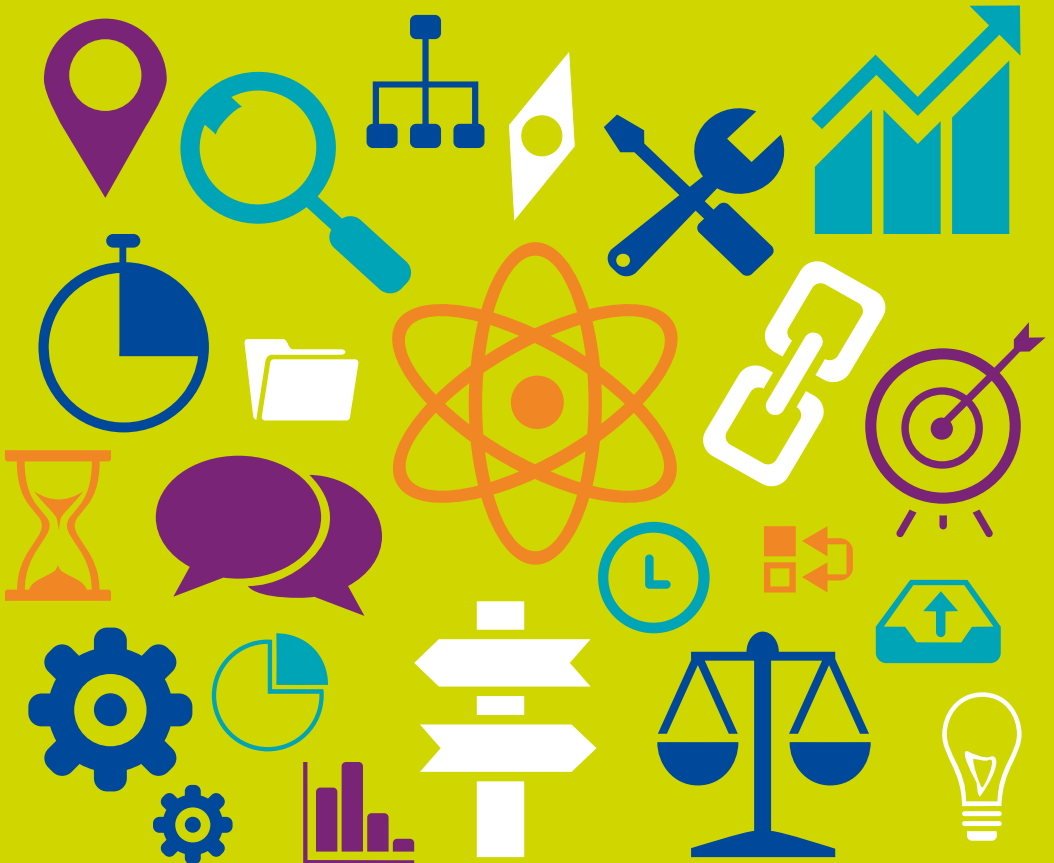




THE HEALTHY
WORKER.CO.UK

Understanding & positively managing sickness absence

Developing Health & Wellbeing • Support • Illness
Promoting Engagement • Maintaining Attendance
Improving Resilience • Reducing Presenteeism
Effective Management • Training • Influencing
Enhancing Performance • Mental health Symptoms
Creating balance • Sustainability



First published in Great Britain in 2014

Written and prepared by The Healthy Worker Ltd.

Author Liz Preece, MSC (Occupational Health), BSc (Open), RGN

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Introduction

This book is designed for those who have line management responsibility. It's a Manager's guide. It may be that this is your first role as a Manager, or you may be more experienced, but wishing to improve your understanding and management of sickness absence. Perhaps you are now in a position of creating your organisations sickness absence policy and need to understand absence better, to be able to produce a policy which achieves the best for your business, and your employees. Whatever your circumstances, welcome to the first edition of Understanding and Positively Managing Absence.

Background to sickness absence

It would be easy to conclude that sickness absence is an essential part of employing people, which has always been required and the need is unchanged over the decades. After all, we are the same human beings now as we were tens and hundreds of years ago. We could also logically consider that the same needs exist irrespective of where we live in the world.

If only sickness absence was as simple as this. It isn't. Whilst some absence from work may be unavoidable, there are significant drivers and influences upon decisions about when to take sick leave and when to return to work. If you are aware of these, it can help you to manage absence better for the benefit of your employees and your business. This book will explain why and take you on a journey to understand absence in a more in depth way. The complex nature of sickness absence is why it continues to challenge many Public and Private Sector Organisations. In 2013 Price Waterhouse Coopers put the price of sickness absence to UK

companies as being £29 billion and some companies find themselves at a competitive disadvantage because of the levels of absence of their employees.

For many years Managers, Human Resource Advisers and Occupational Health Advisers have been striving to do more of the good practice interventions, do these better and more consistently. This is giving us marginal gains, but not significantly changing the situation. We haven't seen new approaches to provide a step change in absence management.

This book however provides information about a new, innovative means to reduce your absence levels. The new approach involves seeking to change the way symptoms are responded to, providing skills and tools which allow individuals to take more control and personal responsibility for their health and wellbeing. **Good Health is not a given.** It is something we can all improve the way we manage, and gain benefit from doing so. The need to develop our skills in self-care and self-empowerment has never been greater and the rewards for employees and employers are more important now than for many decades. The competitive advantage which a happy, healthy work force provides cannot be overlooked. The evidence for the benefits is now stronger than ever.

Chapter 1 Historical and Financial context

The historical aspects

Sickness absence from work, in the United Kingdom, has changed over the decades and there are two key reasons for this. Our society and the nature of work have changed.

