

Institution: Bath Spa University		
Unit of Assessment: 4 - Psychology, Psychiatry and Neuroscience		
Title of case study: Supporting sustainable working lives through influencing policy development, changes to organisational support and to changes to a public health intervention		
Period when the underpinning research was undertaken: 2014 - 2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Dr Elaine Wainwright Dr Jermaine Ravalier	Reader in Occupational Health Psychology Reader in Work and Wellbeing	1/10/2012 - present 30/09/2014 - present
Period when the claimed impact occurred: 2014 - 2020		
Is this case study continued from a case study submitted in 2014? N		
<p>1. Summary of the impact</p> <p>Wainwright and Ravalier's research has directly influenced policy development, in relation to the fit note and policy makers' thinking about employee wellbeing. Wainwright worked with the Department for Work and Pensions (DWP) to improve the management of medical certification processes as an expert on a review of the fit note (a written statement from a doctor giving their opinion on someone's fitness for work). Wainwright made recommendations, based on her own and others' research, that fit note certification powers be extended beyond those currently legislated and that GPs and other healthcare professionals receive further training on certifying and the value of work as a health outcome. These recommendations made a significant contribution to policy development as part of the review, directly impacting the DWP's considerations of and future plans for the note (E1). Ravalier's research on social workers' wellbeing and working conditions has been debated in the Houses of Commons and Lords and led to more than 20 MPs pledging support to improve the health and wellbeing of UK social workers (E10).</p> <p>The Social Workers Union (SWU) implemented Ravalier's best practice wellbeing toolkit across its 14,000-strong membership (E7), and the app-based wellbeing initiatives developed by Ravalier and Wainwright were put into practice at 5 Local Authorities that employ social workers, leading to reductions in sickness absence and turnover and the development of organisation-wide initiatives (E8; E9). Similarly, Ravalier and Wainwright's research in developing wellbeing interventions for Health and Social Care staff led to significant improvements in working conditions such as improved communication strategies between staff and management, and further interventions including employees' access to a trained and independent vocational rehabilitation professional to support staying at work, and not needing sick leave.</p> <p>Finally, Wainwright's research led to her and Wynne-Jones adding vignettes to a public health intervention, 'Making Every Contact Count' (MECC, Wessex model) which is offered by Health Education England, to support more effective conversations about health. The vignettes developed by Wainwright and Wynne-Jones have improved MECC practitioners' understanding of the value of employment for health, and how open discovery questioning could support someone in pain to have a sustainable working life (E4; E5).</p>		
<p>2. Underpinning research</p> <p>Work which is physically safe and psychologically reasonable, such as having a good relationship with colleagues and line managers, can be beneficial to the psychosocial and health outcomes of almost everyone – employees, employers, and, in the case of Health and Social Care employees, their patients/service users. Wainwright and Ravalier have worked together on projects which have impacted specific elements of supporting returning to, and staying at work, (R6) as well as projects focused on returning to work when we have pain (Wainwright, R1-4) and investigating psychosocial stress for social workers (Ravalier, R5) and NHS staff (Ravalier, R7) in order to highlight pertinent issues for policy makers and intervention designers.</p>		

Workplace health processes are not always very well managed. Research by Wainwright et al. discusses the challenges in designing effective interventions to help pain sufferers back to work (R1; R2). Wainwright led research which specifically demonstrates that there are distinct issues with sickness certification for chronic pain (R3; R4). This certification is the process of being medically certified as either fit to work or maybe fit to work under certain circumstances. These two options are formally recorded on what is called the 'fit note'. The certification process occurs between doctors (often general practitioners) and patients in medical consultations. The research found that doctors often consider it difficult to help chronic pain patients and feel that patients push them towards certifying sick leave when this is not clinically warranted. Conversely, patients sometimes feel that doctors offer time off work when it is not what the patient wants; rather, it is all that the doctor can do to help. Employers feel that doctors are in accordance with patients' agendas, whereas doctors feel that employers do not respond to specific requests for input. These issues are compounded if there is no objective pathology that can be found to support the suffering articulated by the patient, since this does not sit well with the current evidence-based medicine paradigm. Furthermore, the specifics of individual jobs can have a huge impact on whether someone is certified off sick, and for how long, as can the employer's ability to make adjustments within a defined job role.

