



Department
for Work &
Pensions



Government
Social Research

DWP Employer Survey 2024

Health and disability in the workplace

May 2025

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1. Executive Summary

Executive Summary – health and disability in the workplace

This summary presents the key findings from a survey of 8,006 employers (each of which had at least two employees). The research looked at employer attitudes, behaviours and provisions around employee health, sickness and disability in the workplace.

- **Employer attitudes** towards employee health and wellbeing were generally positive. Most employers agreed they have a responsibility to encourage and support employees to be physically and mentally healthy (87%), and that they know what to do to improve employees' health and wellbeing at work (72%). Confidence in recruiting disabled people and people with long-term health conditions (LTHCs) was, however, low with a quarter of employers (25%) reporting that in their organisation they were not confident in doing so.
- In terms of **employer behaviour**, there has been a slight decrease since 2022 in the proportion of employers who identify as adopting a proactive approach to addressing employee health and wellbeing (68% in 2024 compared to 72% in 2022); however, this proportion remains higher than in 2018 (45%). There have also been small decreases since 2022 in the proportion of employers who say they offer the different types of support that they were prompted with, to prevent employee ill-health or improve the general health and wellbeing of their workforce. Reflecting previous surveys, organisation size appeared to be linked to the extent of employer health and wellbeing provision. Large employers were more likely than small and medium-sized enterprises (SMEs) to say they had a range of support in place to prevent ill-health and improve health and wellbeing, as well as support disabled employees and employees with LTHCs.
- In **managing sickness absence**, most employers offer some form of support to employees who cannot carry out their usual activities due to ill health. Over six in ten (63%) employers provide access to Statutory Sick Pay (SSP), and over three in ten (37%) provide sick pay above SSP. Almost all large employers reported providing access to SSP (95%), and three quarters (76%) provided sick pay above SSP.
- Provision of **Occupational Health (OH) services** has remained broadly consistent since the 2022 survey, with just under one in three employers (31%) saying they provide OH or Vocational Rehabilitation (VR) services for their employees. As in 2022, provision was more common among large employers compared to SMEs. Only a small proportion of employers (14%) reported receiving recommendations from an OH adviser following an assessment conducted for an employee in the previous 12 months; the majority of these employers (72%) reported that they fully implemented the recommended actions.

2. Introduction and methodology

Background and aims

- The DWP Employer Survey 2024 is the second wave of a cross-sectional representative survey of employers in Great Britain. Wave 1 of this survey was conducted in 2022 and published in 2023.
- The survey is designed to gather evidence from employers on their policies, awareness and attitudes in relation to key topics of interest to DWP. The topics covered by the survey include:
 - Health and disability in the workplace
 - Recruitment, retention and progression of staff
 - Engagement with government employment schemes and wider engagement with DWP
 - Pension provision
 - Groups who may be disadvantaged in the labour market.
- The survey in its current form was commissioned in 2021. It consolidated three different cross-cutting employer surveys that were taking place across the department into one, biennial, modularised survey. This new survey format was intended to streamline DWP's ask of employers, and therefore to reduce the burden on employers in terms of DWP research participation.
- This survey allows DWP to understand how employer attitudes and behaviours have changed since 2022, as well as providing information on new topics of interest to DWP such as menopause and flexible working.

Methodology

- Wave 2 of this survey was conducted between the 28th February and 25th April 2024. It used a mixed mode design (conducted online and via telephone) and reached a total of 8,006 employers in Great Britain.
- The survey questionnaire was modularised so the sample size for individual questions differs from the total number of responses achieved across the survey.
- The data collected has been weighted to make it representative of the underlying population of employers in Great Britain in terms of business sector, size and country. The weighting approach was consistent with wave 1 and used counts from the Inter-Departmental Business Register (IDBR), a comprehensive list of UK businesses. More information on the survey methodology is detailed in the technical report.
- The mode split for this wave differed slightly to wave 1. Wave 2 consisted of 3,059 telephone interviews and 4,947 online surveys whereas, wave 1 consisted of 4,794 telephone interviews and 3,208 online surveys. The effect of this change in mode on the data collected and comparisons between waves has not been fully explored.
- The definitions used to categorise employers according to organisation size are detailed below.
 - **Large employer:** an organisation with 250 or more employees
 - **Medium employer:** an organisation with 50 to 249 employees
 - **Small employer:** an organisation with 2 to 49 employees*
 - **Small and medium-sized enterprises (SMEs):** organisations with 2 to 249 employees

*Note: These definitions are slightly different to the ONS harmonised definitions of employer size, as this survey excluded organisations with less than 2 staff members.

