

Can HR and H&S work together to bring about sustainable rehabilitation?

Dr David Thomas, Professor Susan Corby and Dr Crystal Tsay (University of Greenwich)

1 Introduction

Human Resources (HR) practitioners and Occupational Safety and Health (H&S) practitioners work in a variety of ways, in a team together (as in UK Local Authorities often under an HR Manager), in separate silos such as large manufacturing organisations, or HR and/or H&S are outsourced. Any spatial separation is compounded by the fact that HR and H&S have different professional bodies and different systems of accreditation each with their own standards.

Yet this paper argues that only if HR and H&S work together can an individual be sustainably rehabilitated and continue to be active in the workplace, thus accommodating the effects of ill health, impairment and ageing and meeting the obligations of the Rio Declaration in 1992 (UNESCO 1992) which stated that human beings are entitled to a healthy and productive life. With a recent study suggesting that 83% of incapacity is temporary (van der Molen et al 2017), there is scope to promote rehabilitation through work and Kuijer and Frings Dresen (2004) identified the importance of identifying the risks and using this knowledge to protect workers.

The plan of this paper is as follows:

First, we develop the concept of sustainable rehabilitation;

Second after setting out our research question and briefly explaining our methods, we look at two sets of empirical data:

- a recent survey of H&S practitioners, and
- four case studies.

Finally we make some concluding observations and put forward some recommendations.

2. Background

Rehabilitation can be defined as the health strategy that “aims to enable people with health conditions experiencing or likely to experience disability to achieve optimal functioning in interaction with the environment” (Stucki & Melvin 2007 p286). Stucki et al. (2007) also argue that rehabilitation has four facets: prevention, cure, rehabilitation and support. This is challenging when work can often cause ill health (Bennington-Castro 2015).

Frank (2016) uses the term vocational rehabilitation (VR) and defines it as covering three areas: “preparing those with a disability, health or mental health condition for the world of work, job retention for those in work and assisting those out of work into new work”. Frank (2016) also states that the principles of VR can be used in a wide variety of ways in virtually all medical situations where the worlds of work and health/ability coincide. Thus, an individual can be sustainably rehabilitated by being employed to work at home or in the employing organisation. Alternatively, an individual can be sustainably rehabilitated by becoming self-employed or even carrying out voluntary work (Figure 1 although this paper covers only work as an employee,).

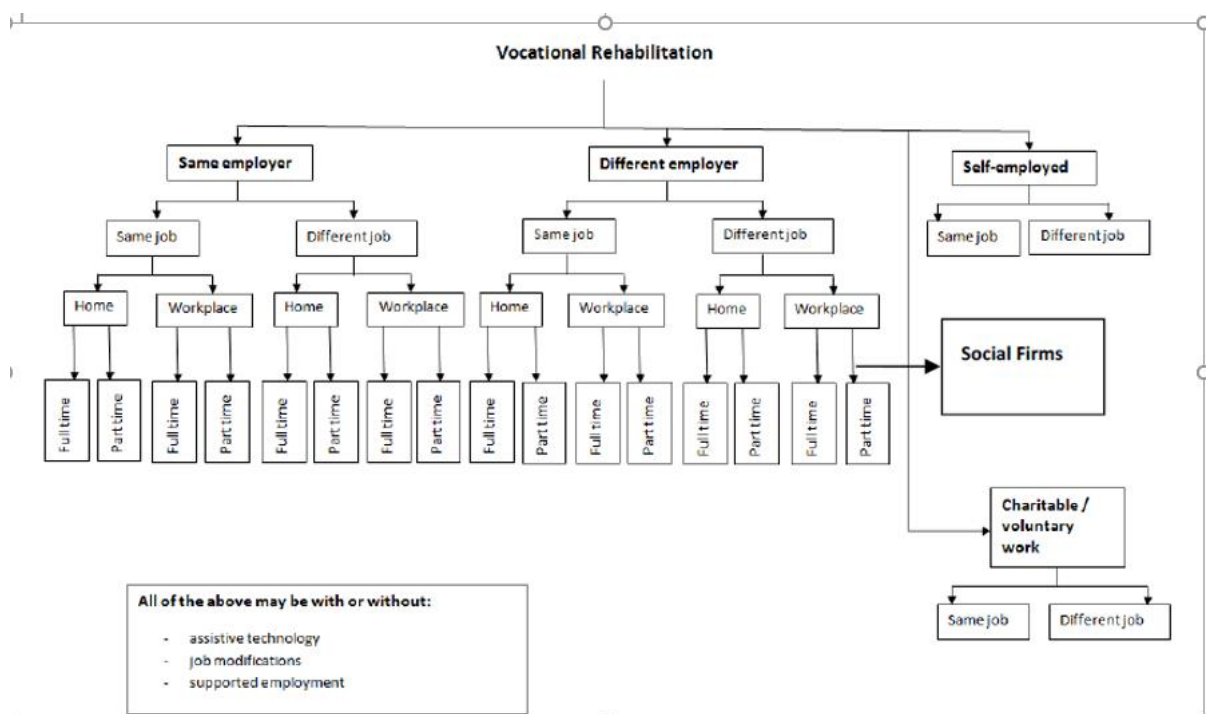


Figure 1 – Vocational Rehabilitation – explanation of the variety of situations where VR may be needed (Frank 2006)

Thunnissen (2016) argues that rehabilitation should be incorporated at various key stages of the employee career path: recruitment and selection, management of talent, reward and recognition and individual performance management. Furthermore, rehabilitation covers individuals with a wide variety of conditions in a variety of circumstances and there are particular and separate issues in respect of physical and mental conditions. As to the former, Black and Frost (2011 p5) suggest that employers value “access to independent expert advice on the functional capabilities of sick employees”. Smith (2015) states that a functional capability evaluation (FCE) can be defined as an evaluation of capacity to undertake activities that is used to make recommendations for participation in work, while

also considering an employee's body functions and structures, environmental and personal factors and health status. ROSPA (2012) suggest that functional capability testing (FCT) is sometimes not welcomed as it can be perceived as a way to penalise an ageing workforce.

As to mental health, the case of Walker and Northumberland County Council (JISC 1994) alerted many employers to the fact that they owe a duty of care to their employees not to cause them damage both physically *and* mentally in respect of the volume or character of the work which they are required to perform. Mind (2018) suggests that approximately 1 in 4 people in the UK will experience a mental health problem each year and in England 1 in 6 people report experience with a common mental health problem (such as anxiety and depression) in any given week. Mind (2018) suggests that the challenges for mental health rehabilitation are often greater than for physical health conditions.

Furthermore, there is anecdotal evidence that HR practitioners have focussed on the 'organisation' to the detriment of 'staff' and have not understood that risk can be identified and managed *before* the onset of harm if appropriate risk assessment tools are used. In many organisations stress management policies are based upon a reaction to Walker v Northumberland (JISC 1994). Indeed managers are becoming more reliant upon formal policies rather than informal approaches to workplace issues in response to the risks of litigation and a lack of confidence in managing conflict resolution (Saundry, Jones & Wibberley 2015) .

