Return to work after sickness absence
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“Return to work is a vital social indicator of recovery and rehabilitation leading to better health outcomes and quality of life”
(Mental Health Foundation)

THE IMPORTANCE OF WORK
Being in ‘good’ work (i.e. work in a supportive and safe workplace that permits worker autonomy, control and job satisfaction) is generally beneficial to health and wellbeing. It keeps people busy, challenges them and encourages self-betterment, and improves feelings of self-worth. It also encourages social interaction with others and permits financial autonomy.

Equally, long-term worklessness is harmful to physical and mental health. People who are out of work for extended periods are at risk of losing their skills and confidence in a rapidly changing world of work. They may also become socially isolated. The longer a person is unemployed, the greater the risk of developing a health condition and facing increased challenges in returning to employment (Department of Health/Health Inequalities National Support Team, 2011).

EARLY INTERVENTION AND REHABILITATION
When people are off work for extended periods (i.e. long-term absence of more than 28 consecutive days), early intervention is extremely important to facilitate a timely return. Importantly, a person may return to work before being fully recovered from illness, particularly when a person has a chronic condition. Therefore, good vocational rehabilitation practice (i.e. helping people return to work after absence, and helping people with chronic conditions to stay in work) involving all the relevant parties (line managers, employees, occupational health and all other relevant professionals) is of paramount importance.
FACILITATING A RETURN TO WORK

People can find it hard to return to work after extended periods of absence but there are certain steps that can be taken to facilitate a smooth return to work:

- Keeping in regular contact with absent employees.
- Encouraging absent workers to visit the workplace before starting back at work, particularly after very lengthy absences.
- Ensuring that absent staff are in contact with their GP to review illness and absence.
- Scheduling return to work discussions with employees when they return.
- Accessing occupational health support for professional guidance as to the potential implications of a person’s health condition on their ability to work effectively (or the potential effects of their work on their health).
- Producing a written policy on return to work so that staff and line managers understand their responsibilities.
- Facilitating the use of support services such as ‘Access to Work’.

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The role of occupational health in the return to work process

Occupational health is uniquely positioned between employers and GPs and can be integral in ensuring a smooth return to work after sickness absence through an understanding of:

- **a person’s medical conditions** (symptoms, prognosis, likelihood of recovery);
- **the workplace** (the nature of a person’s job and the potential risks it may pose in light of their health conditions);
- **the interaction between the two** (a person’s potential limitations, and adjustments that may be required in order to allow them to work safely and productively).

Typically, an occupational health professional would be involved at a number of stages, including:

- examining employees to decide whether a return to work is appropriate;
- advising on vocational rehabilitation and proposing reasonable adjustments;
- monitoring employees who have returned to work;
- helping to prevent the onset of work-related illness through risk assessments, health surveillance and health advice.

**RETURN TO WORK DISCUSSIONS**

It is good practice for managers to talk with employees who have been off sick in order to find out more about the reasons for their absence, and to support them back into work. This could be an informal chat after a short absence although a more structured return to work interview is required in some cases, especially:

- after extended absence;
- where the health condition is complex and/or has implications for a person’s ability to carry out their usual activities;
- where some form of absence pattern can be identified that suggests underlying issues other than health problems.

**Why return to work interviews are important**

**They provide background and substance to basic sickness absence tracking.** Knowing how often a person has been on sickness absence is useful, but return to work interviews give organisations the opportunity to find out reasons for absence, identify trends and potentially tackle issues before they become endemic.

**They can be motivational and can reduce sickness absence.** It is good for staff to know that the organisation they work for cares about their absence and wants to support them. For this reason, it is important to ensure that return to work discussions do not appear to be confrontational. At the same time, however, the prospect of a return to work interview will act as a deterrent for anyone who may be considering taking unauthorised time off work.

**They can help identify and prevent presenteeism** (when an employee comes to work despite actually being too ill to work effectively). Some people may feel the need to return to work prematurely after sickness absence for fear of causing friction at work or loss of financial benefits, but productivity levels are significantly lower for people who are not actually well enough to work.
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Tips on running a return to work interview
The precise format of a return to work interview will depend on the organisation and the absence situation, but some general guidance relates to all return to work discussions:

Review the employee’s attendance record over the past year and any previous return to work interviews prior to the meeting in order to identify any potential historic issues.

Ensure that the interview is an informal two-way discussion and be clear that the reason of the meeting is to help the employee return to work, not for the employee to justify him/herself.

Seek confirmation that the employee is fit to work. If there is any doubt then confirmation should be sought from occupational health/the person’s GP.