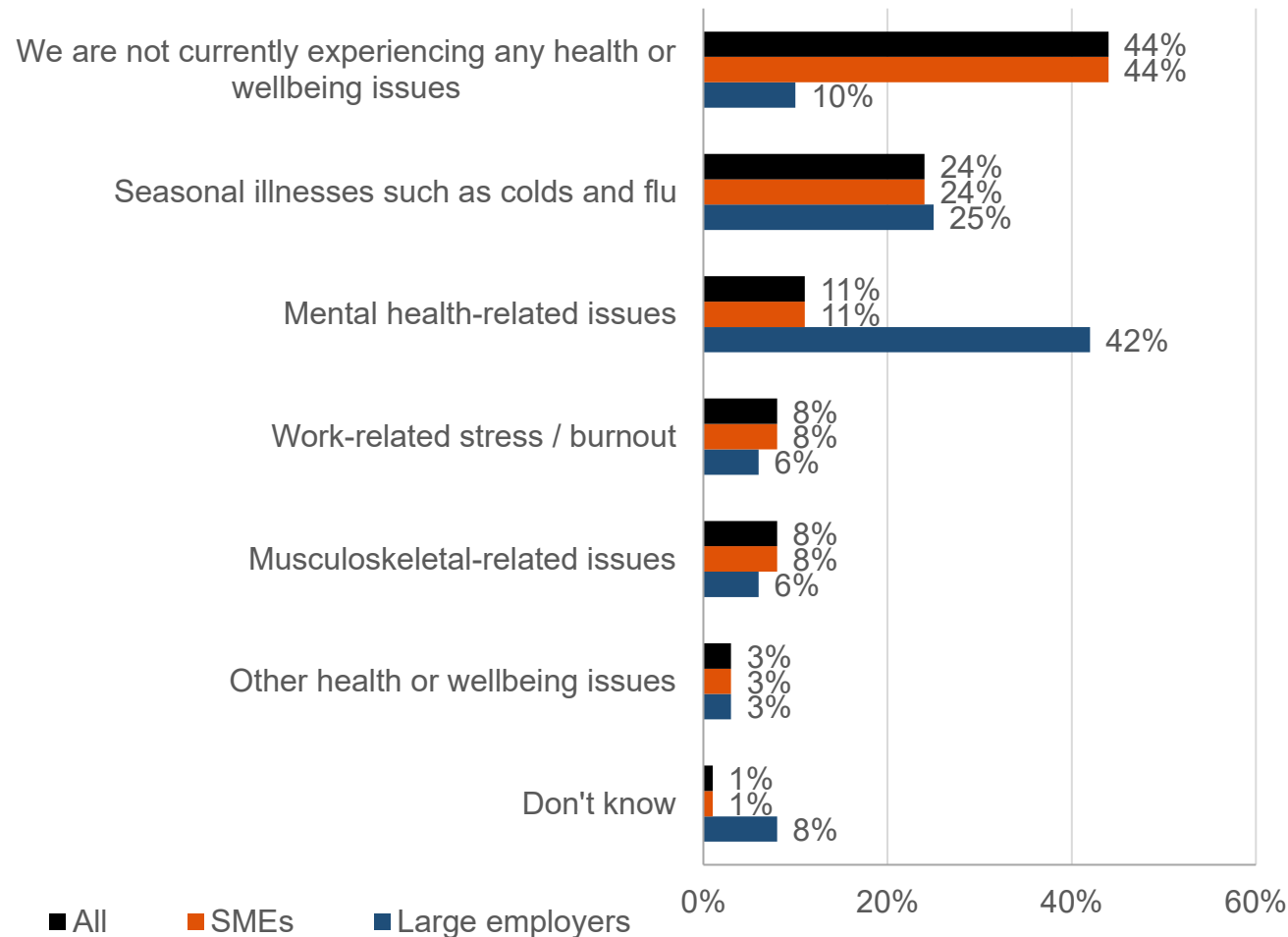
Approach to reporting

- The findings in this slide deck are based on employers' direct experiences of DWP services and policies, and their experiences of a variety of workplace management topics. The survey included a small number of perception and attitudinal-based questions which ask employers about their views of DWP services and policies, and some of these were asked whether or not employers had experienced these services and policies directly. These perceptions and attitudes are important in better understanding how employers view what the Department delivers and to help the Department understand and address any concerns from this stakeholder group.
- Where comparisons are made in this slide pack between different population groups or variables, only those differences found to be statistically significant at the 5% level ($p < 0.05$) are reported.
- In some cases, it was not possible to include within these slides the data from all respondent sub-groups, however this analysis is available in the accompanying published data tables.
- In this slide pack, key information is provided for each reported question. The number of respondents presented with each question (unweighted) and description of these respondents (Base=N) is provided under each graph. The chart titles contain the corresponding question number.

3. Employer attitudes towards health and wellbeing

More employers are seeking to tackle health and wellbeing issues than not; of those experiencing issues, the most common are seasonal illnesses

Chart 1: Types of health and wellbeing issues employers are seeking to tackle in their organisation, by organisation size, A2b, 2024