Some policies make reference to risk assessment without reference to a method (UoG 2015). Others such as Haringey CCG (2015) make specific reference to the HSEs Management Standards (HSE 2018) and others (Dorset CC 2018) still focus on individuals and generic absence statistics. Marcatto et al (2014) confirmed the validity of the HSE Management Standards and showed the specific sensitivity of its scales to assess different aspects of work-related distress, including self-perception of stress at work. Toderi & Balducci (2015) identified that positive work-related outcomes could provide organizations with additional information for the development of interventions with greater emphasis on preventive orientation (improvement of health, well-being and motivation, rather than only work stress reduction).

Sustainable rehabilitation is particularly important in an ageing society where there is an emphasis on macro productivity issues. Many types of work, however, are responsible for premature injury and ill-health, but as Black and Frost (2011) recognised, some long-term health conditions, even if incompatible with an individual's current job, are often compatible with different work.

Having noted that sustainable rehabilitation has a wide scope in terms of both the type of impairment and the point at which impairment can arise, the question is who should be responsible? According to Schmidt et al. (2015), responsibility for the work environment and rehabilitation lies with the employer -a qualified Occupational Health Service (OHS) provider is not enough. Although companies need to have knowledge about occupational health and safety, OHS providers alone cannot solve their client companies' working environment problems.

Closer working also involves the better understanding of other health issues that affect performance. Savage (2009) commented on a Lloyds TSB report that stated that the response rates for drivers with colds scored, on average, 11% worse "equivalent to the effect of a double whisky" and double the drink drive limit in most countries (ScotGov 2018). Smith and Jamson (2012) identified that having a common cold is associated with reduced ability to detect collisions and respond quickly to unexpected events is of practical importance. This is an example where knowledge on acceptable risks and the desire to reduce absenteeism (CIPD 2018b) comes at the cost of presenteeism (CIPD 2018a) suggesting a lack of holistic risk management in the areas of reputational and safety critical risk.

Nevertheless, effective Occupational Health and Safety Management (OHSM) in companies makes it easier to make use of external H&S providers and easier for such H&S providers to give good support. Lappalainen et. al. (2018) suggest the importance of collaboration between the individual involved and Occupational Health (OH).

3. Research question

How do H&S practitioners perceive their HR colleagues and how well do they work together (or not) to improve health risk management?

4. Methods Chosen

The methods chosen were based upon known examples of close working between professionals in the two professions and some of the risk assessment processes involved. It is in two parts: first we examine findings of an IH&S member survey by this paper's lead author with another (Joyce and Thomas 2016, Thomas 2017) that looked into the perceptions of IOSH members with regard to the HR profession, risk management processes and wellbeing. This study was carried out on behalf of IH&S Council.

Secondly, the paper reviews 4 case studies in which the lead author was involved in exemplifying areas where HR and H&S did, or did not, work together in developing

appropriate risk assessment processes that can be used to compare risks and employee capability and then map out ways in which risks can be reduced.

Finally the paper will propose way forwards for closer working between the professions that can be used to improve rehabilitation in the workplace.

5 Findings

The findings from the IOSH study (Joyce and Thomas 2017)

A questionnaire was devised and sent out by email to 36,728 IOSH members in the UK using the SNAP webhost system. The survey was carried out between 5 February and 15 March 2016. 2006 responses were received – a 5.5% response rate. Although this is a small percentage response rate, the number of replies are not insignificant.

The results are presented graphically with free text responses available for each of the questions with regard to ill health and wellbeing issues. Respondents were also asked to explain the sector that they were working in to see if there were differences (IOSH 2018).

The results highlighted a number of issues regarding the relationship between the two professions. The first point identified was that while 78% of respondents confirmed that their organisation analysed ill health absences, 82% of these said that this was to inform HR targets to reduce sickness absence. 58% reported that the analysis informed changes to workplace practices and 56% that it informed the organisation's risk management process. This is an area of work that IOSH has not traditionally focused on, although with the drive for wellbeing and the frequency the topic appears in the IOSH magazine arguably H&S professionals should take this area on board.

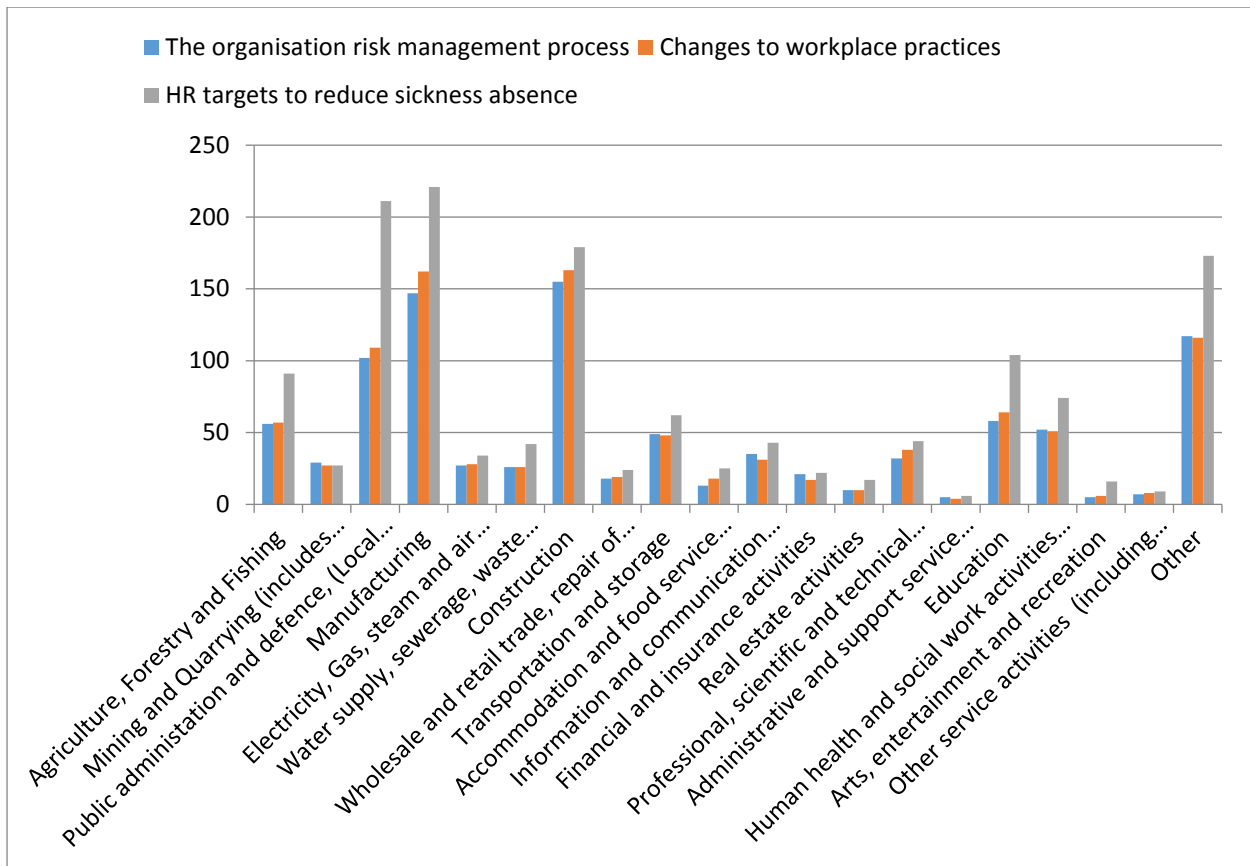


Figure 2 - Use of ill health absence as part of its risk management processes

Figure 2 shows the differences between sectors with the reason for data collection being ‘to inform sickness targets’ the highest in each sector, with use of the data to ‘change workforce practices’ or to inform ‘the organisation’s risk management processes very much in second or third place. This suggests that HR concerns about productivity dominate. Within public administration and defence the primary reason ‘to inform sickness targets’ was cited by 95% of respondents, compared to 71% in construction.

