



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU



The Good Practice Exchange
Y Gyfnewidfa Arfer Da

Managing Absence

Tools, policy and guidance

www.wao.gov.uk/goodpractice

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Calculating costs



Calculating costs

“Commercial organisations concerned with bottom-line profit have a culture where the importance of absence and its costs to the organisation are recognised, and they appreciate the business case for addressing it. Public sector employers in a non-profit environment have, on the other hand, been able to take a more sympathetic people-centric approach that aligns with their culture of public service. Without the commercial imperative to drive costs down and productivity up, the business case for managing absence effectively is harder to sustain in practice.”

Source: Public/private sector sickness absence: the impossible divide. Institute of Employment Studies, Sue Knott and Sue Hayday, 2010

Data

Firstly, you should keep track of the following within your organisation:

- overall levels of sickness absence across the organisation;
- expressed as sick pay as a percentage of the whole pay bill, and in absolute cost terms, and in number of days per person;
- levels of absence split by occupational group;
- levels of absence split by site/department/areas of managerial responsibility;
- split into 'short-term' (<eight days), medium (>four weeks), long (>12 months); and
- comparable organisations and occupations (benchmarking).

Note: Are you confident that every absence is recorded and is fed into the data? If odd days of absence rely on busy managers remembering to complete a form, it is likely that up to 10 per cent will be unreported.

If data is not available in a sufficiently robust and flexible format to enable detailed use, then the first and most important action for the Chief Executive is to develop an action plan to remedy this fault.

What are the main costs to calculate?

Sick Pay

The most significant cost is the payment of salary (sick pay) to people who are not actually making any contribution to the delivery of services.

It is good practice for an organisation to report regularly on the actual amount of money paid via sick pay, and to express that as a percentage of the whole pay bill. This will give a frame of reference to show the actual cost to the organisation.

Example

Many organisations express their absence in terms of the number of days lost per head.

If there are 261 days in the working year (i.e. 365 minus weekends, allowing for the fact that many public service organisations make allowance for sickness during holidays, and staff who are absent long-term carry forward entitlement to holiday pay, subject to specific circumstances), one days' absence is $1/261$, or one per cent absence is 2.61 days per person (three per cent=7.83 days, four per cent= 10.44 and so on).

Thus an organisation of 1,000 people that is losing four per cent absence, is losing $10.44 \times 1,000$ days' work per year, i.e. 10,440 days.

If the organisation has 1,000 staff and is losing four per cent in absence, this is equivalent to 40 whole time people.

The Chartered Institute of Personnel and Development report that 60 per cent of all absence arises in periods of less than eight days, i.e. when the person concerned decides that they feel unwell and make the choice not to come to work.

Applying this to the example of the organisation with 1,000 staff, 60 per cent of the 40 is 24: thus if that organisation could convince their staff to come to work on half of the occasions, or for half of the number of days they had stayed off, this would be the equivalent of recruiting 12 full-time people.

Temporary Staff

Many functions have to be covered with temporary staff in the event of regular staff absence: locum, supply, agency, or internal overtime, with the cost of that being in addition to the sick pay being paid to the absent member of staff.

Overtime

When one person is paid overtime to cover for another's absence, this carries the risk that the overtime pay creates an incentive which is 'shared' by work colleagues, effectively taking turns to stay at home, to ensure their workmates are paid premium rates.

Any additional workload to cover for absent colleagues should be carefully monitored as it is likely to be impossible for one person to cover all of the work of two jobs. This means some work will be left to build up, or the person carrying it all could become exhausted.

Impact on Colleagues

Absence also carries an impact cost:

- an impact on the manager who has to juggle with staff and other priorities to arrange to work around the absence; and
- an impact on work colleagues of the absentee who may have to carry additional workload.

“Line managers take primary responsibility for managing short-term absence in 70 per cent of organisations overall, rising to 87 per cent in the public sector. They take responsibility for managing long-term absence in 53 per cent of organisations overall (74 per cent of the public sector). Not all organisations, however, train managers in absence-handling and fewer provide them with tailored support.”