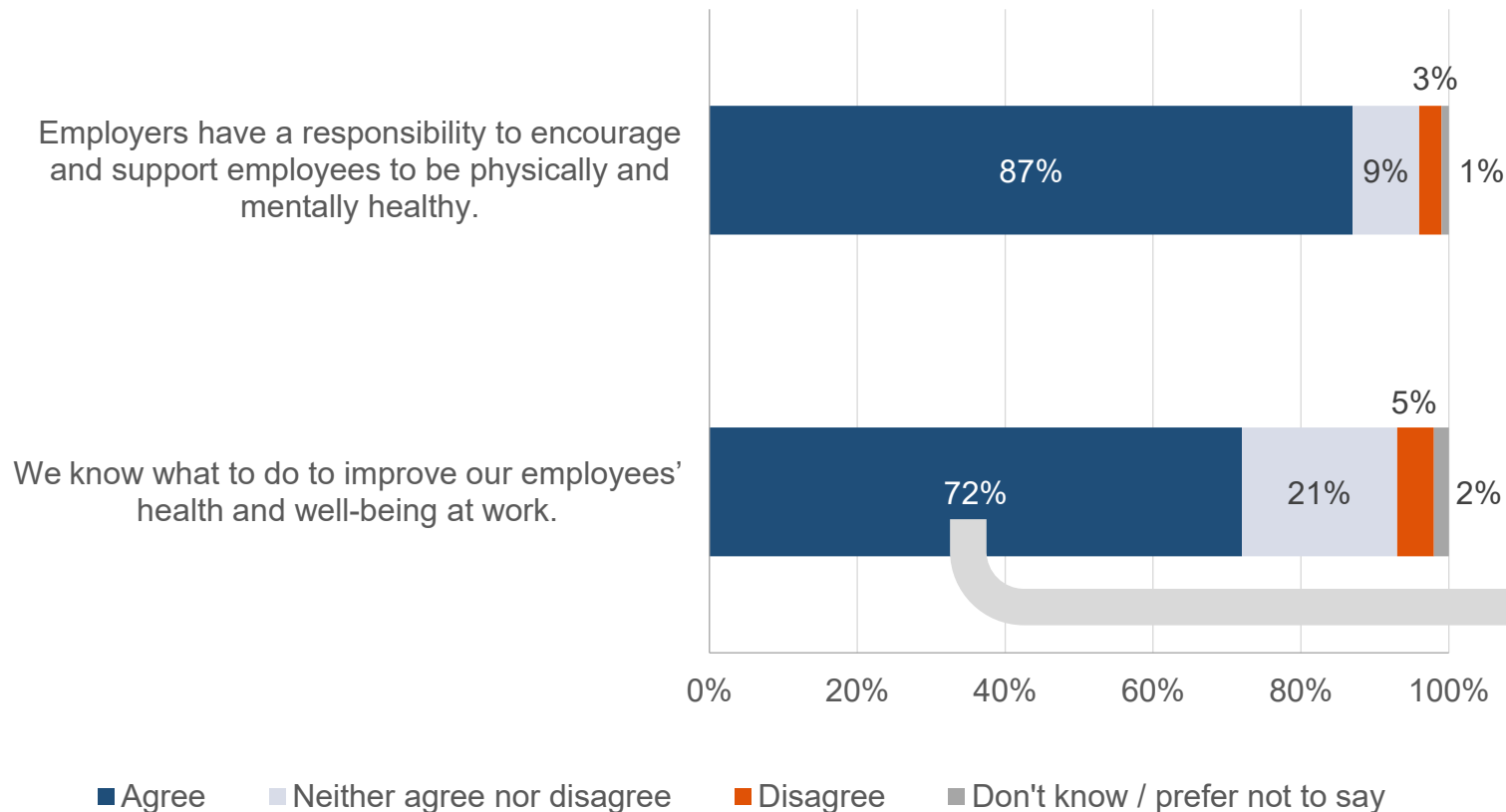


- Over half of employers (55%) said they were seeking to tackle some kind of health and wellbeing issue in their organisation.
- The most common health and wellbeing issue reported by employers were seasonal illnesses such as colds and flu (24%). This was followed by mental health-related issues (11%) and work-related stress/burnout (8%).
- Around 2 in 5 employers (44%) reported that they are **not** currently experiencing any health or wellbeing issues.
- Small and medium-sized organisations (SMEs) were more likely than large employers to report that they were **not** currently experiencing any health or wellbeing issues (44% vs 10%). This difference may reflect large employers' greater workforce size and diversity.
