Musculoskeletal Conditions in the Construction Industry

Report of Roundtable

25 February 2019

May 2019

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Supported by VolkerWessels UK, BAM Nuttall, Mace Group and Multiplex Europe

ARMA is the umbrella organisation for the UK musculoskeletal community. Our member organisations are:

Arthritis Action
BackCare
British Association of Sport Rehabilitators and Trainers (BASRat)
British Chiropractic Association (BCA)
British Orthopaedic Association (BOA)
British Society of Rehabilitation Medicine (BSRM)
Chartered Society of Physiotherapy (CSP)
Royal College of Occupational Therapists (CoT)
Ehlers-Danlos Support UK (EDS UK)
Faculty of Sport & Exercise Medicine (FSEM)
Fibromyalgia Action UK (FMA UK)
Hypermobility Syndromes Association (HMSA) UK
Institute of Osteopathy (iO)
Musculoskeletal Association of Chartered Physiotherapists (MACP)
Myositis UK
National Ankylosing Spondylitis Society (NASS)
Podiatry Rheumatic Care Association (PRCA)
Polymyalgia Rheumatica & Giant Cell Arteritis UK (PMRGCA UK)
Primary Care Rheumatology Society (PCRS)
Royal College of Chiropractors (RCC)
Royal College of Nursing (RCN) Rheumatology Forum
Scleroderma & Raynaud's UK (SRUK)
The Society of Musculoskeletal Medicine (SOMM)
UK Gout Society
Versus Arthritis

The contents of this document and further resources including contact details for our member organisations and further information about our work are available on the ARMA website at www.arma.uk.net.

Introduction

Every year, occupational ill-health costs construction employers £848 million of which £646 million (76%) is attributable to MSDs. This is a significant issue for the sector and one where construction faces very particular difficulties due to the nature of the work and make up of the workforce.

The Arthritis and Musculoskeletal Alliance (ARMA) brought together key stakeholders in the sector and others who share those concerns to look at the issues and propose some solutions. This report is based on the discussion at the policy roundtable event on 25 February 2019 and the data and the evidence presented. ARMA works to improve health provision for people with MSDs and to reduce the numbers of people who fall out of work through MSDs.

This report covers the policy background, evidence of cost to industry, issues discussed at the event and proposed solutions.

We would like to thank everyone who attended the event, Daryl Hopper of RSSB for chairing and our sponsors VolkerWessels UK, BAM Nuttall, Mace Group and Multiplex Europe.

Policy background

In November 2017 the Government published Improving lives: the future of work, health and disability[i] which set out plans to transform employment prospects for disabled people and those with long term health conditions over the next 10 years. The document sets out actions focused on:

- every employer – and the crucial role played by managers and supervisors in creating healthy and inclusive workplaces where all can thrive and progress
- a sustainable welfare system and employment support system that operates in partnership with the health system and as part of strong wider local partnerships to move people into work when they are ready
- health services – with health professionals ready to talk about health barriers to work, timely access to appropriate treatments, and effective occupational health services accessible by all in work

The Government's overall objective was to see one million more disabled people in work by 2027.

Improving lives identified two priority areas: mental health and musculoskeletal health. Together these conditions represent the largest cause of long-term sickness absence[ii]. 23% of all working days lost are attributable to musculoskeletal conditions, and 33% of

all long-term sickness absence. A priority for government is to prevent people falling out of work. Once out of work due to ill health, returning to work is significantly harder.

Key priorities include:

- Improving primary care support for people with musculoskeletal conditions.

NHS England is rolling out First Contact MSK Practitioner programme, which will mean that people can see an experienced MSK qualified practitioner, such as specialist physiotherapist. Evidence shows that this gives better outcomes and a better patient experience than if a person must be referred by a GP.

- Improving the occupational health market to encourage more intelligent purchasing.

There is also a need to focus on provision for the 50% of people who work for SMEs and don't have occupational health coverage. SMEs make up 95% of construction businesses[iii].

Musculoskeletal conditions are not exclusively conditions of old age, but prevalence increases with age. The Industrial Strategy: building a Britain fit for the future[iv] recognises this as an opportunity but also a challenge. As people lead longer, healthier lives, they will need to save and work for longer to ensure they have a secure retirement. With an ageing workforce and fewer people entering the labour market from education and training, employers will need a more flexible labour market that can accommodate older workers. "We will also encourage industries to lead in adapting their workplaces to the requirements of an ageing workforce."