CIPD Absence Management Survey Report 2012

Communication

Absence/attendance data is collected in different forms in different organisations, sometimes for use in national data-collection exercises.

It is generally worthwhile to convert 'standard' percentages or 'days lost' figures into meaningful briefings which staff can relate to.

Example

In a Fire and Rescue Authority, there were 79 shifts lost through absence, but the previous year, the figure was 43.

A Police Authority has undertaken a review of all policies and practices relating to attendance. As a result, the number of days lost per officer is better this year than last year by 5.22 days. With a strength of 1,510 officers, this is the equivalent of an additional 35 police officers working in the area throughout the year.

Major risks



Major risks

This covers two important areas of risk that must be of concern to all public service bodies:

- 1 Potential cost of litigation; and
- 2 Key staff absence.

1. Potential cost of litigation

While of course there are altruistic reasons to promote well-being and good health amongst public service staff, there is also a growing risk of prosecution, with significant potential penalties.

The Chartered Institute of Personnel Development, the Health and Safety Executive and colleagues have produced a guide on '[Work-related Stress: What the Law Says](#)' (2010). This guide includes examples where UK public and private sector organisations have been prosecuted.

These include:

- £94,000 awarded to a former Post Office worker (when it was part of the public sector) after suffering a stress-related illness that the court found was caused by his work, as a result of overwork and lack of training on new systems; and
- nearly £110,000 awarded to an accountant who suffered ill-health due to excessive working hours and demanding workload while working for O2.

The legal fees incurred by the organisations concerned are not published, but, along with management time, are likely to have added significantly to the costs of these cases.

The guide goes on to provide an overview of the core requirements of an employer.

"You need to be proactive in considering what factors could cause ill-health or exacerbate existing health conditions. The law states that you should:

- take reasonable steps to examine the workplace to identify risk;
- identify possible sources of stress that could foreseeably cause employee ill-health;
- take notice of signs of harm to employees that are plain enough for you to realise that preventative or protective action is required;
- consider existing health needs or disabilities on the employee's ability to carry out their work; and
- expect that employees can withstand normal pressures of work."

The research into workplace stress confirms that the risk of burnout is greatest where the occupation places an emotional demand on the employee.

Unison has also published '[Stress at Work – a guide for safety reps](#)'. Though this guide is a few years' old now, it includes a useful model stress management policy and staff survey.

2. Key staff absence

There is a record of lengthy absence among the highest level officers in public services in Wales. Sickness absence is often unplanned and so organisations must be ready to avoid any negative impact on service delivery.

“Long-term sickness is one of the most difficult problems for management to tackle. Large organisations are usually better placed to cover these problems through more flexible working. In small organisations (or where the absentee fills a key position) it is not always so easy. Do you:

- replace the worker in order to get the job done; or
- aid the sick person's recovery by guaranteeing their job security?

Whether you are in a large or small organisation you will want to assess what impact the long-term sickness is having. Ask yourself:

- Just how much damage is being caused by this absence? Is there an immediate crisis; or
- Could the organisation afford to continue for some time without a replacement, with some re-organisation?”

Source: ACAS, Managing Attendance and Employee Turnover, 2011

It is good practice for the scrutiny committee, board, or equivalent to ensure that the organisation has clear plans to ensure services can continue.

Those plans should be covered in your risk management system. You should not rely on other already fully-loaded senior staff taking on additional responsibility. If the ideal means of cover for a particular position is for a colleague to 'act-up', then the same arrangement should be made for that person's post, and so on until the 'gap' that appears is one which could reasonably be covered by the use of an interim director.

The usual method of setting out cover plans is to use the organisation chart with the name of the person covering clearly marked, and then to ensure that this person has the opportunity to raise their competence before any crisis arises.

Absence cover can be a personal development opportunity, if it is properly planned and managed. The processes of raising the competence of the person covering would clearly aid that person's own development.

A system of preparing for cover has clear overlaps with personal development planning and it is good practice for this planning to be part of wider managerial organisation.

