

**Absence Management in the Public Services: Recent Evidence from the UK**

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## **ABSTRACT**

### **Absence Management in the Public Services: Recent Evidence from the UK**

In recent years there has been an emphasis from the UK government on reducing absence levels in the public sector (Cabinet Office, 1998). Against this background, this paper utilises findings from a three-stage study of current absence management practices. The study's findings suggest that there is a focus within public services on control of short-term absence but a surprising neglect of long-term absence.

Recommendations focus on issues that might be considered by the UK Government and also those that apply to public service organisations. At the Government level, such issues include a code of practice for managing long-term sickness and the development of best practice guidelines for return to work. At the level of the organisation, there is a need for greater coordination between functions, more effective absence policies and data collection, and a more strategic approach to the training and resourcing of line managers and workplace adjustments.

## **INTRODUCTION**

In recent years, pressure has been placed on public services to increase their efficiency and public accountability, a trend which has been conceptualised under the umbrella of new public management (Walsh, 1995; Stoker, 1997). New public management embraces aspects such as markets, networks, and community governance, and as such includes an external and internal focus. Externally for example, there has been renewed scrutiny of how services are delivered to the public (DETR, 1999; DOH, 1998); internally attention has been drawn among other things to the human resource management processes they utilise. Particular attention in this latter area has been focused on initiatives aimed at reducing the costs to the public purse of employee absence from work (Audit Commission, 1990), and the need for effective absence management (Cabinet Office, 1998).

In this paper, the authors argue that in attempting to reduce direct and indirect costs of employee absence, emphasis has ‘traditionally’ been placed on the control of short-term absence, with relatively little placed on providing support for long-term absent employees. Hence this has resulted in a quasi-disciplinary approach to ‘ungenuine’ absence and the neglect of strategies aimed at easing sick employees back into the workplace (Edwards & Whitstone, 1993; TUC, 2000). This desire has occurred against a background of evidence that long-term sickness constitutes a relatively large proportion of the working days lost through worker absence. It has also been pursued against a background of little detailed knowledge as to how employers approach the management of such absence. Consequently, in this paper the authors draw on the findings of a recent study of absence management to explore this issue and in particular to consider the appropriateness and viability of recent policy prescriptions advanced by the government in order to improve the handling of absence within the public sector. The study that this paper draws on consisted of a national survey of employers, follow-up interviews with 30 respondents, and then case study research in four organisations. For the purpose of this paper, the focus is on data emerging from two public service organisations.

The paper is divided into five main sections. The first section provides a background to the study through discussion of two main areas: the Government-driven impetus for a reduction in absence and then moving on to examine absence control and long-term sickness. The second and third discuss the methods used and summarise key findings. Finally, the concluding discussion highlights key issues raised and discusses the implications for public service organisations and government initiatives.

## **BACKGROUND**

### ***Government impetus to reduce absence in the public sector***

Recent figures have suggested consistently higher levels of absence in the public than in the private sector. For example, the CBI survey (1999) has shown that public sector workers take an average 1.7 additional days of absence each year, and similarly

Labour Force Survey findings from 1993 to 1997 again point to a marked difference in absence rates between the two sectors (Labour Market Trends, 1999).

Against this background of relatively high absence rates, the Cabinet Office (1998) has called for a reduction of absence in the public sector of 30% by 2003, and at the same time put forward a range of recommendations to reduce sickness absence. The recommendations include general prescriptions for raising awareness of health promotion, encouraging the use of welfare services, establishing wider and earlier referral to occupational health services (if the illness is work related), and the use of flexible hours to help employees return to work. They also draw attention to practices that may assist in the return to work of long-term absent employees. For example, they point to the potential value of providing rehabilitation services such as physiotherapy, and recommend the accurate recording of absence, early contact by the line manager, training of all staff on back to work interviews, and the setting of review points and trigger times for action.

