Sickness absence and health in the workplace: Understanding employer behaviour and practice

An interim summary report

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Sickness absence and health in the workplace: Understanding employer behaviour and practice

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A report of research carried out by Ipsos MORI on behalf of the Work and Health Unit.

Statement of Compliance

This research complies with the three pillars of the <u>Code of Practice for Statistics</u>: value, trustworthiness and quality.

Value of this research

- The research provides a description of the current health and wellbeing initiatives used by employers and contributes to the growing evidence base.
- Findings from this report have informed the ongoing development of policy decisions relating to employers.

Trustworthiness

- This research was conducted, delivered and analysed impartially by Ipsos MORI, working to the Government Social Research code of practice.

- Authors: Ipsos MORI – Trinh Tu, Kelly Maguire and Theebika Shanmugarasa.

Quality

- The survey was carried out using established statistical methods.
- The research has been quality assured using Ipsos MORI's internal quality checking processes, which have been shared with the Joint Work and Health Unit of the Department of Work and Pensions and the Department for Health and Social Care.
- The report has been checked thoroughly by Work and Health Unit analysts to ensure it meets the highest standards of analysis and drafting.

Executive Summary

This summary report presents results from a telephone survey with 2,564 employers in Great Britain. The survey explored employers' behaviours and attitudes in relation to sickness absence and health in the workplace. A full report will be published later this year.

Employer attitudes towards health and wellbeing are generally positive. The majority of employers agreed that there is a link between work and the health and wellbeing of employees (91%), and that it was their responsibility to encourage employees to be healthy (90%). However, maintaining the organisation's reputation and satisfying legal obligations were of most importance to employers when deciding whether or not to invest in employee health and wellbeing (79% and 69% respectively).

Employer behaviours varied depending on the number of employees. Large employers (250+ employees) were more likely to report taking a proactive approach to managing employee health and wellbeing (72%) than small employers (44%). They were also more likely to report that they understood their legal responsibilities regarding employee health very well (77% of large employers compared to 43% of small employers).

Providing health and safety training or guidance was common for employers of all sizes (77% of all employers), but larger employers were much more likely to provide a wider range of formalised support to prevent employee ill-health or improve the general health and wellbeing of their workforce. This included health and wellbeing promotion programmes to improve physical activity or lifestyle (70% of large employers compared to 20% of small employers) and Employee Assistance Programmes (EAPs) or staff welfare/counselling programmes (76% of large employers compared to 14% of small employers).

One in five employers (19%) had experienced employee long-term sickness absence (LTSA) of four or more weeks in the past year (86% of large and 15% of small employers). The most common costs/risks associated with long-term sickness absence related to covering work, either within the organisation (57%), or externally through temporary cover or recruitment (41%) and having to pay sick pay (28%).

Employers used a range of methods to manage returns to work after LTSA, such as opportunities for employees to return to work in a flexible manner (84%), offering regular meetings (79%), or developing return to work plans (69%). Larger employers were more likely to have used external, specialist support to manage an employee's return to work (70%) and independent assessments of an employee's work capacity (80%).

Three in five employers (61%) reported that they had faced barriers in supporting employees to return to work following a long-term sickness absence. Of those who faced barriers, small employers reported lack of time or staff resources (64%) and capital to invest in support (51%) as the key issues. Large employers, however, stated more structural challenges such as lack of flexibility in how work is organised (67%) and difficulty engaging employees in the process (61%).

Sickness absence and health in the workplace: Understanding employer behaviour and practice

Nine in ten large employers (92%) provided occupational health (OH) services compared to 18% of small employers. The main reason employers gave for not providing OH services was a lack of employee demand for the service/employees not disclosing they were in need of OH (37%). Overall, 35% of employers cited cost as the main barrier (too expensive, 22%; or too few cases to justify the expense, 13%).

Large employers were more likely to pay sick pay above the statutory minimum than small employers (77% and 26% respectively). Of those who did, 20% only offered it to *some* employees.