More women are working now than previously. The nature of occupational illnesses within the UK has changed dramatically in the last 100 years. This is due to the development of Health and Safety legislation and technological advancement, enabling increased ability to control risks posed by hazardous processes or agents. Health and Safety aspects can be maligned in some quarters but the reality of reduced mortality and morbidity is testament to the benefits of it, when used for the purpose intended. Increasingly risks need to be balanced against benefits, as we now understand more about the benefits that work has for people. This has been established by Waddell and Burton in their comprehensive research paper 'Is work good for your health and wellbeing' (TSO 2006). Available on-line <https://www.gov.uk/government/publications/is-work-good-for-your-health-and-well-being>

Sickness absence today

From the end of the 1980's through to 2012-13 reasons for sickness absence have been dominated by two factors: musculo-skeletal and stress related problems. For most industries these two issues have accounted for approximately 70% of absence. The nature of work has informed some of the balance between these two conditions but their rise and dominance over the last 12-15 years has been palpable. Each has provided challenges for organisations to reduce the risk and impact from these. Finally in 2013 the Annual Absence Survey produced by Chartered Institute of Personnel and Development revealed that Acute conditions such as cancer, heart attack, stroke, were for the first time in many years the front runner to absence causes. This may reflect the additional measures employers have been putting in place to address musculo-skeletal

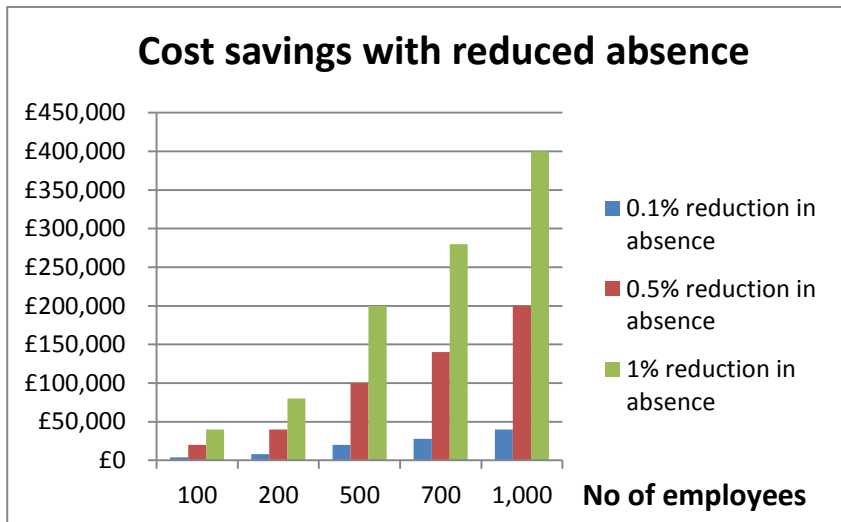
and stress related issues, which are finally holding and mitigating their impact.

Why is managing sickness absence important?

There are many reasons. For many public and private sector organisations sickness absence is monitored and managed due to its financial impact. This is significant and in 2011 Dame Carol Black and David Frosts’ report ‘Health at Work – an independent review of sickness absence’, outlined employers direct occupational sick pay costs to be £9 million. Just a small reduction in absence levels can reveal significant cost savings which in turn impact upon business profitability and sustainability. This is demonstrated in Table 1 below.

Table 1. Cost savings shown for various sized organisations due to reduced absence levels

Based upon average salary costs of £29,900 per year.



Key point 1. Reducing sickness absence by even a small amount can contribute significant savings to your company or organisation. Consider also the reduction in management time utilised, the increased customer service, productivity and customer satisfaction which is likely to result.

Chapter 2. Understanding an episode of sickness absence

Within the Western culture, where the Medical Model has dominated our thinking about ill health, the process behind sickness absence could be described as follows:

Step 1: An individual has symptoms

Step 2: The symptoms become more severe and individual feels worse

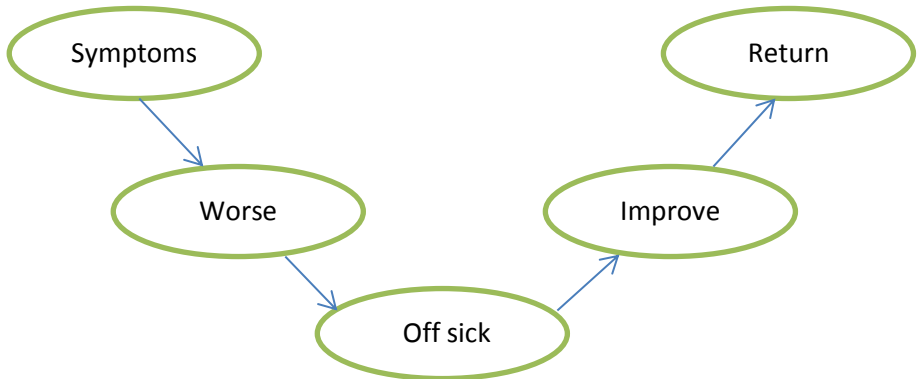
Step 3: A point is reached whereby the level of symptoms are considered to be incompatible with undertaking the work required. Sick leave commences.

Step 4: Symptoms abate and condition improves. Individual feels better.

Step 5: A point is reached whereby it is anticipated that work can be managed again. Sick leave ends.

This medical model approach is shown in Model 1.