Invest to save - to reduce sickness absence



Invest to save - to reduce sickness absence

The following is a step-by-step guide to assist any organisation to identify the actions they could take to reduce sickness absence, and to ensure that the cost of those actions provides Value for Money.

1. Ensure data is available to analyse

At the least, you need the following data:

- absence by staff group;
- absence by day of the week;
- to show distinction between < eight days, > four weeks, > 12 months; and
- actual pounds paid.

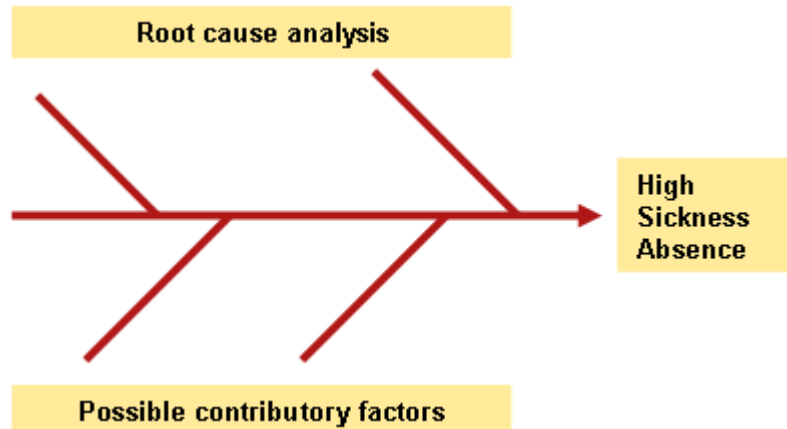
Ideally, you need the following additional data:

- whole-organisation gross paybill (i.e. inclusive of employment costs);
- gross paybill by occupational group/category (manual/clerical, etc);
- numbers of people employed (actual headcount and full-time-equivalent) in the same occupational categories as above;
- total number of days lost in the whole organisation over a 12-month period (which may or may not be the financial year);
- number of days lost in 12 months by occupational group; and
- the additional costs of 'cover' required by absence e.g. overtime, supply or agency staff.

This data will allow you to calculate the average cost of a day per employee and in each occupational category. This means you can calculate the direct cost of absence in each group.

The ability to compare a particular month's performance with the same month in previous years is useful, as sickness absence patterns have a strong seasonal variation.

2. Conduct a root-cause analysis



Create a list of possible factors which could contribute to high levels of sickness absence.

Legal factors could include:

- contractual provision is very generous and invites high absence;
- 'if I'm off sick, my mates get overtime pay. It'll be my turn next week';
- perceived difficulty in handling sensitive casework;
- belief that ill health retirement is too expensive;
- fear of disability/health and safety/unfair dismissal litigation;
- internal procedures are long and complex; and
- be consistent - if nothing has been done about one person, then it might be victimisation to pick on another.

Cultural factors could include:

- No interest in absence from the Board/Scrutiny.
- No interest from Chief Executive.
- Line managers have too many higher priorities.
- HR have too many higher priorities.
- Occupational health exists to care for the sick/are too busy.
- Fear of hassle from trade unions.
- The organisation is facing a difficult time, so everybody is stressed.

-
- Your staff deal with unhealthy client groups and are bound to catch infections.
 - Staff are ill/in pain because of their work. They believe that if they go back in, it will get worse.
 - It is a cold winter/the office is too hot/staff work in the rain.
 - The people you employ expect to have a lot of time off.
 - Everybody else in a staff member's team has time off, leaving them to do the work.
 - A staff member is having a difficult time at home.
 - Staff have no interest in their work, it is solely a means of earning money.
 - There is no incentive to come to work.
 - Your staff all work very hard and it is your job to support them, so you feel you can't question their absence.