Risk management, a key concern of H&S, was little understood by HR according to H&S respondents. 65% of respondents did not believe that HR management understood how the health and safety risk management process worked. As Figure 3 shows, this is most marked in the public administration and defence sectors where it is above 80%. With many Local Authority and university H&S roles within HR sections this may have implications for both recruitment and resourcing if reliant upon a purely reactive service rather than proactive risk management.

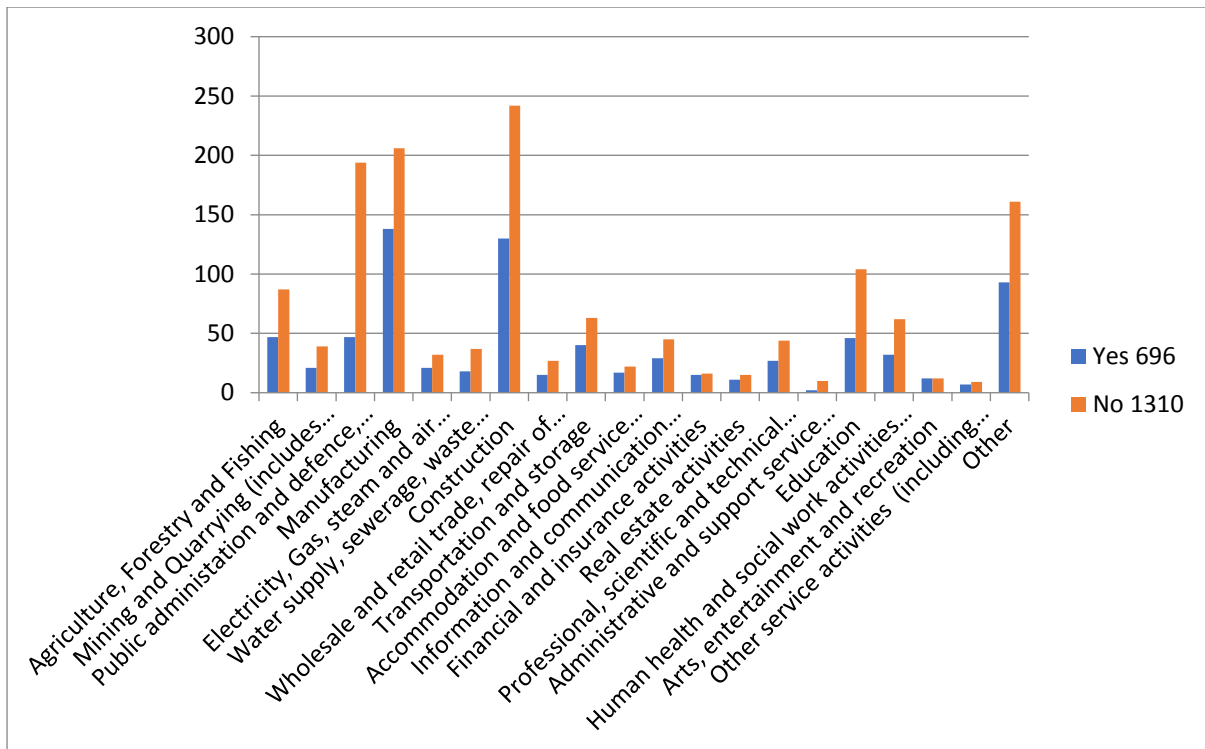


Figure 3 Understanding of H&S Risk Management Processes by HR Professionals

This may link to a lack of professional training (Figure 4). Only 35% of respondents stated their senior HR Manager had received health and safety training, see, although a slightly larger number did not know whether any training had been received or not. This suggests a lack of communication between H&S and HR professionals.

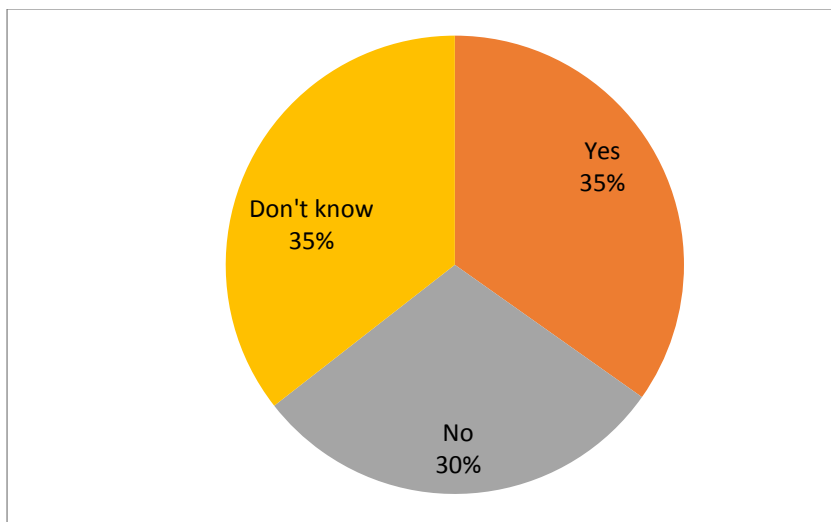


Figure 4 Training Received by HR Managers

Turning to the issue of cooperation between Health and Safety Professionals and HR professionals with regards to wellbeing initiatives, where an initiative existed in companies,

the lead was split equally between H&S and HR. (Figure 5). In almost a fifth of companies however, no wellbeing initiative existed.

