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Phase 1:

Sickness absence, reasonable adjustments and Occupational Health

Quantitative research

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Statement of compliance

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

Trustworthiness

This survey fieldwork was conducted by Ipsos MORI, working to the Government Social Research code of practice. The analysis of the survey findings and the writing of the report was conducted by the Department for Work and Pensions and has been checked thoroughly by analysts at the Department for Work and Pensions to ensure it meets the highest standards of analysis and drafting.

Quality

The survey was conducted using established statistical methods. The research has been quality assured using Ipsos MORI's internal quality checking processes, which have been shared with the Department for Work and Pensions. The analysis of findings and report writing has been quality assured by analysts at the Department for Work and Pensions to ensure it meets the highest standards of analysis and drafting.

Value

This survey provides insight into workers health and wellbeing, including their experience of sickness absence, occupational health services and support from their employer. Findings from this survey are informing policy development relating to sick pay, occupational health and employee/self-employed wellbeing.

Executive summary

The Work and Health Unit (WHU) (which is jointly sponsored by DWP and DHSC), commissioned a mixed methods research programme with those in employment. The research was designed to explore experiences of health, disability, and work, through two phases of quantitative and qualitative research.

This report presents a summary of findings from the first phase of the Employee survey. The survey followed on from similar surveys with employees in 2011 and 2014. The current survey of employees has a particular focus on sickness absence, whilst also providing an overview of health and wellbeing for all employees and the self-employed. The survey explored support provided by employers such as occupational health services and workplace adjustments, to help employees with health conditions remain in work.

The online survey was conducted with employees and the self-employed aged 16-75 in Great Britain between 24th September and 8th October 2020. The sample was drawn from the Ipsos MORI Access Panel, one of the largest online panels in the UK. The main sample was representative of the GB workforce and included 1,950 employees and self-employed individuals. There was also a further boost sample of 217 individuals who had experienced a long-term sickness absence of four weeks or more in the past 12 months. The boost sample was used to further understand experiences of those with a long-term sickness absence and is referred to in Chapter 7 only.

The key findings of the survey were:

- A quarter (25%) of participants had a long-term health condition or disability and of these participants, a quarter reported a mental health condition as their main condition that affected them most. (Chapter 2)
- Eight per cent of employees had experienced a long-term sickness absence lasting four weeks or more. (Chapter 3)
- Of those with long-term health conditions with a workplace adjustment in place, 65% said the process of getting adjustments was easy. (Chapter 4)
- Overall, 51% of employees had access to Occupational Health services. Those who were more likely to have access to OH services were employees from the public sector (71%) or those working in large organisations (69%). (Chapter 5)
- Of those with a long-term sickness absence many also had a long-term health condition (71%) (Chapter 6)
- Fifteen per cent of the main sample were self-employed and 93% worked in micro-organisations with less than 10 employees. Most (74%) did not have OH services available to them through their current job (Chapter 7)

The survey was followed by qualitative research and a second survey and qualitative research conducted in 2021. A full combined report for the second phase of research is published alongside this report.

Contents

Statement of compliance 3
Trustworthiness 3
Quality 3
Value 3

Executive summary 4

Glossary and abbreviations 7

1. Introduction 9

2. Health at work 11
Health conditions 11

3. Sickness Absence 13
Breakdown of sickness absence 13

4. Management of health conditions 15
Workplace adjustments 15

5. Access to Occupational Health Services 18

6. Long-term sickness absence 21

7. Self-employed 23
Sickness absence 24
Workplace adjustments 24
Access to Occupational Health services 24

Appendix 26
Appendix A: Effects of the coronavirus pandemic 26
Appendix B: Additional data tables 28

Glossary and abbreviations

DWP	The Department for Work and Pensions, responsible for welfare, pensions and child maintenance policy.
Employees	Employees were defined as those in paid employment – full time (30+ hours per week) or part time (8-29 hours per week).
Fit note	Fit notes are issued by GPs or hospital doctors following an assessment of an individual's fitness for work. Assessments determine whether an individual is either 'not fit for any work' or 'may be fit for work' if certain workplace adjustments are in place. If an individual is found 'not fit for work', a fit note makes a recommendation for how long the employee ought to be off work.
Furlough	Furlough refers to the temporary leave scheme called the Coronavirus Job Retention Scheme (CJRS). This scheme was launched in March 2020 to support employers and employees who were affected by COVID-19. Employers could furlough employees and apply for a grant to cover a portion of their usual monthly wage costs.
Long-term health condition	A physical or mental health condition or illness lasting or expected to last for 12 months or more. Throughout the report, long-term health conditions, illness and disability will be grouped together and referred to as health conditions.
Long-term sickness absence (LTSA)	An instance of sickness absence from work lasting four or more weeks.
NHS 111 Isolation note	Since March 2020, people who are unable to work for more than seven days because of COVID-19 can obtain an isolation note through an online service, which provides evidence to employers that they have been advised to self-isolate due to coronavirus, either because they have symptoms themselves or they live with someone who has symptoms.
Occupational Health Services (OH)	The definition used in this research with employees was: Occupational Health Services provide advisory and support services such as providing advice on workplace adjustments, developing written return to work plans, conducting risk assessments in the workplace, promoting healthy eating and exercise, providing physiotherapy treatment and providing counselling sessions to support return to work.

Occupational Sick Pay (OSP)	A contractual sick pay provided by an employer that is more generous than Statutory Sick Pay (SSP).
Self-employed	Self-employed were defined as a freelancer or the owner of a business rather than working for an employer.
Statutory Sick Pay (SSP)	The minimum amount an employer must pay employees who are too ill to work, for up to 28 weeks. The amount of SSP at the time of the survey was set at £96.35 per week[1] (April 2021). The first qualifying condition for Statutory Sick Pay is that an individual must be absent from work for four or more days in a row (including non-working days). At the time of the survey, if you could not work because of coronavirus you could receive SSP for every day you were off work.

