

Dame Carol Black was appointed as the UK National Director of Health and Work in 2005.

You could be forgiven for thinking that such a post was primarily about dealing with the issues in the workplace that cause ill-health, but you'd be wrong.

The appointment was part of a strategy to use employer resources to promote public health objectives, and to begin a process of getting people in receipt of disability benefits and those on long-term sickness benefits of those benefits and they say back into work. The mantra was that almost everyone was capable of work of some kind regardless of disability.

DCB is one of what in the 1960's, an American professor of industrial sociology, Loren Baritz, called "The Servants of Power" – academics and their like who use their professional and academic knowledge and expertise to service the requirements of employers for a compliant, subdued and uncomplaining workforce, supported by a media that targets and trivialises workers, work-related ill-health, H&S, benefit scroungers – and is the key element in what Prof Chomsky calls "Manufacturing Consent". That process continues today, and is monitored by academics – see "Doubt is their Product" by David Michaels

Today, this approach is summarised as being the tools that generate Wellbeing, Engagement and Resilience amongst the workforce

You'll remember that the Thatcher government put many displaced workers from the old heavy industries onto Invalidity and other health-related benefits – it kept them off the unemployment register, and gave them a small financial premium, and that's the root of what today is described as the problem of worklessness

By 2008, DCB was asked by the then Government to report on the health of the working population

“The aim of the Review is not to offer a utopian solution for improved health in working life. Rather it is to identify the factors that stand in the way of good health and to elicit interventions, including changes in attitudes, behaviours and practices – as well as services – that can help overcome them.”

In seeking to explain this further, it continues

“To date, occupational health has been largely restricted to helping those in employment. But supporting working age health today requires us to reach much further. It remains critically important to improve health at work and to enable workers with health problems to stay at work, but occupational health must also become concerned with helping people who have not yet found work, or have become workless, to enter or return to work.

“Running through the Review is a firm belief that we must not reduce the issues around health and work to problems of medicine and medical practice, necessary though they are to the solution. As a clinician, I am continually reminded of the impact of social and environmental factors on health....”

What was the result?

The recommendation we all know about is the “Fit Note” Nobody likes the Fit Note. Doctors, employers, workers, trade unions and the Hazards Campaign are all against it for a variety of reasons

What else – well, little anyone can remember. They appointed some Health, Work and Wellbeing Co-ordinators – not occupational health specialists, as

many, including professional bodies were hoping for, but civil servants already in post were given temporary secondments. They no longer exist; they made little measurable impact.

They set up a telephone advice centre on health issues for small and medium sized business. A similar attempt under the Workplace Connect project earlier had failed miserably.

A "Fit for Work" service has not fared well – pilot projects have failed, most quite dismally, to achieve even basic targets set for them. Recent reports from Government suggest this initiative is unlikely to continue, particularly in the present climate of savage governmental cuts.

DCB devotes a whole chapter of the report to "Helping Workless People" specifically those on long-term benefits like Incapacity, Job-seekers allowance and other benefits. The Government's response was to set-up a pilot project using a French private sector, multinational IT organisation called Atos Origine, long in the business of contracting outsourced public services. Their task was to conduct individual Work Capability Assessments to see who, despite being on long-term sick and often seriously disabled, could be identified as capable of being taken off enhanced benefits and found work work. Since its inception, Atos has employed questionable doctors at cheap rates to run computer-based assessments that take very little time to conduct (no doctor worth their salt is going to spend more than 15 – 20 minutes for less than a hundred quid) that have found tens of thousands of severely disabled people "fit for work". Many thousands have appealed, and around 40% of appeals have been allowed. On this first weekend of the Paralympics, Atos has been the subject of campaigners anger, because Atos is a Paralympics sponsor. You see – if you can catch them running and jumping around, they must be fit for work! Atos has taken hundreds of millions from UK taxpayers to attack the most vulnerable members of society.

Round one – bad for those disabled or otherwise damaged; bad for those who thought this might be a champion of workers damaged by their employers; bad for those who know that something has to be done, but isn't being; bad for those whose employers who grasp this focus on wellbeing as an alternative focus to dealing with real occupational health, safety and welfare of workers.

DCB Round Two: the review of sickness absence.

Much less of an appearance of independence when Cameron sets her up with a job. Working with the director of the Chambers of Commerce, her brief was more openly to make recommendations to get people off benefits and back into work. In the longest and deepest recession since the great slump, they wanted her to undo all that Thatcher did to keep people of the unemployment figures

They recommend lots of things, including technical points on the operation of the benefits system. Pretty much all their recommendations are under a general heading "Supporting employees at work", just in case you haven't quite made the connection that that's what all this is about, rather than trying to put employers in the clear, getting people off benefits and saving the state and employers money.