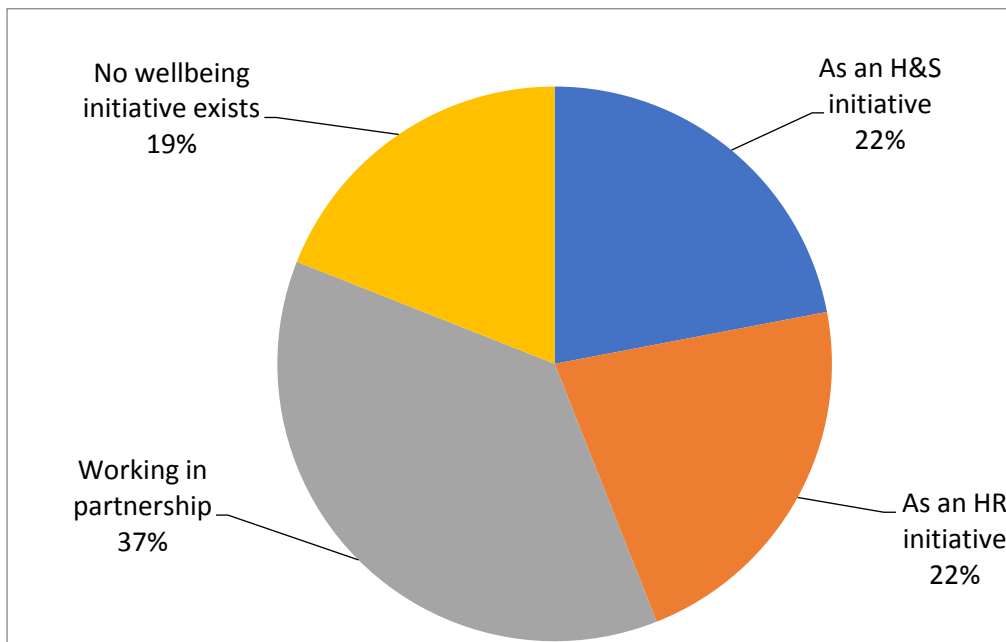


Figure 5– Leads on Wellbeing Issues

The study identified sector differences in respect of leadership on wellbeing initiatives. Respondents in the accommodation/food service and construction sectors reported the highest percentages not having wellbeing initiatives. Within construction most initiatives are either led by H&S, or in partnership with HR, with only 9% being led by HR. However, when looking at public administration and defence, the situation is reversed with most wellbeing initiatives being led by or in partnership with HR and only 14% led by H&S. When considering that respondents indicated more HR Managers had not had H&S training (83) than had (81) in this sector then it suggests that there may be problems when providing professional leadership and approving/editing professional reports.

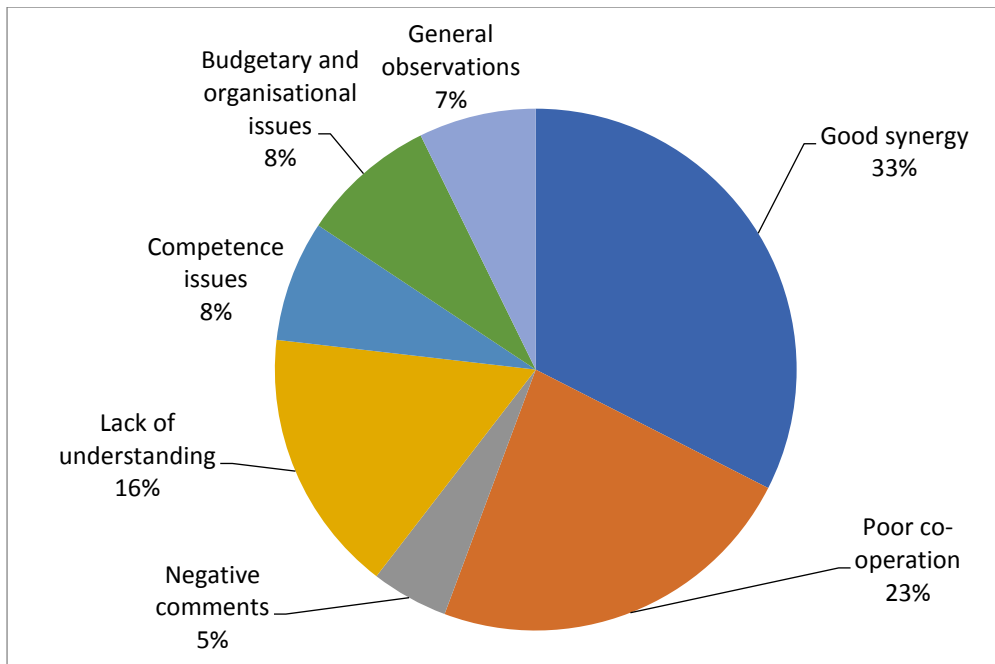


Figure 6 General Relationship between the professions; Comments

Importantly, we asked about how H&S professionals rated their relationship with HR. A third said there was ‘good synergy’, but over a fifth made negative comments or complained that their HR colleagues lacked understanding of H&S issues.

Just under a third of respondents (650) completed the ‘other comments’ box – summarised in Figure 6. Of these 31% of the comments were either clarifying their occupational status or saying they had no further comments. The remaining 69% made comments relating to how they worked with Human Resources. Some of the key comments are summarised in the Tables below: Table 1 summarise the good, Table 2 the not so good and Table 3 the common misunderstandings (respectively) between the professions.

Table 1 – Examples of good partnerships between H&S and HR Professionals

Respondents said they worked well in partnership with HR because they had:
<ul style="list-style-type: none"> • Good communication (this was easier in smaller companies). • Regular meetings • Joint objectives • Knowledgeable managers with an interest in health and safety • Reviews of working practices to make further improvements • Co-operated on issues of mutual interest such as stress, return to work, wellbeing initiatives, and pregnant worker risk assessments.

Table 2 – Examples of problematic working between the professions

Respondents reported problems working with HR because of:
<ul style="list-style-type: none"> • Lack of understanding of health and safety and the role of the H&S practitioner • Senior managers ignoring (or overruling) health and safety advice • Being forced into a reactive rather than proactive role • Unsupportive managers • Refusal to share work related ill health information on the grounds of data protection even though the H&S policy requires the H&S practitioner to prioritise work related health. • Both teams work independently of each other. • The view that initiatives should always be driven by the HR department as they involve people.

Table 3 Examples of misunderstandings

Respondents highlighted the way in which different priorities led to misunderstanding :
<ul style="list-style-type: none"> • The emphasis on attendance and sickness absence figures rather than looking at underlying causes. • Asking for statistics from the H&S team but not supplying data that could assist them when advising on reasonable adjustments because of confidentiality or data protection • Regarding the H&S practitioners remit as only safety and not also health • HR believes its role is staffing and discipline only • Viewing high accident/incident rates as a recruitment challenge, not in terms of the human cost.

Respondents highlighted the way in which the HR team did not appreciate the competence of H&S practitioners but were not qualified to advise on health and safety themselves. Respondents wanted a collaborative approach between H&S and HR professionals and were of the view that organisations should see the benefit of this, not only in the short term but mid to long term too.

The findings from the 4 case studies are as follows:

Case Study 1 -Risk assessment in UK waste collection systems

The first case study considered two areas of work that looked specifically at the effects of manual handling activities on Musculoskeletal Disorders (MSDs) in the waste sector that contributed to systems change in 3 Local Authorities.

Absence data extending the work of Holmes (2009) was obtained from 15 (out of 63 approached) UK Local Authorities waste and recycling services, information on operatives’

(up to and excluding supervisors) periods of absence. The latter was noted on an excel spread sheet recording date, period of absence and generic role such as, loader, driver, fitter, landfill etc., together with the ill health reason, (muscular-skeletal disorders, mental health, etc. headache/migraine etc.). This study was developed for local authority waste collection services and expanded to cover specific work activity and role. To eliminate differences in recording absence and shift pattern, councils also confirmed how many staff were needed on any operational day. Thus an absence rate looking at days off/employee could be calculated for each work activity using a common calculation.

