

## STRENGTHENING SUPPORT FOR YOUNG PEOPLE WITH MSK CONDITIONS AT WORK POLICY BRIEFING



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**Executive summary:** An increasing number of young people report health conditions that limit their ability to study or work. Young people are now one of the most prevalent groups experiencing worklessness, historically unusual. (1) Whilst mental health remains a pressing concern among young people who are Not in Employment, Education or Training (NEET), this briefing focuses on those whose primary health challenges are musculoskeletal (MSK). It recognises that physical and mental health needs are an important and often overlapping barrier to young people's ability to enter and sustain employment. (2) Ahead of the publication of Alan Milburn's review into young people and work, this evidence-based briefing sets out priorities in access to MSK care, rehabilitation, and occupational health (OH) to support young people to enter and sustain education, training and employment. MSK provision offers specialised and evidence-based rehabilitation, coaching and goal-driven outcomes. OH services play a unique role in supporting transitions into work, facilitating workplace adjustments, promoting retention, and coordinating return-to-work support for young people with long-term health conditions. This briefing draws on contributions from stakeholders across NHS community MSK services, occupational health and the independent sector.

**Why this matters:** Working matters; access to good quality and supportive employment is an important determinant of health, contributing to financial security, social connection and general wellbeing. (3) Currently, one in seven people aged 16–24 are outside of full-time education or employment. In 2023, employed people aged 16–34 were as likely to report a work-limiting health condition as those aged 45–54 were, ten years earlier. Young people with MSK-related conditions are now among the groups with the highest rates of economic inactivity. Between 2022 and 2025, 20% of all awarded assessment decisions for universal credit in 16–21-year-olds were due to musculoskeletal conditions, with a further 13% indicating nervous system disorders and a further 12% with respiratory conditions. (6) With an average of 2.4 health conditions recorded, this multimorbidity creates a complex health picture. Across the workforce, MSK conditions account for more than 23 million lost working days each year and approximately 20–30% of primary care consultations. (4)(5)

The Chartered Society of Physiotherapy (CSP) feedback from paediatric physiotherapists described increasing MSK presentations, reduced physical activity and delayed access to rehabilitation. The CSP warns unmet needs during childhood could have lasting consequences for health, education, and future employment, and calls for investment in rehabilitation services and the physiotherapy workforce. (7) SOM evidence to Alan Milburn's review [here](#) argued that government and employer efforts to reduce the number of young NEETs will likely falter unless there is access to occupational health. Only half the UK workforce has access to OH. SOM stressed the necessity of equipping workplace managers with the appropriate skills and OH support to manage young workers experiencing physical or mental health conditions. A briefing is also [here](#).

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### POLICY RISK

There is a risk of creating a future generation of NEETs by failing to provide faster access to NHS MSK community services, the independent sector and occupational health for young people who may now reach adulthood with health conditions that will impact their ability to enter the workplace or to choose a career they would enjoy.

**Policy issues:** Milburn's interim report raised concerns that an emphasis on clinical diagnosis within the NHS may overlook functional rehabilitation, occupational therapy and support for participation in work. (13)

- **Inequities in access to care:** young people with rheumatic conditions face gaps in access to multidisciplinary rehabilitation. NCEPOD's *Joint Care?* (2025) calls for access to appropriately trained physiotherapy, occupational therapy, pain and psychology services from diagnosis, with continued support according to need throughout adolescence and adulthood. (14) GIRFT's paediatric rheumatology review (2025) identifies variation in access to specialist therapies, referral pathways and waiting times, alongside vulnerabilities in young adult services. Gaps in support during the transition from paediatric to adult care may disrupt continuity at a time when young people are also moving between education, training and employment. (15) Access to timely MSK assessment and rehabilitation remains a concern. First Contact Physiotherapists (FCPs) in primary care, GP referral and direct self-referral to community MSK services provide routes to support, but there is currently fragmented provision of these services. (5)
- **Workforce capacity:** In a 2025 survey of 155 paediatric physiotherapists, 94% expressed concern regarding children's access to rehabilitation, citing workforce shortages, inadequate facilities, and service cuts. (16) Similarly, private sector OH providers face unfilled vacancies, while workforce data suggest that 64% of OH physicians are aged over 50, raising concerns about future capacity as clinicians approach retirement. (17,18)
- **Communication and employer awareness:** The British Society for Children's Orthopaedic Surgery (BSOC) and British Orthopaedic Association (BOA) highlighted weak communication about financial support and employment opportunities. (9) Concurrently, evidence has shown that limited employer awareness of MSK conditions among younger workers may leave their needs unrecognised, creating gaps in workplace adjustments and support to remain in employment. (19)
- **Fragmented support for overlapping physical and mental health needs:** The BSCOS/BOA submission warns that requiring a formal mental health diagnosis can delay physical rehabilitation. It calls for allied health provision to address overlapping physical and emotional needs.
- **Research gaps:** Evidence on targeted interventions to prepare young people with MSK conditions for work remains limited. Research in young adults with chronic physical conditions has explored work ability and self-efficacy, but has not demonstrated clear benefits over usual care, highlighting the need to develop and evaluate support for the transition into employment. (20)

Difficulties accessing services, quality of provision and workforce challenges coupled with concerns of entering the labour market highlight the need for greater policy attention to young people's MSK health and access to rehabilitation. (4)

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### POLICY ACTIVITY

Arthritis UK's parliamentary evidence cites SOM's MSK Health Toolkit for employers and further education institutions. The toolkit offers practical guidance on recruitment, workplace adjustments, onboarding and preparation for employment. (8) BSCOS and BOA contributed to DWP's Young People and Work call for evidence, highlighting work by the Joint Work and Health Directorate's MSK team. (9) Ehlers-Danlos Support UK contributed evidence from across the MSK community, focusing on children and young people and interventions that could improve health and employment outcomes. (10) The British Society for Rheumatology (BSR) highlighted barriers facing young people with MSK and rheumatic conditions in its contribution to the review, including gaps in multidisciplinary support and the transition from paediatric to adult services. (11) The Centre for Musculoskeletal Research at The University of Manchester recommended support for young people with juvenile-onset chronic conditions to enter and stay in the labour market. (12)

### Policy priorities:

1. **Strengthen prevention and preparation across education and employment:** Establish formal links between education providers, employers and health services to support young people's MSK health from childhood into work. Incorporate WorkWell pilots, Pathfinder programs, neighbourhood health and work placements to explore opportunities. (21) Equip those responsible for learning and working environments to recognise MSK needs. Promote physical health education and opportunities to build capacity for study and work, recognising overlap between physical and mental health.
2. **Timely access to rehabilitation and occupational health:** Ensure young people with MSK conditions can access support to prepare for employment, remain in work, and return after illness or injury. This includes community MSK, First Contact Practitioners (FCPs) and specialist secondary services where necessary. Access should extend to those without an employer and those not in employment, through community or specialist MSK services or if in employment, an employer-provided OH service. Occupational health should be built into the Youth Guarantee and *Keep Britain Working* agenda, joining up health, education and employment support around each young person. This should include conversations and support that recognise the importance of good work for good health.
3. **Invest in the multidisciplinary workforce:** physiotherapists, occupational therapists, and the wider team members such as social prescribers and work coaches in supporting recovery, self-management, and participation. Regarding the private sector, improve utilisation with the view that it has the capacity to scale up provision and meet employer and employee needs. Advance extended scope roles, such as FCPs, ensure young people receive appropriate support to manage their health needs and remain active.
4. **Make employment support easier to navigate:** Provide young people with consistent, accessible information on financial support, workplace adjustments, education-to-work transitions and routes back into work.

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