

## Health work and wellbeing: rising to the public sector attendance management challenge

The Acas Policy Discussion Papers series is designed to stimulate discussion and debate about key employment relations issues.

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'You wadd? Sick council worker paid £91,000 to change light bulbs' (*Daily Mirror*, 1 November 2006) – stories like this of taxpayers' cash apparently being squandered on 'malingering' public sector workers make good tabloid headlines. But why has public sector absence become such a hot topic across government, the media and academia? Is absence a bigger challenge for the public than the private sector, or do the headline statistics disguise a more complex picture involving workforce demographic factors and the epidemiology of work-related health conditions such as stress and other common mental health problems? Is it all bad news, or are efforts to tackle the issue in recent years beginning to bear fruit? If so, is this improvement across the board, or can some departments, agencies, local authorities and health bodies still learn from the effective absence management policies and practices implemented by 'early adopters'?

Acas knows what contributes to healthy relationships at work and how to equip managers with the confidence and

competence to reduce absence and build an attendance culture. Acas has been working with organisations for many years to help them develop more effective attendance management processes, with many successful outcomes. Through the day-to-day contact that our advisers, trainers and Acas Helpline have with organisations of all shapes, sizes and sectors, Acas has developed a unique perspective on the world of work. Acas' experience is that there are too many 'unhealthy' workplaces and high absence levels can often be caused by deeper organisational issues. Dealing with people issues is now often the responsibility of the hard pressed line manager who has often had little or no training to deal with these challenges, and dealing with absence issues can be one of the most difficult employment relations of all to tackle.

This Acas policy discussion paper explores the political, workforce and employee relations context for the current interest in public sector absence. It examines examples of effective interventions

and the remaining barriers to across-the-board improvement. It also outlines Acas' experience of working with public sector organisations on absence issues. The paper considers:

- the political and evidence context for the current focus on public sector absence
- the scope of the public sector absence challenge
- what works in public sector attendance management, and
- 'hot topics' in public sector attendance management, including the barriers to tackling long-term absence and the crucial role played by line managers in boosting attendance.

#### The paper proposes that we need:

- **further 'joined up' government messages and support for healthy workplaces**
- **new ways of reaching employers with practical examples of what works in attendance management**
- **even greater emphasis on the key role of line managers in managing attendance**
- **further links between government skills policies (including Professional Skills for Government) and day to day handling of 'difficult situations' in the workplace**
- **following the recommendation of the Leitch Review that all employees will be trained up to NVQ Level 2, it is worth policymakers drawing attention to a potential knock-on benefit arising from this skills enhancement in terms of improved attendance.**

#### Political drivers

There is currently considerable political pressure on reducing long-term absence – driven by the economic and social impact of long-term sick leave. There is growing recognition that if the Government is to deliver on its reform of public services and drive for greater efficiencies, tackling the issue of absence from work has to be a key priority. There are numerous Government initiatives on this agenda.

#### Treasury push

The current political interest in public sector absence dates back to at least 1998, with the publication of a study – *Working Well Together* – commissioned as part of the Treasury's first Comprehensive Spending Review (CSR). CSRs set firm and fixed three-year departmental expenditure limits and, through Public Service Agreements (PSAs), define the key improvements the public can expect from the resources invested.

The *Working Well Together* study was prompted by political concern that national surveys of sickness absence consistently suggested that the situation in the public sector was worse than that in the private sector. It contained a number of recommendations on how absence might be tackled, which were taken forward by the Cabinet Office and supported by a reference group. Guidance was produced and ministers agreed to set a target to cut public sector absence by 30% by 2003. This target was subsequently updated and incorporated into departmental PSAs. The study received wide support but failed to make much of an impression on the ground because senior management focus dissipated over time. In hindsight, many commentators also agreed that line managers were not given the tools to do the job, for example, real time management information and high-quality absence management training.

In 2004, Sir Peter Gershon's review<sup>1</sup> of public sector efficiency injected new energy into the agenda to cut public sector absence. The Gershon review made proposals for the type and level of efficiency gains that might be delivered by the public sector in the 2004 CSR period to 2007/08, including through active sickness absence management. The Gershon team asked departments to come forward with savings in the productive time of public sector staff, focusing on process reform, modernisation and sharing of best practice: 'there are also opportunities to improve sickness absence management and staff turnover rates, where these are high; for example by reducing disparities in performance across similar organisations in, or between different parts of, the public sector', the review adds. As headcount gets tighter, following Gershon efficiency programmes, so the focus on the productivity of remaining staff increases.

The 2007 CSR, covering allocations until 2010–11, will keep public sector absence firmly on the agenda, both politically and in practical, organisational terms. 'Ambitious' value for money programmes to release resources are envisaged, involving further development of the efficiency areas developed in Gershon – cutting absence is cited as a way to release resources to meet the 'challenges ahead', according to the Treasury<sup>2</sup>.

### **Ministerial taskforce**

The 2004 CSR called for a review of long-term sickness absence in the public sector and an examination of self-certificated, short-term absence in the civil service. These two issues were brought together in a joint review conducted by a new ministerial taskforce in autumn 2004: the Ministerial Task Force for Health, Safety and Productivity. Its programme fits within the overall 'Government setting an

example' programme, to support the public sector in improving its health and safety management. It comprises ministers and officials from Cabinet Office, Treasury and key targeted departments. There is also a Programme Board and the HSE acts as Secretariat to the Task Force. The Task Force was also asked to examine the scope for piloting innovative approaches to sickness absence management in the public sector, including incentives for good attendance and occupational sick pay.

The Task Force's first review decided that further action was needed to support line managers in absence management, in particular, by delivering appropriate data and system support for attendance management. A series of more specific pilot schemes for the management of short-term absence in the civil service were also proposed. For example, the Inland Revenue piloted the use of disciplinary procedures in cases where absence 'triggers' are exceeded (trigger points are used in many sickness absence monitoring systems to highlight levels or patterns of absence that require further attention). HM Prison Service's pilot, meanwhile, offered immediate referrals to occupational health services to employees experiencing stress as a way of intervening earlier in potentially lengthy mental health absence cases.

By November 2005, the Ministerial task force was in buoyant mood in a progress report<sup>3</sup>, stating that 'there are real signs that our work is already starting to have a positive impact', primarily by ensuring that the issue is kept high on the management agenda. There is now good practice in the public sector, the Task Force said, although it went on to recognise that the challenge that remained was to make this good practice the norm: high-level commitment and management action, and using trigger points and return-to-work interviews after absence, bring results, but these gains will only be

sustained with continuing management commitment – pilot projects and case studies will have most impact when spread across all parts of the public sector.