Wainwright's research made some suggestions to ameliorate these issues, including further training for doctors in how to negotiate in difficult consultations, and employers and employees making explicit the often-implicit elements of the return-to-work process, such as how often and with what intent the line manager will ask the employee how they are, and facilitating more direct tripartite communication between doctor, patient and employer (R4). This research led to Wainwright being invited as an expert to a Government review of the Fit Note; this contribution and other research (R3; R2) has led to ongoing work with the Work and Health Unit. It also led to Wainwright contributing to the Wessex Making Every Contact Count (MECC) training as detailed below.

Ravalier's work used mixed-methods surveys and interviews with social workers and NHS staff across the UK to investigate their working conditions and wellbeing (R5; R7). These studies demonstrated that working conditions in Health and Social Care were among the worst of all UK occupations, and that reducing workload and improving support at work would significantly improve wellbeing. Building on this, Ravalier, Wainwright et al. (R6) worked with social workers from across 5 UK Local Authorities to co-develop, disseminate and evaluate a series of wellbeing initiatives. Interventions developed include psych-education, improved managerial and peer-support, and improved communication. The project also included access to a trained Vocational Rehabilitation professional to support those at risk of leaving work due to mental health sickness absence, by coaching in self-efficacy and communication skills. Pre-post surveys and interviews demonstrated statistically significant improvements in working conditions and much improved communication about organisational change, despite post-intervention data collection occurring at the start of the COVID-19 pandemic. This research led to the further development of a best practice wellbeing toolkit for social workers (E7).

3. References to the research

R1 Wainwright, E, Wainwright, D, Coghill, N, Walsh, J and Perry, R (2019) '[Resilience and return to work pain interventions: systematic review.](#)' *Occupational Medicine*, 69 (3). pp. 163-176.

R2 Wainwright, E and Eccleston, C, eds. (2019) '[Work and pain: a lifespan development approach.](#)' Oxford University Press, Oxford.

R3 Wainwright, E, Wainwright, D, Keogh, E and Eccleston, C (2014) '[The social negotiation of fitness for work: tensions in doctor-patient relationships over medical certification of chronic pain.](#)' *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 19 (1). pp. 17-33.

R4 Wainwright, E, Wainwright, D, Keogh, E and Eccleston, C (2013) '[Return to work with chronic pain: employers' and employees' views.](#)' *Occupational Medicine*, 63 (7). pp. 501-506.

R5 Ravalier, J.M (2018) '[Psycho-social working conditions and stress in UK social workers.](#)' *British Journal of Social Work*, 49 (2). pp. 371-390.

R6 Ravalier, J.M, Wainwright, E, Smyth, N, Clabburn, O, Wegrzynek, P and Loon, M (2020) '[Co-creating and evaluating an app-based well-being intervention: the HOW \(Healthier Outcomes at Work\) Social Work project.](#)' *International Journal of Environmental Research and Public Health*, 17 (23). e8730.

R7 Ravalier, J.M, McVicar, A and Boichat, C (2020) '[Work stress in NHS employees: a mixed-methods study.](#)' *International Journal of Environmental Research and Public Health*, 17 (18). e6464.

Funding

- Ravalier (PI), Wainwright (Co-I), *The HOW Social Work Project* (2018-2020), DWP Challenge Fund, GBP234,558
- Ravalier (PI), *Co-creating a healthier NHS* (2018-2020), ESRC, GBP218,064
- Wainwright (Co-I), *Centre for Musculoskeletal Health and Work* (2019-2024), Versus Arthritis and MRC, GBP2,179,586

4. Details of the impact

The 3 types of impact detailed below support sustainable working lives by influencing policy makers' thinking, changing organisational practices, and changing public health intervention. The first type concerns influencing policy development on the fit note and policy maker thinking about the wellbeing of employees. The second changed the ways Health and Social Care organisations work to support the health and wellbeing of their workers. The third impacted the Wessex model of 'Making Every Contact Count' by developing specific vignettes to enhance an understanding that good work is good for us, including if we have pain, and to support practice when MECC practitioners and people in pain are discussing having sustainable working lives.

