

People's views on Health and Work

A report of the Healthwatch Bolton Forum

24 October, 2017

Background

The October 2017 Healthwatch Bolton Forum was held around the topic of health and work.

The forum was based on work recently done by Healthwatch Bolton, which featured views on health by employees at a local company.

The research officer at Healthwatch Bolton presented the report 'The working well' to those at the forum.

Representatives from Bolton Council and GM Health & Social Care Partnership also presented their plans on the 'Working Well Early Help', which is being planned for the local area.



There were 20 people attending (9 male, 11 female).

Many participants were, or have previously, attended Healthwatch Bolton forums. As well as the general public, representatives, or members, of the following groups gave their opinions during the forum:

- Royal blind society
- LGBT +
- NHS
- Patient Participation
- Healthwatch Bolton
- Bolton Council
- GM Health & Social Care Partnership

Key Discussion Points

The effects of personal or close-circle illness on work

- The emotions and feelings people experience, as well as examples of what can happen as a result.

Ways employers may be able to help

- Suggestions for how people in work could be supported, ideas for management to consider, what support outside work might help.

Suggestions for a new service to respond to need

- Who should be involved, what should the principles for guiding the service be, what should be on offer.



When people or their loved ones start to get ill how does this affect their/your work?

Emotions and feelings:

- *“Fear will I get worse”*
- *“Tiredness”*
- *“Moods”*

Effects when in work...

- *“Effect mental health/ stress – affect productivity”*
- *“Whilst at work my priority may be at home!”*
- *“Fear of discipline”*
- *“Concentration levels”*
- *“When health issues disclosed response from employer failed – ‘I was becoming too much of a problem’”*
- *“Ineffective occy (occupational) health – under a lot of pressure”*

Social effects:

- *“Effect relationships – work/family/friends”*
- *“Your illness impacts on those around you”*
- *“Relationships with other colleagues”*

Taking time off...

- *“Need time off”*
- *“Could feel pressure about asking for time off”*
- *“Money problems/ sick pay – put pressure on family for help”*
- *“Time off – how is this handled by management”*
- *“Time constraints”*

Other things to take into account:

- *“More GP, Mental health awareness training”*
- *“More external support required”*
- *“Transgender”*
- *“Sight problems increased”*
- *“Economic situation pressurising situation for disabled/unwell in work”*
- *“Depressed viewed as a risk – ignorance around mental health”*





What could employers do to help?

In-work suggestions:

- *“Anonymous reporting of issues without employer involvement”*
- *“Have a go between (if staffing levels permitted)”*
- *“Workplace volunteers”*

Possible work structure changes:

- *“Flexible working”*
- *“Temporary reduction in hours”*
- *“Change of working day”*
- *“Give them time off/ flexible working hours”*
- *“Could they work from home?”*

Management to consider...

- *“Make humanity/people skills part of management selection”*
- *“Be approachable/ understanding”*
- *“Communication”*
- *“Avoid ‘sticking plaster’, ‘getting rid of’ – redeploy – diversity dealt with by larger employers – how do employers deal/employ people deemed at risk of needing more support”*
- *“Employers need to encourage dialogue/ information about mental health”*
- *“Grilling by employer to discourage individuals taking time off”*
- *“Back to work interviews seen as punitive”*
- *“Employers need to be better informed”*

Assistance outside of work:

- *“Access to therapy ‘out of hours’ is difficult”*
- *“MIHST appointments often cancelled”*
- *“Counselling sessions offered (could be 6 or 3) 3 not enough”*
- *“At the moment we (are) feeling side-lined”*
- *“Society needs to understand better the needs of the unwell”*
- *“Not everything should be seen as an ‘illness’”*

If a service existed to help prevent people from losing employment (or get people back into work quickly)... What should it include/not include & what would make you want to use it (either as an employer or employee)?

Who needs to be involved?

- "GP's"
- "All NHS services"



Principles to have:

- "Independent"
- "Confidentiality"
- "Workers' rights – bigger question 'Human Rights'"

What's not included:

- "Being rigid"
- "It's often cheaper to get rid of someone with health issues"
- "Blacklisting people who 'rock the boat'"

Things that should be offered...

- "Directory or online hub to direct people to services available – Childcare: breakfast/afterschool clubs – help in the home for elderly relatives: buttons, aids etc."
- "Confidentiality in certain circumstances"
- "Need for more information about diversity"
- "Need for helpline giving advice to those people seeking help to know their rights – needs to be confidential and act as an advocate – going in to see the employer"

Conclusions

The effects of personal or close-circle illness on work

- Fear or worry that illness could affect work.
- Might be impacts on productivity, concern about possible discipline.
- Social effects on people.
- May need time off work.

Recommendations

Ways employers may be able to help

- Allowing mediators.
- Altering the structure of work or flexibility.
- Management to be more approachable and communicate better. Support, not punish employees.
- Could there be more support outside of work ? eg mental health groups and services.

Suggestions for a new service to respond to need

- GPs and NHS services should be involved.
- They should have high principles around independence/confidentiality.
- Avoid being rigid.
- To offer help and advice – compile practical information and advice.
- Provide practical advocacy