The Task Force, although initially set up in autumn 2004 for a two-year period, continues its work and in September 2006 published its guidelines on the 'Well Managed Organisation' for public sector boards and HR directors. Acas has worked in close partnership with the HSE throughout the delivery of its Sector Implementation Plans (SIPs) and has supported many of its workshops.

The aim of the Task Force is to ensure that the public sector makes a full contribution to the Health and Safety Commission's PSA target to cut the number of working days lost to work-related activity by 30% by 2010, which translates into an average absence level of around seven days a year per public sector worker. Cutting absence would also ensure that resources are devoted to delivering essential services and show that the public sector leads by example; for example, by promoting the business benefits of investing in worker health and safety and by contributing to wider health and safety targets, the Ministerial Task Force proposes.

### **Public sector setting an example**

'If current improvements in the public sector continue, the public sector may indeed pass the private sector' – so predicted Martin Narey, Head of HM Prison Service in 2004 when giving evidence to the Public Accounts Committee. The prediction proved over optimistic but, as a large employer, the pressure remains on the public sector to set an example to other organisations. This expectation is enshrined in the annual business plan of the main health and safety regulator, the Health and Safety Commission

(HSC) and its enforcing authority, the Health and Safety Executive (HSE). The HSE's Public Services Programme, linked with a separate stress programme and other initiatives under the 'Fit3' banner, is charged with delivering targets and working with the public sector on prevention and health and safety management.

This is one of two HSE strategic delivery programmes, focused on delivering the conventional health and safety elements of the HSE's PSA, including cutting the number of working days lost to absence by 30% by 2010. Fit3 is divided into three main work blocks aligned with the targets, and includes various initiatives that focus on public services:

- the HSE is focusing its stress work on five priority sectors, four of which are in the public sector. The 'Management Standards' approach is being rolled out to 2,000 organisations in local and central government, health and education services, and financial services in the private sector. The HSE is using a direct marketing strategy aimed at chief executives in conjunction with workshops for HR professionals. By summer 2006, 68 employers across the priority sectors had been supported to run the standards with the help of 50 specially trained inspectors acting as stress partners. Acas has been closely involved in delivering on the stress agenda and has formally partnered with the HSE in implementing its Sector Implementation Plans; for example, for phase 1, by training up key personnel in participating organisations and undertaking diagnostic work within organisations and, for phase 2 (which began in April 2006 and is aimed at 1,300 organisations in the key sectors) through our involvement in regional

workshops. Further master classes are planned where Acas will facilitate syndicate groups, while the next phase will involve rolling out the Standards to every UK organisation

- seeking to influence senior management in the top 350 public sector organisations, by demonstrating the value of best practice absence management and encouraging the appointment of absence champions
- working with employers in the health service to address particular issues in the sector including stress, manual handling, slips and trips, sickness absence and return to work, violence and aggression and safety by design
- developing a benchmarking tool to measure local authority performance on managing sickness absence.

### ***Health of the working age population***

A joint strategy<sup>4</sup> for the health and wellbeing of the working age population was launched in 2005. It aims to break the link between ill health and inactivity, to advance the prevention of ill health and injury, to encourage good occupational health management and to transform opportunities for people to recover from illness while retaining their jobs. The strategy, together with the Government's proposed reforms of incapacity benefits and the HSE's shift in emphasis towards the health part of its remit, are all part of an increasing policy focus on the health of the working age population. The health and wellbeing strategy is seen as an ambitious blueprint for change and is being driven by a new national director for health and work, Professor Dame Carol Black. Again, as a major employer, the public sector is seen to have a big part to play in the wider policy aim to help people at risk of losing their job due to ill health or injury stay in work.

The health, work and wellbeing strategy represents a ground-breaking partnership between the Department of Health, the Department for Work and Pensions and the HSE, and Acas is closely involved at every level of the infrastructure that has been set up to implement it. For example, Acas sits on the National Stakeholder Council and is involved in the National Stakeholder Network.

Acas is all too aware of the signs of an unhealthy workplace – for example, increased rates of sickness absence and labour turnover, lack of respect and dignity and lower levels of performance and productivity – and encouraging healthy relationships at work is a vital part of the HWWB agenda.

### **Social determinants of public sector worker health**

The final piece in the context jigsaw is provided by the Whitehall II study<sup>5</sup>, a very influential, ongoing piece of research demonstrating that the health and wellbeing of public sector workers (and civil servants in particular) is not purely a function of the jobs they do and the specific absence policies of their employers, but is affected by the circumstances in which people live and work. The two Whitehall studies (the first one was set up in 1967) dispel the myth that people in high status jobs are more at risk of heart disease due to stress and propose an important thesis. The studies reveal that there is a gradient in the social determinants of health – the more senior and less disadvantaged you are, the longer you can expect to live.

For example, the Whitehall I study showed that men in the lowest employment grades were much likely to die prematurely than men in the highest grades. The Whitehall

II study was set up to determine what lies behind the social gradient in death and disease.

The social gradient exists for most of the major causes of death among civil service workers, including some cancers, chronic lung disease and depression. It also exists for other work-based indicators including, significantly, sickness absence. The Whitehall II study found that low levels of work demands, control and support were associated with higher rates of, and longer spells of, absence in men and, to a less extent, in women. The conclusion was that increased levels of control and support at work could have beneficial effects in terms of improving the health and wellbeing of employees and boosting performance and productivity.

These findings have major implications for how positive and proactive approaches to attendance management could be developed: for example, by focusing attention on work-based factors such as the way work is organised, the degree of control and autonomy that people have over their work, and the management culture. Such approaches may be more challenging to implement, and require more creativity and planning on the part of managers, but they are the ones that hold the key to securing long-term improvements in attendance, stress and productivity levels.

### Scope of the challenge

So what do the statistics tell us about the scope of the public sector absence challenge? Headline absence levels across the economy increased to an average seven days per employee a year in 2006 according to the 2007 annual CBI survey<sup>6</sup>. Some patterns are constant from one survey to the next; for example, manual worker absence is higher than non-manual, and stress and musculoskeletal disorders tend to drive long-term sick leave.

