

Why we're seeing an increasing need to support long term sickness



Is your organisation struggling to recruit? Are you struggling to find qualified candidates to fill your open positions? Or are you looking for a way to upskill your existing workforce?

The scale of long-term sickness on the UK economy

In this month's Hot Topic, we look at research gathered by three leading professional bodies on sickness absence.

The Office for National Statistics (ONS)

The ONS reported last year that almost 2.58 million people were economically inactive because of long term sickness; an increase of 76% from 2019.

Their report '[Rising ill health and economic inactivity because of long term sickness UK 2019 to 2023](#)' published in July, focussed on different health conditions of the working age population and those economically inactive because of long term sickness.

The key findings in report include:

- *More working-age people are self-reporting long-term health conditions, with 36% saying that they had at least one long-term health condition in Quarter 1 (Jan to Mar) 2023, up from 31% in the same period in 2019 and 29% in 2016.*
- *The number of people economically inactive because of long-term sickness has risen to over 2.5 million people, an increase of over 400,000 since the start of the coronavirus (COVID-19) pandemic.*
- *For those economically inactive because of long-term sickness, nearly two-fifths (38%) reported having five or more health conditions (up from 34% in 2019), suggesting that many have interlinked and complex health issues.*
- *Over 1.35 million (53%) of those inactive because of long-term sickness reported that they had depression, bad nerves or anxiety in Quarter 1 2023, with the majority (over 1 million) reporting it as a secondary health condition rather than their main one.*CIPD

- For those inactive because of long-term sickness and who had a main health condition that is musculoskeletal in nature, over 70% reported that they had more than one type of musculoskeletal condition.
- Other reasons causing long term sickness includes musculoskeletal issues such as legs or feet, which saw an increase in sickness levels of 29% and health issues relating to the back or neck increasing by 28%.

The Chartered Institute of Personnel and Development (CIPD)

The CIPD published its 23rd annual [Health and Wellbeing at Work report](#), which showed that sickness absence was the highest it had been in over a decade. It also reported:

- The average rate of sickness absence was 7.8 days per employee (2.4% of working time lost per year)
- Broken down into public and private sector; the public sector lost 10.6 days due to sickness per employee with the private sector losing 5.8 days per employee.
- The top two causes of short and long term sickness are mental ill health and musculoskeletal injuries
- COVID-19 continues to be a key contributing factor for sickness absences with it being the 4th main reason for short term sickness and 50% of employers report they have employees who have/are continuing to have Long COVID.
- Mental ill health continues to be a concern with 76% of employers reporting stress related absence with the main reason due to heavy workloads and management style.

The Health and Safety Executive (HSE)

Each year, the HSE publishes its latest research into working days lost in Great Britain because of work-related ill health and non-fatal workplace injuries.

On [22 November](#), it published its latest report, '[Health and Safety at Work – Summary statistics for Great Britain 2023](#)'. In their report, they confirm:

- 8 million working people were suffering from a work related illness
- 561,000 working people sustained an injury at work according to the Labour Force Survey
- 60,645 injuries had been reported to RIDDOR
- 2 million working days lost due to work related illness and injury
- £20.7 billion was the estimated cost of injuries and ill health from current working conditions.

Long COVID

It goes without saying that a significant impact on ill health was the COVID-19 pandemic and we now have data that shows the long-term effects of the virus known as 'Long COVID'.

The Office for National Statistics reported ([February 2022](#)):

- An estimated 1.3 million people in the UK (2.1% of the population) experienced self-reported Long COVID symptoms lasting four weeks or more.

- *Of the 1.3 million 275,000 (21%) first had COVID within the previous 12 weeks, 947,000 (71%) first had COVID at least 12 weeks previously and 554,000 (42%) first had COVID at least one year previously.*
- *836,000 had symptoms which adversely affected their day-to-day activities (63% of those with self-reported Long COVID)*
- *244,000 had symptoms which led to their ability to undertake day to day activities having been limited a lot.*
- *Fatigue was reported as being the most common symptom (50%) followed by shortness of breath (37%) followed by loss of smell (37%) and loss of taste (28%)*
- *Of the 1.3 million people with self-reported Long COVID, it had the greatest impact on those in the 35 to 69 years age group.*
- *Other groups significantly impacted included females, those living in deprived areas and those working in the health and social care sector, and those with another activity limiting health condition or disability.*

How employers can support people back into work

Tackling sickness absence can be hard because not only is it a sensitive matter when dealing with people's very personal health details, but it takes a lot of management time and involvement in preventing sickness, and where it happens, in getting people back to work.

Absence policy and procedures

A well-defined absence policy and clear procedures are crucial tools for employers to effectively manage and potentially reduce sickness absence.

A clear policy establishes transparent expectations for both employers and employees regarding reporting procedures, communication protocols, and potential consequences for excessive or unexplained absences. Furthermore, established procedures ensure consistent and fair treatment of all employees during their absence and upon their return, fostering trust and open communication.