Employer sizes

Micro employers	Businesses or organisations with 2-9 staff members.
Small employers	Businesses or organisations with 10-49 staff members.
Medium employers	Businesses or organisations with 50-249 staff members.
Large employers	Businesses or organisations with 250 or more staff members.
Small and medium-sized enterprises (SMEs)	Businesses or organisations with fewer than 250 employees (i.e. covering all micro, small, and medium employers).

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

1. Introduction

The Work and Health Unit (WHU) (which is jointly sponsored by DWP and DHSC), commissioned Ipsos MORI to conduct two phases of quantitative and qualitative research with employees and self-employed individuals to get an up-to-d ate assessment of workers' experiences of sickness absence and sick pay. The research will update information last collected in 2014 and the qualitative research explores issues from the survey in greater depth.

The survey provides evidence in the following areas:

- Employees' (including the self-employed) experience of sickness absence
- How employees are supported in-work, including how participants felt about attaining support from employers such as workplace adjustments
- Employees' experiences of occupational health services

This interim report presents key findings from the survey sections on sickness absence, workplace adjustments, long-term sickness absence and occupational health. The report also looks in more detail at the self-employed and a boost sample of those who had a long-term sickness absence. Qualitative research was also conducted with employees and was followed by a second phase of research. A full combined report from phase 2 will also be published.

Sample

The survey sample was drawn from the Ipsos MORI Access Panel, one of the largest online panels in the UK with around 300,000 panel members. Fieldwork was conducted with working adults aged 16-75 in Great Britain (England, Scotland and Wales) who were either employees or self-employed. Fieldwork also included a boost sample of employees and self-employed who had a long-term sickness absence of 4 weeks or more. Fieldwork for phase 1 of the survey took place between 24th September and 8th October 2020 with a response rate of 43%.

In total, 2,167 individuals took part in the survey. This is comprised of 1,950 from the main sample and 217 from the boost sample (additional sample of those with long-term sickness absences). The main sample (i.e. excluding the boost) was weighted to be representative of the population of employees and the self-employed in GB. The boost sample was not representative or weighted and were selected from the panel using a screening question asking participants if they had a long-term sickness absence of 4 weeks or more. All tables and figures are based on the main sample, except for Chapter 6 which uses all participants with a long-term sickness absence (from both the main and boost samples). The long-term sickness absence group includes 366 participants, made up of 149 individuals from the main sample and 217 individuals from the boost sample. At the time of the survey, 80% of those with a long-term sickness absence were currently working and 20% were absent due to a health condition or illness.

The main sample is outlined in Table 1.1 and further demographics can be found in Table A1 in the Appendix.

Table 1.1 Employee characteristics (not including the self-employed)

	%
Size of organisation	
Micro: 1-9 employees	10
Small:10-49 employees	13
Medium: 50-249 employees	20
Large: 250 or more employees	50
Don't know	10
Sector	
Private sector	63
Public sector	30
Voluntary/not for profit sector	5
Something else	2
Type of contract	
None or casual	12
Temporary	6
Permanent	81
Unweighted base	*1643*

Of the 1,950 individuals in the main sample, 307 were self-employed (16%). Two thirds (63%) of employees worked for a private sector business, one third (30%) worked for the public sector and 5% worked for a voluntary, not for profit organisation. Most (81%) employees were on a permanent contract with the remainder of the sample on temporary, casual or zero hours' contracts.

The survey data for the main sample was weighted by age, gender, region and qualification level to be representative of the GB working population. All figures and tables report weighted data but include the unweighted base sizes. Where data does not sum to 100%, this is due to rounding and/or because the question allowed for multiple response options. Where questions have multiple response options this has been labelled in the table title as 'multicode'.

All differences between groups noted in the report are statistically significant at the 95 per cent level. This is the standard level for probability sample designs in social research and provides a level of confidence about the estimates provided. Any sampling approach risks sampling error, but where differences are significant at the 95 per cent level this means that in 19 out of 20 samples, the difference in the estimates will reflect a real difference in the population rather than sampling error.

2. Health at work

The relationship between work and health is complex – an individual's health may be affected by, and affect, their work, in some cases leading to sickness absence. The survey asked participants about any long-term health conditions that they had experienced in the past year and whether they had affected their work. For the purposes of this report these long-term health conditions (LTHC), illnesses and disabilities are grouped together and referred to as 'health conditions'.

Health conditions

One in four (25%) participants reported having at least one physical or mental health condition in the past 12 months (defined as a condition or illness lasting or expected to last 12 months or more) (see table B.1 in annex). At the time of the survey, 96% of participants were working and 3% were absent due to physical or mental health conditions or illness.

Table 2.1 provides a more detailed list of health conditions for those who reported a LTHC. As participants were asked about the main health condition that affected them most, these percentages cannot be used to determine prevalence of health conditions as participants may have more than one health condition.