And public sector absence is always higher than that in the private sector, according

to research evidence. For example, the CBI survey finds that public sector workers took an average nine days a year off sick in 2006 compared with 6.3 days for private sector employees, irrespective of organisational size. The other major national absence survey, by the Chartered Institute of Personnel and Development (CIPD), indicates that although public sector absence fell slightly last year, it is still significantly above average. Further, the small improvement identified was not consistent across all parts of the public sector, so that health service organisations recorded the highest reduction (from 5.1% of available working time lost down to 4.6%), while absence in local and central government actually rose last year. Like the CBI, the CIPD also claims that differences between public and private sector absence persist regardless of workforce size.

This popular view is 'misleading' according to the HSE, which published statistics seeking to debunk this view recently<sup>7</sup>. It is certainly worth examining headline absence figures in more depth to more fully appreciate the differences in public/private absence levels. For example, there is evidence that employers in the private sector under-record absence, particularly in small firms, the HSE survey claims. The headline difference in days lost to absence between the public and private sector (7.8 and 5.7 days a year per employee respectively) is halved if workforce size is taken into account, and almost disappears completely if other workforce factors such as age and gender are included.

The survey indicates that workforce size does explain part of the variation in absence, arguing that almost all public sector organisations employ more than 250 staff, and that employers of this size have higher absence on average than small firms. Workforce composition factors also underlie the variation between private and public sectors; for example, a higher proportion of the public sector workforce is female and women have more spells of absence, which also tend to last longer, than men.

In addition, certain work-related conditions, including long-lasting stress and common mental health problems, are more prevalent among employees in public facing roles, and this partly explains the higher rates of absence due to these conditions in many parts of the public sector. For example, occupations in the health and education services regularly emerge as the 'most stressed' in surveys. Just over three quarters of public sector workers rate their jobs as 'quite' or 'very' stressful in the HSE study compared with 68% of those in the private sector, for example. The difference is most marked for those rating their job as 'very stressful' – 23% of public sector workers describe their jobs thus compared with 15% of private sector employees.

A study<sup>8</sup> of attendance management in the Department for Work and Pensions (DWP) by the National Audit Office (NAO) shows that workplace and workforce characteristics are vital in explaining the department's relatively high rates of absence. There is a high risk of confrontational situations arising in large parts of the DWP such as job centres, for example, and the DWP also employs large numbers of women in part-time, low grade jobs – all factors likely to increase the average absence rate. Many of these employees also have roles that bring them into contact with the public where they may be required to convey unwelcome news about issues like eligibility for benefit, or to discuss complex personal matters – all situations that can potentially develop into confrontation.

The DWP, in common with many other civil service departments and agencies, is also undergoing constant organisational and cultural change, affecting the nature of jobs and employee relations. For example, job centre staff now have more personal contact with those seeking work than several years ago, and a growing proportion of back office work is now performed in centralised call centres rather than local benefit offices. Workers in these roles can face very specific

hazards and stress risks associated with call centre working.

### **Long-term absence challenge**

Long-term absence remains a particular challenge for public sector employers, driven by relatively high rates of stress and mental health absences, which tend to last longer than absences due to other causes. Just over a quarter of public sector organisations in an annual survey of HR practitioners last year<sup>9</sup> reported that overall sickness absence had worsened, due largely to an inability to get to grips with long-term sick leave. For the second year running, larger proportions of public sector employers reported a worsening position on stress and mental health absences than their private sector counterparts.

The latest analysis of absence in the civil service<sup>10</sup> finds that a small number of staff have long and very long periods of absence and that these have the biggest impact on the headline figures. The largest single group of civil service absences (37.5%) last for just one day, and the overwhelming majority (84.1%) for a week or less, but it is the 16% that last longer than a week that influences the overall average. Stress remains the single most important cause of sickness absence in local government, accounting for 31% of long-term absence in 2004/05, according to a Local Government Employers' report<sup>11</sup>. Evidence of workforce factors determining overall absence is again present in this part of the public sector – absence rates in social services are amongst the highest of any public sector setting due to high stress levels and the public-facing nature of many job roles.

Successive rounds of workforce restructuring and organisational change, often driven by efficiency programmes, heighten the long-term absence challenge facing public sector organisations, and the health of public sector workers is at risk of harm if such change is badly handled. The Whitehall II study mentioned earlier argues that

'poorly managed organisational change harms health' – not just job insecurity or loss but changes to the nature and conditions of work, contract types and changes in management style. A fair and open exchange of information and employee involvement is vital during periods of organisational change given the significant potential health effects, and the consequent impact on absence levels.

### Understanding public sector absence

The following is a summary of absence trends in selected parts of the public sector, showing that performance remains patchy, with some organisations succeeding in bringing down average absence rates while others struggle, particularly with long-term cases:

- **Central government:** the average civil servant took 9.8 days' sick leave in 2005<sup>10</sup>, an increase on the 9.1 days recorded for the previous year, although this rise is likely to be due largely to changes in survey methodology. The total cost of absence rose to £452,085,417, or £871.92 per staff year. The majority of absence spells (84%) last less than five working days, and a 'noticeable' number of civil servants have a large number of spells a year, according to the authors of the report. Overall, fewer spells of absence were taken last year, but each spell lasted on average half a day longer, suggesting significant issues remain with long-term absence.

**Local government:** sickness absence is a best value performance indicator and absence is also part of the CPA tool used by the Audit Commission to evaluate

local authorities. Sickness absence is being addressed as part of a joint Employers' Organisation for Local Government/DCLG pay and workforce strategy. Absence in this part of the public sector has remained fairly stable for the past five years, and early signs of a cut two years ago do not appear to have been sustained in 2004/05, according to the latest figures<sup>11</sup> from the Employers' Organisation. These show an average absence rate of 5.2% for larger authorities, equal to 11.5 days per employee per year, the same as that recorded in the previous year. Best value performance indicator data for smaller shire councils show that these cut their average rate to 4.2% in 2004/05, from 4.5% in the previous year.

- **Health services:** absence rates have oscillated between 4.5% and 4.8% of working time since 2000 and vary hugely between trusts and areas of operation. For example, absence is relatively high among nurses working in accident and emergency wards of hospitals, while mental health and ambulance service trusts typically have higher absence levels for all staff than hospital trusts as a whole. The national rate for 2005 was 4.5%, down marginally on the 4.6% recorded in 2004 and the 4.7% in 2003. This headline figure masks huge variation by trust type, from an average 2.8% in the administrative head offices of strategic health authorities, to 6% in ambulance trusts, although this latter group of employers recorded the highest fall in average absence last year. Violence and aggression is one of the biggest

causes of sickness absence and ill health in the healthcare sector figures from the NHS Security Management Service show there were 43,301 physical assaults against NHS staff in mental health and learning disability settings alone in 2005. The annual survey of health service staff by the Healthcare Commission regularly shows that violence and aggression is a serious issue for staff.