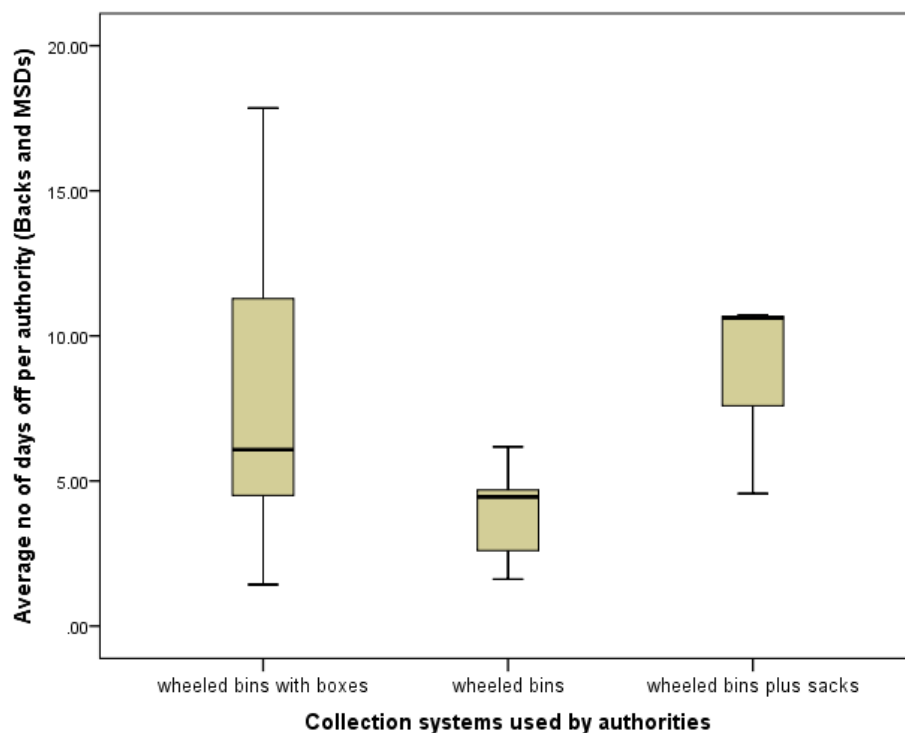


Figure 7 Comparison between absence per authority for musculoskeletal and back pain (all employees) between predominant service composition (annual)

Box plots to visually inspect graphical data to identify any possible linear relationship were used – Figure 7 for example. Using SPSS, all results were sorted into four equal sized groups from the ordered scores with 25% in each group. The lines dividing the groups are called quartiles, and the groups are referred to as quartile groups. The median (middle quartile) marks the mid-point of the data and is shown by the line that divides the box into two parts. Where the box plot is comparatively short it suggested that overall results are more consistent with each other.

The second study (Thomas et al 2018) compared self-reported pain in the body for staff carrying out different systems of work in 5 Local Authorities. An average self reported pain

count (APC) was calculated by dividing the number of marks made by employees representing pain the by number of employees surveyed- Figure 8 and 9 .

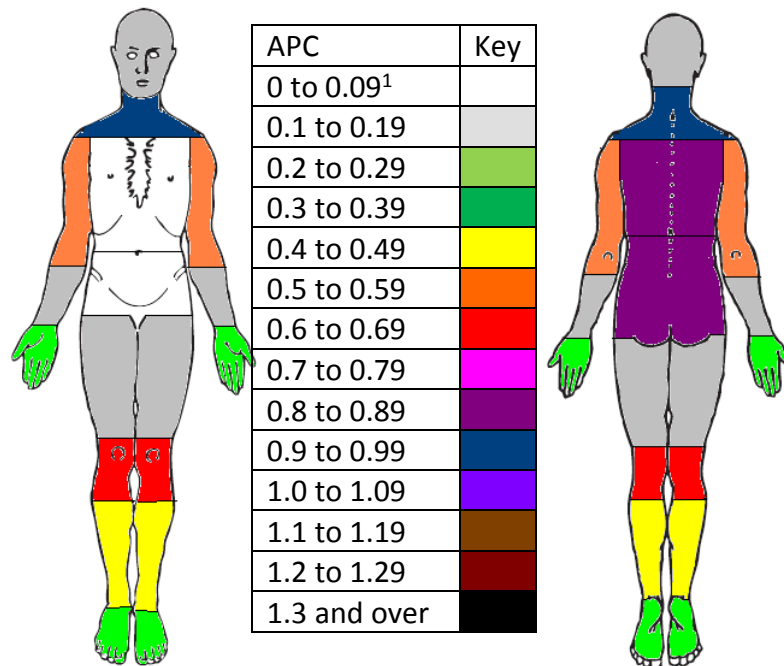


Figure 8 Average Pain Count Local authority, lifting and carrying of bags, boxes and baskets and pushing and pulling of wheeled bins

Comparing Figure 8 with Figure 9, there was more self-reported pain where waste collection involved lifting and carrying of bags, boxes and baskets as well as pushing and pulling wheeled bins than in Local Authorities where there was pushing and pulling of wheeled bins only.

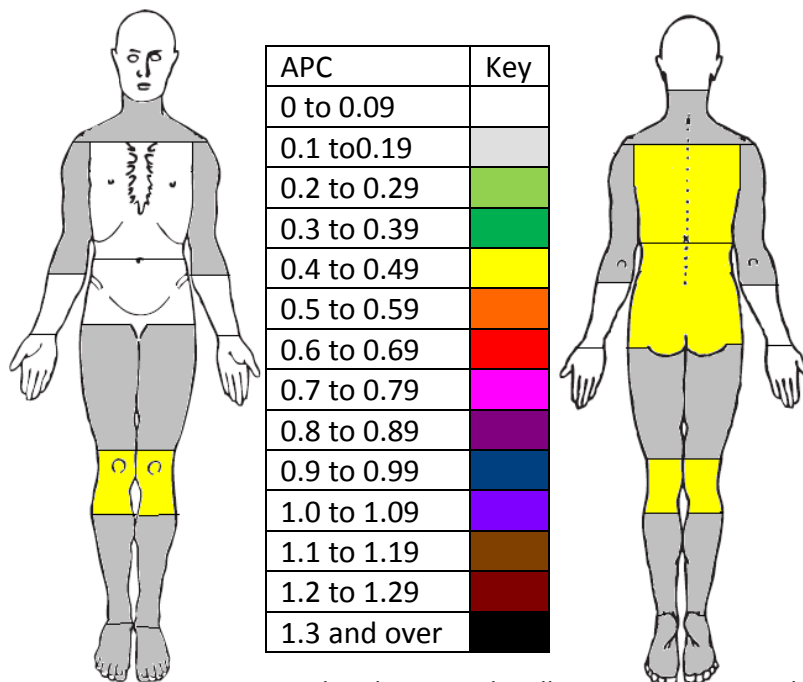


Figure 9 Average Pain Count Local authority with collection involving pushing and pulling of wheeled bins

¹ Average pain Count (APC) = Pain Count/Cohort size

Three of the Authorities used the information from both methods to redesign their waste and recycling services. Within one Authority there was both OHS and HR Management personnel within the business transformational team which meant that there was buy in to the strategy and understanding of the residual risks. Until then absence reports from the Authority were service, not activity specific, with operational reports often not making reference to ill health risks. The other two Local Authorities changed elements of their service to reduce manual handling risks; one specifically due to the number of staff referred to the Occupational Health Provider.

Case Study 2 explains the organisational difficulties in understanding the risks and hence introducing an intervention following the fatal accident in Glasgow, UK, in 2015 (Beckett 2015). The subsequent report identified a number of key findings for authorities as summarised in Table 4.

The lead author was asked to carry out a compliance audit of a large UK local authority waste collection service following the above accident. The compliance audit focused on issues around items 4- 8, in effect measures to take post an incident. The weakness was around seeking compliance evidence for items 1-3, in effect the risk assessment process for employees with existing medical conditions who are required to carry out (safety critical) work.