Table 2.1. Main health condition reported by those with health conditions expected to last for 12 months or more

Type of condition	%
Mental health condition	25
Condition relating to muscles, bones or joints	17
Long term conditions that affect major organs	9
Diabetes	9
Migraine	7
Difficulty in hearing	2
Difficulty in seeing	1
Epilepsy	1
Learning or socialisation difficulties	1
Other dizziness or balance problems	1
Other health problem or disability	19
Prefer not to say	7
Unweighted base	*490*

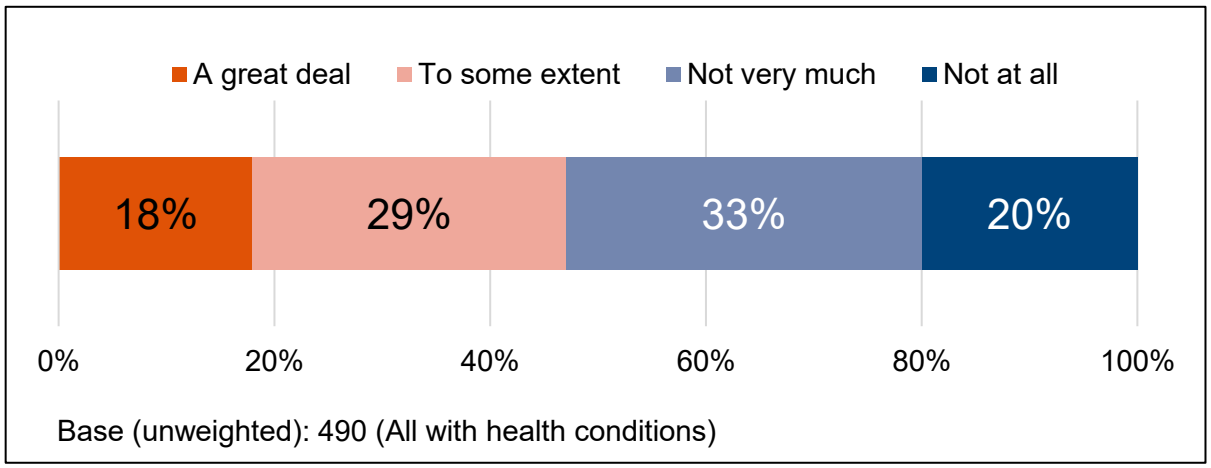
Base: All employees and self-employed individuals with health conditions expected to last for 12 months or more (490)

Impact of health on work

The survey asked participants about the impact of their health conditions on work. The impact of health on work is likely to be important in relation to patterns of sickness absence and returning to work. Forty-seven per cent of workers who had a health condition in the past year felt that it affected their work (18% = 'a great deal';

29% 'to some extent'). A third (33%) reported that their conditions did not affect their work very much and a fifth (20%) said their conditions did not affect their work at all.

Figure 2.1 How health conditions affected work



High risk groups

The survey asked participants with health conditions if they thought their health condition or disability would put them at high risk of severe consequences if they caught coronavirus. Just under half (46%) said they thought they would be at high risk, 39% said they would not and 15% said they did not know. There were variations by age (younger participants were less likely to report being high risk and older participants were more likely to report being high risk) and gender (55% of males with health conditions said they would be high risk compared to only 36% of females) (see table B.2 in annex). The survey did not ask participants if they were clinically vulnerable or extremely clinically vulnerable.

3. Sickness Absence

The survey asked participants about their sickness absence over the past year: 31% had time off work due to sickness, self-isolation, a health condition, injury or disability (see table B.4 in annex). This was lower than reported in the 2014 survey (42%)[2], but similar to the phase 2 survey (2022)). Eight per cent had a long-term sickness absence of 4 weeks or more; this is explored further in Chapter 6.

Breakdown of sickness absence

Sickness absence varied by participant characteristics (see Table 3.1). The likelihood of having at least one spell of sickness absence was higher in younger age groups. However, this doesn't take into account length of sickness absence and evidence generally shows that older workers take more days of sickness absence than younger employees.[3] These percentages also included any COVID-19 related absences (e.g. confirmed or suspected case of COVID-19, self-isolation due to contact with COVID-19) which occurred more in younger age groups.

Women were more likely to have had at least one incidence of sickness absence than men (35% compared to 28%). This reflects findings in the 2014 employee survey and recent statistics.[4, 5] Previous studies have shown that reasons for higher sickness absence rates among women include being more likely to have contact with the health system, as well as having to take sick days to attend to caring responsibilities. This was reported to be exacerbated during the pandemic; evidence suggests women spent longer on unpaid care work than men.[6]

[2] DWP (2015). Health and wellbeing at work: a survey of employees, 2014.
[3] ONS (2021). Sickness absence in the UK labour market: 2020.
[4] DWP (2015). Health and wellbeing at work: a survey of employees, 2014.
[5] ONS (2021). Sickness absence in the UK labour market: 2020.
[6] Xue & McMunn (2020). Gender differences in the impact of the Covid-19 lockdown on unpaid care work and psychological distress in the UK.

Table 3.1 Breakdown of sickness absence in the past 12 months by demographics

	%
Total	**31**
Age	
16-24	34
25-34	39
35-49	29
50-64	27
65-74	16
Gender	
Male	28
Female	35
Employment status	
Full time	33
Part time	30
Self employed	26
Contract type	
Permanent	31
Temporary	47
None or casual	37
Unweighted base	*1950*

Base: All participants (1,950)

Of those that had time off work over the previous 12 months, 62% had an absence in the 6 months before the COVID-19 pandemic (September 2019 and February 2020), and 47% had an absence since the COVID-19 pandemic began (between March 2020 and September 2020). Looking at those who experienced a sickness absence in the 6 months from March 2020, 23% had self-isolated due to potential COVID-19 contact and 19% had a confirmed or suspected case of COVID-19. Half (53%) had an illness other than COVID-19.

Table 3.2 Breakdown of sickness absence since March 2020 (multicode)

	%
Self-isolating following contact with someone who had/has a suspected or confirmed case of coronavirus	23
Having a confirmed or suspected case of coronavirus	19
Some other illness	53
None of the above	16
Prefer not to say	1
Unweighted base	*288*

Base: Participants with a sickness absence since March 2020

From the period September 2019 – September 2020, mean working days lost to sickness absence was 5.