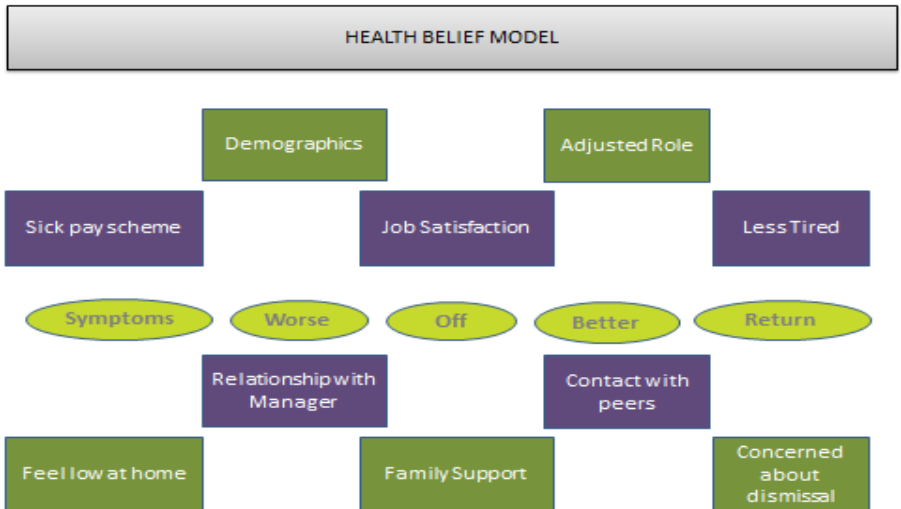
Model 1. The traditional Medical Model view of sickness absence



The situation however is rarely as straight forward as this implies. As human beings we are bio-psycho-social beings and therefore psychological and social factors interact with any physical condition.

The reality will consequently look more like Model 2 in which this seemingly straight forward process is impacted upon by various demographic factors, including whether we are male or female, married or not married and our age. Other social and employment issues will also impact upon the decision making process about whether we should take sick leave, and if we do, when we return to the workplace. Further aspects of this are discussed in Chapter 6. Model 2 does not supply an exhaustive list, it merely outlines some of the influences on our decision making process.

Model 2. Sickness absence process, incorporating bio-psycho-social influences and the Health belief model, which has a broad influence on absence behaviour



Key point 2 . Sickness absence is not just about what's written on the sick note. It's not all about symptoms and how these can be treated. So if our discussions with employees are solely about their condition and treatment, we are likely to be missing some important considerations in facilitating an earlier return to work.

Examining a few factors can help deepen our understanding

Age: As we get older we are more likely to be coping with chronic health conditions, such as diabetes or heart disease. This means we are more likely to require time off work, and when we do require

time off the episode tends to be longer. The effect of this is so significant that it impacts upon geographic spread of absence, with London having a mean lower rate due to its young population age as compared to more rural areas such as the West Midlands.

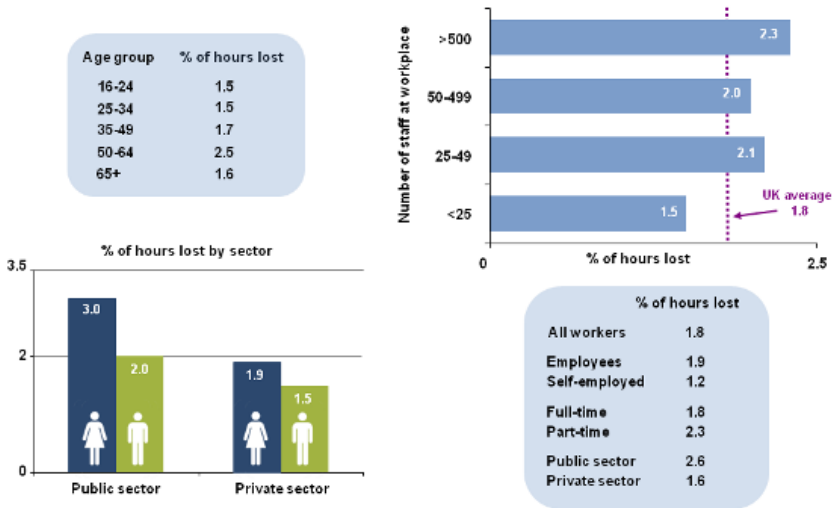
Gender: Women have for many years demonstrated a higher level of absence as compared to male colleagues. Some research studies have however shown this is dependent upon marital status. Studies have shown single women take less time off work, but married women take more time off. This may be based upon lingering traditional carer and domestic responsibilities which place additional demands on women and contribute to lowered resilience. These demands also create difficulties with priority choices when women are unwell and unable to fulfil all their usual daily activities. The male role has traditionally been seen as ‘the bread winner’ and his energies are channelled more into maintaining his presence at work.

The size of organisation: Larger organisations have for decades demonstrated higher levels of absence than Small and Medium Sized Enterprises (SME’s). This is likely to be associated with increased engagement levels in smaller organisations. Engaged employees are 30% less likely to take a sick day (Temkin Group, 2012. www.temkingroup.com).

The nature of the organisation: There is disparity between absence in the Public and Private Sectors. The reasons may relate to the size, culture, occupational sick pay schemes, and management practices within these two groups. Self-employed people are dependent upon their ability to work and traditionally have very low levels of absence.

Table 2 shows the impact of these factors.

Table 2. From Office of National statistics, Labour Force Survey. UK annual averages for 2011



We are all different

You may already recognise people who seem to be at work despite having a significant condition or symptoms to deal with, and others for whom a proverbial sneeze can warrant a sick day.

This is, at least in part, due to our health belief model which informs the significance we give to various symptoms and the way we feel we should respond to these. It is crafted initially from parental attitudes and actions and subsequently moulded by contact and information we receive from our friends, colleagues, the media and health professionals.

We will each have different experiences of the same condition. For example someone who is diagnosed with breast cancer who only knew one other person with the condition, who died, may respond differently to someone who has known several people who have all been successfully treated.

Our different experiences and differing information and messages we have received over our lifetime contribute to why people respond to conditions in a different way.