Process or system factors could include:

- nobody knows who is/is not at work anyway;
- no interest in absence from the Board/ Scrutiny;
- no interest from Chief Executive;
- line managers have too many higher priorities;
- HR have too many higher priorities;
- occupational health exists to care for the sick/are too busy;
- senior management are not held accountable for attendance levels in their areas;
- absence data is a by-product of another system (e.g. payroll) which is incapable of providing analysis;
- absence data is always out of date and is usually inaccurate;
- scrutiny of any individual case, or of trends for a workgroup requires considerable initiative and tenacity to obtain data;
- the work is inherently unpleasant/uninteresting/has no scope for personal autonomy; and
- there is no professional Occupational health input available.

3. Challenge cause and effect

Having produced your own list of possible contributory factors, the next step is to subject each one to rigorous testing, using questions such as:

- Is there any definite evidence that this issue is actually contributing to absence?
- Is data available?
- How many people are off sick because of that factor? If they all left the organisation, or the factor was overcome completely, what effect would that have on the organisation's overall absence level?
- What evidence is there that action would have a beneficial impact?
- How widespread is agreement on this analysis?

At this stage, the activity is only about identifying possible contributory factors, and it should be possible to identify those which are most significant.

Note: You should test/repeat the exercise with other groups, such as managers, staff and trade unions; it is most unlikely that the same set of issues will be relevant to different occupational groups.

4. Prioritise

Which factors are the most significant in your organisation?

You should consider multiple factors. Different organisations, or groups within organisations, may have different definitions of what is significant.

A one-off unexpected non-appearance by a consultant surgeon on a day with a long planned theatre list will have different significance to two weeks absence of their secretary.

Consider the following list of possible 'significance', and assign a ranking to each according to different occupational groups:

- cost of paying staff for no contribution;
- cost of providing cover for essential functions;
- impact of working-around absence by manager and colleagues;
- impact of absence on service users;
- impact on morale generally;
- operational inefficiency;
- impact on perception of the organisation as an employer; and
- any other considerations relevant to your organisation.

5. Carry out 'gap analysis'

Compare your internal practices with the examples of good practice in the checklists within this guide, to identify possible areas for improvement.

6. Cost/benefit assessment

Identify the actions you need to take following on from step 5 (above), that could be taken to bring your organisation into line with best practice. List these in terms of your own organisation's priorities as decided in step 4 (above).

Develop costings as accurately as possible against each potential action.

It is possible to invest significant sums of money, e.g. in hiring full time healthcare staff, enhancing or refocusing the HR team, training line managers, and so on? Such decisions should be justified on the basis of careful analysis of the likely benefit of the specific action, in terms of the 'significance' identified above, balanced against the cost of taking that action.

Note that the cost of hiring a store detective must be lower than the expected reduction in loss through theft, and if this is not the case after a reasonable period, why do you still employ the detective?

Assess the benefit of each action in terms of its probable impact on reducing sickness absence, in context of the 'significance' priorities covered in Step 4 (above.)

Consider the whole task: If the 'policy' is revised, what else will have to be put in place to ensure that practices change on the ground?

7. Prepare and plan actions

Analyse the outcomes of step 6 (above) to identify the priority actions most likely to have greatest impact: What do you want to achieve?

Prepare plans for each action: How are you going to do this?

Set out those plans in SMART terms:

- Specific: Define the tasks.
- Measurable: How will you know what has been achieved?

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- Agreed: Gain commitment from those who allocate resources, those who must contribute to the project, and key stakeholders.
 - Realistic: Ensure that the plan is deliverable in context of all other priorities.
 - Time-specific: Define definite review dates and 'milestones' for gauging progress.

8. Project management

Use project management software to set out all of these actions.

As the work progresses, we tend to focus on particular issues and lose new good ideas, unless there is sound, comprehensive project management.

'PRINCE2' or similar project management techniques will ensure that:

- the whole task is 'owned' by the organisation, through reporting of the project through appropriate governance/scrutiny arrangements;
- the project is appropriately managed;
- stakeholders are engaged by involvement in project teams/working groups; and
- the review is seen as a significant change for the whole organisation.