4. Management of health conditions

This chapter explores the use of workplace adjustments for employees with health conditions.

Workplace adjustments

Making adjustments to an individual's role and/or work setting can help employees with health conditions return to work. Employers are obliged to make 'reasonable' adjustments for disabled[7] employees under section 20 of the Equality Act 2010[8].

The survey asked employees with health conditions about workplace adjustments made by their employer, if there were any adjustments that they would like to have, and how easy it was to put adjustments in place (note: base sizes are small).

Sixty per-cent of those with health conditions had workplace adjustments in place. Thirty per cent did not have any workplace adjustments to support their health condition whilst working, although this may be partly because they are not needed. And ten per cent of employees with health conditions had never told their employer about their health condition (see Table 4.1). Of those that did not have workplace adjustments in place, most also said that their health condition did not affect their work (79%) (see table B.5 in annex).

When participants with health conditions were asked about current workplace adjustments, the most common adjustments were meetings with their employer to talk about managing health conditions at work (30%), followed by time off at short notice (24%). The most common adjustment that participants would like more of was being allowed to work from home (25%) (see Table 4.1). This could reflect the impact of COVID-19.

[7] You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.
[8] Equality Act available at: Disability rights: The Equality Act 2010 and UN Convention - GOV.UK (www.gov.uk)

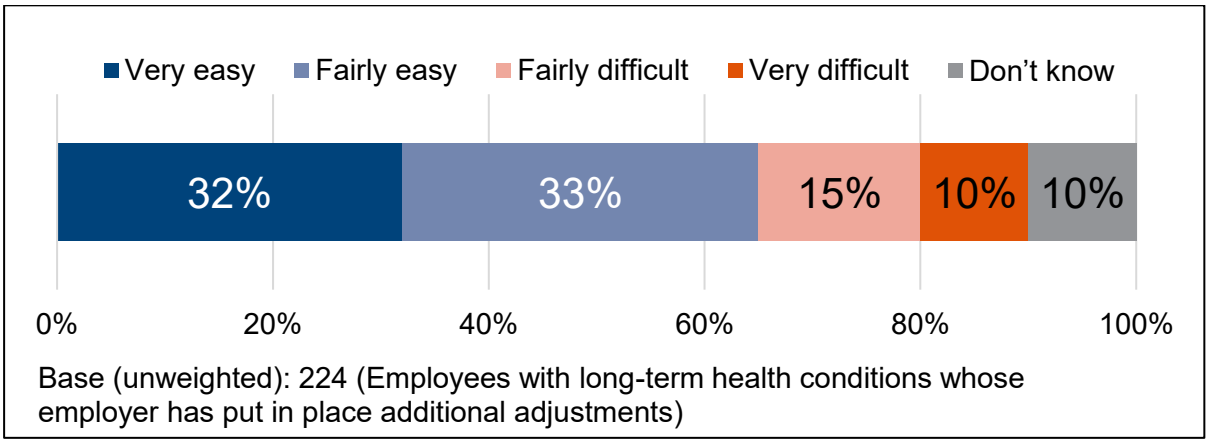
Table 4.1 Current and desired workplace adjustments reported by employees with health conditions (multicode)

	Current workplace adjustments	Would like employer to provide more of these adjustments
	%	%
Meetings with your employer to talk about managing your health condition(s) at work	30	17
Giving permission for you to take time off at short notice (e.g. to go to medical appointments)	24	20
Allowing you to work from home	23	25
Amendments to your hours of work (e.g. permitting flexible working, changes to working hours or shift pattern).	20	20
Amendments to your workload or job role (e.g. reduced hours/ days, extra breaks, or different duties)	19	20
Workplace adjustments (e.g. different chairs or desks, building modifications, or other specialised equipment)	18	14
Additional external support or advice (e.g. clinical support such as therapy or other specialists)	10	15
A job coach or personal assistant (e.g. a sign-language interpreter for meetings)	6	5
Providing help with getting to and from work	2	5
Other	1	1
None (exclusive)	30	35
Unweighted base	*374*	*374*

Base: Employees with health conditions (10% of respondents had never told their employer about their long-term health condition)

Of those who had workplace adjustments in place, 65% said the process of putting them in place was ‘fairly’ or ‘very’ easy.

Figure 4.1 Ease of putting workplace adjustments in place



Base (unweighted): 224 (Employees with long-term health conditions whose employer has put in place additional adjustments)

When asked why employees did not have all the adjustments they needed, 31% thought their request would be refused and a further 31% said they struggle to explain exactly what they need.

Table 4.2 Reasons why employees did not have all the workplace adjustments they needed (multicode).

	%
I think my request would be refused	31
I struggle to explain exactly what I need	31
I think they would be helpful but I don't strictly think I need them	26
I don't feel comfortable approaching my employer	26
The process of getting adjustments is too much of a hassle	25
I'm worried about what my co-workers might think if I had (more) adjustments	21
I didn't know I could get workplace adjustments	17
I asked for them and my employer didn't provide them	9
I'm in the process of getting adjustments currently	5
Don't know	7
Unweighted base	*212*

Base: Employees with health conditions that would like additional adjustments

5. Access to Occupational Health Services

Occupational health (OH) services provide advisory and support services such as advice on workplace adjustments, developing written return to work plans, conducting risk assessments in the workplace, promoting healthy eating and exercise, providing physiotherapy treatment and providing counselling sessions to support return to work. The survey asked participants about their access to OH services, their reasons for using OH and outcomes of OH assessments.