Key point 3. Be aware of the messages you give people. As Managers you are very influential to your employees. Be aware of your own views about certain conditions and how they may impact upon peoples' ability to work.

We can make negative assumptions because of our own beliefs without realising it. For example – “Phil with a back injury is unlikely to be able to work in his role again” – which may be based upon some previous experience such as Jason didn't return after his back injury. This however may not be relevant to Phil, his back injury and his response to it. Remember the right type of work is good for us.

Chapter 3. Understanding and managing musculo-skeletal problems

Much of the research into this area relates to lower back pain, due to the prevalence of this condition. There is a high prevalence of musculo-skeletal problems within the general population. Work can be a risk factor for this type of condition.

Back pain was in the top five causes of short term absence for manual workers in 50% of organisations and for non-manual workers that drops only to 40% of organisations. It was in the top 5 most common causes of long term absence for manual workers in 38% of organisations and a top 5 cause in non-manual workers long term absence in 32% of organisations.

Musculo-skeletal conditions, excluding back pain, were in the top 5 absence reasons in manual workers in 63% of organisations and for non-manual workers, that was 51% of organisations (CIPD Absence survey 2013).

In terms of the work, it is important to consider how your processes and work activity, or lack of it, can impact upon musculo-skeletal conditions. A risk assessment should be undertaken and there is plenty of advice on this from the Health and Safety Executive website. See www.hse.gov.uk.

Risk factors for problems include inactivity, repetitive activity, and particularly heavy or awkward loads.

It is interesting however to note that there has been a rise in the UK of back pain, over the last few decades. If you haven't had an

episode of back pain yourself, it is very likely that you know someone who has, such is the commonness of this condition. However in terms of work we are not doing as much heavy engineering, coal mining and physically demanding work as we used to do and so it has been challenging to understand why we have such a high prevalence of problems today. The key is that we need to be physically fit enough to have resilience for the work we are undertaking. If there is a miss-match between these two, there is increased risk of injury.

One of the difficulties of back pain is the interaction it has with low mood and depression. It can be a disabling, frustrating condition and if employees require more than 4 weeks off work for any condition, they are at increased risk of low mood. The cycle between pain and low mood is well established so whatever you can do to break this link is helpful.

So what can employers do?

1. Being physically fit reduces risks, so if you have limited wellbeing spend, spend it to gain maximum benefit and return on investment. Providing workplace activities which assist in developing physical fitness are not wasted activities. If it involves developing core stability so much the better. Pilates is a well-recognised means of developing core stability so if you can hold a class at lunchtimes great. If not perhaps you could have a corporate relationship with an instructor. Think broadly about how you can have a positive fitness culture within your organisation. Again Managers are influential and the messages they give to their employees will be making a difference.

2. Refer early to Occupational Health if you have a provider or in-house department. Gain advice regarding potential adjustments to facilitate an early return to work.
3. Provide physiotherapy through an Occupational Physiotherapist at an early stage if you can. Six sessions would be reasonable, physiotherapy should not be required for endless months.
4. Meet with your employee and talk about what could help them return to work and establish if this can be accommodated. A stepped return to work at an early stage is good practice due to the risk of low mood and chronic pain developing if early opportunities are missed.
5. Provide workplace information such as exercises for office based workers (www.backcare.org.uk) and The Back Book (TSO), which gives positive self help messages and up to date guidelines to follow.

Key point 4. The risk of back pain and other musculo-skeletal problems can be reduced through the physical fitness of your employees, whatever their role. Do what you can to facilitate a positive fitness culture in your organisation and if possible make early provision for anyone who does experience an episode to access supportive treatment and an early return to work.

Chapter 4. Understanding and managing stress related problems

Stress related symptoms are a major cause of, particularly long term, absence. They are ranked in the top 5 causes of long term absence for manual workers in 51% of organisations and for non-manual workers that rises to 64% of organisations. For short term absence the figures are lower. For manual workers stress is in the top 5 reasons in 45% of organisations, and for non-manual it's 53% of organisations (CIPD Annual absence survey 2013).

The rise in stress related absence has been sustained over the last 10-15 years. In response, the Health and Safety Executive were challenged to bring out guidelines to assist. However there are real difficulties with this as activities which are very stressful for one person are not necessarily very stressful for another. For some people answering the office phone is a joy and provides the social connection they enjoy about their work, plus the excitement of not knowing what the call is. For others it can be anxiety provoking due to the uncertainty of what will be required of them. The HSE has done extensive research and produced a useful framework on which assessments can be made (www.hse.gov.uk). The factors recognised to potentiate stress related symptoms at work are:

- [Demands](#) – this includes issues such as workload, work patterns and the work environment.
- [Control](#) – how much say the person has in the way they do their work.
- [Support](#) – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.

- [Relationships](#) – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour.
- [Role](#) – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles.
- [Change](#) – how organisational change (large or small) is managed and communicated in the organisation.

Definition of Stress

We need to be clear about what we believe stress is. ‘Stress is good for you’ is an adage which is promoted in some settings but doesn’t help clarity of meaning. For me the distinction is clear.