Many of these prescriptions for change have been echoed in guidance issued for particular parts of the public sector. In the National Health Service, for example, not only have the Cabinet Office's absence targets been circulated, but the same percentage targets have been set for the reduction of accidents (Department of Health, 1999). In addition, in its document *Working Together: Securing a Quality Workforce for the NHS* the Department of Health stated that occupational health services and counselling should be available to all staff by April 2000 (Department of Health, 1998). In a similar vein, the National Audit Office (1999) in a report on absence in the prison service has recommended that action is taken to monitor absence more closely, maintain better contact with absent staff, ensure that return to work interviews are conducted and provide staff with better access to occupational health services.

This concern is reflected in more general policy development. For example, the TUC has recently published a TUC document on rehabilitation and job retention (TUC, 2000). In addition, it has also resulted in government investigation into possible action that might reduce both absence and job loss stemming from 'long-term' worker sickness (Lewis, 2000), including a proposal for pilot study projects.

Similarly, at both European and National level, there has been an increased focus in recent years on job retention and return to work. At the level of the European Union, for example, these issues form an important part of the discussion around improving the employability of workers (European Agency for Health and Safety at Work, 2000), and in individual countries such as Sweden, the Netherlands and parts of Australia there have been moves towards Government legislation and initiatives encouraging employers to be more proactive in respect of rehabilitation and return to work. Meanwhile in the UK, the Disability Discrimination Act (1996) places employers under a duty to provide reasonable adjustments to support the continued employment of workers with disabilities, a term that includes those who are suffering from long-term ill health (Bruyere and James, 1997).

Between them such legislative requirements draw attention to the management of long-term sickness and point to the need for coordination of the return to work process, laying down clear procedures for handling cases, using work adjustments, and early rehabilitative intervention (see e.g. Kearns, 1997; and Kenny, 1995).

### ***Absence control and long-term sickness***

Research has long-demonstrated that the causes of absence are multi-dimensional. For example, the widely referred to model developed by Rhodes and Steers (1990) identifies two key sets of causal factors. First, those that affect the motivation of workers to attend work and secondly those, such as illness, family responsibilities and transportation difficulties, that impact on their ability to attend.

The first set of factors has received much attention in the literature, with an attendant focus on short-term absence and discipline (Edwards and Whitson, 1993). In contrast, the second set has tended to receive rather less attention. In particular, despite the fact that much absence from work is at least labelled as being due to sickness there has, somewhat ironically, been a marked lack of studies which have sought to examine the importance of health in explaining worker absence (Smulders and Nijhuis, 1999).

Although the focus may have been on disciplinary practices and short-term absence, surveys have shown the relative importance of longer-term absence. Each year the Labour Force Survey (LFS) gathers information from workers in England and Wales concerning the number of days they were unable to work during the week preceding the survey due to sickness and injury, and the length of their last absence from work through such causes. An analysis of the combined data for 1987-1991 revealed that 42% of absence spells were of more than six days duration and that 32% were of more than two weeks in length (Clarke et al, 1995). As a result, it suggests that the majority of working days lost over the five-year period stemmed from relatively lengthy spells of absence. The importance of longer-term spells of absence is also highlighted by Department of Social Security data which indicates that of the 4.4 million workers who received Statutory Sick Pay (SSP) in 1995/96, approximately a quarter were absent for more than five weeks and a tenth for more than 13 weeks (Stafford, 2000).

In relation specifically to the public sector, various sources of evidence point to the relevance of long-term sickness as a cause of absence. For example an LGMB survey (1995) indicated that more than half of absence for local government staff was over 10 days duration. Similarly, a National Audit Office report (1997) on the Metropolitan Police showed that absences of more than six months had risen in recent years, largely due to rises in stress and spinal problems. Causes of such sickness absence include those that are considered to be work-related. Analysis of the Labour Force Survey (Jones et al, 1998) showed, for example, that of 29 occupational groups, nurses took off the largest number of working days due to work-related illness. Moreover, in local government the issue of stress-related illness is gaining prominence, and local authorities are increasingly having to pay out large sums of money to staff who have suffered from work-related stress (Connage, 2000).