OH access amongst all workers

45% of all workers reported that Occupational Health services were available to them through their current job. 35% reported that they did not have OH access and 20% didn't know if they did.

Access to OH varied by employment status. Employees were much more likely to have access to OH services than the self-employed. Half of employees (51%) had access to occupational health services in their current role, compared to only 9% of the self-employed. A slightly higher proportion of employees reported not knowing whether they had access to occupational health services than the self-employed (20% vs 17%). Four per cent of employees and 1% of self-employed said they only had access to OH services since COVID-19 and did not have access before the pandemic (see table B.6 in annex).

Other factors also influenced access to OH services for employees and the self-employed (see Annex table B.6). The largest differences in access were found for region and social grade:

- Fifty-three percent of participants in the North East said they had access to OH services, compared to only thirty-six percent of participants in the South West
- Forty-eight percent of middle-class1[9] participants said they had access to OH services at work compared with only thirty-two percent of working-class participants.

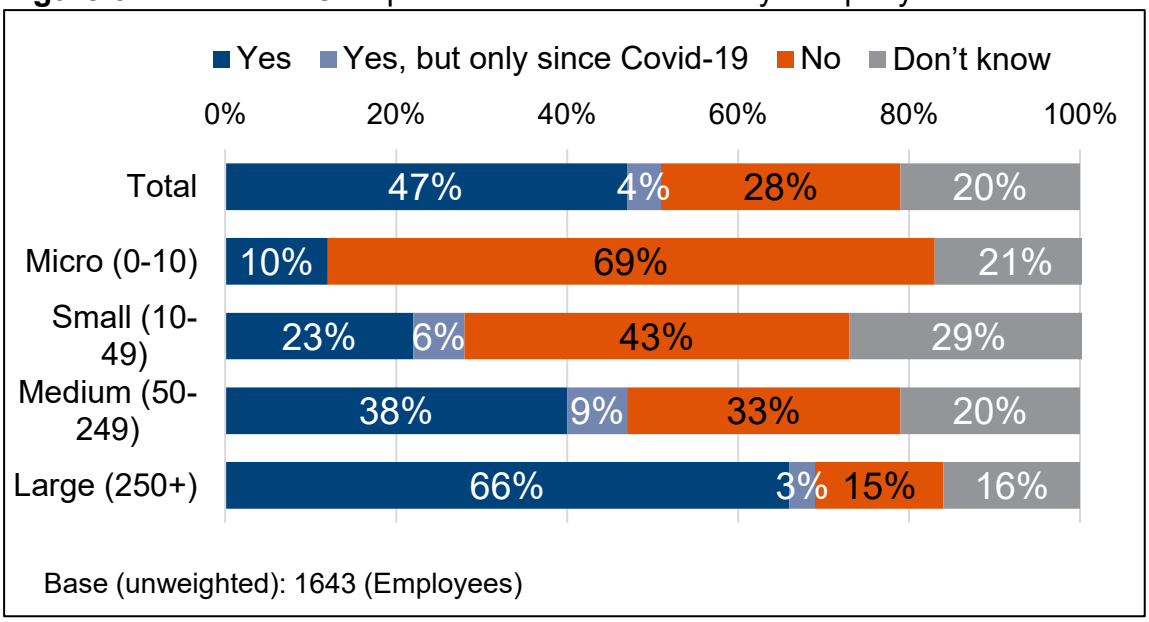
OH access for employees

Employee access to OH varies by company size - the likelihood of having access to OH services increases with company size. Those working in larger employers were

[9] When participants joined the Ipsos panel a range of data was collected including social grade. Social grade was not collected in the survey

nearly 7 times more likely to have access to OH services compared to those working in micro companies (69% vs. 10%).

Figure 5.1 Access to Occupational Health Services by company size



Public sector employees were much more likely to report having access to OH services than private sector employees (71% compared to 42%). However, more private sector employees reported not knowing whether they had access to OH (22% vs 17%) (see Annex table B.7).

Employee access to OH services also differed according to the type of employment contract. Around half (55%) of full-time employees said they had access to OH services compared to 40% of part-time employees. Type of occupation was also found to strongly influence access to OH, with office occupations such as professional (57%), senior officials (55%) and administrative positions (51%) being nearly twice as likely to have OH access than personal service (29%) and elementary occupations (34%) (see Annex table B.7).

Use of OH services and outcomes by employees

Of those employees that had access to OH services through their employer, 70% had not used OH services in the past 12 months. The most common uses of OH were support for specific conditions (11%), return to work reports (11%), and fitness for work and workplace adjustments advice (10%). This suggests OH services are commonly used reactively by employees for specific support and advice relating to individual sickness periods and health conditions, rather than for more general support or advice (see Table 5.1).

Table 5.1 Reasons for using Occupational Health Services (multicode)

	%
Support for specific conditions	11
Return to work reports	11
Fitness for work/workplace adjustments advice	10
Support with public health guidance for COVID-19 (e.g. self-isolation, social distancing, risk assessments)	9
Advice on working from home (including reasonable adjustments)	8
Certifying sick leave	7
Haven't used Occupational Health services	70
Unweighted base	*841*

Base: Employees with access to OH services

6. Long-term sickness absence

This chapter explores results for those who had a long-term sickness absence in the past 12 months. A long-term sickness absence was defined as an absence of 4 or more weeks (including weekends). The long-term sickness absence group included 366 participants, made up of 149 individuals from the main sample and an additional boost sample of 217 individuals. Due to the incorporation of a boost sample, this sample was not representative of those in employment in GB and all data is unweighted.