Influencing policy development on the fit note and policy makers' thinking about employee wellbeing

Research by Wainwright et al. into sickness certification (R3; R4) significantly influenced the fit note review at the Department for Work and Pension, the framing and informing of the policy debate, and the development and content of fit note policy. At the fit note review in April 2017, which Wainwright attended (at the invitation of the DWP), quotations from her research were displayed as part of a research wall and used to focus the discussion. Wainwright's recommendation based on her own and others' research that the current set of professionals who can certify be extended to a wider group of health professionals was accepted. Wainwright's additional recommendation that further, specific training in the effective use of the fit note for GPs and other certifiers was also accepted. Wainwright's review of the fit note was instrumental in how the DWP framed their fit note review and assimilated all available evidence. Wainwright et al.'s research and contributions were described as being of "tremendous importance" and having "a direct impact on elements of our [government] thinking and future plans for the fit note" (E1). The DWP further stated that "Working with Dr Wainwright within our processes to redevelop the fit note and associated policy has made a significant impact on the development and content of the policy... Dr Wainwright's research and contribution had a direct impact on the policy development" (R1). Wainwright also contributed to the Health, Wellbeing and Work Network academic group's response to the Government's request for consultation on the Work, Health and Disability green paper (E2). Recommendations related to the points made by the academic group have been outlined as part of the 'Reform of the Fit Note' section in the Government's strategy document 'Improving Lives: The Future of Work, Health and Disability' (E3, p42-3). The reach of this impact is initially confined directly to the DWP themselves, but also extends to broader strategy plans via the document 'Improving Lives: the Future of Work, Health and Disability' (E3).

Wainwright's impact on the fit note review and later research on work and pain (R1; R2) led to her being asked to contribute to the Health and Work Unit from March 2018 onwards. The Work and Health Unit is a cross-departmental Government unit of civil servants from the DWP and Department of Health and Social Care. This shows Wainwright continuing to raise awareness of the importance of work as a health outcome, as part of impact on the national conversation

about how to support people back into sustainable work (see E6, a testimonial from IFF Research on Wainwright's impact on the shaping of a review of occupational health).

Similarly, Ravalier's research has influenced policy makers at a wider level. For example, his research into social worker working conditions was taken up by Lord Roy Kennedy who led a debate in the House of Lords on the subject (R7) and debates in the House of Commons. In 2018 Maria Eagle MP questioned ministers on social worker working conditions, and Tracy Babin, Connor McGin MP and George Howarth MP all raised such concerns in the House of Commons (R7). This work also led to over 20 MPs signing a pledge to improve working conditions for UK social workers (R10). This ongoing contribution to the Work and Health Unit and shaping of points made in House of Lords and House of Commons debates shows ongoing impact, which is essential to effect meaningful and sustainable change.

Changing the way Health and Social Care organisations work to support employee health and wellbeing

Ravalier and Wainwright's work has significantly improved the working environment and practices of professional organisations representing Health and Social Care employees as well as Health and Social Care-employing organisations. Ravalier's (2019; R5) research led the SWU to launch its Professional Working Conditions campaign, which sought to improve working conditions for social workers across the UK (E7). The SWU is the only trade union in the UK to represent social workers solely and is the fastest growing union in the country representing over 14,000 members. Ravalier and colleagues' research developed a best practice working conditions toolkit (R6). This consists of approaches to improving working conditions and wellbeing such as bespoke and best practice peer support approaches, best practice in reflective supervision, and specific practices for all social work employers to improve communication and resource sharing, which the SWU has implemented across their members as part of the supervision process (E7).

It is widely acknowledged that despite providing a key frontline service during Covid and having high levels of mental health sickness absence, social workers in the UK have received insufficient support for their mental health and wellbeing ([DHCS, 2020](#)). To address this, Ravalier, Wainwright and colleagues (R6), alongside social workers in 5 English Local Authorities co-designed a series of mental health and wellbeing initiatives, presented through a newly developed Smartphone app. Organisation-wide surveys demonstrated significant improvements in the way in which change is communicated ("so often we have consultations and discussions and then nothing never happens. At least this way if we did send stuff up, we know we've been listened to, even if it's not used"), and improved autonomy (R6).