Against this background, an investigation of the management of long-term sickness absence in the public sector is timely, and therefore the remainder of this paper examines the methodology and relevant findings from the authors' three-stage study into this topical area of management practice, and then draws conclusions from it.

## **METHODOLOGY**

The research methods employed for this project consisted of a national survey, follow-up interviews and case study research. The survey involved sending questionnaires to 1,000 personnel managers from a range of sectors, for which a 30% response rate was obtained. Follow-up interviews were then carried out with 30 of the survey respondents, allowing more detailed exploration of themes and issues. The third stage employed case study research in four organisations: two local authorities, a utility company and a transport operator. The main source of data from the case studies was semi-structured interviews with a range of respondents (about 10-12 in each organisation) including personnel managers, line managers, occupational health, trade union representatives and employees who had been off from work through long-term sickness. This data was triangulated by use of company documents relating to the management of sickness absence. The case study data enabled an in-depth evaluation of the management of sickness absence and the return to work process, drawing on the perspectives of various key stakeholders. In each organisation, interviews were carried out both with selected employees and with those actively involved in managing their sickness absence.

## **FINDINGS**

The findings will be addressed by drawing on data from all three stages of the research. The focus, however, is on the evidence provided through case study research in two public service organisations. Thus, the first section focuses on issues around the nature of absence policies and practices and draws on data gathered from the survey and follow-up interviews with personnel managers, providing an indication of the employer's perspective on managing long-term absence. Various key issues were highlighted as a result of the survey and interviews, and hence the second section focuses on more detailed research in two local authorities. Interviewees in these authorities included human resource and personnel managers, line managers, occupational health specialists, trade union representatives, and employees who had returned to work after a long-term sickness absence.

## **The survey and follow-up interviews**

Of the public sector respondents to the survey, 77% reported that they had a written policy on absence, and over two-thirds of these policies drew a distinction between the handling of short-term and long-term absence. However in only 57% of cases was it reported that these policies then went on to define what constituted 'long-term absence'.

Questions were also asked around the type of action that should be taken when an employee was off sick. While 90% of policies apparently laid down 'trigger levels' for investigation or disciplinary action, only just over a third (38%) of cases were related to the number of consecutive days of absence, while 49% were linked to the number of spells of absence. This implies a possible focus on short-term rather than long-term absence. The most popular measure was the number of days lost (62%), a measure that does not clearly determine between long-term and short-term absence.

Contact with absent employees while off sick was another issue examined. In only 37% of public sector organisations was it stipulated that contact should be made with absent employees through home visits, and just less than half (49%) provided for employees to be contacted to explore what could be done to facilitate their return to work. This was however in contrast to the private sector, where the figures were 30% and 37% respectively. As regards the types of actions detailed to achieve this objective, 68% of public sector policies apparently made reference to the provision of light duties, 73% to the adjustment of working hours, 40% to the use of rehabilitation services, and 14% referred to the availability of disability leave.

The survey questionnaire went on to ask respondents how far they agreed, utilising a seven point scale, with statements indicating that (a) their organisations had adequate procedures for managing long-term absence, (b) that therefore there was sufficient co-ordination between various functions involved in the handling of such absence and (c) that line managers had been adequately trained in respect of the issue. The responses given by public sector respondents to these questions varied. In the case of those concerning procedural adequacy and functional co-ordination, 79% agreed to some

extent with the statements provided in each case. In contrast, only 43% did so in relation to the training of line managers.

In the follow-up interviews of 11 public and 19 private sector human resource specialists, most reported that it was line managers who played the key role in managing absence. For example, a local authority interviewee observed that:

*“.....managers are responsible for managing their staff or managing their absence...we give advice on how to do it and OH will give the advice but they have to make the decisions”.*

However, around two-thirds of those interviewed identified attendant problems. In particular, attention was frequently drawn to the failure of line managers to maintain contact with employees and explore possible actions that could be taken to help them return to work, although such issues were considered to be of importance.