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The Authors

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Glossary and abbreviations

Agriculture and Energy	Includes: Agriculture, Forestry and Fishing; Mining and Quarrying; and Utilities, Waste Management and Remediation Activities.
Banking and Finance	Includes: Financial and Insurance Activities; Real Estate Activities; Professional, Scientific and Technical Activities; and Administrative and Support Service Activities.
Distribution, Hotels and Restaurants	Includes: Wholesale and Retail Trade; Repair of Motor Vehicles and Motorcycles; and Accommodation and Food Service Activities.
Employee Assistance Programme (EAP)	Designed to support employees with personal or work-related problems that adversely impact their ability to do their job or their general health and wellbeing.
Human Resources (HR)	A function with the responsibility for the management and development of employees. This includes: recruitment, benefits, training, and employment law.
Long-term sickness absence (LTSA)	An instance of sickness absence from work lasting four or more weeks.
Large employers	Employers that have 250 or more permanent employees.
Medium employers	Employers that have 50-249 permanent employees.
Occupational health (OH)	Advisory and support services that help to maintain and promote employee health and wellbeing. OH services support organisations to achieve these goals by providing direct support and advice to employees and managers, as well as support at the organisational level, e.g. to improve work environments and cultures.
Occupational Sick Pay (OSP)	Where an employer chooses to provide sick pay that is more generous than the statutory minimum (i.e. Statutory Sick Pay).
Other Services	Includes: Arts, Entertainment and Recreation; and Other Service Activities.
Public Administration, Education and Health	Includes: Public Administration, Defence and Compulsory Social Security; Education; and Human Health and Social Work Activities.
Small employers	Employers that have 2-49 permanent employees.
Statutory Sick Pay (SSP)	The minimum amount an employer must pay employees who are too ill to work. At the time of the survey, SSP was set at £92.05 per week for up to 28 weeks[1].
Transport and Communications	Includes: Transportation and Storage; and Information and Communications.

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[1] For more information, see: https://www.gov.uk/statutory-sick-pay

Introduction

'Improving lives: The Future of work, health and disability'[2] outlined the role of employers to help people with disabilities or health conditions stay, and thrive, in work, as well as to prevent unnecessary sickness absence, presenteeism and health-related job loss. The Work and Health Unit (WHU) is a UK government unit, which brings together officials from the Department for Work and Pensions (DWP) and the Department of Health and Social Care (DHSC). It leads the government's strategy to support working-age disabled people or people with long-term health conditions to enter, and stay in, employment.

The Work and Health Unit (WHU) commissioned Ipsos MORI to conduct a survey that would contribute to the current evidence base surrounding employer attitudes and behaviours around disability and health in the workplace. The survey provides up-to-date knowledge on the following areas:

- Employers' attitudes towards employee health and wellbeing;

- Employers' understanding of their legal responsibilities;

- Employer provisions of health and wellbeing initiatives;

- Employers' provision of sick pay;

- Management of sickness absence and health conditions in the workplace, with a focus on retention and reintegration; and

- Employers' use of occupational health (OH) services.

This summary report presents key findings from this survey, which comprised 2,564 telephone interviews with employers in Great Britain (GB) (with at least two employees). The sampling frame for this report has been sourced from the Office for National Statistics (ONS) Inter-Departmental Business Register (IDBR). The findings are weighted by size and sector to be representative of GB employers. 92% of employers are small (2-49 employees), 6% medium (50 to 249) and 2% large (250+). Large employers were oversampled, making up 20% of the raw sample to allow for analysis within the size category. Fieldwork took place between June and August 2018, with a response rate of 43.7%. Qualitative follow-up research and the final report for this survey will be published later this year, which will include more detailed analysis.

All tables report weighted data but include the unweighted base. An appendix of tables, where findings have only been reported descriptively, can be found at the end of the report. The survey results are subject to margins of error, which vary depending on the number of respondents answering each question and pattern of responses. The report only comments on differences that are statistically significant (at the 95 per cent level of confidence). Where figures do not add to 100 per cent, this is due to rounding or because the question allows for more than one response.