The cost of MSDs in construction

Physically demanding work is present in every construction project and at every construction site. High physical demands are the most important risk factor for a decrease in work ability among construction workers. Because of the high physical demands, the construction industry has one of the highest rates of musculoskeletal disorders[v]. This high incidence leads to high costs.

Research for the Institution of Civil Engineers Costs of Ill-health to the construction industry[vi] identified that every year, occupational ill-health costs construction employers £848million, 76 % of which is down to MSDs. This figure excludes the costs of prosecution by the Health and Safety Executive and compensation claims. It also excludes costs of occupational cancer and the costs borne by individuals, the industry and the wider society. Costs to employers include:

- reduced productivity due to presenteeism
- cost of replacing workers or covering absence
- sick pay
- occupational health and management
- treatment
- risk assessments
- making reasonable adjustments.

There is also a co-morbidity with stress, which is the second largest cost in construction at 21% of total cost of ill health.

The majority of the cost for MSDs is labour costs at an average of £12,000 per case. This is mostly time off and presenteeism. The estimated cost of presenteeism for stress is that it is about 2.5 times that of absenteeism. There is a lack of understanding of presenteeism for MSDs.

MSDs in the workplace

There are complex influencers of musculoskeletal health in the workplace, the majority of which are not directly work related.

- Lifestyle – obesity, physical activity, nutrition, alcohol/smoking
- Injury – workplace, home, leisure
- Occupational factors – e.g. repetitive movements, lifting, physical inactivity
- Musculoskeletal conditions not caused by work
- Age
- Psychosocial factors

Managing MSDs in the workplace is not solely about preventing workplace injury. It needs to include managing workers with existing MSDs. Managers and employees recognise the need for an MSK health positive culture from the top.

Employees want

- to know what they can do practically to maintain and protect their MSK health
- facilitated health supporting behaviours
- to reduce the impact of work on their MSK health
- managers to be more aware of MSK health
- better support from managers

Managers want to know what to do when an employee has an MSK problem:

- how to open up communication
- an understanding of their role
- an understanding of MSK health.

Knowing what to offer is essential if managers are to feel confident bringing up the subject of MSDs.

Workplace health tends to fall into three categories which are managed separately:

- Health protection – inspection and regulation
- Health promotion – messages aimed at behaviour change
- Health care – workplace care or NHS, where work is rarely considered

What is needed is a holistic approach considering all these together aimed at preventing work loss and helping people to help themselves.

Key issues in managing MSDs in the construction industry

Prevention

People tend to be reactive, only seeking support when something is wrong. We need to move to being much more proactive about MSK health.

There are some challenges to doing this in this sector. There is a lot of fatalism. Psychology

is critical in understanding what will motivate people to change behaviour. Management want to reduce sickness absence, but for workers the motivation may be, for instance, to be able to play with their grandchildren as they grow up.

Safety messages often focus on lifting. Manual dexterity is also important for safety and can be affected by some MSDs.

Possible solutions

- We should be bold and not assume things won't work. For example, at VolkerWessels UK on site stretching exercises went down very well, despite concerns from management that they would not be well received.

- The construction industry helpline[vii] from the Lighthouse Charity is being used and could be expanded to give advice on MSK health.

Early intervention

Providing early support, e.g. from a physiotherapist has a positive return on investment. It gets people back to work quicker and keeps them at work. Getting in early enough is a challenge, particularly if workers fear they will lose their job if they admit to an MSK condition and so aren't willing to discuss. This leads to a lot of presenteeism. As well as the immediate costs, there is evidence that presenteeism leads to poorer health in the longer term. Presenteeism can also lead to work place accidents caused by unaddressed MSDs which were not originally caused by work.

There are cultural issues from the demographic makeup of the construction workforce. Young men see raising issues at an early stage as a sign of weakness and don't take risks seriously so don't listen to safety messages. Many think this is part of their physical workout, not realising that lifting weights in a controlled way in a gym is very different from working on site. On the other hand, many young people are involved in sports and used to the idea that you warm up and cool down. Transferring this approach to the workplace might be easier than imagined.