- Large employers were more likely than SMEs to cite mental health-related issues (42% vs 11%).

Unweighted base: All employers (2,670); SMEs (2,571); Large employers (99)

Most employers know what to do to improve their employees' health and wellbeing, and agree that they have a responsibility to encourage and support employees to be physically and mentally healthy

Chart 2: Employer attitudes towards supporting employee health and wellbeing, A25, 2024



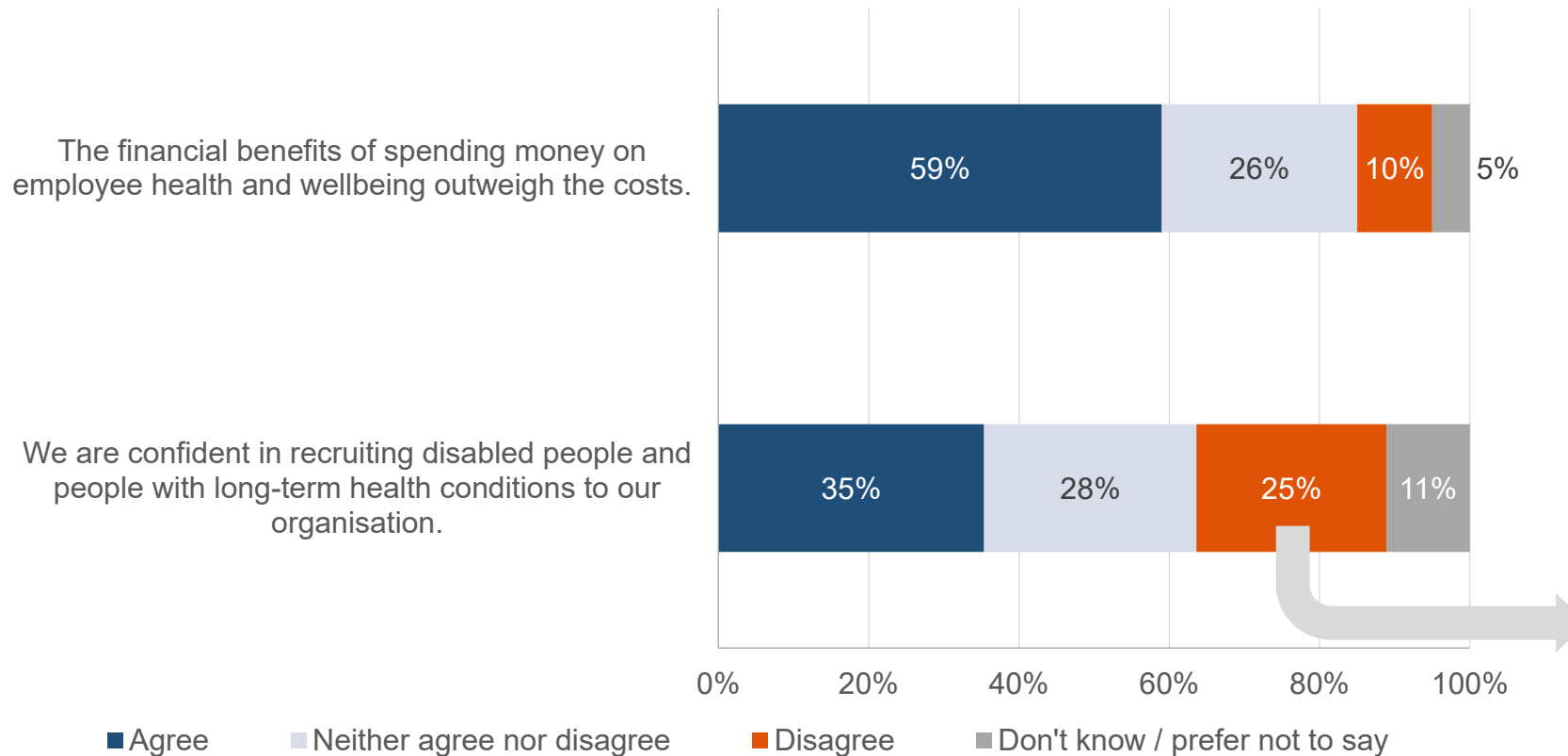
- Most employers (87%) agreed that they have a responsibility to encourage and support employees to be physically and mentally healthy.
- Just under 3 in 4 employers (72%) said they know what to do to improve their employees' health and wellbeing at work; although a sizeable minority (21%) neither agreed nor disagreed with this statement.

