

Fit for Work Service pilots (FFWS)

Information review: October 2015

UNITED KINGDOM

Sickness absence has an impact on the British economy. The UK Office for National Statistics estimates that 131 million working days were lost due to sickness in 2011. This is significantly down from the figure of 178 million in 1993 but the government would like to see it reduced further.

The Fit for Work Service (FFWS) pilot was a government funded service set up to provide personalised, case-managed support for workers in the early stages of sickness absence or ill-health which prevented them from working.

All the pilot areas provided access to clinical and non-clinical support to help workers experiencing a period of ill-health to keep attending work or to resume work after a period of absence.

Overall, the practice was found to be successful at targeting the intended audience of SMEs that needed help to deal with an individual employee's health issue.

Name of the PES

Department for Work and Pensions

When was the practice implemented?

Between April and June 2010, and 2013

Which organisation was involved in its implementation?

Service providers were responsible for providing additional services over and above the support provided by case managers.

Which social groups were targeted by the practice?

Employers:
► SMEs (with employees who are off work for health reasons)

What were the practice's main objectives?

The pilots aimed to reduce the amount of time service users took to return to sustained work, and reduce the number of people losing their jobs due to ill health and thus moving onto benefits.

Three basic models were developed in the first year of the pilots:

- Guidance and Gateway – this was regarded as the standard service and emphasis was laid on the provision of a non-clinical support. Access to additional services was offered and clients were left to refer themselves.
- Guidance Plus and Gateway Plus – wider range of support was on offer including light-touch clinical support. Notably clients were offered a fast-track referral to some clinical services.
- Guidance Plus and Fast Access – enhanced support was offered and included fast-track referrals to either physical or psychological support.

What activities were carried out?

In commissioning the pilots, the government allowed contractors to develop a range of services to be determined by local needs. The menu of services included a range of non-health services such as advice on skills and employment, and wider social support such as with advice on debt and housing. Whilst each of the 11 pilots had a different way of operating, in all pilot areas the client journey included five separate stages:

1. Referral to the service: Referrals were received by telephone, email, letter or fax referrals. Individuals could be referred to the service by their General Practitioner (GP) or other health care providers.
2. Screening: An initial screening process allowed the service providers to assess eligibility and suitability for the service.
3. Assessment and case management: Service users were allocated a case manager.
4. Support: Case managers provided support for resolving workplace problems and negotiating the return to work.
5. Discharge: Clients were discharged from the service by mutual agreement with the case managers.

| | |
|---|--|
| What resources and other relevant organisational aspects were involved? | <p>The pilots were commissioned by the Department for Work and Pensions and the Department of Health. The pilots were run by partnerships, or partnership organisations. The partnerships had to include: Primary Care Trusts (PCTs); local authorities (LAs); and other public sector commissioners who might be relevant to the provision of the service.</p> <p>A fixed amount of funding was available to each pilot in order to deliver an agreed business plan. In most pilot areas the lead body was a health service organisation.</p> |
| Source(s) of funding | National budget (tax revenue) |
| What were the outputs of the practice: people reached and products? | <p>People reached:</p> <p>By the end of the first year (March 2011), 6 726 people had taken up the service offered by the pilots.</p> <ul style="list-style-type: none"> ▶ 95% of clients were employed; a third of them were on sick leave and two thirds were still attending work (these included employees who had a health condition that affected or could affect their work). ▶ Women were over-represented compared to the numbers in employment (53% compared to 47%). ▶ Clients were more likely to be in personal service or associate professional occupations and less likely to work in a skilled trade or a managerial occupation than average. ▶ 67% of the employed clients worked in small or medium-sized workplaces. ▶ 53% of employers were belonged to the private sector. ▶ The average length of time people stayed with the service appears to be around four months. ▶ Clients were more likely to be employed by the public sector organisations; have mental health conditions; and have multiple and complex problems. <p>Products:</p> <p>N/A</p> |
| What outcomes have been identified? | Of the participants who took up the service, 62% had been discharged by the end of the first year and 74% of those had returned to work, whilst 18% were still off work, on sick leave, and 8% were unemployed. Just over 10% of clients who were initially assessed subsequently failed to engage in the pilot. |
| What are the lessons learnt and success factors? | <p>The evaluation report findings are summarised below:</p> <ul style="list-style-type: none"> ▶ Take up of the service was lower than planned with participation accounting for only 40% of planned numbers. This varied across pilot areas with some attracting numbers close to planned levels and two pilots in particular failing to meet these targets by some margin. Part of the reason for this gap was an over-estimation of the scale of the problem; low levels of referrals from GPs and ineffective marketing techniques. ▶ Evidence of impact is based on the perceptions of surveyed clients. Most clients surveyed felt that they would not have received the interventions they had without the support of the service. They also felt that the service provided significant support to return to work. ▶ The evaluation found that engaging with GPs proved to be much more difficult than expected. The reasons for this include: difficulties with gaining access to GPs; gaining interest from GPs when accessed; and ensuring GPs understood the service. |
| More information on the practice | http://ec.europa.eu/employment_social/empl_portal/weesp/UK-12.pdf |



| | |
|---|--|
| Contact details for further information | |
| Name: | Jenny Dibden |
| Email: | Tracey.deacon@dwp.gsi.gov.uk |
| Telephone: | +44 (0)207 449 5715 |
| Website: | http://www.dwp.gov.uk/ |