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[2] DWP and DHSC, 'Improving Lives: The Future of Work, Health and Disability', 2017, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/663399/improving-lives-the-future-of-work-health-and-disability.PDF

Employer attitudes towards health and wellbeing

Overall, employers had positive attitudes towards their role in supporting employee health and wellbeing, with nine in ten acknowledging the link between work and health and wellbeing (91%) and recognising they had a responsibility to encourage their employees to be healthy (90%) (Table 1.1). Three in five employers (61%) believed that the financial benefits of spending money on employee health and wellbeing outweighed the costs. One in four employers (26%) reported that sickness absence was a barrier to productivity in their organisation, at present.

However, one in three employers reported that they lacked control over the factors affecting employee health and wellbeing (32%), or lacked the time to do things to improve the health and well-being of their employees (33%).

Table 1.1: How much do you agree or disagree with the following statements?

	Agree	Neither agree nor disagree	Disagree	Don't know
There is a link between work and employees' health and well being	91%	5%	3%	2%
Employers have a responsibility to encourage employees to be physically and mentally healthy	90%	5%	4%	1%
We know what to do to improve our employees' health and well-being at work	83%	9%	5%	3%
The financial benefits of spending money on employee health and wellbeing outweigh the costs	61%	18%	14%	7%
It is difficult for us to find time to do things to improve the health and well-being of our employees	33%	13%	52%	2%
The things that affect employees' health and well-being are out of our control	32%	18%	48%	2%
Currently, sickness absence is a barrier to productivity in this organisation	26%	8%	65%	2%

Base: All employers (unweighted) – 2,564

Employers considered a range of factors when deciding on whether to invest in employee health and wellbeing initiatives. When asked to rate the importance of these factors, **maintaining the organisation's reputation** was the most important factor, with four in five employers (79%) rating this very highly (a score of 8-10 out of 10). **Helping to satisfy legal obligations** to do with health and wellbeing at work was also important (69%), followed by **maintaining or increasing productivity** through improved health or wellbeing (62%), and **helping recruitment or retention** of talent (61%). **Helping to minimise cost** resulting from sickness absence (59%) and **meeting expectations** from employees or their representatives (57%) were also rated highly by three in five employers[3].

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[3] A full table of statistics can be found in Table 1.12 in the appendix.

Improving employee health and preventative measures

Over half of employers (55%) said they encountered health concerns that affected their staff. When asked to select the concern that affected staff the most, employers chose:

- stress (29%);

- musculoskeletal conditions, repetitive strains or injuries (29%);

- anxiety, depression or other common mental ill-health conditions (13%);

- physical injuries caused by workplace accidents (10%);

- cold/flu or minor illnesses (7%);

- visual problems (5%);

- cardiovascular or heart problems (3%); and

- respiratory problems (3%)[4].

More than half of employers (55%) reported that they took a **reactive approach** to employee health and wellbeing – that is taking action as and when employee health and wellbeing became a problem (Table 1.2). The remaining employers reported a **proactive approach** – taking steps to identify and address employee health and wellbeing issues at the earliest possible opportunity. Large employers were more likely to take a proactive approach than smaller ones (72% and 44% respectively). In addition, almost all large employers (98%) collected sickness absence data compared to half of small employers (54%).

Table 1.2: Which of the following best describes your organisation?

	Column Percentages			
	Size of Employer			
	All	Small	Medium	Large
We take action as and when employee health and wellbeing becomes a problem	55%	56%	44%	28%
We take steps to identify and address employee health and wellbeing issues at the earliest possible opportunity	45%	44%	56%	72%
Base[b]	*2,564*	*1,457*	*584*	*523*

[b] Base: All employers (unweighted)

Employers provided a range of interventions to prevent employee ill-health or improve the general health and wellbeing of their workforce (Table 1.3). The most common provision was health and safety training or guidance (77%). One in six employers (16%) reported not providing anything, nearly exclusively small employers.