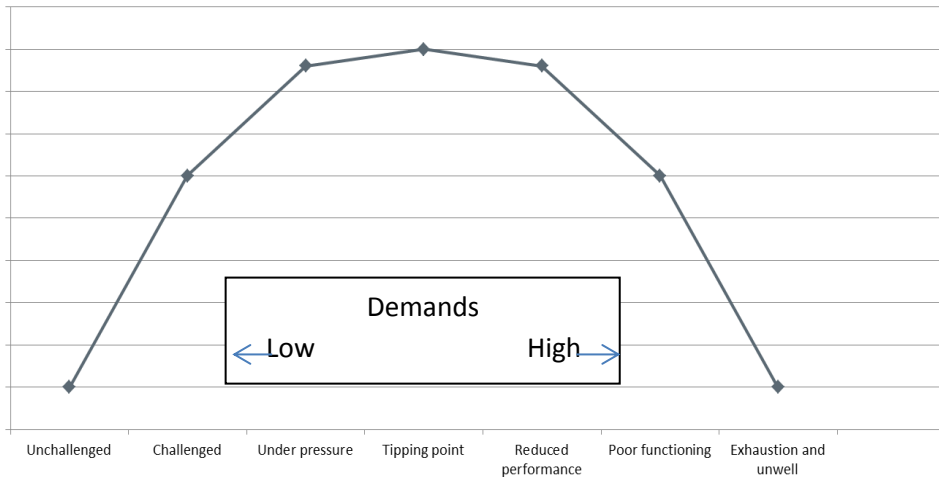
Consider the following definition:

Stress occurs when the demands upon us outweigh the resources we have to deal with those demands.

This clearly leads to realising that stress over the long term is an unsustainable situation. In the short term we can manage to give 110% when it’s a bad day at work, but we can’t do it every day without detriment. Alongside this definition we can consider the role of pressure. Pressure is good for us, it gives us drive and energy to achieve goals and meet deadlines. Without pressure we don’t always achieve our best in terms of output.

Dr P Nixon (Practitioner, 1979) studied stress and Table 3 is an adaptation of his work which demonstrates how stress affects our performance at work. It’s useful to spend a moment considering where you feel you or your team are on the curve. Then where on the curve would you like to be?

Table 3. Interpretation of Nixon’s stress, performance curve demonstrating how increased demands affect our performance



The management of stress

In the same way as what causes stress isn't the same for everyone, what helps us is also different for each of us. For some it's reading a good book, for others it's a game of squash or listening to music. We need to find the solutions for ourselves. However there are useful prompts following research, which help us to look in certain places for possible solutions. The 10 ways to improve our personal resilience can be a good starting place. See Table 4 and note which aspects are part of your life and which aren't? Note which ones you would like to build on, to help balance your life?

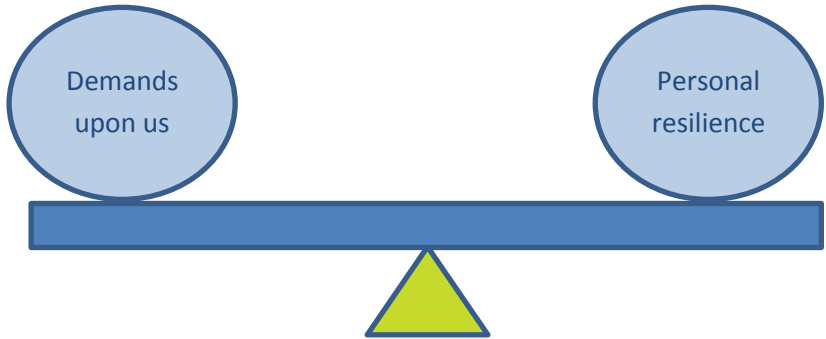
Table 4. The 10 ways to Wellbeing

10 ways to improve your personal resilience

- ✓ Be pro-active and identify the cause of your stress
- ✓ Take control – manage your time
- ✓ Connect with people – friends and family member (not just via social media!)
- ✓ Have some me time
- ✓ Challenge yourself – learn something new
- ✓ Avoid unhealthy habits, alcohol, smoking and caffeine
- ✓ Do voluntary work
- ✓ Take notice of now and the environment around you. Have a 'special moment' each day
- ✓ Be positive and appreciate the positives in your life. We take much for granted
- ✓ Accept the things you can't change

Our stress related symptoms are associated with the level of stress we perceive. So it follows that if we can change the way we interpret certain aspects of our lives we can reduce the level of stress we experience. We can build personal resilience and be trained to do this with great benefit as it is the balance between the demands upon us and our resilience which dictates how we feel. Model 3 demonstrates this.

Model 3 – Balance between demands upon us and our level of personal resilience



Key point 5. Stress is felt in response to different things by each of us. The stress management techniques we find useful will also vary. It is therefore for each of us to discover and understand how these factors work for us. Long term good health is dependent upon our ability to take care of our stress and wellbeing. Our ability to do this is not a given and can be developed through training, coaching and personal development.

Chapter 5. Short term absence

The top 5 reasons for short term absence are detailed in the 2013 CIPD report on sickness absence and include:

- Minor illness, eg. colds, stomach upsets, headaches
- Musculo-skeletal injuries (excluding back pain)
- Back pain
- Stress
- Recurring medical conditions e.g. asthma, angina, allergies

The relative importance of these conditions varies slightly depending upon whether the roles are manual or non-manual.

It's hard to imagine getting through life without these conditions or symptoms associated with them cropping up from time to time for each of us. However our response to these symptoms when they do arise is varied depending upon; our health belief model, our work and home circumstances at the time. It is possible to educate and support individuals to improve their resilience and adjust their health belief model. The benefits for industries to do this are immense as both employers and employees benefit.

What happens when your team members are absent?

Not only is it the working time you lose when a member of the team takes time off work (that you are likely to have paid them for). There's also loss of productivity and client experience which occurs when your team is not fully resourced with experienced colleagues. You may need the full team numbers to operate and therefore employ agency staff to fill the position. This is expensive and rarely of equal quality. Added to this team morale can suffer if one person is perceived as taking time off more than others. If left managerially unattended to, this can lead to the development of a culture of absence. If your employees are left to believe that their absence is not of concern to you, why would they go the extra mile to attend?

Key point 6. The 'cost' of absence impacts on your company or organisation not only in financial terms, but also in managerial time, loss of productivity, poorer customer satisfaction and potentially team morale.