Elements to establish during the meeting:

• Identify any underlying personal or work-related concerns and offer signposting to further help (e.g. counselling, occupational health).
• Decide whether any reasonable adjustments are required to facilitate a person’s return.
• Decide whether a risk assessment is required (i.e. whether the absence relates to disability, pregnancy or a work-related accident/illness).
• Stipulate the review period.
• Keep a record of the meeting.

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THE ROLE OF THE FIT NOTE
Employees can self-certify their illness for up to seven days by completing a form when they return to work to inform their employer of the nature and timescale of their illness. This is essential information for an employer’s sickness absence tracking.

Employees who have been off sick for more than seven consecutive days (including non-working days) should submit a fit note (Statement of Fitness for Work) to their employer. The fit note, which replaced the sick note in April 2010, outlines the functional effects of a person’s condition so that decisions can be made about a person’s ability to work.

The fit note allows GP to select one of two options:

• ‘Not fit for work’.
• ‘May be fit for work’ although potentially only with certain caveats such as amended hours or duties, workplace adaptations or a phased return to work.

The ‘may be fit for work’ option facilitates discussion about a person’s ability to work despite their health condition and forms the basis of discussions between employees and their employers.

GP can suggest on the fit note the kinds of adaptations that might help a person return to work (e.g. a phased return to work, altered hours, amended duties or workplace adaptations). However, the GP’s decision on the fit note is advisory so it is up to employers and employees (with the support of occupational health) to make the final decision about the work a person can or cannot do.

THE PHASED RETURN TO WORK
A phased return to work allows a person to return to the workplace gradually over a period of time (typically no longer than six weeks) rather than going straight back to full hours and duties immediately. A phased return to work should be based on a risk assessment, the principles of which are laid out in the Management of Health and Safety Regulations 1999, but may not always be a viable option depending on the nature of a person’s work (e.g. safety critical work).

A phased return is especially beneficial for a person who has been off work for an extended period because it allows them to reintegrate back into the workplace at a pace that suits them, and reduces the risk of reversing their recovery. A phased return to work might include:

• reduced hours that build back up again over time;
• altered duties;
• reduced working days (e.g. non-consecutive days to allow for recuperation);
• home-working.

There are no set guidelines governing the payment of employees during a return to work although it is common for salaried employees to be paid their full salary despite working reduced hours (on the basis that the phased return to work is only for a short period). Workers who are paid hourly will only be paid for the hours they work.
THE PHASED RETURN TO WORK
SOME BENEFITS

**Reduced costs**
Getting people back to work sooner, spending less on replacement labour and reducing the duration of full sick pay.

**Employee wellbeing**
Generally, being in work is beneficial for a person’s health and wellbeing.

**Smoother reintegretion**
A personalised return to work plan agreed between employers and workers will make a successful return to work more likely.

**Future-proofing**
The workforce is ageing and the proportion of older people in the workforce is growing. With this demographic shift comes an increase in the number of people working with chronic conditions so the phased return to work can be a useful tool.

**Company reputation**
Demonstrating flexibility with regards to those who have been off sick shows respect for the workforce and may encourage loyalty from workers.

THE PHASED RETURN TO WORK
SOME CHALLENGES

**Implementation time**
Managing a phased return to work requires management time and there is always the chance that a person will never be able to return to full duties despite the phased plan.

**Management challenges**
Organisations without their own occupational health resource may find it difficult to make the right decisions regarding the details of a phased return to work.

**Financial challenges**
It can be challenging working out payment for a person on reduced hours.

**Suitability**
Not all workplaces are suited to phased return to work programmes because it is not always easy to make the necessary adjustments.
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REASONABLE ADJUSTMENTS

The Equality Act 2010 protects people from discrimination in the workplace and in wider society. Employers are obliged by law to protect disabled workers in the workplace (including people whose physical or mental illness has an effect on their ability to perform day-to-day activities, which would mean they are classed as disabled).

An employer must consider making ‘reasonable adjustments’ for disabled employees in order to enable them to continue working without being at a disadvantage compared to others. Reasonable adjustments could include:

• making adjustments to premises or workstations (e.g. ramps for wheelchair users, rearranging office furniture);
• allocating some duties to a colleague;
• transferring a person to a different role should adjustments to the existing job role not be possible;
• changes to working hours (e.g. flexible working);
• allowing absence for treatment or rehabilitation;
• offering training.

From the perspective of the employer, a ‘reasonable’ adjustment is one which is practicable, affordable and does not cause too much in the way of disruption, whilst being effective in allowing the person to continue working. The final determination as to whether this legislation applies to an individual is a legal one, although occupational health can advise on likelihood of this.
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