In common with the survey findings, the majority of both public and private sector interviewees reported that changes to working hours were almost always considered as an option. This was the case for eight of the eleven public sector organisations. In addition, examples were given of where the return to work of an employee had been facilitated by changes to job content such as the provision of light duties, and the majority also stated that there would be consideration of specialist equipment or alterations to the working environment. Nevertheless a number of interviewees drew attention to operational factors that limited the extent to which they could adjust working hours and / or job content, often referring to budgetary constraints. Thus, in 22 of the 30 organisations where interviews were conducted (8 of the 11 public sector organisations) no centralised budget existed to cover any of the costs associated with the making of such adjustments.

Such budgetary arrangements, when linked with the allocation of responsibility to line managers for the handling of return to work issues, was a source of concern in a number of the organisations that had them. For example, a respondent from a local authority noted how departmental autonomy and the different attitudes of line

managers acted to hinder redeployment, and further went on to observe that there could be “*inconsistencies across departments in terms of how people are treated*”.

### **Local authority case studies**

The survey and follow-up interviews highlighted issues around the content of absence policies and the management in practice of long-term absence. In taking this further, the case studies explored issues such as the nature of the absence policy and devolvement of responsibilities, but also investigated in more detail issues surrounding long-term absence and the return to work process that existing literature has identified as critical (Kearns, 1997; Kenny, 1995).

To explore the management of long-term absence in practice, in-depth interviews were carried out with various key people in two local authorities (LA1 and LA2) who were involved in the management of absence and the return to work process, including employees who had reportedly made successful returns to work. In the first authority where the level of absence was relatively high compared to other authorities, interviews were carried out with various people within the housing department (comparatively low levels of absence) and the social services department (much higher absence levels). In contrast, the second authority was one that had previously boasted of quite low levels of absence, although figures were now starting to rise. In this authority, Social Services had until recently had low absence rates compared to the rest of the authority, and in order to investigate this department more carefully, detailed interviews were carried out here.

Although findings from the two authorities were not identical, issues emerging from interviews in both of them corresponded to two main themes. Firstly, absence as a corporate issue, with pressures for change in policy, issues around the philosophy of the policy, and the way in which responsibilities were divided. Then secondly, issues related to the actual management of long-term absence, and in particular long-term illness and occupational status, the role of line managers, workplace adjustments, and management of employees on their return to work.

### *Absence as a corporate issue*

In both organisations, absence was seen as a key issue that needed to be addressed at all levels and there were various pressures for change in policy and procedure. In particular, there was a general recognition that the philosophy of the existing policy tended to be around discipline rather than support, and that changes to the policy were therefore necessary. Additionally, in taking the policy forward, the effective distribution of responsibilities was regarded as a pertinent issue. Each of these areas emerged as central to the management of long-term absence and is covered in turn below.

### *Pressures for change*

The drive from Central Government to improve absence rates was clearly recognised by various interviewees in both local authorities. Impetus had been gained from various sources: budgetary restrictions, criticism from district auditors (LA1), and Government recommendations such as the cabinet office paper which addressed the management of long-term sickness. The two local authorities had contrasting experiences in terms of sickness levels in that the first had experienced relatively high levels of absence, while in the second, levels were comparatively low. However in both authorities sickness absence was perceived to be a key issue, and discussions were taking place around the need for reform of sickness absence policies and procedures. In addition, in the second authority, the occupational health specialist was initiating case conferences where there had been long-term sickness, stress, or more generally, and more often, where there had been a “*breakdown in communication*” between the manager and employee. Indeed, stress was regarded in both authorities as a major cause of sickness absence.

Three issues were identified as pertinent to the management of absence. The first issue concerned a lack of clarity in the policy itself, and secondly there were issues around the nature of absence data collected which in the second authority was reportedly preventing effective health monitoring. Thirdly, there was found to be a general lack of communication. This was manifested in tension between occupational

health and line managers, and in the second authority also between occupational health and health and safety. More specifically, line managers complained that employees were returned to work when not ready and occupational health complained that the standards of referral were low. Such friction seemed apparent in both authorities, notwithstanding the fact that in the first authority occupational health was internally provided and in the second there was an external provider. Furthermore, in the second authority the relationship between occupational health and health and safety was reportedly inhibiting work on health promotion and ill health prevention.