This combination of clarity and consistency contributes to a more predictable and manageable situation for all parties, potentially reducing the likelihood of unnecessary absences and facilitating a smoother return-to-work process for employees experiencing genuine illness.

Legal obligation to make reasonable adjustments

There will be instances, where the employee's health will place a legal duty on the employer to make reasonable adjustments. What is reasonable to one employer may not be to another. It is for each case to be considered on its own merits, in the context of the job role, department and business.

The obligation to make reasonable adjustments arises when the health (physical or mental) is deemed a disability for the purpose of the [Equality Act 2010](#). A failure to do so would lead to [discrimination claims on the grounds of disability](#).

However, even when the health issue is not considered legally as a disability, it is often the right thing to do for supporting the employee in returning and staying in work.

Making reasonable adjustments could be to the role, working hours/days, equipment or environment and they can be either temporary or permanent, depending on the nature of the health issue and up to date medical advice. The purpose of the need for implementing reasonable adjustments under the law, is to ensure the employee can participate fully and effectively in working life on an equal basis to other workers.

Employee assistance programmes

An [Employee Assistance Programme \(EAP\)](#) is a service that assists in the resolution of employee concerns that may affect their work performance. Typically, this would include personal matters e.g. health, relationships, family, financial, emotional, legal, anxiety, alcohol, drugs and work matters such as work demands, fairness at work, working relationships, harassment and bullying, personal and interpersonal skills, work/life balance, stress and other related issues.

An EAP provides employees with free confidential counselling and other forms of assistance, advice and information, to recognised standards. It is also a strategic intervention designed to produce organisational benefit by addressing team and individual performance and well-being in the workplace.

EAPs are unique within the occupational health field as they address both employee well-being and organisational performance. They can therefore reach people who would not otherwise have access to the support from which they may benefit.

Mental health first aiders

Someone who is appointed internally to be a Mental Health First Aider (MHFA) will have a significant role to play in reducing sickness absence that is of this nature. They are not trained therapists or mental health professionals but will have sufficient training to provide initial support and recognise when to call for more professional help.

As a first aider they can:

- Provide early intervention and support as they are taught to recognise the signs and symptoms of mental health conditions. Their early intervention may be to provide support in a crisis occurring at work, signpost employees to external support and act as a general go to support for those who may be struggling.
- Having MHFAs in the workplace also foster a more supportive and caring working environment.

- Having MHFAs can also help the organisation to look for and identify potential risks that may contribute to mental ill health.

Wellbeing Champions

A Wellbeing Champion in your workplace is different to someone who is a MHFR; they won't be trained on mental ill health but will be someone who is seen as an advocate and promoter of employee wellbeing in the workplace. They can therefore play a proactive role in reducing sickness absence by raising awareness and promoting healthy behaviours, work practices and policies, monitor and collect feedback and ultimately support in creating a culture of wellbeing.

Access to counselling services

As a separate tool, providing access to counselling services can also help to reduce sickness absence, and where people are off on long term sick help in sustaining a return to work. The difference between an EAP service and specific counselling services will most likely be that counselling services could be offered face to face and available for more long term support. EAP services are typically associated with short term support and care as opposed to long term care.

Promote flexible working options

Flexible working has been proven to work for both employer and employee, because of COVID-19 lockdowns (however, there are still circumstances in which it may not be practicable).

Where it is possible, then many benefits can be gained particularly when it comes to supporting and maintaining a return to work following a period of sickness absence. If an employee is fit to do some work, then to have them back, albeit in a reduced capacity is going to be better in the long run than continuing to be off sick. The longer somebody remains off work on long term sick, the harder it can actually become to get them back into work.

If you can flex their working arrangements, or even the work they do on a short term basis to get them back initially, this could be beneficial long term. Remember too, flexible working or adjustments to work can be a reasonable adjustment for the purpose of the Equality Act.

Line management training

Line management training is fundamental to managing people and when it comes to managing sickness absence the employee's line manager plays a key role in facilitating and maintaining their return back to work.

Managing absence is also underpinned by several pieces of employment law and to avoid risk from tribunal claims it is vital that your line managers are trained in how to effectively manage it. Plus, the more skilled the line manager is in handling discussions and managing the process the more likely you will see lower absence levels.

In the CIPD report, it also found that a lack in line management skills and confidence was the most common challenge for employee wellbeing and management style being one of the top causes of stress related absence. It also found that 68% of businesses provide line managers with tailored support and 59% with some training in handling absence.

When it comes to stress related absence, 55% of organisations said that they were taking steps to provide stress management training for managers and that 66% were likely to train mental health first aiders.

Stress risk assessments

Stress risk assessments (SRAs) can be powerful tools for reducing sickness absence. They allow a business to proactively identify potential stressors within the workplace, and thereby allowing for these issues to be addressed before they escalate and negatively impact employee well-being.