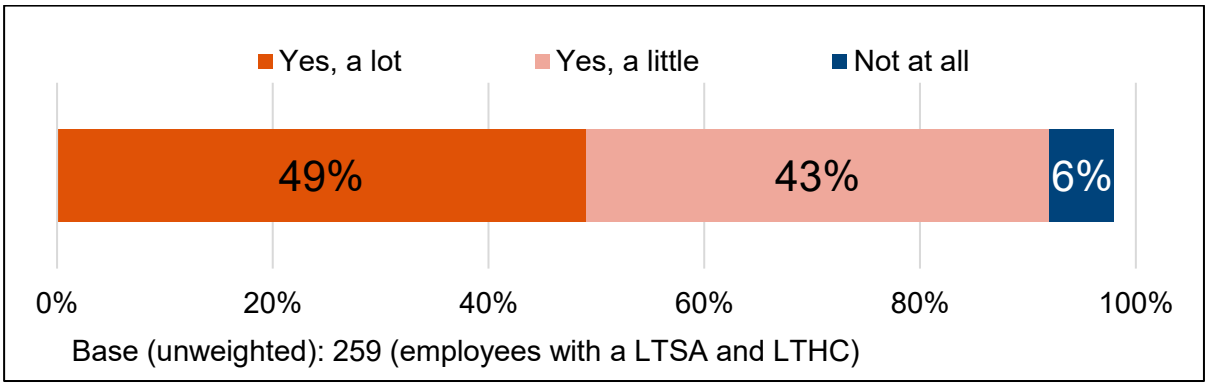
At the time of the survey, 80% of those who had had a long-term sickness absence in the past 12 months were currently working and 20% were absent due to a health condition or illness. Most were employed full time (73%), worked for large employers (52%), and in the private sector (59%) (see Annex table B.8).

The nature and severity of health conditions can affect the frequency and length of sickness absence. Of those that had a *long*-term sickness absence, 71% also had a health condition (in comparison, of those respondents who had a *short*-term sickness absence, only 53% reported a health condition).

The survey asked participants about the impact of their health conditions on work and day-to-day activities. The impact of health on work is likely to be important in relation to patterns of sickness absence and returning to work.

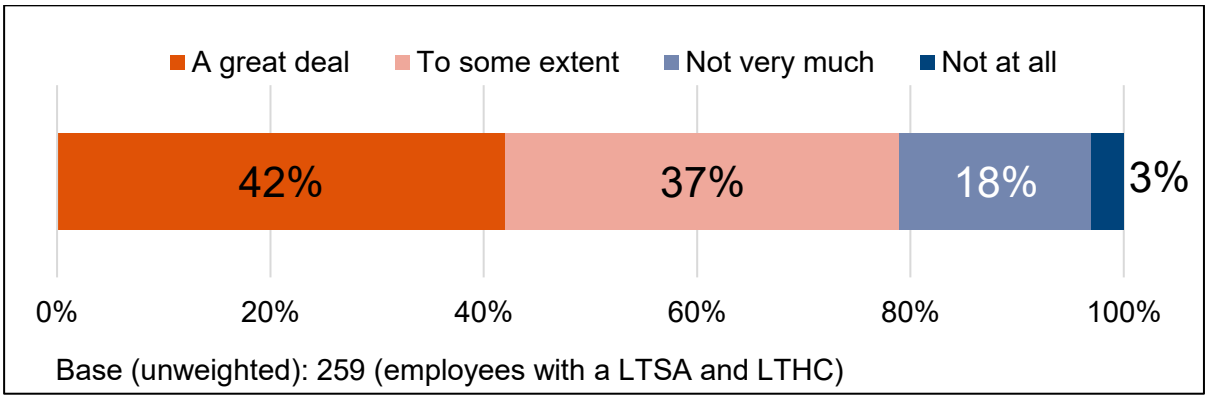
Of those with a long term sickness absence and a health condition, 92% felt their condition reduced their ability to carry out day to day activities ‘a lot’ (49%) or ‘a little’ (43%) and only 6% said their condition did not affect their day to day activities at all

Figure 6.1 How health conditions affected day to day activities



Many also said their health condition affected their work. Seventy-nine per cent of employees felt that it affected their work ‘a great deal’ (42%) or ‘to some extent’ (37%). Less than a fifth (18%) reported that their conditions did not affect their work very much and 3% said their conditions did not affect their work at all.

Figure 6.2 How health conditions affected work



7. Self-employed

The survey included both employees and the self-employed, who were defined as freelance or the owner of a business rather than working for an employer. Of the main sample, 307 participants were self-employed, representing 15.7% of the sample. This is comparable to the general working population where self-employed people represent 15.3% of employment.[10] This chapter will explore results for this group in more detail.

Participant characteristics

Self-employed participants were older on average than the employees. Two thirds were male (65%) and most had been self-employed for several years. Most worked in small organisations and employed less than 10 employees (93%). These patterns are consistent with statistics for the UK population.[11]

Table 7.1 Characteristics of self-employed participants

	%
Age	
16-24	7
25-34	18
35-49	28
50-64	42
65-74	5
Gender	
Male	65
Female	34
Length of time self-employed	
Less than 1 year	11
More than 1 year but less than 2 years	8
More than 2 years but less than 5 years	17
More than 5 years but less than 10 years	23
10 years or more	37
Size of organisation	
Micro: 1-9 employees	93
Small:10-49 employees	3
Medium: 50-249 employees	1
Large: 250 or more employees	1
Don’t know	3
Unweighted base	*307*

Base: Self-employed

[10] ONS, 2020. Coronavirus and self-employment in the UK.
[11] Ibid.

Sickness absence

A quarter (26%) of self-employed had time off work in the past 12 months due to sickness, health conditions or self-isolation, which was lower than the rate of sickness absence of employees (32%). Four per cent had a long-term sickness absence of 4 weeks or more which was lower when compared to 9% for employees.