Likelihood of provision increased with employer size. For example, large employers (250+) were five times more likely than small organisations (2-49) to provide services such as

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[4] A full table of statistics can be found in Table 1.13 in the appendix.

Employee Assistance Programmes (EAP) or staff welfare/counselling programme (76% and 14% respectively).

Table 1.3: Which, if any, of the following do you currently provide to prevent employee ill-health or improve the general health and wellbeing of your workforce?

	Column Percentages			
	Size of Employer			
	Total	**Small**	**Medium**	**Large**
Health and safety training or guidance	77%	76%	92%	99%
Interventions to prevent common health conditions becoming a problem[5]	29%	26%	46%	77%
Training for line managers on ways to improve employee health and well-being	26%	25%	42%	58%
Health and wellbeing promotion programmes to improve employees' physical activity or lifestyle[6]	23%	20%	40%	70%
An Employee Assistance Programme (EAP), or staff welfare/counselling programme provided by an external organisation	16%	14%	39%	76%
Activities to encourage supportive culture[7]	2%	2%	3%	0%
Other	1%	1%	1%	*
We don't currently provide anything	16%	17%	1%	0%
Don't know[8]	*	*	*	*
Base[c]	*2,564*	*1,457*	*584*	*523*

[c] Base: All employers (unweighted)

Employers most commonly used the internet for information on how to retain employees with long-term health conditions (47%) (Table 1.4). This source was especially common among small employers (47%). Large employers were more likely to say they would access formal, paid-for services such as through an occupational health (OH) provider compared to small employers (49% and 7% respectively).

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[5] For example: free health checks, free vaccinations, smoking or weight loss support.

[6] For example: health food choices, health advice or events, dedicated health and wellbeing section on the intranet, loans or discounts on bicycles, free or subsidised gym membership.

[7] For example: staff meetings, team bonding and social events.

[8] The following conventions are used in tables throughout the report: less than 0.5 per cent (*), no observations (0), and results based on fewer than 50 observations, which should be interpreted as indicative rather than statistically robust ([x]).

Table 1.4: If your business/organisation wanted to find out more information on how to retain an employee with a long-term health condition, where would you look for advice?

	Column Percentages			
	Size of Employer			
	Total	**Small**	**Medium**	**Large**
Internet search	47%	47%	40%	25%
Professional/personal networks or contacts	26%	27%	22%	20%
Legal sources	10%	9%	18%	31%
Occupational Health Professional/ Provider	9%	7%	25%	49%
HR Team	6%	5%	9%	20%
Other	*	*	*	*
No-one/nowhere	1%	1%	0%	0%
Don't know	12%	13%	10%	7%
Base[d]	*2,564*	*1,457*	*584*	*523*

[d] Base: All employers (unweighted)

Employers felt that they had a good understanding of their legal responsibilities on health and safety, disability and sick leave. Nine in ten employers reported that they understood their responsibilities either 'very' or 'fairly' well (93%), including a notable proportion who understood it 'very' well (45%). Large employers were more likely to say they had a 'very' good understanding than smaller employers (77% and 43% respectively)[9].

Managing long-term sickness absence and return to work

One in five employers (19%) had experienced a long-term sickness absence (LTSA) of four or more weeks in the last 12 months (86% of large and 15% of small employers)[10].

Employers reported a range of risks and costs associated with LTSA. The most common were covering work among existing staff (57%), arranging temporary cover or recruiting new staff (41%) and having to pay sick pay (28%) (Table 1.5).

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[9] A full table of statistics can be found in Table 1.17 in the appendix.
[10] A full table of statistics can be found in Table 1.18 in the appendix.

Table 1.5: What are the main business risks or costs associated with long-term sickness absence?