Attending to short term absence

The top five most commonly adopted actions to manage short term absence, within the 2013 CIPD survey are:

- Sickness absence information given to line Managers
- Return to work interviews
- Leave given for family circumstances
- Trigger mechanisms to review attendance
- Disciplinary procedures for unacceptable absence

These pose some strengths and challenges.

The strengths include the involvement of Managers, who are influential in the employment relationship and it should be they who undertake the return to work interviews. These give opportunity for the discussions surrounding the influential factors on the period of absence (as per Model 2). Trigger mechanisms to review absence are useful and provide for equity of treatment for all employees if used well.

An employee who is absent an unusual number of times for them needs Occupational Health review. It may be that there is an undiagnosed condition or the workplace is not aware of an underlying mental health issue and the low mood is bringing down the immune system. As an employer the only visible sign of this may be regular short term absence.

It is important to understand that absence is a symptom that something is wrong. If your feelings as a manager are that 'it's not genuine', then all the more reason to have the open conversation about peripheral issues, to unearth what is at the root of the problem. Absence doesn't happen without something being wrong.

One challenge is in ensuring that Managers understand absence and are confident enough to deal with it appropriately and supportively to secure the ongoing engagement of your employees. However the CIPD survey informs us that 87% of organisations give absence information to Managers to deal with, but only 62% provide absence management training. Managers cannot be expected to deal competently with this issue without training to understand the complex nature of absence. This is part of the reason why absence remains challenging to so many UK based organisations.

A second challenge is ensuring that return to work interviews have some quality measures and are not just a tick box exercise which is rapidly completed and signed off but with no added value.

The final challenge is the issue of disciplinary action for unacceptable absence. Whilst there is certainly a place for this, the difficulty of absence management presently is that it is disengaging in nature and punitive, rather than supportive. Individuals often respond to illness in the only way they know, and telling them this is unacceptable doesn't change the way they know. It's also time consuming for Managers, HR and Unions. There is another way which I will discuss in the final chapter. The win-win solution is to facilitate individuals to improve the way they respond to illness and events within their lives.

Chapter 6. Long –Term absence

The top 5 most common reasons for long term absence are detailed in the 2013 CIPD report on absence:

- Musculo-skeletal injuries (excluding back pain)
- Acute medical conditions (eg. stroke, heart attack, cancer)
- Stress
- Mental ill-health (including depression and anxiety)
- Back pain

The relative importance of these conditions varies depending upon whether it is a manual or non-manual workforce, with stress being more prevalent among non-manual workers.

The challenges of long-term absence are different to those of short term absence. As already alluded to, the principle we should apply to managing long term absence is that work is good for us and to facilitate an early return to work is likely to have benefits for your organisation and your employees.

Occupational Health good practice dictates that employees who have been absent from work for over 4 weeks should be screened for depression, irrespective of the nature of their absence. This indicates the corrosive nature of absence on our psychological wellbeing. Work is important due to the social contact, structure, routine, sense of identity and self-esteem that it brings.

Being able to provide an early return to work allows an individual to reach full capacity at an earlier stage than leaving them at home to ‘fully recover’. For those who may be prone to mental health

concerns this is even more prominent as the risks associated with being off work are more significant.

In terms of what influences a decision to return to work here are some research findings from public sector employees, who had experienced a period of absence of 4 weeks or more and had a conclusion to that episode. They were asked to annotate the influence of various factors on a 0-10 Likert Scale and Table 5 shows their responses to this.

Table 5. Factors influencing individual's decision to return to work from long term sick leave

Influence on return to work	Rank	Mean
Symptoms	1	6.65
Job satisfaction	2	4.77
Return on part time basis	3	4.71
Family support	4	4.64
Guilt	5	4.44
Peer support	6	4.43
Decreased tiredness	7	4.40
Worried never return	8	4.36
Occupational Health contact	9	4.17
Feeling low at home	10	3.70
Finances	11	2.71
Role adjustment	12	2.70
Managerial contact	13	2.65
Concern about dismissal	14	2.42

Clearly symptom improvement is noted as the most influential factor and some responses were detailed as 100% due to this, but there is recognition by individuals of the part played in other factors. Therefore managerial and peer responses to a period of absence can affect the duration of an individual's absence and we should certainly not feel powerless to the sick note, which is only a reflection of the brief conversations conducted between a GP and their patient. You do have influence and by providing opportunity for a supportive, structured and graduated return to work you can reduce the toll absence takes on your business and your employees. The human asset within your organisation is likely to be your most expensive asset and hence the business case exists for supporting it to be as productive as it can be.

Attending to long term absence

The top five most commonly adopted actions to manage long term absence, within the 2013 CIPD survey are:

- Return to work interviews
- Changes to working pattern or environment
- Sickness absence information given to Line Managers
- Risk assessment to aid return to work
- Occupational Health involvement

The intervention most commonly cited as the most effective approach was the involvement of Occupational Health. December 2014 saw the start of the Government initiative to provide Occupational Health assessments for those out of work for 4 weeks or more, for organisations who do not have their own Occupational Health provision. The rationale for this is to reduce the 300,000 people who fall out of employment onto benefits each year by enabling earlier actions to avoid the requirement for this, through

the provision of expert advice. It is also due to pay for itself by reducing the £13 billion paid annually in health- related benefits (Review of Health and Work. Dame Carol Black and David Frost 2011).

There is increasing good practice in managing long term absence and the Equality Act has acted to support the development of this. Adjustment to work on a temporary or permanent basis, following assessment, has done much to improve the experience of employees and help employers to be able to find ways to return their employees to work in a constructive way, and for mutual benefit.

It is notable that once an employee reaches 6 months of absence there is only a 50% chance of returning them to their former role, and this decline in possibility starts as early as 3 months when there is only a 75% possibility of them returning.