*Philosophy behind the absence policy*

In both authorities it was suggested that there was some tension between support for the employees and control of absence. In the first authority, an occupational health specialist suggested that,

*“The focus is meant to be on support but the procedure is based on discipline”*

Meanwhile, a trade union representative referred to *the “draconian scheme which adds to the pressure”*. In the second authority, similarly, the policy language talked of sympathy for people who were absent through ill health, while the specified procedures to deal with those people focused on warnings. Indeed, a trade union representative in the second authority explained how the ill health procedure used to be separate from both disciplinary and incapability procedures but that currently everything was covered under a misconduct and incapability procedure. He gave various examples of where people had had to leave the council as a result of ill health and commented that,

*“More people leave the council through ill health dismissal than through misconduct or incapability out together”*.

Similarly, an employee in the same authority who had herself been through the sickness procedure as a result of long-term absence through ill-health suggested that,

*“...these days it’s more and more difficult to terminate somebody’s employment because of under-performance. And therefore in a situation say with long-term sickness, where they’re not really a valuable resource, then I would imagine it does present problems”*

Thus the present policy appeared to act against a supportive environment for return to work of long-term absent employees, which could have serious implications for sick employees.

#### *Devolved responsibility for managing absence*

In both authorities, responsibility for the management of sickness absence had largely been devolved to line managers. However, it was suggested that this could result in work overload: in the second local authority, restructuring and de-layering had reportedly resulted in pressure being placed on existing managers, and made it more difficult for them to fulfil their role in managing sickness absence.

However other factors such as a lack of willingness on the part of line managers to actively manage sickness absence apparently also had an impact. In the first authority, a human resources manager described difficulties in achieving objectives on absence as resulting from,

*“resistance from line managers, I guess...I mean our success has varied significantly between departments. We have some departments where our sickness levels in local government terms are very good. But we’ve others that are appalling”.*

He added that in such departments it was often the responsibility of human resources to monitor sickness absence and “prod” line managers into action. Similarly, in the second local authority the corporate HR feeling was that human resources was now taking an enabling role rather than the formerly perceived role as that of a “policing force”. In saying this, however, in both authorities it was noted that chief officers had a key role to play in ensuring that absence management was carried out effectively, and it was stated that absence levels had risen where this was not happening.

### *Issues in the management of long-term absence*

The above section described various aspects in relation to current absence policies within the organisations. However a number of issues also emerged around the implementation of that policy, and these are explored below.

#### *Long-term illness and occupational status*

In managing the long-term absence of employees, a number of interviewees referred to variation in terms of how employees were dealt with. For example, a personnel manager in the second authority stated that managers could be described as “*stepping outside the procedures*” in some cases. Such variation seemed often to relate to employee characteristics, and cases were cited of where there had been apparent leniency in application of the policy. One issue was in relation to whether or not an employee was “*highly valued*”, and both an employee and a line manager suggested that where this was the case there might be reduced use of the disciplinary procedures.

A second distinction could be made between those who had not been in the organisation for very long, and others who had greater length of service, and thirdly, a further distinction was based on the level of seniority, as the following statements suggest:

*“if you’re a senior manager and you get sick you’re much more likely to get exempted...the further up you go, the less likely anything’s going to be done about it”*  
(Trade Union representative, LA2)

*“...two people who’ve recently come back, they were supported very well by their managers who, they were quite high levels anyway so there was more interaction at the very high level, professional level, and there was a lot of support and a lot of suggestions coming back the other way about what they could do”*  
(Departmental personnel manager, LA2)

### *Line manager role*

Several issues around the management of sickness absence by line managers emerged from the case studies. The two that will be focused on here are those that previous findings have highlighted: namely the degree to which line managers maintain contact with employees, and their carrying out of return to work interviews.

