

Consultation on occupational health Acas response

12 October 2023

This is the Acas Executive response to the ['Occupational Health: Working Better' government consultation](#).

Our response

1. Acas (Advisory, Conciliation and Arbitration Service) welcomes the opportunity to respond to the Department for Work and Pensions' consultation on occupational health services.

2. Acas is a statutory, non-departmental public body with a duty to improve employment relations in Great Britain. We have insight that there are a range of employment issues relating to health at work. Between April 2022 and March 2023, Acas handled almost 650,000 calls from individuals and employers to our national helpline, of which 11.4% related to absence, sickness and stress, and 5% related to disability discrimination. The Acas website also received 14.4 million visits from individuals seeking advice and support. In addition there is demand from employers to better handle health issues and Acas runs training sessions on workplace-related topics, including [training on absence management](#), and [training on disability and reasonable adjustments](#).

3. Acas also provides dispute resolution services to reduce workplace conflict. In addition to conciliating in collective disputes (621 in 2022 to 2023), Acas provides conciliation to parties where an individual is considering bringing a claim to an employment tribunal. Acas early conciliation (EC) notifications and employment tribunal claims (ET1s) received on the grounds of disability discrimination continue to outnumber the cases related to all other protected characteristics. Between April 2022 and March 2023, Acas received 105,754 early conciliation cases, of which 14,018 (13%) included reference to disability discrimination. Over the same period, Acas received 32,058 ET1s, 7,361 of which included a claim of disability discrimination (23%).

Note – the jurisdictions reported against early conciliation notifications differ from those reported in cases received for conciliation from the Employment Tribunal service in that the former are assigned by Acas officers on an indicative basis only and do not necessarily represent the jurisdictions a claimant might record when submitting an ET1.

Opportunities for greater employer action, best practice sharing and voluntary health at work standards

We are providing a general response rather than answering specific questions within the consultation.

4. Acas advises that occupational health assessments can be useful sources of information and guidance when an employee's health could affect their job or be affected by the work they do, as a useful addition to a doctor's medical report because they are more focused on how the employee does their job and how the job might affect the employee's health. Acas suggests that employers should consider the recommendations of both occupational health and doctor's reports. If there is any conflicting advice, they should talk with their employee and come to an agreement on the best course of action.

5. While our experience of companies' use of occupational health is most commonly at the stage of long-term sickness absence or when considering return to work, Acas suggests using occupational health at an earlier stage where possible and appropriate, to support employers in retaining people in work. This can work to prevent costly and stressful periods of absence and formalising of procedures.

Through advisory and training work with organisations, Acas finds that the main barriers to effective use of occupational health include:

- lack of access – particularly for small and medium-sized enterprises (SMEs), who may not have the resources or the need for an ongoing contract with an occupational health provider and may struggle with how to find or choose a provider for one-off needs
- lack of knowledge about what to expect from an occupational health report – in particular, expectations that the occupational health provider will make decisions for managers, rather than providing the information that would enable the manager to make a decision themselves
- lack of knowledge and understanding about what questions to ask – leading to receiving unhelpful or unclear information
- internal processes with excessive paperwork or hurdles to access occupational health can mean that occupational health advice is not accessed in a timely manner, impacting on its effectiveness and potentially prolonging absence

7. Acas commonly finds that line managers lack confidence and training in putting adjustments in place, particularly in relation to disability and mental health. Workplace adjustments can have major benefits in creating safer, more comfortable, and more productive work environments for employees often at minimal cost to employers. Better access to occupational health could assist employers to put effective workplace adjustments in place that would benefit all staff, but particularly those facing barriers related to their disability (including mental ill health and neurodiversity) or their sex (including menopause and menstrual health conditions such as endometriosis).

8. Acas recommends that consideration is given to employee experiences of occupational health services, and to advice regarding how employers communicate with their staff about occupational health. Acas regularly encounters a perception, particularly among employees, that an occupational health referral is a step on the process towards dismissal (and therefore a negative process) rather than a mechanism to facilitate support and adjustments. This can impact on employees' willingness to engage with the process, and therefore on the effectiveness of any referral.

9. Acas considers occupational health is used most effectively where:

- referrals are embedded within day-to-day management to facilitate workplace adjustments, rather than used only if absence is perceived as a risk or problem
- line managers receive training, and guidance on making an occupational health referral, what questions to ask, what responses to expect, and to make effective decisions based on occupational health reports
- employees are clear on the purpose of occupational health referrals, and see them as a positive, supportive process rather than a negative punitive one

10. Acas is the evidential authority on making working life better through good employment relations and would welcome the opportunity to be involved in any working groups to ensure employers and employees can access the support they need in this area. In addition, we are undertaking research to explore disability discrimination in further detail, and will be in a position to share insights by mid-2024.