Key point 7. Any early intervention programmes you are able to offer have the potential to provide real benefit, as compared to these valuable weeks being spent on an NHS waiting list. Also now that you are aware of the risks of longer term absence, it helps you to manage any contracts for physiotherapy or counselling provision. Responsiveness should be one of the key performance indicators and closely monitored.

Chapter 7. Key Principles of returning employees to work

If an employee has been away from work for a longer period of time they will have reduced resilience for the work they do. When we initially start work we build up our remit and responsibilities in a gradual way. Once we are fully established in a workplace we are expected to work to full capacity and this is fine as we are 'work hardened'. When we've been away from work due to illness or surgery that work hardening has reduced and needs rebuilding. Just as you wouldn't go and run a marathon straight off, you would gradually build up the distance you run.

Most organisations have a guidance period over which they accept a graduated scheme to return an individual to the workplace and this facilitates as early a return to work as possible but also provides boundary around the timescale. This time period is usually around 4 weeks.

What's helpful to consider?

An office style week is addressed below, but it is fully recognised that a significant proportion of workers do not work traditional office hours. However the principles apply and can be translated into shift work.

1. Gradually increasing steps

Avoid working half normal hours for 2 weeks and then back to full time. It's better to break this down into steps, so perhaps half hours for a week and then 75% for a week. All parties should be able to

see progress, without it feeling overly daunting. Use bite sized steps.

2. Think about the work pattern

The distribution of work to rest time is very important. For positive return to work programmes use patterns which enhance sustainability. So, for example, avoid 50% of contracted hours meaning two full days and then one half day. Instead agree half hours each day. This ensures the structure of work returns on a more sustainable basis as there is sufficient rest time built in to each 24 hour period.

When rebuilding hours, build in hourly increments where possible. So, from 5 hours per day to 6 and then 7 and finally back to a full day. Each step, which could be a week at a time, feels achievable and yet good structured progress is made.

Sometime hourly increments are not possible. In this case build hours of work just before rest days. So, to build from working half days consider working half days Monday to Wednesday, then full days Thursday and Friday. If full time is too much following this, the next step might be to work full days Monday, Tuesday, half day Wednesday and then full days Thursday and Friday, so that there is a break for recovery mid-week.

The mid-week break principle is really useful if you have employees who reduce their hours due to medical reason. Often this will be to a 4 day week. Don't under-estimate the value of this as the proportions of time at work, compared to rest time differ markedly between a 5 day week, where we are at work in a ratio of 5:2, to a 4 day week where the ratio is 4:3 and perceived as nearly 50% of time is time off. To work Monday, Tuesday, Thursday and Friday means

there are only ever two days to work prior to a rest day and this helps those managing long term conditions particularly where pain (which is very wearing) or fatigue are involved. The perceived preferred option is usually to take the Monday or Friday off, but from a health perspective this is usually not as helpful.

3. Consider responsibility load

It may be helpful to rebuild responsibility level and/or hours of work. Most jobs involve some more routine tasks and some more onerous duties. To provide a structured responsibility return to work consider returning your employee to the more routine work initially and have an agreed timeframe over which they will pick up the more onerous activities. Do it in 'bite sized pieces' so their confidence and self-esteem and symptom improvement grow with their level of responsibilities.

4. Consider the Physical Demands of the role

If the role is physically demanding then a process of work hardening is likely to be very valuable after longer term absence and its one of those things which you often can't achieve at home. The only way is to do the work activity, but do it in a manageable way. Similar principles as previously apply – you might be getting the hang of it now!

Start with any lighter aspects of work, or if working in a team be the team member who has the lighter role initially. Once that is established, then assign the next step role for a short period or a day before a rest day.

Often with physical demands there is a rise in musculo-skeletal symptoms on return to work. This is only to be expected as the muscles are doing more than they would be expected to do at

home. This is fine, so long as the rise in symptoms settle during rest days. The body needs to adjust and adapt to doing the work again and this takes a little time.

Gradually the number of days the more physically demanding role is assigned for can be increased. A further more challenging role, this can be treated in the same way.

Using this approach your employee is able to return to work and fulfil a required role, but in a structured way where progress is visible and without detriment to them.

5. Don't forget to plan Annual Leave

When an employee returns to work, they are unlikely to be fully recovered, but well enough to do the role required of them. The impact of the illness or surgery may take many months to gradually resolve after they have returned to work. It is helpful to prompt the individual to plan their annual leave and ensure they spread this over the coming 12 months.

Employees often feel guilty about having taken time off work and feel they can't then ask for annual leave. It is however good to have some lengthier time off after about 6 weeks of returning (even a long weekend) followed by regular breaks. This supports on-going recovery and having something in the diary, to look forward to, is psychologically good for us all.

Key point 8. A gradual return to work helps an employee to return to work as soon as possible. A structured return to work will help them return to full health sooner than them being at home.

Plan the return to work so it involves achievable bite sized steps so all involved can see the progression. Each plan will need to be tailor made to the individual, the work type and workplace.

Chapter 8. The Solutions

Ahh, if only. If only you could be provided with the 5 steps to success which would reduce your absence levels for all time. Sadly absence is a highly complex issue which morphs over time and remains challenging to pin down.

However let's take a look for the coming decade, at 7 key principles.

1. The culture – have a healthy, wellbeing culture

The culture of the organisation is important. Healthy behaviours, whether that includes having a good diet or enthusiasm for exercise, should be recognised as positive employee attributes. The culture can be guided to being more healthy by those in leadership positions being role models and verbally supportive of those who exhibit healthy behaviours. It costs nothing, but senior staff recognising the behaviours which the organisation wishes to encourage makes a difference.