Possible solutions

- Create an open culture where prevention and management of MSDs is spoken about in management and on site.

Occupational health market

The large number of SMEs in the sector who don't have access to occupational health is an issue. Some of the larger companies provide occupational health support for the whole work-force on their sites. But this takes away the responsibility of the SMEs who directly employ the workers and are ultimately responsible.

DWP is looking at improving occupational health especially for SMEs. The DWP should ensure

that they include consideration of industries such as construction where large companies contract with many smaller suppliers in this work.

SMEs and micros

A major focus for MSDs in construction is on the large companies. However, many workers are employed in SMEs (11 – 250 employees) and micros (less than 10 employees). Many are transient workers, making it difficult to target messages. Workers tend to fall in with the prevailing culture of the site they are on at the time. Even where they work on a large site with excellent safety culture, they don't necessarily take this back to their employer or other sites. There is a legal duty on direct employers for the well being of staff. Many work in house building and never work on a large site, making it difficult to reach them.

Possible solutions

- Many SMEs are members of Building Mental Health[viii]. MSDs need to be included in this or replicate for MSDs. We could, for instance, have a building MSK health charter.
- Building control officers go onto every site and could be a way to flag issues with much smaller companies.
- A quick win would be for everyone at the roundtable to encourage their supply chains to take action.

Data

There is a shortage of reliable ill-health data. Even the data presented at the roundtable is likely to be an underestimate of the real costs. A first start would be a reliable tool for surveillance. Consistently using something like the MSK-HQ or HSE Body Mapping Tool would help to provide reliable data[ix x]. An example was given of testing MSK changes before and after introducing new methods of working. This type of research has the additional benefit of generating good worker engagement.

Possible solutions

- The construction industry helpline may have useful data.
- CIPD do a sickness absence and well being survey. They may be able to extract construction industry data.
- CIRIA carries out an innovation baseline survey. It would be possible to do something similar around MSDs.

Managers knowledge

There is an existing musculoskeletal health employer's toolkit[xi] developed by Business in the Community and Public Health England with the support of ARMA.

The MSK Aware project aims to create simplified messages tailored to specific industries.

Communication

There is a challenge in how to communicate messages well, so that they engage with the workforce. Emails with multiple links are not effective with a workforce which is mostly on site. More needs to be done on site, for instance on-site talks, particularly at induction or on-boarding.

Messages need to be appropriate for the intended audience, which is not senior HR and H&S management. Management and workers have very different perceptions and priorities. Those preparing messages need to ensure they will connect with the intended audience.

There are multiple campaigns and international "days". Trying to engage with all of these risks bombarding people with multiple messages which they don't take on board. It is better to prioritise and focus on the most important messages. For example, VolkerWessels UK choose four priorities and run one campaign each quarter (see example).

Example: VolkerWessels UK occupational health campaigns

VolkerWessels UK occupational health campaigns in 2019 will prioritise one topic each quarter:

- Diet, lifestyle and fitness
- Noise and hearing
- Musculoskeletal and ergonomics
- Mental health, stress, resilience and fatigue

In addition a limited number of national annual topics are supported, including back care.

The campaign on MSDs will cover what is meant by ergonomics, the factors in assessing the fit between a person and their work, the benefits of good ergonomics and the common MSDs in construction. There are key messages for workers about how to reduce the risk of being affected by MSDs. As part of the campaign, occupational health assessments and on site/office awareness sessions are also offered.

What does good look like?

- Prevention - Equipment to design out heavy lifting
- Culture - Allowing people to come forward and talk about it
- Good risk assessments – they are often too generic
- Role of occupational health – including more clarity about what is needed. What does "light duties mean"

- Functional fitness assessment at the point people start work
- Commitment from senior management is key – there needs to be active discussion around MSDs at the boardroom and executive level. What motivates each company's senior management will be different, e.g. reducing sickness absence, CSR, ageing work-force.
- Charters – some discussion about whether they are effective, or there are already too many. Pledge boards could be an alternative.
- Aim for incremental steps forward - there is no one panacea.
- Use the mental health action plan, based on the recommendations in the Farmer/ Stephenson report as a template. Changing mental health to MSD gives an effective plan.