Table 4 Summary of Key Findings (Beckett 2015)

1	Organisations should provide information regarding medical incidents to the driver to its own GP who should then advise said organisation
2	Local Authorities when employing a driver, should not allow employment to commence before references sought have been received
3	Local Authorities should carry out an internal review of its employment processes with a view to ascertaining potential areas for improvement in relation to checking medical and sickness absence information provided by applicants. for exampletraining medical reports in relation to health related driving issues from applicants' GPs.
4	Local Authorities should provide its refuse collection operators with some basic training to familiarise them with the steering and braking mechanisms of the vehicles in which they work
5	Local Authorities and any other organisations which collect refuse, when sourcing and purchasing refuse collection vehicles which are large goods vehicles, should seek to have AEBS fitted to those vehicles wherever it is reasonably practicable to do so.
6	Local Authorities and any other organisations which collect refuse, and which currently have large goods vehicles without AEBS but to which AEBS could be retrofitted, should explore the possibility of retrofitting with the respective manufacturer.

7	Local Authorities should seek to identify routes between refuse collection points which, so far as is reasonably practicable, minimise the number of people who would be at risk should control be lost of a refuse collection lorry.
8	The potential for the presence of exceptional numbers of pedestrians at particular times should be taken account of as part of route risk assessment in refuse collection

Discussion with operational management identified a difficulty in understanding how it was possible to have internal rules with regards the effect of issues such as the flu, shift work, sleep deprivation and common medication such as codeine where there is no guidance or legislation

The view was that this was reserved for Human Resources and information was withheld, in effect meaning only limited assurance could be given. This was an example where HR management and H&S management could have worked closer together, but in the event failed to do so.

Case Study 3 relates to the development of a shared Stress policy within a local authority. This followed a workshop in 2011² for HR managers which focused on how to manage known cases once work related stress had been identified. It was noted that there was no reference to the HSE Management Standards and indeed most local authorities had one HR policy for stress management and another covering the HSE Management Standards. In some cases information was contradictory and in other cases incorrect. This meant that decision making and influence at senior management level was inconsistent and diluted.

Following this workshop, a joint meeting of Local Authority HR and HS managers from 7 Northamptonshire (UK) Authorities met to resolve this concern. Discussion focused on listening and discussing different perspectives and providing assurance that the HSE Management Standards process is valid as an intervention tool. The group created a model (Figure 10) that encompasses and combines both prevention of the initial onset of work related stress and interventions where it has occurred.

This led to the author working with one Local Authority using the HSE Management Standards in 2014 and 2016 as a risk management process to monitor the extent of the antecedents of work related stress during a major organisational change management initiative.

² Meeting of H&S and HR Professionals at South East Employers <https://www.seemp.co.uk/> - held at West Berkshire Council, Newbury May 2011

The HSE Management Standards survey was offered up to HR who made some slight changes – to reflect organisational terminology and subsequently piloted within the HR and Organisational Development Team. HR staff were actively involved in creating an electronic portal for the survey and processing the data. The survey was sent out from the Health and Safety Manager with the support of the Health and Safety Committee. The response rate was 45% and 49% respectively (out of 600 staff). The final results were collated by the Health and Safety Manager with the results reported to the Councils’ Consultative Committee. The results (Figure 10) indicated that the change and staff engagement processes the Council were using were adequate and suitable in ensuring that staff were not exposed to additional stressors and were able to continue their change processes. This is an example of how both professions can work successfully together in building up mutual trust and helping the overall management of the organisation.