Large employers were more likely to agree with this statement compared to SMEs (90% of large employers agreed compared to 72% of SMEs).

Unweighted base: All employers (2,670)

Employer views on the financial benefits of spending money on employee health and wellbeing are more varied; and confidence in recruitment is low

Chart 3: Employer attitudes towards supporting employee health and wellbeing, A25, 2024



- Just under 3 in 5 employers (59%) agreed that the financial benefits of spending money on employee health and wellbeing outweigh the costs.
- Around a quarter of employers (26%) neither agreed nor disagreed with this statement.
- Around a third of employers (35%) are confident in recruiting disabled people and people with long-term health conditions (LTHCs) to their organisation; although 1 in 4 employers (25%) said they do not feel confident.

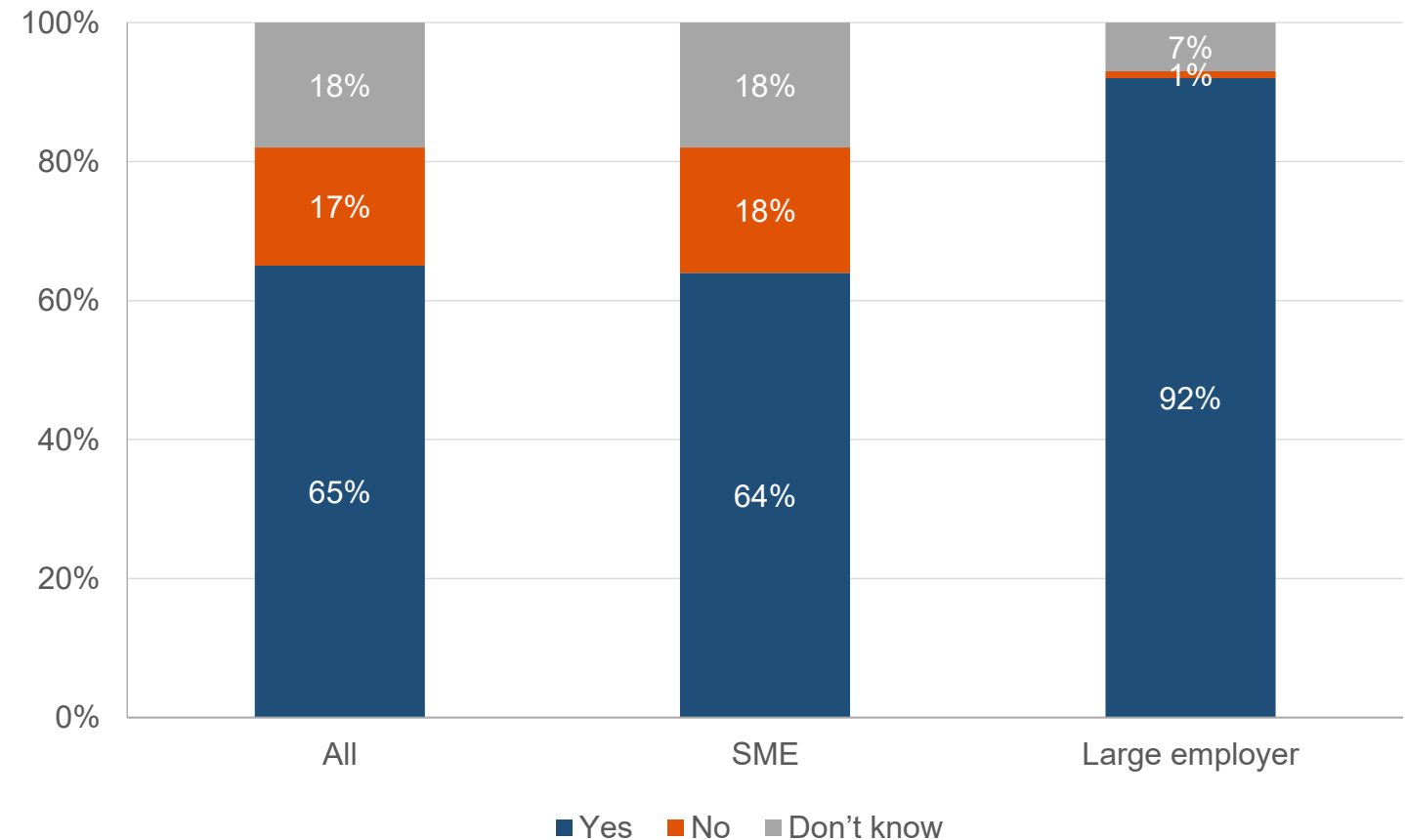
SMEs were more likely than large employers to say they did not feel confident in recruiting disabled people or people with LTHCs (25% of SMEs said this vs 3% of large employers).