MSD action plan

We believe all employers can and should:
1. Produce, implement and communicate an 'MSD at work' plan
2. Develop MSD awareness among employees
3. Encourage open conversations about MSDs and the support available when employees are struggling
4. Provide your employees with good working conditions
5. Promote effective people management
6. Routinely monitor employee musculoskeletal health and wellbeing.

Recommendations

For statutory sector

- The Department for Work and Pensions should ensure that their programme on work and MSK health considers some of the issues outlined in this report such as the nature of construction work, the workforce and the role of SMEs.
- The Department for Work and Pensions and NHS England should consider how to improve guidance on fit notes, especially for people in manual occupations.
- NHS England should continue the roll out of First Contact Practitioner to ensure that workers, especially those from SMEs, can access early treatment of MSK conditions.
- The Health and Safety Executive should ensure that their materials are relevant for SMEs.
- Public Health England and Business in the Community should ensure that the existing employers toolkit is promoted widely.
- Public Health England, Health and Safety Executive and Business in the Community should consider what other materials are needed to support managers and fund the development of appropriate resources.

For cross sector bodies

- Health in Construction Leadership Group MSD Task Group should consider the best way to replicate Building Mental Health or use the same forum to raise MSDs.
- Local Authority Building Control, and individual local authorities, should consider how Building Control Officers could assist in reaching small companies with MSD health and safety issues.
- Health in Construction Leadership Group MSD Task Group should consider MSK health measurement tools such as MSK-HQ and agree on an industry standard.
- Health in Construction Leadership Group MSD Task Group should consider developing a framework in the form of a maturity matrix around the points in what does good look like to enable senior management to assess their current position and priorities for action.
- The Lighthouse charity should consider expansion of the construction industry helpline to give advice on MSK health. Company supporters of the Lighthouse charity should increase their financial support to enable this.

For individual companies

- Large companies in the sector should encourage their supply chains to take action.
- Companies should take a focussed approach to promoting MSD health issues in a tone, language and delivery which suit the intended audience. Be bold.
- Companies should ensure that senior management make this a priority and adopt an MSD Action Plan.

Three priority areas for action by industry wide bodies

- Industry-wide baselining data collection
- What does good practice look like?
- Stakeholder mapping and information distribution to ensure we reach SMEs and micros

Note on terminology

DWP use the term MSK (musculoskeletal), whereas the term MSD (musculoskeletal disorders) is more common in health and safety. Both terms are used interchangeably in this document.

Roundtable attendees

This report is based on discussions at a roundtable held on 25 February 2019 chaired by Daryl Hopper of RSSB and attended by:

- VolkerWessels UK (lead sponsor), Adrian Shah-Cundy, Corporate Responsibility Director
- BAM Nuttall (sponsor), Ruth Pott, HR Director
- Mace Group (sponsor), Dr Judith Grant, Director of Health and Wellbeing
- Multiplex Europe (sponsor), Heike Grimm, Occupational Health Advisor
- Department for Work and Pensions Alex Fleming, Mental and musculoskeletal health policy lead, Work and Health Unit
- Health and Safety Executive, Sue Brandrick, Senior Policy Advisor, Construction Division
- Health in Construction Leadership Group MSD Task Group, Ian Strudley, Occupational Health and Hygiene Specialist, Balfour Beatty
- CIRIA, Dirk Vennix, CEO
- Kier Group, Carol Wells, Health and Wellbeing Specialist
- Loughborough University, Professor Alistair Gibb, Professor of Construction Engineering Management
- Morgan Sindall, Martin Worthington, SHEQ Director
- NHS England, Hannah Hiscock, Strategy Group
- Nottingham City Council, Sharan Jones, Insight Specialist - Public Health
- RSSB, Daryl Hopper, Principal Health & Wellbeing Specialist
- Royal Cornwall Hospitals Trust Professor Anthony Woolf, Clinical Director, Clinical Research Network South West Peninsula National Institute of Health Research
- Tideway, Jennie Armstrong, Head of Occupational Health, Safety and Wellbeing

Agenda:

- Keynote introduction, Adrian Shah-Cundy, VolkerWessells UK
- Update on DWP/DH Joint Health and Work Unit, Alex Fleming, Mental and musculoskeletal health policy lead, Work and Health Unit, Department for Work and Pensions
- Economic cost of MSDs in construction, Professor Alistair Gibb, Loughborough University
- MSK Aware, Professor Anthony Woolf, Clinical Director, Clinical Research Network South West Peninsula National Institute of Health Research, Royal Cornwall Hospitals Trust
- Construction Industry Peer Support project, Sharan Jones, Insight Specialist, Public Health, Nottingham City Council
- Discussion

About ARMA

The Arthritis and Musculoskeletal Alliance (ARMA) is an umbrella body representing the breadth of musculoskeletal conditions and professions.