	Total
Covering work within the organisation (additional pressure, readjusting work processes)	57%
Additional cost/time arranging temporary cover/recruiting and training new staff	41%
Having to pay sick pay	28%
Uncertainty of return to work and planning around it (including reintegrating employees back into the business, time involved)	25%
Impact on productivity or quality of work	21%
Keeping job open	17%
Low morale among rest of staff	15%
Missing client deadlines/dissatisfied clients	12%
Legal risk resulting from employees who do not feel they have had appropriate support	6%
Reputational risk resulting from employees who do not feel they have had appropriate support	6%
General impact on costs	1%
Costs associated with OH	1%
Other	*
None/no risks or implications	2%
Don't know	12%
Base[e]	*1,188*

[e] Base: All employers with a long-term sickness absence in the last 12 months (unweighted)

Managing absence due to sickness is often covered by an organisational policy (42%)[11]. Where this was the case, employers most commonly had a dedicated sickness absence management policy (72%). Other frequently used policies were disciplinary policy (49%), wellbeing at work policy (36%), and capability policy (25%)[12] [13]. Three in five employers (61%) adapted their application depending on the employee, whereas one third did not (34%). A small proportion of employers did this in some circumstances (4%) and two per cent did not know[14].

Employers who have had instances of LTSA in the past 12 months reported using a range of measures to manage their employees' returns to work (Table 1.6). Around eight in ten (84%) had provided opportunities for employees to return to work in a flexible manner, or offered regular meetings (79%). Large employers were more likely to offer a range of measures to support employees to return to work, including specialist services such as OH assessments (80%) and external, specialist support (70%).

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[11] A full table of statistics can be found in Table 1.14 in the appendix.

[12] A full table of statistics can be found in Table 1.15 in the appendix.

[13] Please note these figures exclude those who said they did not know which policy they used, said they had numerous policies that they could not name, and those who said 'other'.

[14] A full table of statistics can be found in Table 1.16 in the appendix.

Table 1.6: Has your business/organisation used any of the following to manage these employees' returns to work after long-term sickness absence?

	Column Percentages			
		Size of Employer		
	Total	**Small**	**Medium**	**Large**
Opportunities for employees to return to work in a flexible manner (e.g. phased returns, or reduced workload)	84%	82%	88%	97%
Regular meetings	79%	74%	87%	99%
Develop return to work plans	69%	64%	77%	95%
Independent assessment of employees work capacity (including OH assessment)	34%	24%	48%	80%
External, specialist support to manage the employee's return	28%	21%	36%	70%
Other	*	*	*	*
None of the above	7%	9%	2%	*
Don't know	-	(0)	*	*
Base[f]	*1,188*	*318*	*388*	*482*

[f] Base: All employers with a long-term sickness absence in the last 12 months (unweighted)

Three in five employers (61%) reported that they faced barriers in supporting employees to return to work after LTSA (Table 1.7). Of those, the most commonly cited challenges were lack of time or resources (64%), and lack of capital to invest in support (50%). Small employers were more likely to cite a lack capital to invest in support (53%), whilst large employers struggled with a lack of flexibility in the way work was organised (67%) and employee engagement (61%).

Table 1.7: Which, if any, of these barriers does your business/organisation face in supporting employees on long-term sickness absences' return to work?

	Column Percentages			
		Size of Employer		
	Total	**Small**	**Medium**	**Large**
Lack of time or staff resources	64%	64%	58%	56%
Lack of capital to invest in support	50%	53%	31%	7%
Lack of expertise or specialist support	43%	44%	40%	26%
Lack of flexibility in the way work is organised	35%	34%	34%	67%
Employee engagement in the process	29%	27%	35%	61%
The benefits of investing in retaining an employee do not warrant the investment	21%	22%	14%	11%
Lack of support from senior leaders	11%	11%	18%	6%
Other	1%	1%	1%	*
Base[g]	*1,388*	*695*	*333*	*360*

[g] Base: All employers who reported facing barriers when supporting employees on LTSA to return to work (unweighted). Excludes those who did not face any barriers, and those who said don't know.