Stress factors in the workplace can be things like workload, work-life balance, communication issues, or lack of control. A SRA can help identify issues prevalent in your workplace and help bring in measures to help address. This could include implementing flexible working arrangements, improving communication channels, or providing additional support resources. All of which may positively impact on staff attendance levels as well as employee engagement.

Employee communication forums

In the CIPD's report discussed earlier, it identified that the use of staff surveys or focus groups are popular tools for helping to identify issues contributing to sickness absence. They reported that 66% of employers are using both forums to identify causes.

Wellbeing strategies

Wanting to reduce sickness absence should be part of an overall wellbeing strategy. Wellbeing strategies promote and support the physical, mental and social wellbeing of employees and would typically include ways in which to promote health behaviours and support mental health. As well as encourage a work life balance, creating a positive work environment and empowering employees.

Together, focussing on a holistic programme will not only tackle absenteeism, but it will positively encourage employee engagement, leading to increased morale, productivity, and reduced staff turnover.

At what point does absence become detrimental and justify action?

There are times when a person's sickness absence from work becomes detrimental to the business, but what can employers do? On the one hand, how can it be fair to discipline or dismiss someone when they have genuine health issues? Equally though, how can an employer continue to maintain operations with persistent disruptions or long-term absences.

This is the biggest challenge for employers because it is about striking the right balance. An Employment Tribunal would expect a larger employer to 'put up with' long periods of sickness, or frequent persistent absences for longer compared to a small business. This is because they have the infrastructure and resources to be able to cover for the person who is off (or who is persistently off). Small employers are more likely to be able to justify an ill health dismissal sooner than a larger employer.

Yet there is no defined period for either type of employer. With employment law, it is about reasonableness, and fairness. In determining the exact point at which sickness absence becomes detrimental is therefore not straightforward. It is complex area of employment law, particularly because of the need to avoid discriminating or dismissing unfairly.

An Employment Tribunal will consider many factors in considering whether an employer has been reasonable in managing a disability in the workplace or for dismissing an employee for ill health capability. For instance, they will consider:

- Business size
- Nature of absence
- The level of disruption caused by the absence
- The role and impact the employee undertakes
- The cost for providing cover or introducing measures to accommodate the health concern
- Cost in terms of lost productivity
- Practicality in the person in being able to carry out their role and whether adjustments have been made to either the way the work can be carried out, or whether more suitable alternative employment could avoid the need to dismiss.

Of course, there isn't a blanket approach, or a defined list, but the above points are ones we have seen considered in case rulings but won't be a definitive list.

Having well written and communicated policies ensure absence can be managed fairly and consistently, and the aim is to see an improvement in a person's attendance. It is about having the confidence that their attendance will improve or that you will see a return to work in the foreseeable future.

However, improvement cannot always be seen and commercially, an employer is not expected to continue keeping a job role open or continue with persistent short-term absences. There will become a point, having followed a full and thorough fair procedure, where the difficult decision to end employment may only be the only available option left, having already exhausted all other reasonable avenues.

We would always recommend seeking HR Advice in the management of sickness absence cases, particularly those where a disability is involved.

Avoiding discrimination

Managing absence cases mean that you must avoid discriminating; whether this is directly i.e. you treat person A differently to person B, and the reason is because of A's disability. Or you do so indirectly, because of a policy that you have in place disadvantages those with a disability.

Employers can avoid discriminating by:

- Ensuring all line managers are trained on equality, diversity, and inclusion.
- Provide line managers with training on absence management.
- Have well written and clearly communicated policies.
- Deal with people's concerns as soon as they are raised.
- Have a fair system for how you manage absence, such as the Bradford Factor or equivalent. This will help you to be consistent in your approach to managing everyone's absences.
- Seek medical advice on how to support an employee in the workplace and in helping to identify what may be a reasonable adjustment.
- Consider all requests for adaptations and whether they are reasonable and if the health issue is likely to be a disability under the Equality Act. If they are not reasonable, ensure you can justify this and keep written records as to why you do not believe it is reasonable.
- Use up to date medical evidence before making any decision that has significant implications for ongoing employment.
- Prior to any dismissal for ill health capability, consider whether there are any redeployment opportunities that can facilitate a return to work and thus avoid the dismissal.
- Also, prior to a decision to dismiss, ensure the employee has fully exhausted all employment benefits available, including contractual ones, to ensure there is no breach of contract. For example, if you offer a permanent health insurance scheme, ensure this has been exhausted.

There may be further actions to avoid discrimination, we would advise seeking HR Advice in understanding what these would be for your case.

Further HR Guidance

- **Webinar Recording:** you can watch the HR Solutions webinar and download the webinar slides, at <https://www.hrsolutions-uk.com/resources/videos-webinars-archive/>
- **HR Knowledge Base:** this online resource is the go-to resource for thousands of business owners and managers across the UK. The HR Knowledge Base includes HR documents, templates, legal updates, news and hot topic articles as well as access to free webinars and HR seminars. To find out more call 0844 324 5840 or visit www.hrsolutions-uk.com/hr-knowledge-base.