Unweighted base: All employers (2,670)

Almost two thirds of employers think that workplaces should provide mental health support for their employees

- Most employers (65%) think that workplaces should provide mental health support for their employees, whereas just over 1 in 6 (17%) do not.
- A similar proportion (18%) were not sure whether workplaces should provide mental health support or not.
- Large employers were more likely than SMEs to say that workplaces should provide this support (92% vs 64%).
- In 2024, employers were less likely than in 2022 to say that they think workplaces should provide mental health support for their employees (65% said this in 2024, compared to 73% who agreed with this statement in 2022).

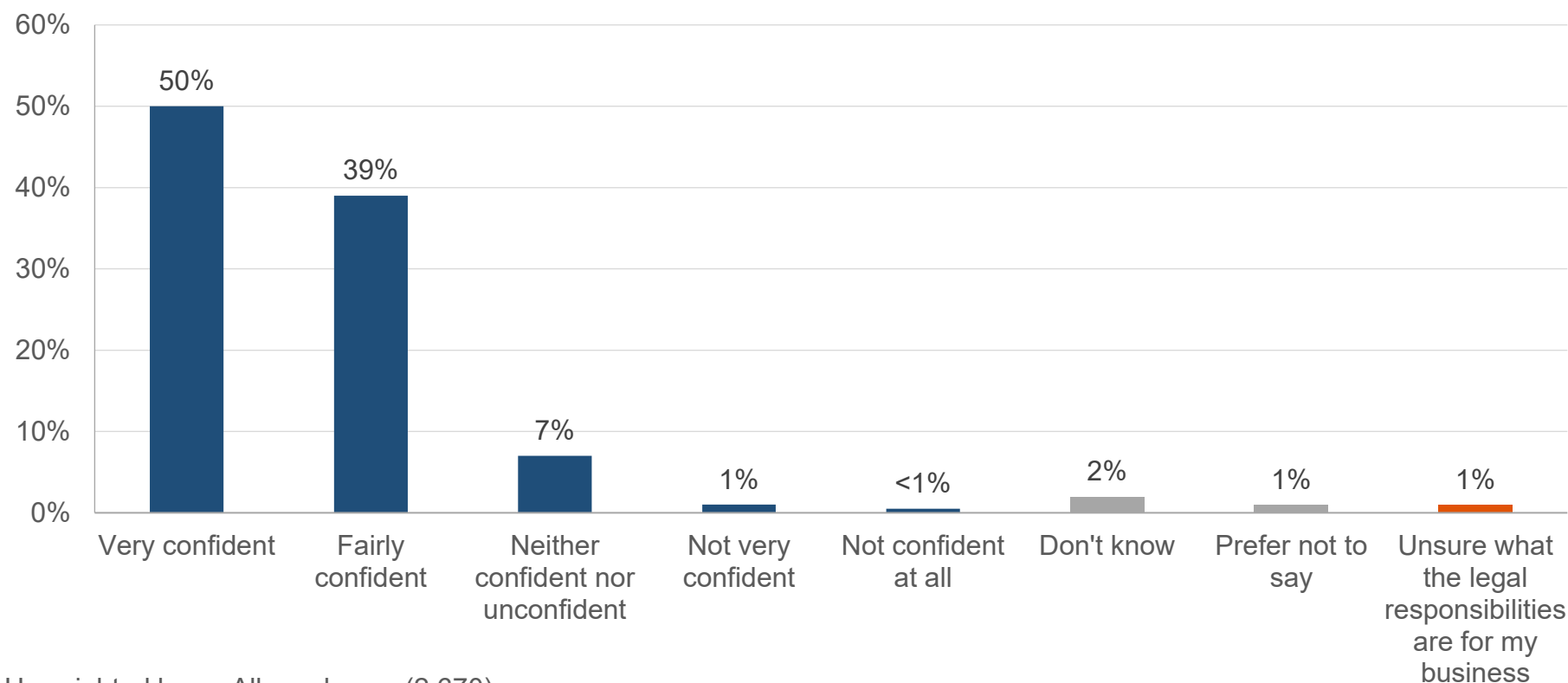
Chart 4: Employer attitudes on whether mental health support should be provided to employees, by organisation size, D4, 2024