### *Maintaining contact*

From evidence gathered through the initial survey and follow-up interviews it was found that maintaining contact with absent employees was not always required by the policy, nor applied in practice. However, in both authorities, personnel interviewees considered that it was the line manager's responsibility to keep in contact with an absent employee. For example a departmental personnel manager in the second authority commented,

*“There is very much this expectation that managers will be in touch with staff who are off sick, who will know exactly where they're at in terms of medical certificates, treatment, return to work etc”*

In the first authority the line managers interviewed said that they did keep in contact with absent employees. However from interviews with employees in that authority it appears that there was some variation in how this happened in practice. For example of three employees interviewed, one said that her manager had not been in contact for the six months she was off from work, a second was off for over six months and had one phone call but no other contact from his manager, and the third (who had a disability) said that she had not been contacted until her manager contacted her to discuss equipment that she might need to return to work. Indeed, the second of these complained to his line manager about a lack of support but was told that this was because he was not a *“priority service”*.

In the second authority, the situation was comparatively different. One employee was off from work for three months and reported that her manager contacted her every

week and sent follow-up letters. A second, moreover, explained how her manager had kept in contact throughout her four months of absence, and described how she had been visited and phoned by both manager and colleagues. She suggested that this had acted to reduce her sense of isolation, improve her confidence, and helped her to return to work.

### *Return to work interviews*

Return to work interviews could vary from a formal interview to something less formal, such as *“Oh, welcome back, how are you, there’s your in-tray kind of thing”* (Corporate Human Resources, LA1). Further interviews also revealed how the process could vary between departments. In the housing department of the first authority, for example, the process appeared to be clear with completed forms and regular checks by the director on areas where sickness levels were high. In social services, however, a line manager explained that she carried out informal return to work interviews, but when questioned about actual practice described an employee’s situation and admitted,

*“she wouldn’t be top of my priority. If there wasn’t so many I probably would make an effort and say how are you, you know, what’s going on”*

In care homes, in particular, it appeared that interviews were not always carried out, as was the case when a line manager was on a different shift to the employee. The first time that the line manager might then be aware of an employee being off sick was when they filled out their weekly sickness returns or experienced problems as a result of staff shortages.

In both authorities, formal return to work interviews were preceded by sending a letter from personnel to the employee, and line managers explained that it was good practice to inform the employee beforehand that this letter was going to arrive, since the letters could appear intimidating. The trade union representative in the second authority explained how letters consisted of a summary of the length of service, the previous sickness record, management action, occupational health advice, and the effect that

the employee' absence was having on the service. The last of these, he considered,

*“puts up more barriers to their return...not only am I ill, I'm a burden on the department. Sack me now”.*

This points to a conflict in the role of individual line managers, who themselves expressed difficulty in balancing the maintenance of the service with employee well-being. This tension was particularly evident when it came to carrying out formal interviews, as the following quotes from the second authority imply:

*“We were doing the strategy of we want you to come back, we want to adapt your work, but also we've got a job to do and therefore we can't not give you warnings”.*  
*(Line manager, LA2)*

*“What they were more concerned about was are you fit, when are you going to be able to get to work, you know, that sort of thing, but I didn't feel there was enough support in, how can we help this employee get over his illness”*  
*(Employee, LA2)*

*“You've got a knuckle duster in one hand and a glass of water and a cup of tea in the other.”*  
*(Trade union representative, LA2)*

Such difficulties point to the need for effective training of line managers. In the first local authority the current sickness absence policy had been introduced in the mid 1990s, and this was the last time that line managers had undergone formal training in absence management, although there had recently been some training on stress management training. In the second authority there was reportedly a new drive to bring in compulsory training for line managers in response to claims from employees against the council related to health and safety, violence, and stress. To date, training had been offered in areas such as risk assessment, but managers had been reluctant to release staff to go on such courses.