The work has had a significant positive impact on the organisational working of Central Bedfordshire Council. The project was directly responsible for the enhancement of organisational support systems, the promotion of wellbeing activities and policies, peer support initiatives, and best-practice reflective supervision. The development and dissemination of the wellbeing app and interventions raised the profile of the importance of wellbeing among social work staff and the Council more widely. For example, it led to the development of a 'Wellbeing Action Plan' which provides psychoeducational support for staff across the organisation, as well as 'Covid Support for End of Life Care' for community social care staff, thus helping to support Covid response (E8). The LA reported a reduction in sick leave taken from 4.60 to 4.26 per person and in staff turnover from 9.71% to 7.65% from January to September 2020 compared to the same period in the previous year, as well as greater understanding of support available for staff in dealing with wellbeing, due to improved psychoeducational understanding of stress and mental health at work. It also helped support staff in alleviating feelings of loneliness and isolation due to working from home during the pandemic (E9).

Enhanced understanding of the value of work for Healthy Conversation Skills practitioners through changes to a public health intervention

This impact pertains to efforts to improve public health understanding by enhancing practitioners' understanding of the importance of work as part of a healthy life and increasing their skills to help support people in pain retain work. Research by Wainwright et al. (R1-4), along with separate research by Dr Gwen Wynne-Jones (Keele University), led to the development of

vignettes on work and pain. The vignettes highlight that physically and psychologically, “good” work can still be a productive part of someone’s life, even if they live with ongoing pain. Health Education England, a non-executive non-departmental public body of the Department of Health, agreed to add these into the Wessex arm of its national intervention, ‘Make Every Contact Count’ (MECC). MECC trains anyone who wants to have more effective healthy conversations with people with whom they interact, e.g. a doctor or medical receptionist with their patients, or a lecturer or support worker with their students. The vignettes impact on the workforce and policy development arm of Health Education England. The vignettes sustainably impact on the training that practitioners of healthy conversation skills receive via documented change to their training package when they are learning how to use MECC. Since Wainwright’s and Wynne-Jones’ vignettes were added 350 people have trained in Wessex MECC. Since the vignettes were added, the reach of MECC practitioners within their own workplaces and local systems is estimated at over 5,000 frontline staff working in health and care settings (E4). The Head of Public Health Workforce Development Programmes, Health Education England, stated that it is important that “the vignettes prompted MECC trainers to think more about how and why individuals in pain may want to stay in employment and how healthy conversation skills might support this via open discovery questions” (E4) Reflections on the vignettes from a MECC trainee observe: “we learnt that we can support individuals to [stay in work] by utilising healthy conversation skills and building self-efficacy” (E5). The Head of Public Health Workforce Development Programmes also felt that the vignettes’ prompting of the importance of work “recognise[s] the wider factors which impacts on people’s health and wellbeing. This directly feeds into the Wider Determinants of Health which is integral to our MECC approach” (E4).

5. Sources to corroborate the impact

E1 Testimonials from DWP policy advisor and lead analyst, stating Wainwright’s research on sickness certification was ‘tremendously important’ to processes and thinking about the future of the fit note.

E2 The Health, Wellbeing and Work Network academic group (of which Wainwright is a member) response to the Government’s request for consultation on the Work, Health and Disability green paper.

E3 The Government’s strategy document ‘Improving Lives: The Future of Work, Health and Disability’ which recommends new legislation to extend fit note certification powers to other healthcare professionals, such as physiotherapists, psychiatrists and senior nurses, along with the design and development of a set of competencies for those completing fit notes. See, for example, pp.42-3.

E4 Testimonial from Head of Public Health Workforce Development Programmes, HEE, confirming the impact of the pain and work vignettes on MECC trainees.

E5 Email from individual MECC trainee about the impact of the HEE pain and work vignettes on them.

E6 Testimonial from IFF Research, who were commissioned by the Work and Health Unit to review the current state of occupational health provision in the UK, stating that Wainwright and Paulina Wegrzynek made a significant contribution to informing the development of the review.

E7 Testimonial from SWU General Secretary demonstrating the impact that Ravalier’s research has had on SWU, the only union specifically for social workers in the UK with 14,000 members.

E8 Testimonial from Principal Social Worker, Head of Safeguarding and Quality Improvement, Social Care, Health & Housing, Central Bedfordshire Council, demonstrating impact of Ravalier’s work on employees and the organisation more widely.

E9 Testimonial from Team Manager and Social Worker, Social Care, Health and Housing, Central Bedfordshire Council, demonstrating impact of Ravalier and Wainwright’s work on individual social workers and social work teams.

E10 British Association of Social Work (2020). [‘MPs sign a pledge to support social workers’](#).