Unweighted base: All employers (2,670); SMEs (2,571); Large employers (99)

Most employers also say they are confident in applying their legal responsibilities in relation to health and safety, disability and sick leave

Chart 5: Confidence in applying legal responsibilities in relation to health and safety, disability and sick leave, A3, 2024



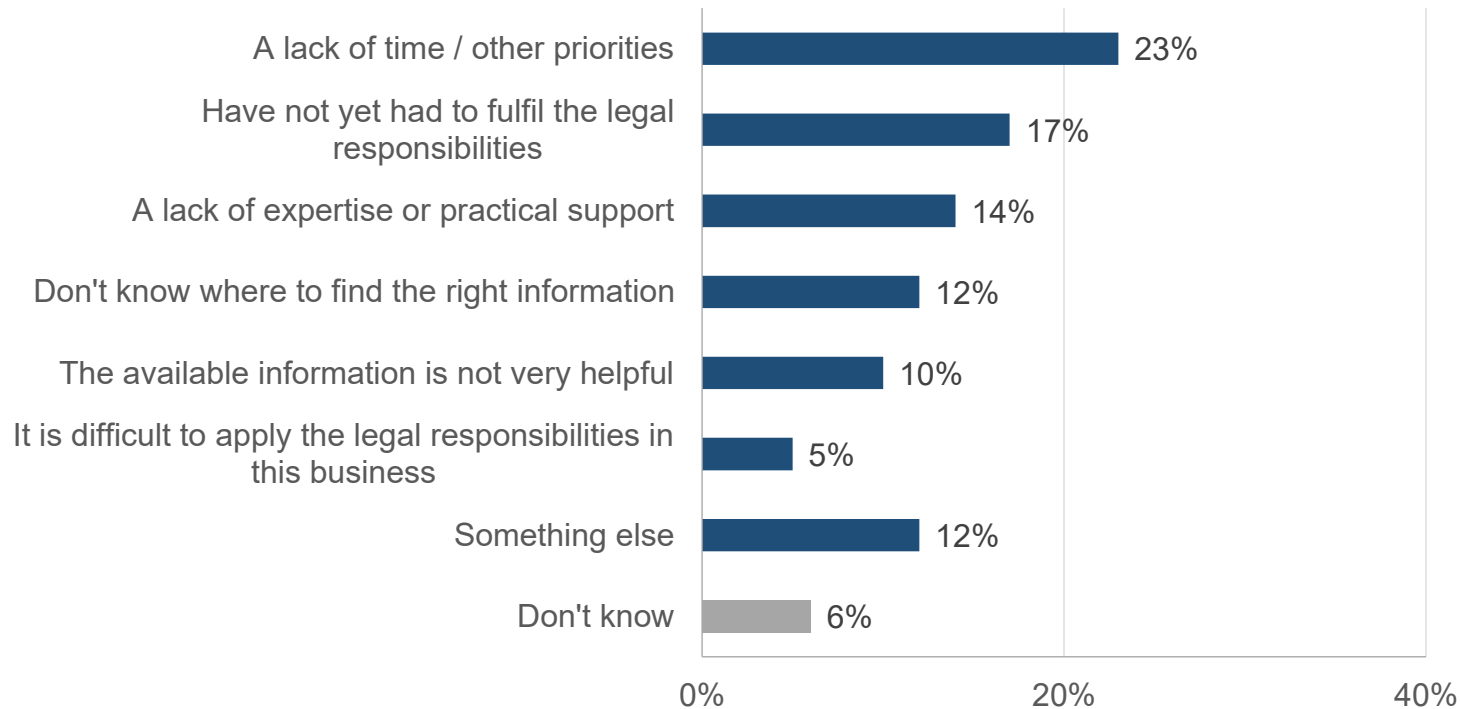
Unweighted base: All employers (2,670)