Model Policy: Promotion of Attendance and Management of Sickness Absence



Model Policy: Promotion of Attendance and Management of Sickness Absence

This is a model designed to illustrate form and content. ACAS offers guidance on the development and implementation of new policies.

1. Preamble

The payment of any salary without working for it is a privilege. There is no legal obligation on the employer to make any payments beyond the state statutory sick pay, and doing so generates a significant cost. If that cost can be kept to a minimum, then the services provided by the organisation are better and additional costs of providing essential cover are reduced.

The need to maintain service levels while working around absence inevitably places an extra burden on other team members and colleagues who already have their own responsibilities to carry.

It is recognised that there are instances where members of staff are not well enough to work, and the purpose of our sick pay provision is to ensure that such unavoidable absence does not incur unnecessary hardship.

However, the majority of staff absence falls within the period of 'self-certification', where the individual makes their own choice about whether or not to come to work, and whether to stay off for only one day, or to make it two.

Within the bracket of longer absence, there is also a phase where the precise date of a return to work is set with some discretion.

These discretionary factors mean that different people in the same workgroup provide different levels of attendance.

It is therefore the intention of this Policy to promote good attendance and to manage sickness absence so that those discretionary choices are made such that absence is minimised.

Failure to comply with the requirements of this Policy may lead to the withdrawal of payment of sick pay.

2. Reporting and Recording

Anyone who is unable to come to work on any particular day when they are scheduled to do so, must telephone their supervisor (line manager) before 10.00 am to inform her/him of the reason, and to ensure that any vital work commitments that day are rescheduled or covered by someone else.

Where the illness is having a serious effect, then it is acceptable for this call to be made on behalf of the employee by a significant other.

Such calls must be made every day until such time as a Doctor's medical certificate is issued, and such a certificate is required if the absence continues for more than seven calendar days (i.e. including weekends or other days when work was not planned).

Shift workers are required to make the call with more than (define) two hours' notice before their scheduled start time, unless the particular circumstances make this impossible (e.g. heart attack, road traffic accident).

On receipt of the incoming call, the absence management system will be initiated, and the staff member will be regarded as absent until such time as it is closed by proper completion of the return-to-work process. It is the responsibility of the individual member of staff to ensure that the return-to-work steps are completed, for all absences.

The Line Manager will ensure that a colleague is given access to the individual's work e-mail to ensure that important messages are not missed, and to avoid the piling up of new material.

Line managers must ensure that they maintain comprehensive and accurate records of staff attendance and absence so that they are able to discuss the detail of the individual record in comparison with others. The organisation will use the Bradford Index to monitor patterns of absence.

This Index produces an overall 'score' based on all of the absences over the previous 12-month period, by application of the formula:

$S \times S \times D$

Where S is the number of instances of absence (Spells), and D is the total number of (working) Days lost.

Thus four 'Spells' of absence of two, three, one and five days, will generate a Score of:

$4 \times 4 \times 11 = 176$

Alternatively,

Two absences with a total of 120 days lost generates a score of 480.

3. Return-to-work

It is the responsibility of the returning employee to make an appointment to meet with their line manager/supervisor/team leader during their first day back at work in order to complete the Self-Certification Form and to review the individual's record of attendance, using the Bradford Index score. In any case where the score has exceeded 160, the case must be escalated for review with a Senior Manager.

In the event that the score has exceeded 200, then the individual concerned must be advised that their record is poor and that their attendance levels will be monitored through the next 12 months, with an expectation that the score will fall.

Managers will review each case where the score exceeds 200 and may choose to invoke the Capability Procedure.

4. Maintaining Contact

Throughout any absence of more than one week, managers are encouraged to maintain contact with the absent member of staff, on the telephone and by visiting them at home, to ensure that they do not lose touch with developments at work. The normal pattern will be for such contact to occur at least weekly, and may be shared amongst appropriate senior colleagues.

5. Case Conferences

In any individual case where the absence continues beyond four weeks, there will be a Case Conference (involving the HR Advisor, an Occupational Health professional and, if appropriate, a representative of the Safety Team).