- Police and probation: police absence fell from 12.7 to 8.8 days per employee per year between 1997/98 and 2004/05. The latest annual report from Her Majesty's Inspectorate of Constabulary (HMIC) shows that officer absence fell by 5% between 2003/04 and 2004/05, from 77.8 hours lost per annum to 73.8, while civilian staff absence dropped from 81.5 to 75 hours, an 8% fall. As in many other parts of the public sector post-Gershon, police forces are required to make quarterly reports on absence, and sickness absence management forms part of the baseline assessment process for all forces
- Absence in the probation service costs more than £31 million a year, according to a National Audit Office (NAO) report<sup>12</sup>, and the average employee takes 12.4 days off sick a year, significantly more than the nine day target for this part of the public sector. One third of days lost are due to stress, costing £9.8 million a year alone. Part of the problem, according to the NAO, is that line managers have significant discretion in applying absence policies, so that 'procedures are not applied consistently'. By autumn

2006, 35 out of 45 probation areas still exceeded the nine-day absence target, with the most serious under achiever, West London, having an absence level of 15.5 days per employee per year.

### **Effective attendance management**

The extensive experience built up by Acas through working with organisations to improve attendance strongly indicates that a vital first step for every employer is to identify and analyse the underlying causes for the absence. For example, are sickness absence levels higher in one particular team or at any specific time? It is possible that an employee's absence from work is but the symptom of a deeper issue: poor attendance can be caused by a number of factors aside from illness – either personal or organisational. If dissatisfaction with particular work issues – such as poor job design, work overload, relationship conflict, ineffective line management or bullying – is the real reason for the absence, it is vital that these are teased out and discussed with the employee. A key focus of the work undertaken by Acas to help organisations better manage attendance is to work with groups of employees to diagnose these underlying, root causes.

Essentially, there is no reason why the elements of effective absence management should differ between the public and private sector – initiatives and tools that prove successful in the private sector should also work in public services. CBI annual surveys regularly find that commitment from senior management, and putting the right policies in place, are the most effective measures. The CIPD research, meanwhile, points to the role of return to work interviews, the use of trigger points to review attendance, and the use of disciplinary procedures in the case of persistent, short-term absence as among the most effective tools. The involvement

of occupational health professionals and the development of rehabilitation programmes represent two of the most effective approaches for managing long-term absence. All of these interventions are currently in use in many parts of the public sector, and are not 'new' approaches.

However, the organisational, cultural and process factors underlying the differences in absence rates and patterns between the two sectors (for example, those associated with the composition of the public sector workforce, and the prevalence of certain work-related ill health conditions such as stress) influence the relative effectiveness of absence management interventions in the two sectors. Good practice needs to be translated into action on the ground, and this only happens if there is sustained commitment from senior management, and line managers are provided with the leadership, training and support they need to do the job on a day-to-day basis. Managers, in particular, need accurate data and good HR systems in order to target absence management initiatives, something that has been lacking in many parts of the public sector until recently.

The Ministerial Task Force has put down a marker that public sector absence watchers are in for a frustrating time, as absence may even increase in the short-term because the installation of better HR information technology may capture more hidden absence, particularly short-term frequent absences of up to three days. The sector also continues to face the prospect of considerable organisational restructuring, relocation and redundancies, all of which increase job uncertainty, and potentially change the demographic profile of the public sector workforce, pushing up headline levels of absence.

### **a) Absence fundamentals**

Effective attendance management hinges on the role of line management, and questions

remain as to the confidence and competence of such managers to perform the function in the public sector, although many organisations are addressing the issue:

**Training:** line managers often feel ill equipped to manage absence issues, particularly the growing number of cases involving sensitive issues like mental health problems, or absence that has its roots in poor working relationships. Having in place excellent policies and procedures may provide the right framework to manage attendance but – as with every other people management activity – it is how managers implement those policies that will determine their effectiveness. This means that line managers need to have effective interpersonal skills, and be confident and competent to tackle potentially sensitive issues with individual employees.

The sensitivity and potential conflict associated with managing some absence issues places a particular demand on the 'softer' skills required of line managers, well beyond the procedure-focused training that is typically delivered to this crucial group. An organisation could benefit from training managers in mediation and/or conflict management skills in order to better equip them to deal with more challenging situations, or from turning to an independent third party that is viewed as neutral.

Managers also need training in how to use the new systems and procedures being introduced across the sector, and in how to have difficult conversations with staff. Managing absence and tackling the underlying reasons for poor attendance can be one of the most challenging areas that line managers have to deal with, and the easy way out is to avoid the conversation and hope that the matter will go away. Acas finds that there is high demand for its 'Having difficult conversations' training course that helps equip managers with the 'softer' management skills – such as questioning and listening techniques

– to encourage dialogue with employees. Training should also cover how to get the best out of an occupational health referral, and how to maintain contact with staff off sick – all issues of implementation that can make or break a well-drafted absence policy. Increasingly, some organisations are recognising that they need to become more intelligent customers of occupational health services in order to get the best out of the service provided. The public sector has, so far, not been quite as good at this as the private sector, but this is starting to be addressed.

**Management information:** line managers need ‘real time’ information on absence, linked to policies setting out trigger points for action, according to the Ministerial Task Force. The Office for National Statistics reports that a new information system, coupled with trigger points for action, resulted in a fall in absence from 10.1 to 8.47 days a year at the organisation. Acas’ experience is that, where trigger points are used intelligently and as part of a comprehensive approach to attendance management, they can be an effective absence management tool – but not if used in isolation and as a blunt instrument.

Poor management information was a significant barrier to progress on managing attendance in the Department for Work and Pensions three years ago, according to the National Audit Office<sup>8</sup>. One survey of tools and resources available to employers to manage, record and monitor sickness absence concludes that, although there are no differences in basic information requirements between public and private sectors, the working practices and organisational structures encountered in the public sector may require HR management systems to be modified: for example, with the capacity to handle multiple occupancy posts, equal opportunities monitoring, and contract type.

**Support:** managers need support to tackle absence from human resources (HR) and occupational health (OH) colleagues. HR

practitioners need to become absence caseworkers, particularly in complex, long-term absence cases, and reassure managers that they are not expected to become involved in an employee’s medical history. Many public sector organisations have recently reviewed occupational health provision to make it more proactive, so that, for example, referrals are immediate in the event of a potential stress-related or work-related absence. The prison service has introduced welfare support systems and HR policies aimed at cutting stress, including a new contract with an external provider for a stress support service.