An employee who had successfully returned to work and appreciated the way in which her line manager had coordinated the process, referred to line management training and suggested that there were certain areas where it was deficient:

*“..although they might be good at managing the staff to ensure that they understand about providing the service, it’s staffing issues that they don’t seem to have training on.”*

### *Workplace Adjustments*

In returning an employee to work, consideration might be undertaken of workplace adjustments. Indeed, both central Government and existing research evidence have pointed to the value of making adjustments in assisting employees’ return to work. In each of the two local authorities, return to work accommodations provided for those employees interviewed included changes to job content, phased return, redeployment, counselling and new equipment. However although these were utilised, there were issues around how they were applied in practice. For example in relation to phased return, in all cases this was done using an employee’s annual leave or flexitime, and in one case the trade union had to fight on the employee’s behalf for even this to be allowed. Furthermore, there was no provision set aside to pay for an employee to return on reduced hours, and none for staff cover. When asked what the implications were of having no extra money to aid an employee back to work, a corporate Human Resources interviewee in the second authority replied,

*“The implications are that the managers deal with the problem. If they had additional resources, additional money to buy in temporary cover, then the urgency to deal with the situation may not be there”*

It was a similar situation with regard to provision of equipment. While one employee in the second authority was provided with minor changes to equipment very quickly, an employee in the first had to wait seven months for equipment to come through from the Employment Service (three months after her return to work). The latter, moreover, described her experience as being *“passed from pillar to post”*. Similarly,

it was found that in relation to job content changes were minimal. For example one employee interviewed in the first authority explained how these merely entailed some help with filing. Indeed, in general, both personnel and line manager interviewees considered that changes to job content were very difficult, and one went so far as to say that there were no light duties. The following statements demonstrate such reluctance:

*“..there’s no recuperative duties....We can’t offer any light duties...They’re just seeing what’s on paper, and that’s it. There’s no compromising, there’s no, well using a bit of common sense really. Very very rigid.” (occupational health, LA2)*

*“We have a big problem in convincing managers when they say light duties they actually mean you’ve got to manage the workload to get rid of heavy duties and that’s always a problem. They don’t like light duties here at all.” (health and safety officer, LA2)*

Redeployment was used for three out of the five employees mentioned above. In all of these cases, the new job was within the same department. In the second authority there was corporate matching of jobs vacant and jobs required, a process which used to go on for six months and had now been reduced to six weeks. However both personnel and occupational health interviewees in each of the authorities referred to reluctance from line managers to take employees from other departments, particularly if they had been off from work through sickness. As one trade union representative in the second authority commented, when asked about line managers’ attitudes to redeployment,

*“Why do I want this duffer?.. A lot of managers don’t take them and this means that they end up not being able to relocate and have to be dismissed”.*

Consequently, there were various problems identified in the management of absence and the return to work process. Incidentally, in neither authority did provision exist for disability leave, even for people who had become disabled at work, and neither was payment available for private medical assistance. Budgetary issues were raised as a concern in both authorities, but other than obtaining money from the Employment

Service, or in the second authority taking money out of the departmental health and safety budget, all costs of return to work in both authorities had to come out of departmental budgets, notwithstanding the fact that no money was set aside for such provision.

### *Managing employees after return to work*

Finally, assuming a successful return to work, issues arose around the treatment of employees on their return. In the second authority in particular, there was a careful continuation of sickness monitoring after employees returned to work. The trade union representative for social services in the second authority explained how, especially in cases on stress or depression, the monitoring of sickness “*works negatively on the individual*”. In addition, he described how many people had successfully returned to work but left afterwards as a result of the stress incurred in going through the process, or through dislike of the continued absence monitoring on their return. In this respect, he gave an example of an employee who had been off from work on long-term sickness absence due to stress. The employee resigned, but the line manager still tried to take her through the ill health sickness procedure in the month that she was working out her notice.

## **CONCLUSION**

The background discussion highlighted UK Government concern about relatively higher levels of absence in the public sector than the private sector, and indicated the frequently neglected role of long-term sickness absence in such figures. It also pointed to attention paid by Governments at both National and European level to initiatives intended to return employees back to the workplace. Such initiatives, notwithstanding the fact that some of the examples provided were not from within the UK, serve to demonstrate how a concerted attempt can assist in early return to work. At the same time, the evidence also implies significant costs to employers and employees when insufficient or ineffective action is undertaken in these areas.