The purpose of this Conference will be to review the circumstances of the particular case, discussing anything relevant which has come up through the routine contact, reviewing the individual's past attendance record, looking out for work-related issues, ensuring that the person's work is not 'piling up' for their return (especially in e-mail inboxes) and seeking positive actions to aid rehabilitation.

6. Reduced-Intensity Rehabilitation

Depending on the circumstances of the particular case, it may sometimes be possible to arrange for an absent member of staff to return to work earlier than would otherwise be the case, to support their return to a full workload, by working part time for a few days, or by some reduction in their duties for the first week or two, or by other similar short-term devices.

Anyone who has been absent for more than four weeks should be encouraged to call in to visit the workplace if they are able to do so, to help to ensure they do not become disconnected.

Note that the individual's GP is responsible for their care, and if the GP has stated they are fit to return to work, then there is clearly no need for any 'reduced-intensity' arrangements.

Where the GP has indicated that the person should be fit to return in X weeks' time, then the organisation, through Occupational Health, may make contact with the Surgery concerned to explore whether or not that return might be aided by a short period of reduced-intensity.

In the event that the GP indicates that a person is unable to continue with their own job, but could undertake some other duties, the organisation will explore the possibility of that, but only for defined periods of no more than three weeks which may be renewed.

7. Other Employment

Given the flexibility of work options within this policy, members of staff are not allowed to undertake any other form of employment (including self-employment) while absent through sickness.

8. Risk Assessment

The reasons for absence in each occupational group will be reviewed at least annually to identify any recurring patterns which might be a reflection of some aspect of the work itself. Where particular risks to health are identified, first, every effort will be made to 'design-out' so that the risk is removed, or where that is not possible, steps will be taken to mitigate the effects of the risk, e.g. by rotation of staff, interpersonal skills training, etc.).

9. Positive Action

This organisation is committed to the Welsh Government Corporate Health Standard, and has achieved (---) level, with action plans in place to gain recognition at a higher level within two years.

This organisation is committed to the HSE Standard on the management of workplace stress, and responsibility for delivery of that rests with (NAMED SENIOR OFFICER), working in conjunction with (specify staff engagement/collaborative group).

10. Monitoring and Review

The overall levels of absence, for the organisation as a whole and by department and occupation, will be reported on to the (Board/Scrutiny Committee) at least quarterly.

The Chief Executive will also review that data along with the cost of cover arrangements and comparisons against other organisations.

Targets for improvement will be set for the whole organisation and for operational units, which will be incorporated into the performance management criteria for the (Director//) concerned.

The overall impact of this policy, and the specific provisions of the details, will be reviewed and refreshed in three years' time.

Good Practice Checklist



Please click the image below to see the full Self-Assessment Tool

Good Practice Self-Assessment Tool

Is each relevant role and department in your organisation effectively managing sickness absence?

Please follow the relevant link to your section of the self-assessment:

- The Board / Scrutiny Committee
- The Chief Executive
- Senior Managers
- Human Resources
- Occupational Health
- Line Managers / Team Leaders / Supervisors

The Board / Scrutiny Committee					
Issue	Good practice	Fully achieved (yes/no)	Action required		
			Action	By whom	By when
Does your organisation have sustainable and robust processes in place to deliver on-going management of sickness absence?	Many organisations use a suitable senior management group to oversee attendance management such as a 'Performance Board' or 'Absence Management Group'. These groups can examine the action plans developed in those areas with poorest attendance rates, 'home-in on hot-spots', and ensure that there is genuine commitment to the development of a healthy workplace. In order to nurture ownership amongst line managers, it is good practice to take the matter beyond HR, and very important for performance to be regularly scrutinised at the most senior level.				
Do you receive regular reports of data showing absence levels and trends?	An organisation's overall absence data should be routinely reported to the Executive Committee or Board. The data should include indications of trends, 'hotspots', and actions staff are taking. Data should be reported for the whole organisation and by occupational group, with comparisons against other organisations/groups. Targets for improvement should also be defined for the Chief Executive.				