**Focus on rehabilitation:** A key part of encouraging an attendance culture is to adopt a proactive approach, where line managers and others such as HR and OH look at the facts of each sickness absence case and, where appropriate, focus on how that person can be supported and rehabilitated back to work. This is in contrast to the more dominant, passive approach to absence management where sickness absence cases are not reviewed regularly. When someone has been off sick for some time it can be quite difficult to face returning to work. Focusing on rehabilitation does not mean that an employer is questioning the genuineness of an individual’s sickness absence, and of course there will be cases where it is not appropriate to start thinking about rehabilitation. Rather, it demonstrates a willingness and flexibility on the part of the employer to ease the person back to work and make any necessary changes to their working environment. As Acas guidance says, employees considering a return to work may have many different questions to ask, for example, whether reasonable adjustments could be made and the attitude of colleagues to the absence. A focus on rehabilitation can help to establish a ‘getting back to work’ programme that could involve, for example, shorter or flexible hours in the first few weeks, or the delivery of additional training to catch up on new developments in the workplace, or just a friendly chat about what has been going on at work.

**Short-term challenge:** there is evidence that departments and agencies are more actively using formal procedures to manage frequent, short-term absence, for example, insisting that such absence is certificated by a GP and moving to disciplinary action in the case of those breaching certain trigger points (exceeding a prescribed number of absences in a fixed period). Many employers in the private sector have introduced return-to-work interviews after all absences, regardless of duration, finding that this helps to make the employee aware that their absence has been noted. However, some commentators question whether this is an effective targeting of resources: for example, is it effective to conduct a post-absence interview in the case of a supervisor or team member who has one or two days off once or twice a year for a bad cold? A number of organisations also find that line managers' commitment to conducting interviews after every absence quickly dissipates over time, quickly reducing the effectiveness of the intervention. The Ministerial Task Force recommends that organisations audit line manager performance in adhering to sickness absence procedures, for example, to ensure return-to-work interviews do not fall out of use. HM Revenue and Customs introduced robust absence reporting coupled with the use of triggers and found that the number of employees with five or more absences fell by almost 20% in a 12-month rolling period. Other departments are encouraging managers to use flexible working and special leave policies so that employees are not forced to mask the real cause of absence such as family reasons.

**Long-term challenge:** public sector departments and agencies undertook a systematic review of all long-term absence cases in 2004/05 in response to the first Ministerial Task Force review, which resulted in 594 people returning to work, 319 retiring on medical grounds, 27 resigning and 966 being dismissed<sup>3</sup>. The evidence indicates that prompt action is effective in preventing absences becoming long-term. For example,

possible stress cases should be referred immediately for occupational health support, and other cases certainly within 20 days of an absence starting. Public sector employers are beginning to recognise the value of an 'invest to save' approach to occupational health – that is, money spent on buying in occupational health services is usually, at the very least, recouped by cutting absence and other costs of workplace ill health.

### ***b) Examples of good practice***

**Police:** police forces in England and Wales have introduced initiatives to promote the health of staff as part of a strategy for a healthy police force, launched in 2002 with funding of £15m over three years. As one example, Kent Police<sup>13</sup> used the strategy to revitalise its occupational health provision, making it more proactive by intervening early to prevent health conditions amongst staff becoming chronic. For instance, the police force employed an occupational health nurse to develop more robust screening and carried out a stress audit, which it used to analyse civilian staff absence hotspots and disengagement issues. Another example is Essex Police, that introduced fast track medical interventions for stress and musculoskeletal disorders (MSDs), reducing the number of officers on long-term sick leave by almost a half in 12 months and saving £4 for every £1 spent – a clear demonstration of the 'invest to save' principle.

**Local government:** local authorities are responding to the Gershon review by implementing absence management initiatives designed to increase the available productive time of staff<sup>14</sup>. For example, social services employees at one large metropolitan authority were suffering a large number of MSDs as a result of poor manual handling practices. The authority employed a physiotherapist to carry out risk assessments, train staff and supervise the introduction of mechanical lifting techniques. Injuries fell by 24% in one year, cutting absence and personal injury claims.

Stress accounts for 30% of long-term absence in local government, and one small district council identified that 21% of all absences were due to stress and rising. It introduced a new policy, a stress steering group and all line managers were trained. Within two years, the average number of sick days per employee fell from 16 to 11, and the authority was able to move on to focus on stress hotspots in the organisation.

**Health services:** just over 40% of NHS staff were injured or made unwell as a result of work in 2005, according to the 2006 annual survey of staff by the Healthcare Commission. More than a quarter reported being bullied, harassed or abused by patients or relatives, and only half agreed that their employer would take effective action if they or colleagues were attacked. Violence is a particular issue in mental health and learning disability settings – a Healthcare Commission audit shows 78% of nurses and 41% of clinical staff in these services experienced violent or threatening behaviour between 2003 and 2005. This has prompted a major shift in the national approach to the issue, including the development of a national training syllabus for staff, focusing on prevention and de-escalation techniques, rather than controlling incidents when they happen. Health service unions are key partners in these initiatives and, in many cases, have taken the major role in developing training locally.

**Probation services:** the probation services in England and Wales have been set a target of cutting absence to nine days per employee per year. London Probation staff work in some of the most stressful and pressured occupational settings of all, and the employer has sought to meet these challenges by developing an integrated and holistic approach to occupational health (OH), employee assistance and absence management over the past three years. A new external OH provider works to tightly drawn treatment specifications, particularly in terms of the timescales for appointments

and receipt of medical reports, and the employee assistance provider works closely with both OH and the service's own HR team to ensure good practices are monitored and services developed to meet identified needs. An attendance management project targets long-term cases and frequent, short-term spells. However, the latest figures demonstrate the scale of the challenge in many areas of Probation – the average absence level for the whole of London stood at 13.5 days per employee per year for the quarter to September 2006, still some way above the nine-day target.

**HM Prison Service:** the Service refocused its absence management efforts on short-term cases around four years ago, securing an initial 18% cut in absence through the greater use of disciplinary proceedings. It introduced mandatory warnings for staff based on attendance scores, with no discretion for line managers on whether to warn staff, unless the case had been reviewed by the external OH service. The focus on short-term absence was supported by an IT system that flags up those reaching set trigger points.

Stress-related absences account for around a quarter of the total, and the Prison Service introduced immediate referrals to OH and welfare services for staff diagnosed with stress. Other long-term cases are referred after 20 days' absence, and a further mandatory referral takes place at the six months absence point, including an assessment of whether the officer is eligible to be considered for medical retirement. The Ministerial Task Force highlights that this approach is successful in resolving cases, increasing exits and medical retirement<sup>15</sup>.