Sick pay

Four in five employers (82%) paid some form of sick pay to their employees,13% did not provide any form of sick pay and 5% did not know (Table 1.8). Small employers were the most likely to say that they did not pay any form of sick pay (14%).

Statutory Sick Pay (SSP) was paid by more than half of employers (54%). Paying above the current SSP rate, through an Occupational Sick Pay (OSP) scheme, was less common (28%). Likelihood to pay above SSP increased with employer size, with four in five (77%) large employers paying a more generous rate of sick pay, compared to a quarter of small employers (26%).

Table 1.8: Which of these forms of sick pay do you provide to employees when they are off sick?

	Column Percentages			
	Size of Employer			
	Total	Small	Medium	Large
Statutory Sick Pay	54%	55%	46%	16%
Above Statutory Sick Pay	28%	26%	47%	77%
Neither	13%	14%	3%	0%
Don't know	5%	5%	5%	6%
Base[h]	*2,564*	*1,457*	*584*	*523*

[h] Base: All employers (unweighted)

Where employers paid sick pay at a rate above SSP, 78% offered this to all their employees, with only one in five offering it to *some* of their employees (20%), based on multiple criteria. The most common criteria were length of service (59%), occupations or skills the organisation needed (28%), the type of contract the employee was on, i.e. permanent or temporary (28%), and the seniority of the employee (27%)[15].

Occupational health provision

One in five employers (21%) reported that they provided OH services (Table 1.9). OH use was much more common amongst large employers, where nine in ten (92%) offered it to employees compared to 18% of small employers.

Table 1.9: Does your business/organisation provide access to OH services for your employees?

	Column Percentages			
	Size of Employer			
	Total	Small	Medium	Large
Yes	21%	18%	49%	92%
No	76%	79%	44%	7%
Don't know	3%	3%	6%	1%
Base[h]	*2,564*	*1,457*	*584*	*523*

[h] Base: All employers (unweighted)

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[15] A full table of statistics can be found in Tables 1.19 and 1.20 in the appendix.

Employers in Public Administration, Education and Health were most likely to provide OH services (44%). In contrast, employers in Distribution, Hotels and Restaurants were least likely to provide OH services (14%) (Table 1.10).

Table 1.10: Does your business/organisation provide access to OH services for your employees?

		Column Percentages			
			Sector		
	Total	**Agriculture and Energy**	**Manufacturing**	**Construction**	**Distribution, Hotels and Restaurants**
Yes	21%	22%	26%	22%	14%
No	76%	71%	69%	76%	83%
Don't know	3%	7%	5%	2%	2%
Base[i]	*2,564*	*107*	*351*	*225*	*572*
	Total	**Transport and Communications**	**Banking and Finance**	**Public Administration, Education and Health**	**Other Services**
Yes	21%	17%	21%	44%	24%
No	76%	81%	74%	54%	74%
Don't know	3%	3%	5%	3%	2%
Base[i]	*2,564*	*220*	*657*	*283*	*149*

[i] Base: All employers (unweighted)

Three quarters of employers (76%) did not provide access to OH services[16]. The main reason they gave for this was a lack of employee demand or employees not disclosing that they were in need of OH (37%). Overall, 35% of employers cited cost as a main barrier (too expensive, 22%; or too few cases to justify the expense, 13%). Others reported that OH was not a priority for the organisation (13%). The main reason given by small employers was a lack of demand from staff (37%), whereas for large employers the main reason was cost (35%)[17], though it should be noted that this was cited by a small number of large employers since the large majority of large employers provide access to OH services.

Nearly half of employers who provided OH services contracted an OH provider on a case-by-case basis (46%), whilst one in four (26%) had engaged a provider on a long-term contract (Table 1.11). Large employers were more likely to use a long-term private contractor than small employers (48% and 24% respectively).

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[16] Only 7% of large employers did not provide OH
[17] A full table of these can be found in Table 1.21 in the appendix.