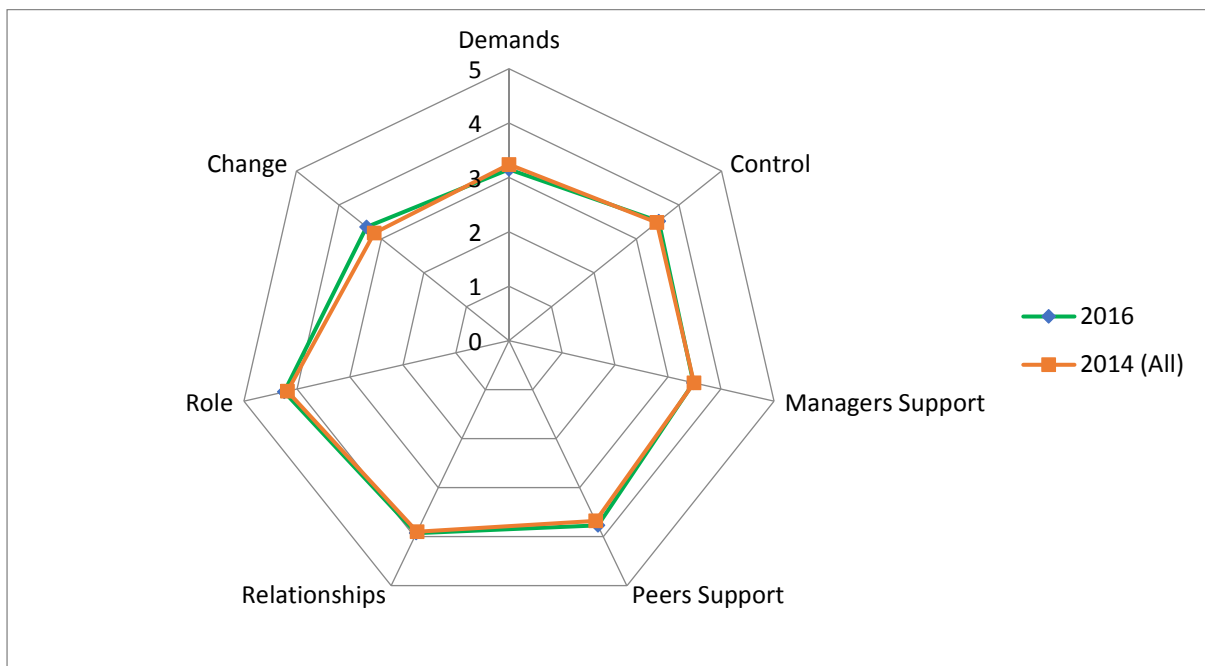


Figure 10 Comparable of Outputs using HSE Management Standards

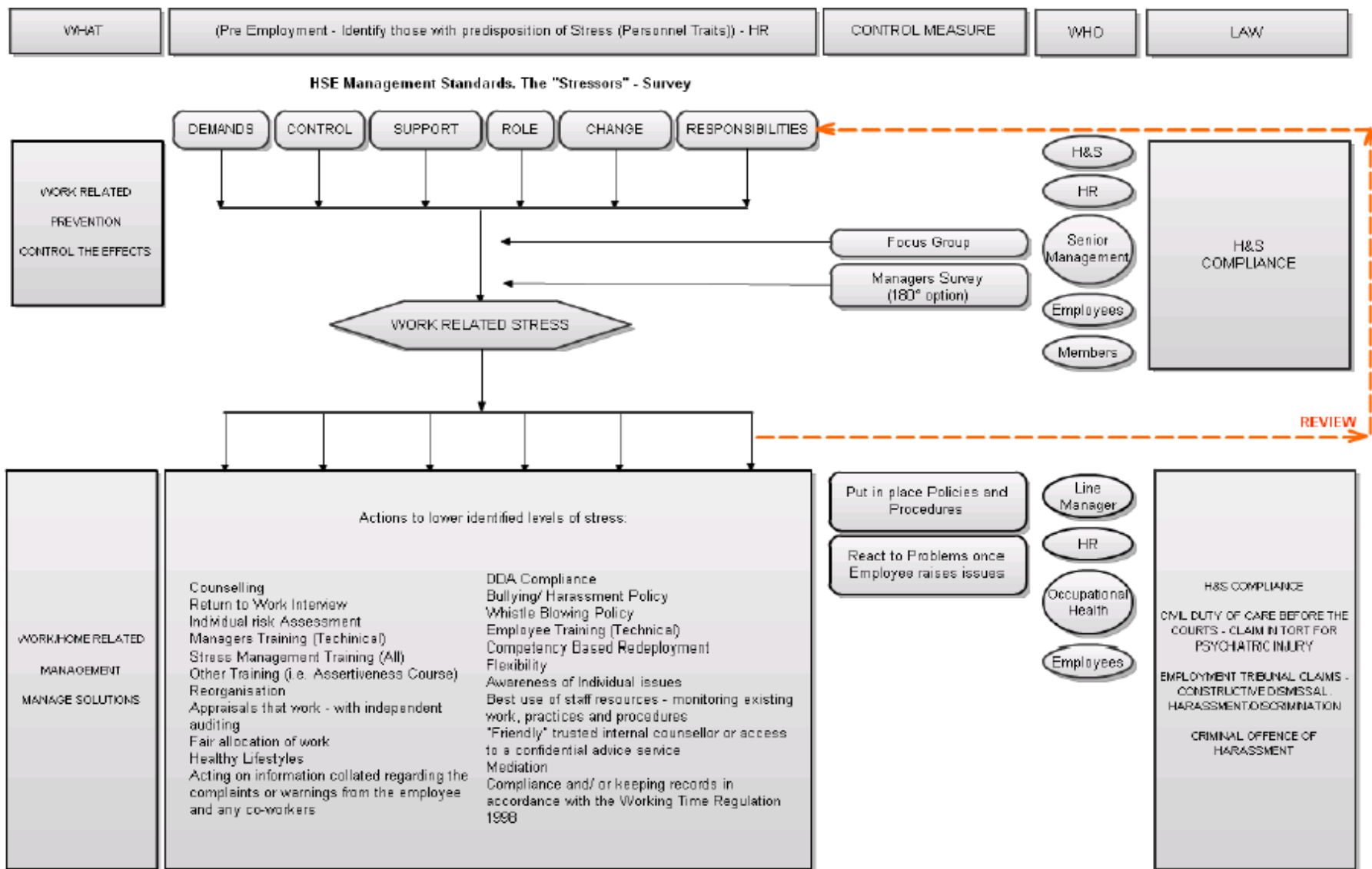


Figure 11- Model of Management of Work Related Stress

Case Study 4 discusses the use of functionality capability testing (FCT) for those undertaking physical or manual work for the waste collection service in a UK Local Authority. The HR manager facilitated a meeting with the outsourced Occupational Health Provider (OHP) and the author. The main aim was to help improve on the ill health self declaration of employees looking to join the waste and recycling service. The aim was to evaluate via observation of visual movement (biomechanics) as well as the client self-report and physiological measures (e.g., heart rate, blood pressure) necessary for a safe, objective, and valid report.

The key challenges were agreeing budget, agreeing that the scope would not breach any confidentiality issues and the competency of the OHP provider. Fortunately one of the GPs working for the OH provider was familiar with the concept and provided resource for initial work to be carried out.

Due to the Health and Safety Manager's excessive duties and subsequent departure this was not progressed to completion. This is an example of both H&S, HR and OHP all working together, but unfortunately only initially.

5 Discussion

The literature emphasises the importance of the professions working together and the importance of suitable and sufficient risk assessment (Kuijer and Frings Dresen 2004). The key factors are matching the requirements and demands of the job with the capability of the employee or potential employee. The process of improving workplace rehabilitation and managing work related ill health is very similar as it requires a genuine understanding of the combination of the individual and the risks (Frank 2016). Case Study 2 concerns a tragedy that arose in one Local Authority that could have been prevented with improved risk management.

The survey suggests that there are some difficulties in communication between H&S and HR professionals, however where there are legislative issues and safety critical risk (ROSPA 2018) this must override differing priorities.

In some industries such as manufacturing and construction, without the role of the H&S professional there would be no wellbeing opportunities. The construction sector has particular issues around ill health and poor HR engagement with H&S professionals leading on wellbeing issues with the support of Occupational Health (Schmidt et al 2015). This confirms the need for higher trust between both professions and the need for better understanding of each other's roles, possibly leading to improved competency required across both professions with improved mutual recognition of continuing professional development (CPD).

The paper has considered mental health issues and closer working around the HSE's 'Management Standards' (HSE 2018), something a number of HR leaders have been uncomfortable adopting; anecdotally this is due to the focus being on the 'organisation' rather than on 'staff' (Mind 2018) and not understanding that such valid risk assessment tools (Marcatto et al 2014 and Toderi & Balducci 2015) identify and manage risk prior to the onset of harm. Respondents in the survey cited some cases where the actions of HR managers might inadvertently put themselves at risk of personally breaching Section 36 of the Health and Safety at Work etc. Act 1974 in effect the same reason for adopting rigid capability processes (Saundry, Jones & Wibberley 2015). Indeed by always driving down absenteeism (Savage 2009) businesses can increase risks for safety critical work (Scot Gov 2018) and ill health (Bennington-Castro 2015). Appropriate risk assessment methods are key (Thomas, Hare & Cameron 2018 and HSE 2018).

The need for closer working is highlighted in the IH&S study (Joyce & Thomas 2015) with responses with many providing anecdotal information suggesting the topic has been an 'elephant in the room', something of concern and interest to many H&S professionals (Lappalainen et al 2018).

6 Conclusions

In order to improve workplace rehabilitation and ill health management both the HR and H&S professions need to work closer with Occupational Health Professionals. Engagement between IH&S and CIPD should be restarted to improve the influence of both professions.

Although there are some challenges there are several opportunities for H&S and HR professionals to build a better relationship. Broader communication at executive level might ensure that the full benefit of employing staff from both professions is understood and leads to a reduction in silo working and both professions valuing each other's contribution to business.

The case study evidence suggests that the right questions need to be asked so that known risks are identified and managed acceptably. Nevertheless, there may be risks that are not known or understood, and the findings confirm HR professionals' knowledge gap.

There is often reluctance to associate the deterioration of physical and mental health with work factors often due to a lack of appreciation of such risks. Without full understanding of such risks, effective workplace rehabilitation - in its broadest form – is problematic.

In order to give the affirmative to the title's question the profession(s) need to collaboratively create a genuine paradigm shift. As Wills-Johnson, Kenyon & Koshy (2005) suggested, instead of an emphasis on quantitative methods stressing association/causation, strategies should concentrate on co-operation between professions and the individual concerned for ergonomic solutions.