### **Workplace health no longer a 'soft' issue**

Historically, workplace health and wellbeing has been treated as part of 'soft' management – a nice-to-have luxury once all the 'hard' aspects of public sector

employee relations have been sorted out. However, there is a growing body of evidence that investing in workers' health makes business and organisational sense – there are now 'hard' metrics suggesting that improving the health of organisations and the individuals in them brings results in terms of reduced absence costs, improved productivity and lower staff turnover. Effective absence management should play an important role in creating a healthy organisation, helping to foster an organisational culture where employees feel engaged and committed.

### **Cultural, process and organisational barriers**

The targets for cutting absence in the public sector are ambitious and challenged by a number of cultural, process and organisational barriers. For example, top management's commitment to the issue could dissipate as the many other priorities arising from the wider reform agenda take precedence. Or the much-needed training for line managers could tend to focus on the procedural and technical aspects of absence management rather than on developing the softer skills required to explore sensitive issues with employees and/or support them during their return to work. The following section explores these potential barriers in more detail:

#### **a) Employee relations**

Partnership working characterises many aspects of employee relations in the public sector. However, this general culture of participation does not typically extend to absence management, which tends to remain firmly the domain of the human resources function. Perhaps as a consequence, some public sector trade unions criticise absence management policies for being too focused on controlling absence (for example, that many policies now over-emphasise the link with disciplinary

and capability procedures), rather than supporting employees to stay in work.

A 2006 survey<sup>16</sup> of 834 safety representatives – commissioned by public services union Unison and led by researchers at Bradford University School of Management – indicates a lack of partnership working or consultation on absence issues. The study highlights the consequences for employee relations and, ultimately, for the efforts to manage absence in the sector. For example, the key findings include:

- employers tend to categorise absence management as separate to the health and safety function and, as a result, attempted to exclude union safety representatives and maintain control of absence arrangements
- the presence of an absence agreement did not imply that management were cooperating, consulting or even involving the union in absence issues
- management perceptions of a workforce conspiring to abuse absence provisions had resulted in punitive sanctions, a lack of sympathy and discretion and genuinely ill employees being penalised.

These findings are in contrast to the work carried out by Acas with organisations to help them manage attendance and other people management issues. The in-depth support work undertaken by Acas advisers is underpinned by a joint working approach that helps gain buy-in for the project from all parties – managers, employees and employee representatives. In 2006, trade union density in the public sector stood at 58.8%, a statistic that indicates the beneficial approach that can be achieved by involving trade unions and workplace representatives in any strategy to manage attendance.

One recent case study example of the benefits of a joint working approach is West Yorkshire Probation Board (WYPB) where

Acas helped senior managers to implement the HSE's Management Standards. WYPB viewed the stress project as an opportunity to work in partnership with Acas and the HSE to improve attendance within the organisation: the national probation service had recently undergone a period of great organisational change as a result of the introduction of the National Offender Management Service (NOMS). Absence due to stress is an ongoing concern for the WYPB, which partly reflects the nature of the work they do. According to the HR director, Acas was 'instrumental' in persuading the trade unions that management took the issues of stress seriously. As well as forming an integral part of the health and wellbeing steering group, the Acas adviser played a central role in facilitating 13 staff focus groups and delivered training to enable the organisation to facilitate its own focus groups in the future. Managers considered that 'badging' the organisation's stress initiative with the Acas name gave the project integrity and objectivity and this view was endorsed by the trade union representatives.

Another example is Wrexham County Borough Council, where the Acas adviser was instrumental in securing senior level commitment for the running of stress focus groups and the development of action plans designed to take forward employees' ideas about how stress could be both prevented and reduced. The Acas adviser developed strategies to encourage line managers to cooperate with the project, and feedback from Wrexham CBC confirms that Acas' involvement improved the engagement and participation of this management group, thereby contributing to the stress project's overall success.

### **b) The role of doctors**

The role of general practitioners (GPs) in absence management has become a controversial issue in recent years. Some employers are critical of doctors

for issuing repeat sick notes that make it hard for rehabilitation to start. From many GPs' perspective, issuing sick notes is not necessarily a duty that sits comfortably within their role. The British Medical Association (BMA) – the body that represents doctors – has previously called on the government to investigate whether responsibility for issuing sick notes could be moved away from GPs, believing that it is a role that could be better managed by occupational health services. A sick note does not always mean a person cannot work – the employee may have a specific diagnosis but this rarely means they cannot work at all, but may require the employer to consider reasonable adjustments to comply with disability legislation, for example. Employers are reluctant to start rehabilitation interventions while an employee has a sick note, which may be for long periods if the worker is undergoing an exhaustive trail of medical appointments, investigations and treatments.

The debate about the role of GPs in sickness certification is set to continue with the government's recent announcement that it plans to consult with stakeholders about a revised format for the standard sick note. It is envisaged that the revised Med 3 certificate will provide more information for employers. The BMA, however, is reluctant for GPs to be part of employers' sickness management processes: its position is that GPs should not have to provide sick notes of less than one month.

There is also discussion about the possibility of a 'fit', rather than 'sick' note, which would focus on the sorts of work duties the employee is fit to carry out, whether adjustments need to be made to the working environment, and a potential timeframe for rehabilitation. This could, potentially, provide a more significant role for occupational health practitioners as part of the process, although the role of both GPs and occupational health professionals in the sickness certification process is still in

the melting pot. There is currently a DWP working party considering the redesign of the Med 3 certificate.

### **c) Common mental health problems: the new challenge**

There are already signs that the number of new work-related stress cases may have plateaued, according to data submitted to a surveillance scheme by specialist doctors. However, the new workplace health challenge looks like being the rising number of people with common health problems, including common mental health problems. These bundles of symptoms are often very difficult to handle and do not fit in to a traditional medical model based on investigation, diagnosis and treatment. Terms such as 'depression', 'anxiety', 'nerves' and 'distress' are commonly used to describe common mental health problems, terminology that does not relate to any of the major depressive illnesses.

Professor Gordon Waddell of Cardiff University argues that a fundamental change in thinking about health at work is required – work is not primarily a source of hazards and damage but, with some caveats, good work is good for health. However, employers need to be involved in this shift by ensuring that sickness absence procedures and policies support a return to work, Waddell argues. Common mental health problems, and their management, are almost too important to be left to healthcare professionals – modifying job demands and the control people have over their work is better at achieving a return to work than healthcare – 'work as therapy', in other words.