Our vision for musculoskeletal (MSK) health:

- The MSK health of the population is promoted throughout life;
- Everyone with MSK conditions receives appropriate, high quality interventions to promote their health and well-being in a timely manner.

References

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[ii]Musculoskeletal health in the workplace: a toolkit for employers, Business in the Community, 2017
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[iv]Industrial Strategy: Building a Britain fit for the future, HM Government, 2017https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664563/industrial-strategy-white-paper-web-ready-version.pdf

[v]Delivering wellbeing at site level, CIRIA, 2019 https://www.ciria.org/ItemDetail?iProductCode=C782D&Category=DOWNLOAD&WebsiteKey=3f18c87a-d62b-4eca-8ef4-9b09309c1c91

[vi]Costs of occupational ill-health in construction, Alistair Gibb, Carolyn Drake, Wendy Jones, Institute for Civil Engineering, 2018 https://www.ice.org.uk/ICEDevelopmentWebPortal/media/Documents/Disciplines%20and%20Resources/Briefing%20Sheet/Costs-of-occupational-ill-health-in-constructionformattedFINAL.pdf

[vii]https://www.lighthouseclub.org/

[viii]https://www.buildingmentalhealth.net/

[ix]http://www.hse.gov.uk/msd/pdfs/body-mapping-questionnaire.pdf

[x]https://www.versusarthritis.org/policy/resources-for-policy-makers/for-healthcare-practitioners-and-commissioners/versus-arthritis-musculoskeletal-health-questionnaire

[xi]Musculoskeletal health in the workplace: a toolkit for employers, Business in the Community, 2017 https://wellbeing.bitc.org.uk/all-resources/toolkits/musculoskeletal-health-toolkit-employers

[xii]Thriving at work, The Stevenson / Farmer review of mental health and employers, 2017
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

APPENDIX: PRESENTATIONS

Adrian Shah-Cundy, VolkerWessels UK

Adrian Shah-Cundy
Corporate Responsibility Director

VolkerWessels UK

VolkerWessels UK

VolkerWessels and VolkerWessels UK

We are part of a Dutch group of construction companies – VolkerWessels - with 15,000 employees and about 120 companies and offices in the Netherlands, the United Kingdom, Canada and the United States. Global turnover is circa €6bn.

In the UK we have about 3,000 employed staff, and annual turnover circa £1bn.

Our average UK workforce (direct and subcontract) is approximately 7,250 people, working in the region of 18m hours

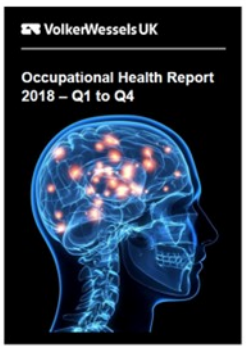
VolkerWessels UK

Occupational health in VolkerWessels UK

2019 Occupational Health Campaigns

VolkerWessels UK

Occupational health and MSDs in VolkerWessels UK



VolkerWessels UK

MSD campaigns in VolkerWessels UK

VolkerWessels UK

The way forward

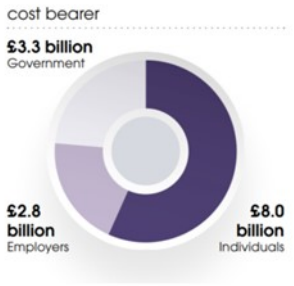
VolkerWessels UK

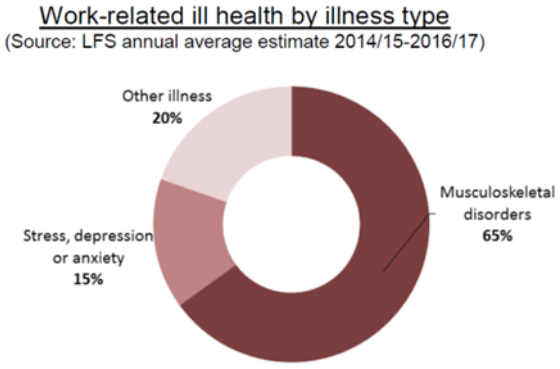
Alistair Gibb, Loughborough University

White Paper April 2018 Occupational Health services...