Workplace adjustments

Of those who had a health condition, 61% had workplace adjustments in place, 9% did not have adjustments in place even though it would help and 30% did not put adjustments in place because they did not need to.

Table 7.2 Current workplace adjustments in place (multicode)

	%
Reduced your working hours	34
Changed your working hours	11
Adjusted the nature of your work	29
Started working from home	19
Bought in additional resources	3
Bought in equipment to help (such as different chairs or desks, building modifications, specialist equipment)	9
Sought specialist advice	8
Other	3
I haven't put any adjustments in place though it would help	9
I haven't put any adjustments in place because I don't need to	30
Unweighted base	*80*

Base: Self-employed and currently working with a health condition

Of those that had put adjustments in place, 36% put them in as soon as they became self-employed and 29% put them in place after their condition started to affect their work (see table B.9 in annex).

Access to Occupational Health services

There are large differences between employees and the self-employed regarding access to OH services. Three quarters (74%) of self-employed participants did not have access to OH services (compared to 28% of employees).

Table 7.3 Self-employed participants access to Occupational Health services

	%
Yes	8
Yes, but only since COVID-19	1
No	74
Don't know	17
Unweighted base:	*307*

Base: Self-employed

Of those that had access to OH services, 64% had not used OH services in the past 12 months (see table B.10 in annex).

Of those that did not have access to OH, the most common reason given was that they did not need occupational health services (34%), followed closely by not being familiar with what OH services can provide (32%).

Table 7.4 Reasons why self-employed individuals did not have access to OH services at work (multicode)

	%
Don't need OH services	34
Not familiar with what OH services can provide	32
Can't afford OH services	25
Not sure how to get access to OH services	19
The benefits of OH services do not justify the cost	10
I am self-employed	5
Other	1
Unweighted base:	*235*

Base: Self-employed without access to OH services

Appendix

Appendix A: Effects of the coronavirus pandemic

Employees were asked if they had experienced any changes as a result of the coronavirus pandemic, such as to pay, working hours, or whether they had been furloughed. This was a multicode question where participants could select all options that were relevant to them. Half (49%) of participants reported no changes as a result of the coronavirus pandemic (see Table A. 1).

Table A.1 How employees have been impacted by the COVID-19 pandemic (multicode)

	%
I have been put on furlough by my employer	19
I am still working, but the hours I am expected to work have been increased	14
I am still working, but the hours I am expected to work have been reduced	17
I am still working but my pay has been reduced	6
My company benefits have been reduced (e.g. pensions, medical insurance)	3
I have been asked/told to take unpaid holiday/annual leave (not furloughed)	3
None of the above	49
Unweighted base	*1643*

Base: All employees

Furlough

A fifth (19%) said they had been furloughed by their employer. This varied by age, contract type, sector and employer size. Younger employees and those in small organisations were more likely to be furloughed.

Table A.2 Percentage of those that had been furloughed by age, contract type, sector and employer size

	%
Total	**19**
Age	
16-24	28
25-34	21
35-49	18
50-64	15
65-74	17
Contract type	
Permanent or temporary	18
None or casual	28
Sector	
Public	12
Private	23
Voluntary	27
Employer size	
Micro	31
Small	24
Medium	18
Large	15
Unweighted base	*1643*

Base: All employees

Pay and working hours

When asked whether their pay had changed since the pandemic began, two thirds (66%) reported that their salary was the same as before, 18% said their salary was lower than before and 13% said their salary had increased (see table B.3 in annex).

When asked if working hours had changed, 14% said the hours they were expected to work have been increased and 17% said their hours had been reduced (see Table 2.2).

Appendix B: Additional data tables

Table B.1 Demographic and employment characteristics

	%
Age	
16-24	11
25-34	23
35-49	33
50-64	28
65-74	3
Gender	
Male	52
Female	47
In another way / prefer not to say	-
Ethnicity	
White (including White minorities)	91
Ethnic minorities (excluding White minorities)	8
Prefer not to say	-
Health	
Long-term health condition	25
No long-term health condition	73
Prefer not to say	3
Employment status	
Full-time (30+ hours a week)	63
Part-time (8-29 hours a week)	21
Self-employed	15
Type of contract (employees only)	
None or casual	12
Temporary	6
Permanent	82
Length of time with current employer (employees only)	
Less than 1 year	11
1 year to 5 years	40
5 years to 10 years	19
10 years or more	30
Size of organisation (employees only)	
Micro: 1-9 employees	10
Small:10-49 employees	13
Medium: 50-249 employees	20
Large: 250 or more employees	50
Don’t know	10
Sector (employees only)	
Private sector	63
Public sector	30
Voluntary/not for profit sector	5
Something else	2
Unweighted base	*1950*

Base: Main sample

Table B.2 Percentage of participants that felt their health condition or disability would put them at risk of severe consequences if they caught COVID-19

	%
Male	
Yes	55
No	33
Don't Know	12
Female	
Yes	36
No	45
Don't know	19
Total	
Yes	46
No	39
Don't Know	15
Base	*490*

Base: Participants with a physical or mental health condition expected to last 12 months or more

Table B.3 Percentage of employees whose salaries have remained constant, decreased and increased since the pandemic

	%
My salary has remained the same	66
My salary has decreased	18
My salary has increased	13
I can't remember	3
Weighted base	*1650*

Base: All employees

Table B.4 Percentage of participants who had taken a sickness absence in the past 12 months due to self-isolation, sickness, a health condition, injury or disability

	%
Yes	31
No	67
I can't remember	2
Weighted base	*1950*

Base: All participants

Table B.5 Percentage of participants with current workplace adjustments and whether their health condition affects their work