2. Why should we be looking to return our employees to work at as early a stage as possible?

Facilitate early returns to work and engender positive discussions about what employees can offer, rather than focussing on what they can't. Be creative in solution finding as your business will benefit.

The past included managers saying "I don't want my employee back until he/she is completely better" or worse, "they shouldn't come back until they are completely better". The second example here implies it's wrong for an employee to return to work prior to being

completely better. Wrong for whom? The research now is very clear, overall work is good for us and if we can be supported to return at an early stage, we get better quicker.

So modern day thinking is that it is beneficial to your absent employee to consider if there is work they could do, even if that means some temporary adjustment.

3. Have informed Managers

The disparity between the number of Managers who are given responsibility for managing absence and those who have received training is telling. It is no wonder that progress is limited in the area if managers have little preparation for their role and understanding of this complex issue. The CIPD survey for 2013 reported that for short term absence 72% of managers had responsibility but only 52% were trained to manage it. For long term absence this extended to 73% of managers having responsibility, with only 42% being trained in how to manage it. Of those who are trained it is often policy based training, to ensure that these are implemented consistently across the organisation. This is a necessary aspect but significant added value is achieved when Managers have a greater understanding of sickness absence and therefore greater confidence to influence it.

4. Use trigger mechanisms

Trigger mechanisms enable everyone to be treated equally and there is opportunity to explore whether repeated absence is due to poorly managed long term conditions, or undiagnosed conditions (this needs medical or occupational health referral).

What's important is that repeated absence needs attention as it is a symptom that something is wrong, which needs addressing. It may be; an undiagnosed condition, a poorly managed long term condition, disengagement, or not knowing how to respond to symptoms in a different way. It may be a workplace issue which you need to know about and understand, in order to be able to address it. Whatever the reason, not attending to absence leads to poor team morale, and a poor attendance culture within your team or organisation.

5. Get in quick and be pro-active!

Early interventions of physiotherapy and counselling are good practice – be alert to the contract managing process and ensure that responsiveness timescales are set out in the KPIs, are regularly reported and closely monitored.

If you have an Occupational Health Service, ensure referrals are made early for musculo-skeletal conditions or stress related problems, particularly if the Occupational Health Service are the gatekeepers for access to physiotherapy or counselling services. Remember that by 4 weeks of absence there is an increased risk of depression or other mental health problems arising so try to avoid this wherever possible.

6. Keep in contact

Being concerned about an employee's health and wellbeing is engagement enhancing. Arrange to have regular catch up phone calls or meetings on an agreed timescale. It doesn't take long but for someone isolated at home it can mean a lot. The sickness episode will pass and the employee will return to work. During the time of

absence they will reflect upon their employment situation and relationships and you want them back engaged and keen to pursue your organisations objectives.

7. Change the behaviour of your employees, rather than just trying to manage the behaviour which exists.

This is the big one. This is the future of absence management. At present organisations are striving to do the 'right thing' more consistently and with better quality. The 'right thing' has built up over the years from examples of good practice and aspects which are legally sound and managerially helpful. There is a place for these but they are all responsive to the behaviour which exists and do not seek to change employees health related behaviours.

The difficulty for employees who have recurring type sickness absence is that they do not have the tools and health belief model which enable them to respond differently to symptoms or life events when they arise. The Healthy Worker Programme is unique in this aspect and has demonstrated a very significant return on investment for organisations using it.

The benefits for individuals are that they can begin to understand that they have choices and feel liberated to make those choices, rather than being the victim of marketing of unhealthy foods and behaviours. We can all be happier and more fulfilled once we take more control over our health and wellbeing. There are many conditions and symptoms which we are able to avoid or control better by our own actions.

Employers have a vested interest in supporting their employees to be well and stay well, so this is highly relevant to the workplace. Reduced absence costs, improved productivity, improved customer satisfaction and enhanced legal resilience are some of the reasons for employers engaging with this.

Where to find help

For further information about any of the solutions, please contact us at **The Healthy Worker Ltd.**

Call us on: 01684 231461

E-mail: info@thehealthyworker.co.uk

Or see our website: www.thehealthyworker.co.uk

You can follow us on twitter @sicknessabsence

About Liz Preece











Background

Liz Preece is Director of The Healthy Worker. She has worked within Healthcare for over 25 years. Having gained experience as a Senior Manager she moved in to Occupational Health and remains passionate about making a difference to individuals and organisations through improvement in employee health and wellbeing.

She has been recognised nationally for her work within the NHS and is a regular speaker at conferences regarding health issues and the impact of these on organisations.

Innovative in her work, she is instrumental in creating a step change in absence management, for the benefit of employees and employers alike.

Specialisms:

-  Personal resilience training
-  Management Coaching
-  Absence management training
-  Design, delivery and evaluation of bespoke health related programmes for use within workplaces
-  Conference and keynote speaking
-  Creating strategic partnerships between Finance, HR and Occupational Health partners
-  Evaluating health and wellbeing spend
-  **And of course, delivery of the Award winning Healthy Worker Programme.**

Some client comments:

- Excellent – wonderful trainers who were knowledgeable, relaxed and concise.
- Really enjoyed this course. Would recommend it to anyone.
- First course ever my eyelids haven't got heavy. Engaging and inspirational course.
- Thoroughly enjoyed being part of group. Excellent facilitators, enjoyed different teaching styles / delivery. Good range of teaching methods. Increased knowledge and confidence.
- Very interesting, lots of useful information and very interactive.
- A lot of information has been put across but not seemingly so. Particularly liked the calm tones in which it was delivered.
- Very enjoyable, informative and interactive. Stimulated thought.
Has really given me a lot of motivation.
- The trainers were very welcoming. The course structure was excellent as well as the literature provided, and overall I felt it was a well thought out and informative course. Well recommended. Thank you.