- have clear value;
- improve the health of the working population;
- contribute to the prevention of work-related illnesses;
- prevent avoidable sickness absence through the provision of early interventions for those who develop a health condition;
- increase the efficiency and productivity of organisations;
- play a major part in protecting and revitalising the global economy.

Costs to Britain of workplace injuries and new cases of work-related ill health in 2014-15





Employers' Costs (Blue/White Collar – Direct/Agency/Self Emp)

Labour Costs
- Sick Pay / SSP
- Overtime to catch up
- Presenteeism
- Lodgings

OH & Management Costs
- Attending OH
- Increased surveillance
- Admin/paperwork
- Rescheduling work

Extra Costs
- Referral / report
- Treatment
- Replacing worker
- Managing worker out of the business

Investigation & RA Costs
- Investigating causes
- Assessing risk
- Making adjustments

Problems with the data

Labour Force Survey
Last 12 months 'illness'
- memory loss?
- Workers perception of MSDs as 'illness'?
- Severity?
- Work related / work exacerbated?

Bone, joint, muscle
- Arms hands, neck, shoulder
- Hips legs or feet
- Back
- Robust enough for subsets?

Population size only
- 100k – quite small
- 30% responses are proxy
- Only picks up people living in UK private
- 'households'

Response rates dropping
- 63% 2000 – 40% in 2017
- Maybe worse in construction

Co-morbidity with stress?

Presenteeism

- 2.5x absence
  - Similar to stress?
- Believable?
  - Too high?
  - Too low?
  - Google images: Construction?
- What makes people decide whether to come to work even if they aren't well?
- Is it better that they are at least AT work, rather than off-sick

Presenteeism – what could we do?

- Association between sickness absence, holiday leave (where it is used as proxy for sickness absence), ill-health presenteeism
- Explore workers' decision making to determine how they decide whether to be absent from work or not
- Comparison and impact of various ill-health conditions on performance level

Does employer have

- knowledge of the ill health condition and any medication, any interventions offered

Impact on others of decision-making

Comparison of

- permanent workers /
- itinerant workforce

Ill-health presenteeism

- costings x condition and as a headline figure

Presenteeism – How would we do it?

Self-report data (12 months?)

- The worker is best placed to complete information relating to their ill-health and performance.
- At intervals workers could be asked to complete a diary typically covering a 7-day week. This shorter time-frame would help mitigate risk of poor recollection

Interviews

- Following diary input, a selection of workers would be interviewed

Expert opinion

- Once the longitudinal data was analysed experts would be asked to comment on the findings and whether they had any suggestions for ill-health management.

Where next with MSDs?

Presenteeism

- Hierarchy of control?
- Design?
- Materials and products supply?
- Not just generic MH training?
- LUSKInS MSD suit

Split into sub-sets of MSDs?

- Are some worse than others?

Robotics and automation

Professor Anthony Woolf, Clinical Research Network South West Peninsula National Institute of Health Research, Royal Cornwall Hospitals Trust

MSK Aware

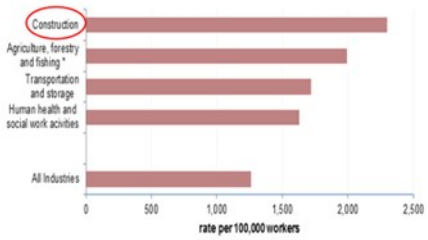
A programme to make employers and employees more aware about musculoskeletal health and what can be done to prevent work loss.

