice. These were:

- ◆ Having a clear, formal rehabilitation policy (usually part of a wider policy);
- ◆ Separating sickness absence from disciplinary approaches;
- ◆ Keeping good records of sickness absence and its costs, and assuming the possibility of an occupational cause for sickness absence;
- ◆ Starting interventions early – meaning within a month of sickness starting; and
- ◆ Involvement of unions in the rehabilitation process.

Monks, said: "Making retention and rehabilitation happen will require leadership and partnership. If unions and insurers can work this closely together, then every stakeholder must get on board and join the debate."

Injuries nil: The TUC wants everyone injured at work to receive the same sort of rehabilitation as David Beckham, who captained England to the World Cup quarter finals despite recently breaking a bone in his foot. Gordon Taylor, general secretary of the TUC-affiliated footballers' union PFA said: "Our members need to get fit as fast as

possible, so we've made it a priority to get clubs to do their very best, with medical cover, physiotherapists on the staff and club workers trained in first aid. We'd love to see everyone at work getting the same, because Britain needs its workers back at work."

Back in work: An HSE evaluation of 19 innovative projects set up by the Department of Health (DoH) and the HSE to tackle back pain in the workplace has found "a proactive partnership approach to managing back pain is effective." The projects

"encouraged stakeholders to work in partnership with others, particularly small and medium sized businesses, to determine what approaches for the prevention, treatment and rehabilitation of back pain actually work." More than 300 businesses and 2,700 employees were involved in the Back in Work pilot projects.

Initiative Evaluation Report Back in Work, CRR 441/2002 ISBN 0-7176-2377-7, £30, from HSE Books or free on the HSE research webpages: www.hse.gov.uk