Against this background, the authors undertook a three-stage study of the management

of sickness absence and return to work. Findings from the initial survey and follow-up interviews pointed to a lack of emphasis within absence policies on the management of long-term, as opposed to short-term sickness. They also indicated that line managers might not be adequately trained in the management of such sickness, and that within absence policies there was often no requirement to maintain in contact with absent employees. Responses to questions on return to work practices further revealed that while there might be consideration of accommodations such as light duties and working hours, this was rarely the case for other provision such as rehabilitation and disability leave. In addition, the interview findings revealed that while changes to the workplace might be considered, it was often the case that operational factors acted to limit the extent to which this was possible in practice. In particular, they drew attention to the inhibiting function of existing budgetary arrangements.

In depth case study research took this study further, and uncovered a number of key issues. At the corporate level, such issues included problems with the nature of the absence policy and the collection of absence data and insufficient horizontal and vertical communication within the authorities. While it was accepted that line managers should bear responsibility for managing absence, training appeared to be ad hoc rather than strategic, and without a strong lead from personnel or senior management, line managers could find themselves overloaded with work. Consequently there were weaknesses in how sickness absence was managed in practice.

In addition, an underlying theme was an apparent tension between support and discipline in the management of long-term absence. This tension was manifested at two levels: at the corporate level in the design of procedures, and also inherent within the role of line managers. Hence there appeared to be an uneasy balance between control of absence in order to protect a service and support for individual employees.

In relation to the return to work process, there was variation in the quality and frequency of both the contact of absent employees and the return to work interviews. In the latter respect, both the formal interviews and the letter sent out to invite

employees to the meeting could be intimidating in nature, especially when line managers simply followed laid down procedures. Similarly, the earlier discussion had pointed to problems in the way in which employees were referred to Occupational Health. In some cases it appeared that referral was done merely in response to procedural requirements, and not with any careful thought preceding it. Finally, there were weaknesses in how workplace adjustments were employed in practice, with problems resulting from budgetary constraints and a general lack of will to use phased return to work and redeployment. In summary, the findings suggest that although the Government seems to be placing some emphasis on tackling long-term sickness absence, local authorities in particular appear still to be focusing on control and discipline of short-term absence.

Consequently, there are a number of issues that merit consideration. The first set of these relates to policies and practices within the organisations themselves. One such issue is the need for coordination of functions. The evidence presented here suggests that there need to be closer working relationships between personnel, occupational health, trade unions, health and safety and line managers, in order to effectively manage the return to work process. A second issue that needs to be addressed is the inherent tension between discipline and support. Employees need to be reassured that they are indeed a valuable resource and that the underlying aim is not to dismiss them but to return them to the workforce. Thirdly, line managers need to be trained effectively in how to manage absence and the return to work process, and provided with the necessary resources to do so.

The findings, in summary, raise the question of whether Government pressure alone is sufficient to bring about substantial change, without legal and policy guidance in the area. Such guidance might include a number of actions. One line of action might be to develop best practice guidelines that focus on the return to work process, and these might be drawn up as a result of research into the effectiveness of the pilot projects on job retention and return to work. Included within the guidelines might be the requirement for similar consideration of adjustments as that being developed through case law as a result of the Disability Discrimination Act (1995), and in developing these it is hoped that there would be clear employee involvement or representation

through bodies such as trade union representatives.

A second line of action might be to follow the lead of Best Value in local government. The Government is placing much emphasis on ensuring that public services become more accountable and quality driven, and in Local Government terms, provide Best Value to users of services. However the needs of employees who have experienced long-term sickness should not be neglected. The value of adequate service provision should not outweigh the value of the individual employees who provide that service.

Finally, given existing evidence that the return to work process can intimidate or place pressure on employees, it would seem that there might be a need for additional protection for those employees who are absent from work through long-term sickness. Consequently, a measure that might be employed to address this concern is a code of practice that is admissible in 'incapability' cases brought under unfair dismissal law.

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