Table 1.11: Which types of providers have you used for your OH services?

	Column Percentages			
	Size of Employer			
	Total	**Small**	**Medium**	**Large**
Private contractor on case-by-case basis	46%	43%	63%	43%
Private contractor on long term contract	26%	24%	26%	48%
Public sector bodies[18]	20%	23%	17%	8%
In-house providers[19]	12%	13%	7%	17%
Don't know	6%	7%	3%	1%
Base[j]	*1,059*	*313*	*311*	*435*

[j] Base: All employers who use an occupational health provider (unweighted)

OH services were used in different ways. The most common use was to help maintain a healthy workforce (42%). Three in ten used OH services to manage an employee's sickness absence (32%), to prevent and remove health risks arising in the workplace (32%), and to give independent and professional diagnosis, prognosis and advice about staff unable to work due to health problems (30%). Other less common uses were to ensure the business/organisation meets its statutory responsibilities (26%), and to provide screening and health surveillance services (21%)[20].

Next steps

This summary report provided an overview of the range of behaviours and attitudes of employers in terms of employee health and wellbeing. A full report will be published later this year which will incorporate follow-up qualitative research and further analysis of the survey data and additional variables that have not been included in this summary version.

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[18] For example: NHS Health at Work Service.

[19] For example: OH specialist on site.

[20] A full table of statistics can be found in Table 1.22 in the appendix.

Appendix

The appendix includes statistical tables for findings that were included in the report, but only descriptively.

Table 1.12: How important are the following factors in your business/organisation's decision on whether to invest in employee health and wellbeing initiatives?

	0-3	4-7	8-10	Don't know
Maintaining the organisation's reputation	2%	18%	79%	1%
Helping to satisfy legal obligations to do with health and wellbeing at work	3%	25%	69%	2%
Maintaining or increasing productivity through improved health or wellbeing	3%	33%	62%	2%
Helping recruitment or retention of talent	5%	31%	61%	4%
Helping to minimize cost resulting from sickness absence	5%	32%	59%	3%
Meeting expectations from employees or their representatives	4%	36%	57%	3%

Base: All employers (unweighted) – 2,564
Note: In this case, 0 is no/little importance and 10 is high importance.

Table 1.13: Which of the following health concerns affect the most number of staff in your business/organisation?

	Total
Stress	29%
Musculoskeletal conditions, repetitive strains or injuries	29%
Anxiety, depression or other common mental ill-health conditions	13%
Cardiovascular or heart problems	3%
Respiratory problems	3%
Visual problems	5%
Cold/flu or minor illnesses	7%
Physical injuries	10%
Cancer	*
Base[k]	*1,313*

[k] Base: All employers reporting at least one health concern affecting staff within the organisation (unweighted)

Table 1.14: Which of the following policies, if any, do you use mostly to manage an employee's sickness absence from work?

	Total
We do not have a specific policy	58%
Sickness absence management policy	29%
Disciplinary policy	20%
Wellbeing at work policy	15%
Capability policy	10%
Base[l]	*2,564*

[l] Base: All employers (unweighted)

Table 1.15: Which of the following policies, if any, do you use mostly to manage an employees' sickness absence from work?

	Total
Sickness absence management policy	72%
Disciplinary policy	49%
Wellbeing at work policy	36%
Capability policy	25%
Base[m]	*1,600*

[m] Base: All employers who have a specific policy for managing employees' sickness absence from work (unweighted). Excludes those who: did not have a specific policy, chose 'other' or don't know.

Table 1.16: Does your business/organisation adapt policies for managing sickness depending on the employee?

	Total
Yes	61%
No	34%
In some circumstances/It depends	4%
Don't know	2%
Base[n]	*1,045*

[n] Base: All employers who have a specific policy for managing employees' sickness absence from work (unweighted). Excludes those who: did not have a specific policy, chose 'other' or don't know.