There is no epidemic of mental ill health, but growing numbers of people cite mental health problems as the reason for sickness absence or a benefit claim. Return to work after a period of mental ill health is complex and some of the general barriers to rehabilitation are more stark in the

case of mental ill health, including stigma and discrimination, inappropriate clinical management, fear of disclosing mental illness at work, an inability to self-manage symptoms and the unwillingness or inability of employers and employees to negotiate changes to work and jobs.

However, evidence is emerging that a range of so-called 'listening therapies' can support people with common mental health problems stay in work<sup>17</sup>. Interventions that focus on finding solutions to problems and giving coping skills for the future are effective, particularly cognitive behavioural therapy (CBT). A recent report<sup>18</sup> from an influential group of economists, health professionals and mental health charities argued that the £750 cost of providing CBT on the NHS would quickly pay for itself by keeping people in work longer, especially if it were combined with the other elements of employment support promised under the government's welfare reform agenda. However, such an expansion would need 250 teams across the country and 10,000 more therapists, the report accepts.

### **d) The crucial role of line managers**

Line managers can make or break absence management interventions. Yet many managers often feel ill-equipped to do the job set out for them in the policies and guidelines of many organisations. Senior managers in the public sector believe absence management is receiving the appropriate level of focus and attention in their organisation, according to HSE-commissioned research, so why is absence, and long-term absence in particular, proving so hard to budge?

There is no shortage of attendance management policies and procedures in public sector organisations, and most managers understand and follow basic procedures. But line managers are not necessarily clear or confident enough about their respective role and those of senior

managers and HR teams. Managers within an organisation often interpret attendance management procedures differently, leading to inconsistent practice across operating units or services. Most attendance/absence management policies in the public sector have been revised in recent years to place line managers at the heart. These policies and procedures frequently expect managers to use judgment, sensitivity and common sense, while at the same time being sympathetic, firm, fair and consistent. The majority of public sector managers may feel confident in recording and monitoring sickness absence in line with policies, but many lack the confidence or competence to handle parts of the wider attendance remit. Acas works with a wide range of public sector organisations to help them manage attendance more effectively. A key focus of this support involves training line managers in the implementation of policies and helping to equip them with the skills needed to monitor and manage attendance.

Much training for line managers still focuses on processes, rather than seeking to build attendance management into core business management practices. Perhaps it is time to include attendance management into the key performance indicators (KPIs) of public sector managers, and to take a more structured approach to developing competency in key aspects of managing attendance in its broadest sense, from identifying stress symptoms to managing team members' work flows in order to prevent excessive pressure building. Some managers feel that aspects of attendance management clash with other parts of their role, for example, team-building and support. Others still resent the time spent carrying out procedures required by policies, or do not feel confident about handling sensitive issues, particularly employees with mental health problems. A framework such as the Professional Skills for Government for civil servants, for example, includes core skills for managers that include people

management capability. This potentially represents a very structured approach to equipping line managers with the competency required to manage attendance and could be replicated elsewhere in the public sector.

Research jointly funded by the HSE and the CIPD (and available on both organisations' websites), and conducted by Goldsmiths College, aims to clarify the specific behaviours required by managers to prevent, tackle and identify stress effectively. A competency framework has been drawn up with the competencies and behaviours that constitute 'healthy' management. For example, under the competency 'managing workload and resources', examples of positive manager behaviour include 'bringing in additional resource to handle workload', 'aware of team members' ability' and 'monitoring team workload'. This initial report says that effective stress management requires a complementary set of behaviours and that the skills required to prevent and reduce stress at work can be developed.

It might be appropriate for some employers to consider reallocating some of the responsibility for attendance management in the public sector away from the most junior managers to more senior ones – the 2006 CBI survey found that absence levels are typically one day per employee per year lower in those organisations where senior managers take responsibility. Conversely, absence tends to be higher in sectors where a large proportion of line managers take primary responsibility for its management. Again, this could be linked to the gap in managers' competence to effectively manage the wider attendance/absence agenda. It is still good practice for line managers to deal with day-to-day absence, but issues involving the disciplinary process or the management of very long-term absence require more specialist knowledge that it is probably not reasonable to expect from most line managers. Middle managers

should be involved in discussions concerning attendance once it becomes a potentially disciplinary/capability matter and a case manager, from OH or HR, should be brought in for long-term cases.

There is considerable scope to radically improve attendance management training provided to line managers, particularly on the emerging issues of managing mental ill health in teams, and how to effectively use the support available from occupational health or other specialists, for example, a mental health adviser (see box for a case study of how Acas provided training at Swale PCT and helped improve the organisation's sickness absence rate). Training should stress the importance of being involved in designing an employee's return to work plan but, at the same time, cover the boundaries between where the role of the employee's line manager finishes and that of the medical service begins. Line managers should work with newly revitalised OH services in the public sector, with HR and the employee themselves, to develop phased returns and other effective rehabilitation programmes.

### **e) Healthy and well-managed organisations**

Line managers' behaviour is influenced heavily by the prevailing management culture in an organisation. Successful absence management extends beyond strict absence, attendance or occupational health policies and practices to include all initiatives designed to foster good organisational culture and leadership. Public sector employers that strive towards making the organisation healthy are also likely to be proactive attendance managers, and less likely to have to call on the more reactive elements of absence policies, such as trigger points and disciplinary procedures.

The Work Foundation has launched a programme of research and events on 'good work', building on the Government's agenda for health of the working age population: that is, that you do not have to

be totally well to be in work and participate economically. But there is also a recognition that there is a social gradient and that the work has to be *good* work. There is currently an ongoing series of events that aims to determine a framework for what 'good' work looks like, but it will include approaches such as increasing flexible working, cutting red tape and promoting open and effective work cultures. The trade union Amicus is also running a campaign – 'The Amicus Agenda for better jobs' – that promotes a more holistic approach to work and health, including work organisation and job design ([www.amicustheunion.org/default.aspx?page=3777](http://www.amicustheunion.org/default.aspx?page=3777)).