7 Recommendations are as follows:

- The professional institutions should work together and consider how they can become closer with the aim of developing academic qualifications relevant to both professions, achieving mutual recognition of accreditation and CPD and in the longer term merging.
- There should be collaboration between H & S, HR and Occupational Health Specialists at organisation level in respect of capability assessments, ergonomic interventions and risk assessment processes.
- Where Occupational Health is outsourced, HR and H & S should together ensure that Occupational Health practitioners' knowledge is relevant to the sector.
- Where Occupational Health is outsourced, HR and H & S should together manage the contracts.
- Where both OH and HR professions work in the same team the default position of HR being the lead should be challenged- IH&S need to develop CPD opportunities to enable this to happen
- Industry sectors should develop FCT appropriate to the work activity involved.

Finally a review and understanding of age related factors is needed by academics and governments with many nations not having a retirement age and access to pension funds often delayed due to shortfalls and longer life expectancy.

References

- Beckett, J., 2015, Determination By Sheriff John Beckett QC in the Fatal Accident Inquiry into the deaths of John Kerr Sweeney, Lorraine Sweeney, Erin Paula McQuade, Stephenie Catherine Tait, Gillian Margaret Ewing, Jacqueline Morton, online Available at <http://www.scotcourts.gov.uk/search-judgments/judgment?id=e916fba6-8980-69d2-b500-ff0000d74aa7> Accessed 21/10/16
- Bennington-Castro, J., 2015, What Is Aspergillus Fumigatus? Online, Available from <https://www.everydayhealth.com/aspergillus/> Accessed 10/09/18
- Black, C.D. and Frost, D., 2011. Health at work-an independent review of sickness absence (Vol. 8205). The Stationery Office.
- CIPD , 2018a Health and Well-Being at Work online, available at https://www.cipd.co.uk/Images/health-and-well-being-at-work_tcm18-40863.pdf accessed 21/05/18
- CIPD 2, 2018b, Absence measurement and management, online Available at <https://www.cipd.co.uk/knowledge/fundamentals/relations/absence/factsheet> accessed 10/09/18
- Dorset CC, 2018, Dorset County Council-Stress Management Policy, online, available at <https://local.teachers.org.uk/templates/asset-relay.cfm?frmAssetFileID=893> Accessed 09/09/18
- Frank, A., 2016, July. Vocational rehabilitation: Supporting ill or disabled individuals in (to) work: A UK perspective. In *Healthcare* (Vol. 4, No. 3, p. 46). Multidisciplinary Digital Publishing Institute.
- Haringey CCG., 2015, Management of Stress Policy & Procedure, online, Available at <http://www.haringeyccg.nhs.uk/Downloads/Policies/Management%20of%20Stress%20Policy%20and%20Procedure.pdf> Accessed 21/08/18
- HSE, 2018, Stress at Work, online, Available from <http://www.hse.gov.uk/stress/> Accessed 10/06/2018
- JISC 1994, John Edward Walker and Northumberland County Council online Available from <http://www.bailii.org/ew/cases/EWHC/QB/1994/2.html> Accessed 13/08/18
- Joyce, J., and Thomas, D., 2017 Paper Looking at Health and Safety Professionals Perspective of the HR Profession' Presentation to IH&S Council September 2017
- Lappalainen, L., Liira, J., Lamminpää, A. and Rokkanen, T., 2018. Work disability negotiations: supervisors' view of work disability and collaboration with occupational health services. *Disability and rehabilitation*, pp.1-11
- Kuijjer, P. P. F. M., & Frings-Dresen, M. H. W. (2004). World at work: Refuse collectors. *Occupational and environmental medicine*, 61(3), 282-286.

Marcatto, F., Colautti, L., Larese Filon, F., Luis, O. and Ferrante, D., 2014. The HSE management standards indicator tool: Concurrent and construct validity. *Occupational medicine*, 64(5), pp.365-371.

MIND, 2018, How common are mental health conditions? online, Available from <https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#.W3GH5P6ou5s> Accessed 12/08/18

ROSPA, 2012, Police officers face annual fitness test RoSPA Occupational Safety and Health Bulletin Volume 41 No 5 May 2012, ISSN14747944

Saundry, R., Jones, C. and Wibberley, G., 2015. The challenge of managing informally. *Employee Relations*, 37(4), pp.428-441.

Savage, S., 2009 Driving Affected By Cold, Flu Symptoms, online, available at https://www.redorbit.com/news/health/1631786/driving_affected_by_cold_flu_symptoms/ accessed 10/09/18

Schmidt, L., Sjöström, J. and Antonsson, A.B., 2015. Successful collaboration between occupational health service providers and client companies: Key factors. *Work*, 51(2), pp.229-237.

ScotGov, 2018, Drink-drive limit in Scotland online, Available at <https://www.mygov.scot/drink-drive-limit-scotland/> Accessed 11/08/18

SEE, 2018, Human Resources, Learning and Development , online, Available at <https://www.seemp.co.uk/learning-development/hr/> Accessed 11/08/18

Smith, A.,P., Jamson, S.2012, An investigation of the effects of the common cold on simulated driving performance and detection of collisions: a laboratory study. *BMJ Open* 2012;2:e001047.

Smith, G., 2015 Fitness for work: a guide to functional capacity evaluation, online. Available from- <https://www.personneltoday.com/hr/fitness-for-work-a-guide-to-functional-capacity-evaluation/> Accessed 13/08/2018

Stucki, G., Cieza, A. and Melvin, J., 2007. The international classification of functioning, disability and health: A unifying model for the conceptual description of the rehabilitation strategy. *Journal of rehabilitation medicine*, 39(4), pp.279-285.

Stucki, G. and Melvin, J., 2007. The International Classification of Functioning, Disability and Health: a unifying model for the conceptual description of physical and rehabilitation medicine. *Journal of Rehabilitation medicine*, 39(4), pp.286-292.

Thomas, D., 2017, The need for closer H&S and HR collaboration, online, Available at <https://www.iH&Smagazine.com/article/need-closer-H&S-and-hr-collaboration> Accessed 12/03/18

Thomas, D., Hare, B., and Cameron, I., 2017, Using body mapping as part of the risk assessment process a case study, *Policy and Practice in Health and Safety* Taylor and Francis

Thunnissen, M., 2016. Talent management: For what, how and how well? An empirical exploration of talent management in practice. *Employee Relations*, 38(1), pp.57-72.

Toderi, S. and Balducci, C., 2015. HSE management standards indicator tool and positive work-related outcomes. *International Journal of Workplace Health Management*, 8(2), pp.92-108.

UNESCO, 1992, The Rio Declaration on environment and Development online, Available from http://www.unesco.org/education/pdf/RIO_E.PDF Accessed 11/08/17

UoG, 2015, University of Greenwich Stress Policy, online, available at, https://docs.gre.ac.uk/_data/assets/pdf_file/0004/665032/Stress-Policy-January-2015.pdf Accessed 11/08/18

Van der Molen, H., Kuijer, P., de Groene, G., Bakker, J., Sorgdrager, B., Lenderink, A., Maas, J., Brand, T., Beroeps-ziekten in cijfers 2018Nederlands, online, available at https://www.beroepsziekten.nl/sites/default/files/documents/NCVB_Beroepsziekten_in-cijfers-2018.pdf Accessed 11/09/18

Wills-Johnson, N., Kenyon, P. and KH&Sy, P., 2005. A cost benefit analysis of vocational rehabilitation services provided by CRS Australia. *Journal of Contemporary Issues in Business and Government*, 11(1), pp.71-94.