Table 1.17: Thinking about health and safety, disability, and sick leave, how well does your business understand the legal responsibilities around these issues?

	Column percentages		
	Size of employer		
	Total	**Small**	**Medium**	**Large**
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Very well	45%	43%	66%	77%
Fairly well	48%	49%	28%	22%
Not very well	5%	5%	3%	*
Not well at all	1%	1%	*	0
NET: Well	93%	93%	95%	99%
NET: Not well	6%	6%	3%	*
Don't know	1%	1%	2%	1%
Base[o]	*2,564*	*1,457*	*584*	*523*

[o] Base: All employers (unweighted)

Table 1.18: In the last 12 months, have any of your employees had instances of long term sickness absence of 4 or more weeks?

	Column percentages			
	Size of employer			
	Total	**Small**	**Medium**	**Large**
Yes	19%	15%	54%	86%
No	81%	85%	46%	14%
Base[q]	*2,564*	*1,457*	*584*	*523*

[q] Base: All employers (unweighted)

Table 1.19: Do you offer occupational sick pay to all or some of your employees?

	Total
All	78%
Some	20%
Don't know	2%
Base[r]	*1,069*

[r] Base: All employers who pay above SSP (unweighted)

Table 1.20: What determines who receives occupational sick pay?

	Total
Length of service	59%
Based on the certain occupations or skills the organisation needs	28%
The type of contract employees are on (e.g. permanent or temporary)	28%
Seniority of employee	27%
Based on individual circumstances	7%
At the manager's discretion	1%
Based on loyalty/exemplary service/clean record	1%
Based on sickness record	*
Other	1%
Don't know	*
Base[s]	*334*

[s] Base: All employers who pay above SSP to <u>some</u> of their employees (unweighted)

Table 1.21: What has prevented your organisation from providing OH services for staff?

	Column percentages			
		Size of employer		
	Total	**Small**	**Medium**	**Large**
No employee demand/employees not disclosing they are in need of OH	37%	37%	30%	11%
Too few cases to justify the expense	22%	22%	14%	9%
Cost/too expensive	13%	12%	23%	35%
Not a priority for this organisation	13%	14%	11%	1%
Not required	5%	5%	5%	1%
Lack of knowledge – what services to buy, who to buy services from, who are good suppliers	2%	2%	3%	27%
General make-up of the workforce doesn't make it worthwhile, e.g. mainly part-time or temporary staff, high levels of staff turnover	2%	2%	1%	8%
Lack of time to investigate	2%	2%	9%	4%
Unable to get funding for it	1%	1%	*	0
Too complicated/too much administration involved	1%	1%	*	2%
Lack of awareness or support amongst senior management/no 'champion' to take forward	1%	1%	1%	0
Doesn't help solve the issues that the organisation faces	*	*	*	1%
Negative experience of OH in the past	*	*	*	1%
Other	*	*	*	1%
Nothing/no particular reason	*	*	2%	0
Don't know	1%	1%	1%	0
Base[t]	*1,292*	*1,013*	*223*	*56*

[t] Base: All employers who do not use an occupational health provider (unweighted)

Table 1.22: Earlier you mentioned that your business/organisation has OH services. How is your organisation making use of these services?

	Column percentage			
		Size of employer		
	Total	**Small**	**Medium**	**Large**
To help maintain a healthy workforce	42%	41%	42%	54%
To manage an employee's sickness absence	32%	28%	33%	67%
To prevent/remove health risks arising in the workplace	32%	31%	35%	37%
To give independent and professional diagnosis, prognosis and advice about staff unable to work due to health problems	30%	25%	41%	54%
To ensure your organisation meets statutory responsibilities	26%	24%	31%	27%
To provide screening and health surveillance services	21%	18%	30%	38%
It is used as and when required	8%	9%	4%	1%
Other	3%	2%	5%	1%
Don't know	14%	15%	12%	2%
Base[u]	*1,059*	*313*	*311*	*435*

[u] Base: All employers who provide occupational health services (unweighted)