The following approaches can all foster organisational health and should be seen as part of public sector absence management in its broadest sense:

- redesign working practices and jobs to enable workers to have greater control and give employees at all levels an appropriate involvement in decision-making
- ensure that the potential impact on employees' health of organisational change is taken into account when planning change – the aim should be to minimise job losses and the threat of job loss, but also to repair the damage done to survivors' commitment after a redundancy process, morale and health after a major reorganisation
- resolve issues of job insecurity quickly during restructuring to avoid the health consequences of exposing workers to excessive pressure – employee communications need strengthening during such periods to reduce anxiety, rumours and stress
- improve the social support for employees at work – organisations with clear and consistent practices on unacceptable behaviour tend to have better organisational health

- ensure managers are aware of the importance of managing workloads, and fostering a healthy work-life balance – the demands of the job should not jeopardise employees’ relationships outside work, and flexible working should be offered where appropriate.

### **Case study 1: Encouraging greater confidence in managing attendance at Swale PCT**

In 2004, with Agenda for Change and Improving Working Lives (IWL) on the near horizon, the HR function embarked on an audit of all HR policies. A key priority was to review sickness and absence policies. In recent years, the trust had experienced relatively high levels of sickness absence compared with other trusts – averaging 6 % of time lost through absences as a proportion of total staff time available. Both long- and short-term absence was a problem for the trust.

Traditionally, sickness absence had not been proactively managed by trust managers. Standard elements of absence management procedures – such as return-to-work interviews – were not always followed by managers and improvements were needed in recording absence to enable effective monitoring of absence levels.

The trust commissioned Acas to train managers in a consistent set of policies and procedures, including those dealing with attendance/absence. The aim of the training was to build awareness of the new policies among trust staff, and to encourage staff to use them. A general message of the training sessions was the importance of managing problem issues at an early stage, in a procedurally fair and correct way, in order to prevent

problems from ballooning and leading to disciplinary action.

One-day training sessions were delivered on three topics by Acas. These included six training interventions on absence, held over several months and at different geographical locations within the trust area, each attended by groups of around 15 managers. Overall, the sickness and absence management training was attended by 71 trust managers. Acas trainers and HR staff decided that it would be productive for all levels of management to attend the sessions – including directors and other senior managers – to signal that the trust took these issues seriously, and to demonstrate senior management commitment to these policies.

The impacts of the Acas training were many and varied. Managers are now more aware of their responsibilities and more confident in dealing with absence. Managers are now conducting return-to-work interviews, which enabled them to work with staff to develop solutions to problems causing absence. These positive impacts were reflected in an initial fall in absence figures to 5.5%.

There were also wider benefits. While relations between managers and staff at Swale PCT had traditionally been good, the Acas training signalled the trust’s intent to support employees in dealing with absence issues, and to bring other issues into the open. This reaped positive dividends in terms of managers becoming more active in supporting employees around work-life balance issues, and an improved workplace climate. Staff felt more able to raise bullying and harassment issues, they were more aware of their rights, and were happier with the way absence was handled by managers.

## Case study 2: Tackling attendance management at Lothian Buses

Lothian Buses is the only publicly-owned bus company in Scotland. The issues that prompted the Acas support go back several years, and the full-time officer from the main union at the site, the TGWU, suggested that it would be a good idea to bring in Acas because relations were at such a low ebb. In addition to other interventions, a joint working group comprising management and union representatives was set up to review the existing attendance management and disciplinary procedures. The lack of clear guidance, especially on the management of sick leave, had resulted in inconsistent ways of dealing with employees who were on sick leave, causing some hostility among the workforce.

The revised attendance management policy was widely communicated to all staff; for example, the booklet was posted on all the noticeboards in the garages. Both the management and union representatives report that relations and communications between them have greatly improved following the Acas work, as has the relationship between the union and the workforce. The new attendance management policy has resulted in less absence at Lothian and a reduction in sick pay – the cost of sick pay has dropped significantly, by about 10% compared to the previous year.

## How can Acas help?

Acas advisers, trainers and other operational staff have a wealth of experience on absence and attendance issues in the public sector, built up while answering calls from managers and employees in the sector, delivering training, discussing employment tribunal cases or helping organisations to develop better absence management policies and practices. At a national level, Acas has worked closely with the HSE on extending the management standards approach to tackling stress in four key parts of the public sector, and is working with organisations in every part of public services to help them develop better attendance management processes and procedures.

Acas also conducts in-depth workplace projects aimed at improving absence management, including joint problem-solving workshops and working groups of employee and management representatives. This helps organisation to determine the underlying issues behind the sickness absence rate. Workplace projects aim to establish the causes of absence and develop solutions to tackle it, including where appropriate the development of attendance management policies and procedures. By involving employees as part of the process, Acas encourages the buy-in of employees, thereby making the outcomes more sustainable because the solutions are not imposed by management. Most projects aim to improve employee relations, as this often produces a positive effect on indicators of workplace performance, including absence (see box 2 for a case study outlining how Acas helped Lothian Buses improve its attendance management approach and improve attendance management).

Healthy relationships at work are essential, and form a crucial part of the wider health, work and wellbeing agenda. A healthy workplace is one that has in place effective people management policies and

procedures for managing every aspect of the employment relationship, ranging from equality and diversity to attendance management, performance and reward. But policies and procedures are not enough on their own: healthy relationships in the workplace depend on a range of other factors including good management, motivational leadership and effective communication and consultation with staff. It is only if these other pieces of the HWWB jigsaw are in place that an organisation can hope to combat the underlying causes of stress and sickness absence and successfully manage health at work.

## Recommendations

- Further 'joined up' government support for greater promotion of the benefits of healthy workplaces. This should include effective communications, good working relationships and practices and employee involvement as preventative measures in rapidly reducing sickness absence levels.
- The development of innovative, joined up and employer-focused channels to spread good practice in the management of attendance and stress, in the form of guidance and employer case studies; for example, via dedicated web pages – possibly through the new single business portal 'Businesslink.gov.uk' – and signposted from partner websites and remaining government and local authority sites. The pages should be championed by government departments, employers and trade unions.
- Greater recognition that line managers play a pivotal role in managing the attendance of their teams, and that national skills policy needs to acknowledge the 'softer' management competencies that managers need to carry out their role effectively.
- A closer relationship between the government's skills policies and national framework, using structures such as the Professional Skills for Government framework for civil servants, to improve management skills in attendance management.
- The Leitch Review of Skills launched a new 'pledge' for employers to voluntarily commit to train all eligible employees up to NVQ Level 2 in the workplace. There is evidence to suggest (for example, the Whitehall studies) that, where a job is less skilled and the incumbent has less responsibility and control over their work, absence rates tend to be higher. Under Leitch, public sector employers have the same expectation as all other employers that by 2010 all of their employees will have been trained up to Level 2. It is worth policymakers drawing attention to a potential knock on benefit arising from this skills enhancement in terms of improved attendance.

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