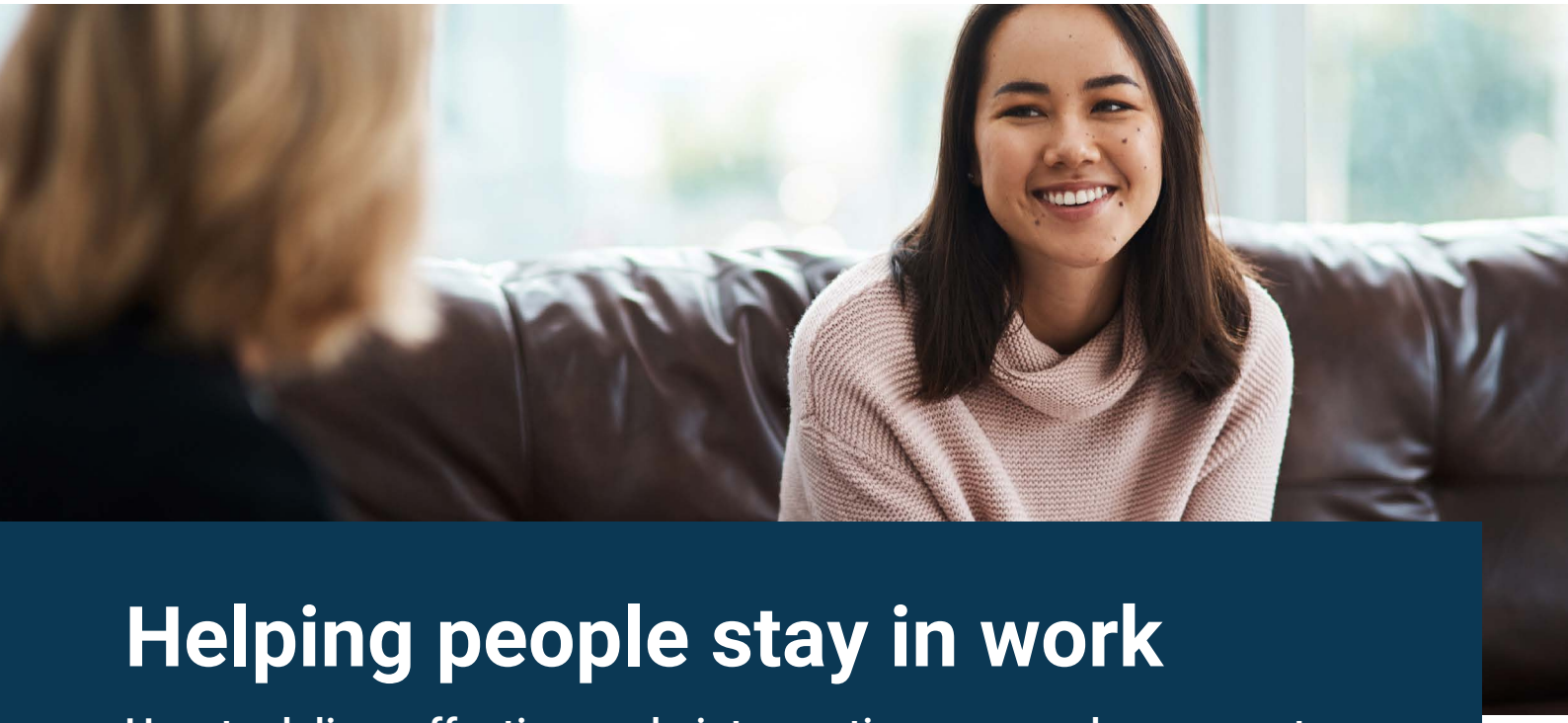
RAND EUROPE

Research brief



Helping people stay in work

How to deliver effective, early-intervention caseworker support

Early-intervention caseworker support

Early, tailored caseworker support can stop people leaving work, and the benefits often outweigh the costs.

The UK has the building blocks to scale this support, but delivery is too fragmented and needs a more joined-up system, workforce and funding model.

The project

This study examines what is required to deliver effective, scalable and sustainable early-intervention caseworker-led support in the UK, helping people with health conditions stay in work or return to work before problems become long-term. Drawing on UK and international evidence, workforce and labour-market analysis, and stakeholder input across health, employment, occupational health insurance and the voluntary sector, it explores how these services work in practice, who delivers them and how current provision operates across the UK.

The report finds that this support can improve employment and health outcomes and that its economic benefits often outweigh the costs. However, current provision remains fragmented and uneven. It concludes that wider impact will depend on building a more joined-up system, with clearer roles, stronger referral pathways, workforce development and more sustainable funding.

What makes support effective

Support should begin within **days, not months,** of a health problem emerging.

Support should address **health, psychological and workplace** factors together, with a clear focus on sustainable work.

Effective delivery depends on **skilled caseworkers, continuity and manageable caseloads**.

Caseworkers should **work with employers** to enable adjustments, phased returns and job retention.

Follow-up should continue beyond initial return to work to reduce the risk of relapse.

Support should **vary in intensity** according to need, with more intensive input for more complex cases.



Key stages of an individual's journey

Weeks 0–2

Early identification

A worker's health is starting to affect their ability to do their job, or short-term absence is beginning

Weeks 2–8

Early intervention

A skilled caseworker engages the person, assesses work, health and personal factors together, and agrees on a plan

Weeks to months

Active RTW support

Structured support to remain in or return to work, including workplace adjustments, employer liaison, and coordination with clinical care
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Month 3–6 after return

Sustained return

Continued contact after return to consolidate progress and respond to setbacks

Recommendations



National policymakers

- A national core specification for early-intervention caseworker support is needed to provide greater clarity and consistency while allowing local tailoring.
- Support the professionalisation of the field through a national capability framework, clearer role definitions and stronger training and supervision arrangements.
- Longer-term funding, stronger referral pathways and clearer national messaging are required to support sustainable scale-up.
- Stronger support and incentives are needed to help employers, especially SMEs, invest in workforce health, early intervention and return-to-work support.



Local systems and commissioners

- Existing local provision should be strengthened through more joined-up referral routes and a ‘no wrong door’ approach to access.
- Commissioning should support employer liaison, follow-up and multidisciplinary working as core features of delivery.
- Local workforce development, manageable caseloads and stronger coordination across health, employment and voluntary sector services are needed to support effective delivery.



Employers

- Clear sickness management and return-to-work processes are needed to support early action when health issues arise.
- Greater investment in line manager capability is required to support early, constructive conversations about health and work.
- More active engagement with caseworker services is needed to enable workplace adjustments, phased returns and job retention.



Insurers

- Early-intervention pathways should be offered as standard within Group Income Protection products, with clear triggers and access routes.
- Earlier notification and referral routes should be strengthened, so support can begin before absence becomes prolonged.
- Greater alignment with publicly funded services is needed to improve continuity and reduce fragmentation in support.

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