Organisation Risk Profile Tool



Please click the image below to see the full Profile Tool

Good Practice Profile Tool

At what level is your organisation in relation to sickness absence management?

Please follow the relevant link to your section of the self-assessment:

- Policy
- Systems
- Manager Level
- Team Leader / Employee Level

Policy		
Which level has your organisation reached?		What does this mean for future development?
Advanced	Organisation has achieved Welsh Government Corporate Health Standard at least at Silver level to demonstrate commitment to the 'Healthy Workforce'. Organisation can demonstrate actions consistent with HSE Stress Standard. Sickness Absence, Attendance and Capability policies and Procedures reviewed and updated in the last 3 years. Grievance and Disciplinary procedures follow ACAS models and are compatible with Attendance and Capability.	Progress from an already high standard is likely to require movement into cultural development, with engagement of the workforce and citizens in service improvement. Progress is also likely to include reviews of key organisation development strategies.
Progressing	Organisation is committed to achievement of Welsh Government Corporate Health Standard and is developing action plans regarding HSE Stress Standard. Working Groups in place to address Violence and Aggression. 'Attendance' policy exists, and includes 'How-to' guidance to ensure consistent application.	It is likely that the policy foundations are sound and the organisation's attention should be focused on delivery. It may be useful to look at the statistics of how / when various policies are implemented, to check they are not acting as obstacles and are consistent with ACAS models.

Useful Links



Useful Links

ACAS

The Model Workplace

www.acas.org.uk/index.aspx?articleid=2806

The ACAS Model Workplace draws on their unique experience to set out a range of factors which can make your business more successful.

ACAS

Managing Attendance and Employee Turnover, April 2012

[www.acas.org.uk/media/pdf/i/o/Managing_attendance_employee_turnover_\(Oct_11\)-accessible-version-Apr-2012.pdf](http://www.acas.org.uk/media/pdf/i/o/Managing_attendance_employee_turnover_(Oct_11)-accessible-version-Apr-2012.pdf)

ACAS

Flexible Working and Work-Life Balance, March 2013

www.acas.org.uk/media/pdf/4/n/Flexible-working-and-work-life-balance.pdf

NHS Employers (part of the NHS Confederation)

Guidelines on Prevention and Management of Sickness Absence, November 2012

www.nhsemployers.org/SiteCollectionDocuments/Guidelines%20on%20prevention%20and%20management%20of%20sickness%20absence%2022%20Oct%2012%20FINAL%20Agreed.pdf

Note: CIPD require you to register for a free account to access the below resources.

CIPD

Absence Measurement and Management Factsheet, March 2013

www.cipd.co.uk/hr-resources/factsheets/absence-measurement-management.aspx

CIPD

Absence Management Survey Report, Public Sector Summary, October 2012

www.cipd.co.uk/hr-resources/survey-reports/absence-management-2012-public-sector-summary.aspx

Institute of Employment Studies

Public/private sector sickness absence: the impossible divide, May 2010

www.employment-studies.co.uk/pubs/report.php?id=op18

The Work Foundation

Returning To Work, March 2013

www.theworkfoundation.com/Reports/332/Returning-To-Work

The Work Foundation

The Impact of Back Pain on Sickness Absence in Europe, June 2012

www.theworkfoundation.com/Reports/313/The-Impact-of-Back-Pain-on-Sickness-Absence-in-Europe

The Work Foundation

Taking the strain: The impact of musculoskeletal disorders on work and home life, December 2012

www.theworkfoundation.com/Reports/326/Taking-the-strain-The-impact-of-musculoskeletal-disorders-on-work-and-home-life

The Work Foundation

Blog

www.theworkfoundation.com/Blog

HSE

Management Standards for Work-Related Stress

www.hse.gov.uk/stress/standards/

HSE

Steps to Manage Sickness Absence and Return to Work – Flowchart

www.hse.gov.uk/sicknessabsence/flowchart.pdf

HSE

Example of what a return to work policy might contain

www.hse.gov.uk/sicknessabsence/examplepolicy.htm