Lead by Bone and Joint Research Group, Royal Cornwall Hospital in collaboration with HSE, PHE with experts and employers across the UK and, in particular, in Cornwall

MSK Aware

- A suite of tools for employers, managers, employees and those advising them to reduce the impact of musculoskeletal conditions on work
- Developed to meet the specific needs of different sectors and audiences

MSK Aware



MSK Aware

How things are

Health Protection
- regulations
- inspections

Health Promotion
- behaviour change

Health Care
- Managing what we have failed to prevent

What is needed

Prevent workloss

Helping you help yourself

MSK Aware

Complex influences on MSK health in the workplace:

- Lifestyle – obesity, physical activity , nutrition, alcohol/smoking
- Injury – workplace, home, leisure
- Occupational factors – e.g. repetitive movements, lifting, physical inactivity
- Musculoskeletal conditions not caused by work
- Age –"wear and tear"
- Psychosocial factors – mental health, job strain / self-efficacy, social support

MSK Aware

Our work shows

- Managers and employees recognise the need for a MSK health positive culture **from the top**
- Employees want
  - to know **what** they **can do practically to maintain** and **protect** their MSK health e.g. mini-breaks, stretches, lifting, setting up work station
  - facilitated **health supporting behaviours** – e.g. availability of healthy food, walking clubs
  - to **reduce the impact of work** on their MSK health – e.g. reduction in repetitive actions
  - managers to be **more aware** of MSK health
  - **better support** from managers – what to do to help, resources available, referrals
- Managers want to know **what to do** when an employee has an MSK problem – opening up **communication**, what their **role** is, an **understanding** of MSK health

MSK Aware

Proposed intervention: What is MSK Aware

- **A programme which bring together health promotion and health and safety messages along with supporting the early management of any MSK problems to support organisations, line managers and employees in the promotion, protection and early management of MSK Health in the workplace**
- **Provide clear messages and actions that are relevant and realistic to the user – whatever sector they work in or role they have**
- **Based on evidence and best practice aimed to change behaviours of organisations and individuals**
- **Produced together with a wide range of stakeholders – employers, employees, HSE professionals, OH professionals, MSK clinical experts, education experts, policymakers based on "knowledge exchange".**

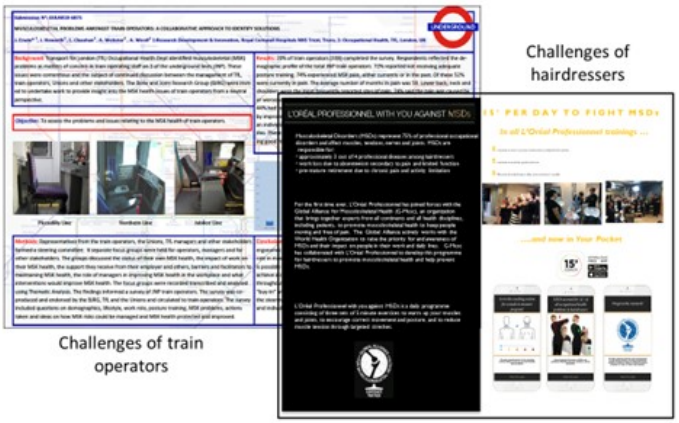
MSK Aware

- To be delivered through a suite of tools using a variety of approaches to inform and support changes in behaviour
- The most appropriate messages and approaches need to be identified and tailored for different audiences

MSK Aware

- **Meet the needs of the individual taking account of**
  - Nature of work
  - Nature of employment
  - Nature of the workforce
  - The construction industry will provide its specific challenges

Working in different sectors



Challenges of train operators

Challenges of hairdressers

MSK Aware

- The proposal:
  - a suite of tools to support MSK health in the workplace that bridges public health, healthcare and occupational health agendas and takes a holistic person-centred approach to MSK health in the workplace.
- How:
  - different sectors and audiences to establish what MSK Aware should include, who it should be delivered to and how it should be delivered by engaging with employers, employees, experts and other stakeholders.
  - agree key MSK health messages that integrate health and safety, health promotion & early management of MSK problems and support reintegration into work.
  - test the feasibility of delivering such a programme in large and small employers to both individual employees and to those with responsibility for other employees
- Possible outputs:
  - A programme similar to "Mental Health First Aid"
- The ask:
  - Participate in the development of this programme
  - Specifically
    - get a better understanding of MSK problems amongst construction workers and what tasks are most challenging
    - prioritise what areas that behaviour change is most needed and feasible to achieve most improvement in MSK health i.e. where to start
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MSK Aware

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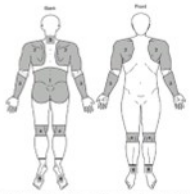

Relate MSK problems to tasks and impacts

Understand what is most needed and feasible in specific workforce

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