	Total **%**	**Health condition that affects their work %**	**Health condition that does not affect their work %**
			%
Meetings with your employer to talk about managing your health condition(s) at work	30	38	23
Giving permission for you to take time off at short notice (e.g. to go to medical appointments)	24	32	18
Allowing you to work from home	23	29	19
Amendments to your hours of work (e.g. permitting flexible working, changes to working hours or shift pattern).	20	34	10
Amendments to your workload or job role (e.g. reduced hours/ days, extra breaks, or different duties)	19	31	9
Workplace adjustments (e.g. different chairs or desks, building modifications, or other specialised equipment)	18	26	12
Additional external support or advice (e.g. clinical support such as therapy or other specialists)	10	16	5
A job coach or personal assistant (e.g. a sign-language interpreter for meetings)	6	12	2
Providing help with getting to and from work	2	3	1
Other	1	-	1
None (exclusive)	30	14	42
I have never told my employer about my long-term health condition (exclusive)	10	6	12
Unweighted base	*374*		

Base: Employees currently working with a health condition expected to last 12 months or more

Table B.6 Worker access to OH services (row percentages)

Variable	Category	Yes	Yes but only since COVID-19	No	Don't know	Unweighted base
Age	16-24	40	9	25	25	*169*
	25-34	42	6	33	20	*453*
	35-49	43	3	33	21	*614*
	50-64	38	1	42	18	*633*
	65-74	32	1	45	22	*81*
Gender	Male	41	4	38	17	*1012*
	Female	41	4	32	24	*930*
Ethnicity	White (including White minorities)	42	3	35	20	*1783*
	Ethnic minorities (excluding White minorities)	34	10	32	23	*143*
Health	Long-term health condition	45	5	31	19	*490*
	No long-term health condition	40	3	37	19	*1417*
Region	North East	49	4	27	21	*75*
	North West	41	5	32	21	*222*
	Yorkshire and The Humber	47	2	34	16	*157*
	West Midlands	45	3	33	19	*176*
	East Midlands	41	3	41	16	*164*
	East of England	41	3	36	20	*229*
	South West	32	4	35	29	*187*
	South East	40	3	35	22	*262*
	Greater London	39	7	34	19	*232*
	Wales	41	1	38	20	*103*
	Scotland	37	4	40	20	*143*
Social grade	Middle class (ABC1)	44	4	34	19	*1571*
	Working class (C2DE)	29	3	42	26	*379*
Employment Status	Self-employed	8	1	74	17	*307*
	Employed	47	4	28	21	*1643*

Base: All participants

Table B.7 Employee access to OH services by employee characteristic (row percentages)

Variable	Category	Yes	Yes but only since COVID-19	No	Don't know	Unweighted base
Sector	Public	67	4	13	17	*512*
	Private	38	4	35	22	*1026*
	Voluntary	40	5	26	30	*80*
Contract type	Permanent	49	3	27	21	*1337*
	Temporary	52	12	17	18	*96*
	None/Casual	29	8	43	20	*188*
Employer size	Micro (0-10)	10	0	69	21	*174*
	Small (10-49)	23	6	43	29	*216*
	Medium (50-249)	38	9	33	20	*324*
	Large (250+)	66	3	15	16	*848*
	Don't know	25	5	16	54	*81*
Employment status	Full time	51	4	27	18	*1161*
	Part time	35	5	31	29	*482*
Occupation	Managers and Senior Officials	50	5	29	15	*437*
	Professional Occupations	52	5	23	20	*570*
	Associate Professional and Technical Occupations	49	-	17	34	*28*
	Administrative and Secretarial Occupations	48	3	31	18	*206*
	Skilled Trades Occupations	47	3	32	18	*103*
	Personal Service Occupations	24	5	36	35	*28*
	Sales and Customer Service Occupations	36	2	30	33	*91*
	Process, Plant and Machine Operatives	31	3	41	26	*118*
	Elementary Occupations	25	9	28	38	*50*
	Other/not working	29	-	21	50	*12*

Base: All employees

Table B.8 Characteristics of those who had a long-term sickness absence

	%
Employment status	
Full time	73
Part time	21
Self-employed	6
Size of organisation	
Micro: 1-9 employees	4
Small:10-49 employees	10
Medium: 50-249 employees	31
Large: 250 or more employees	52
Don't know	2
Sector (employees only)	
Private sector	59
Public sector	37
Voluntary/not for profit sector	3
Something else	1
Type of contract (employees only)	
None or casual	19
Temporary	20
Permanent	60
Base	*366*

Base: Participants with a long-term sickness absence of 4 weeks or more (main and boost sample).

Table B.9 Self-employed with workplace adjustments and when these adjustments were put in place

	%
As soon as you became self-employed	36
After your condition started to affect your work	29
After you took time off work because of your health condition	5
When recommended by your GP, doctor or consultant	14
When recommended by Occupational Health services	-
Can't remember	16
Unweighted base:	*49*

Base: Self-employed with a health condition who have put adjustments in place

Table B.10 Use of Occupational Health services in the past 12 months by employees and self-employed

	Total	**Employed %**	**Self-employed**
	%		**%**
Support for specific conditions	11	11	7
Return to work reports	11	11	8
Fitness for work/ workplace adjustments advice	10	10	4
Support with public health guidance for Covid-19	9	9	7
Advice on working from home (including reasonable adjustments)	8	8	9
Certifying sick leave	7	7	-
Something else	1	-	4
Haven't used Occupational Health services	69	70	64
Health check-ups	4	1	-
Counselling/ mental health	2	2	-
Unweighted base	*868*	*841*	*27*

Base: Participants with access to Occupational Health Services