To ensure your GP doesn't allow more humane or medical considerations based on the doctor-patient relationship to enter into the "signing-off" procedure, the recommendation is to remove your GP from the process of certifying long-term sickness after 4 weeks, and put you in the hands of an "Independent Assessment Service", which would *"provide an in-depth assessment of an individual's physical and/or mental function, and provide advice about how an individual on sickness absence could be supported to*

*return to work*" (Summary of recommendations 1). Here is some more public money for Atos.

"Fit-note" guidance should move away from only considering job-specific assessments, and GP's should think "outside the box". I think that means there could be a recommendation that you to be sent back to work as something completely different, and this process to be supported by a recommendation to establish a "job-brokering" service. (Recommendation 2)

This state "job-brokering service" is to enable workers to be shipped around into other kinds of work with other employers. Just think about that for a minute. Can you imagine the level of enthusiasm amongst employers for accepting a new worker who has a history of illness caused by stress factors? Is this really a sensible recommendation from supposedly intelligent people? We could see ex-academics as litter-pickers on Piccadilly Station, or sitting on a supermarket checkout on a slightly-above minimum wage. This seems to clutching at straws to get the sick back to work.

(Recommendations 8, 11)

Employers should get the tax relief currently given to Employee Assistance Programmes extended to include the costs of medical treatments, vocational rehabilitation and other things that help workers stay in, or return, to work. This is yet more focus on secondary and tertiary interventions at the expense of primary intervention - getting rid of the causes. The language is also being manipulated to define secondary interventions as ways that employers manage a problem; rather than what they really are; dealing with the consequences of a problem already created. That's a subtle and inappropriate change, as it has shifted the focus away from prevention, to a permissible state of managing below the level required by the law. This allows employers to claim they are acting within the legal framework. Let's be clear; secondary interventions are NOT managing the problem, they are dealing with the consequences of managerial inaction to resolve problems. I

look forward to the day that DCB stands-up unequivocally for employers to reduce excessive workloads or sack bullying supervisors and managers - the primary interventions that the Management Regulations require. Another recommendation is to abolish record keeping for SSP purposes does having no record mean there is no problem?

Government should address misconceptions around sickness absence management, especially legal uncertainty. This appears to mean they should explain more clearly how employers can sack sick workers without risk of facing an employment tribunal claim; and introducing some statutory compensation ceiling. The report refers to "protected conversations" that cannot be used as evidence in a tribunal application.

They also recommend that the government investigate occupational sick pay schemes in the public sector. Is that a prelude to changes in these schemes being introduced – first they came for my pension, now they're coming for my sick pay? Our experience on such matters is clear – no review results in an improved scheme. And such an approach would be of value to employers – reduced sickness benefits will be another factor in forcing people to stay at work while sick, or return before they are properly recovered.

It's clearly implied that workers, particularly public sector workers exploit occupational sick pay schemes by having more time off. And, surprise, surprise, the lower skilled you are, and more routine, tedious and boring your job, and the less control you have over what you do, the more likely you are to go off sick. So would I! (Chapter 1: Paragraph 14)

Although the word Stress occurs 20 times in the document, Black-Frost predictably manage to slip in the old chestnut about stress being caused by external factors that workers bring into the workplace – always good to keep your options to blame the victim open. I don't believe they still haven't

grasped that what we, and they, should be concerned about is the factors peculiar to the workplace that cause stress and lead to ill-health; that's what needs to be controlled. Only by doing that can employers ensure that those "external factors" where they may exist are NOT exacerbated by what happens at work. Meanwhile, those very work factors that DO cause stress and related effects in employees who have NO external factors for the employer to fall back on when apportioning blame, continue to cause harm and damage. This whole report smacks of cynical attempts to absolve employers from taking full responsibility for any illness they cause.

Apart from highlighting the fact that stress is a large and growing problem particularly in the public sector, the report says nothing about its causes, and makes no recommendations to employers about how to deal with it, apart from saying they are promoting management best practice in dealing with stress (Page 35) while completely failing to identify exactly what that best practice is. The condition that, according to the recent CIPD and Simply Health survey is now the main reason for sickness absence, (which Black-Frost recognises) they just skip over. Despite the fact that work-related factors cause stress and related illness and absence, the report makes no reference to the employer's statutory duty to take action – primary interventions – to deal with the sources of stress. Black-Frost focus on secondary and tertiary interventions – trying to repair the damage caused. That is NOT an adequate response, but then Black, as one of those Servants of Power and Frost as a representative of employers must have been under pressure to downplay any suggestion that employers themselves could possibly be responsible for a huge tranché of work-related illness and absence.

As Black said in the 2008 report - Workers all have a responsibility to take care of their own health." So, I conclude this represents a view of the world that says

Employer impact on workers health appears to be of no consequence to the state

Regulation of work-related health issues is no longer important, no matter how serious or how much harm and absence it causes

And everyone must work regardless of disability or capability, because sickness is for wimps.