- The majority of employers (88%*) are confident in applying their legal responsibilities in relation to health and safety, disability and sick leave.
- Large employers were more likely than SMEs to be confident in applying their legal responsibilities (98% vs 88%).
- Between 2022 and 2024, there were no statistically significant differences in how confident employers felt in applying their legal responsibilities.

* This value is different to the sum of the percentages shown in Chart 5 due to rounding of weighted values to the nearest integer.

For those who did not say they were confident in applying their legal responsibilities, a range of reasons were provided, the most common was a lack of time or having other priorities

Chart 6: Reasons why employers aren't confident in applying their legal responsibilities in relation to health and safety, disability and sick leave, A5, 2024



Unweighted base: Employers who were neither confident nor unconfident or not confident in applying their legal responsibilities (185)

- Employers who did not say they were confident in applying their legal responsibilities were asked why this was the case. Almost all respondents to this question (99%) were small employers (2 to 49 staff).
- Almost a quarter of employers (23%) said a lack of time/other priorities, this was followed by not yet having had to fulfil the legal responsibilities (17%), and a lack of expertise or practical support (14%).
- In 2024, more employers cited a lack of time/other priorities as the main reason why they were not confident in applying their legal responsibilities (an increase of 21 percentage points (pp) from 2% in 2022). This increase is likely due to this response option being an unprompted response in wave 1, which was then added as a response option at wave 2.
- In 2024, fewer employers cited not yet having to fulfil their legal responsibilities as the main reason for their lack of confidence compared to 2022 (a decrease of 14pp from 31% in 2022).

Practical support and advice in applying legal responsibilities was thought to be helpful for increasing employer confidence

Chart 7: Elements that would increase the confidence of employers in applying their legal responsibilities in relation to health and safety, disability and sick leave, A4, 2024



Unweighted base: Employers who were neither confident nor unconfident or not confident in applying their legal responsibilities (185)

- Around half of employers who answered this question cited that practical support and advice in applying legal responsibilities (53%) would increase their confidence in applying their legal responsibilities in relation to health and safety, disability and sick leave.
- Other elements mentioned included better signposting to information (36%) and better quality of information provided (34%).
- In 2024, more employers were uncertain about what would increase their confidence in applying their legal responsibilities, compared to 2022 (an increase of 12pp from 10% reported in 2022).

Most respondents to this question were small employers.

Over half of employers said they would look on Gov.uk for information on how to support an employee with a disability or long-term health condition

- Employers would most commonly go to Gov.uk if they were looking for information on how to support an employee with a disability or LTHC (54%); this is consistent across all employer size bands.
- This was followed by seeking information from professional bodies (30%) or an external HR consultant (20%).
- Large employers were more likely than SMEs to say they would seek information from the ACAS website (36% of large employers said this vs 15% of SMEs), an Occupational Health or Vocational Rehabilitation adviser (39% vs 8%) or an in-house HR team (34% vs 5%).

The wording of this question and the response options changed between 2022 and 2024 and therefore comparisons between survey waves are not possible.

Chart 8: Sources of information and advice employers would use to support an employee with a disability or LTHC, A8a, 2024

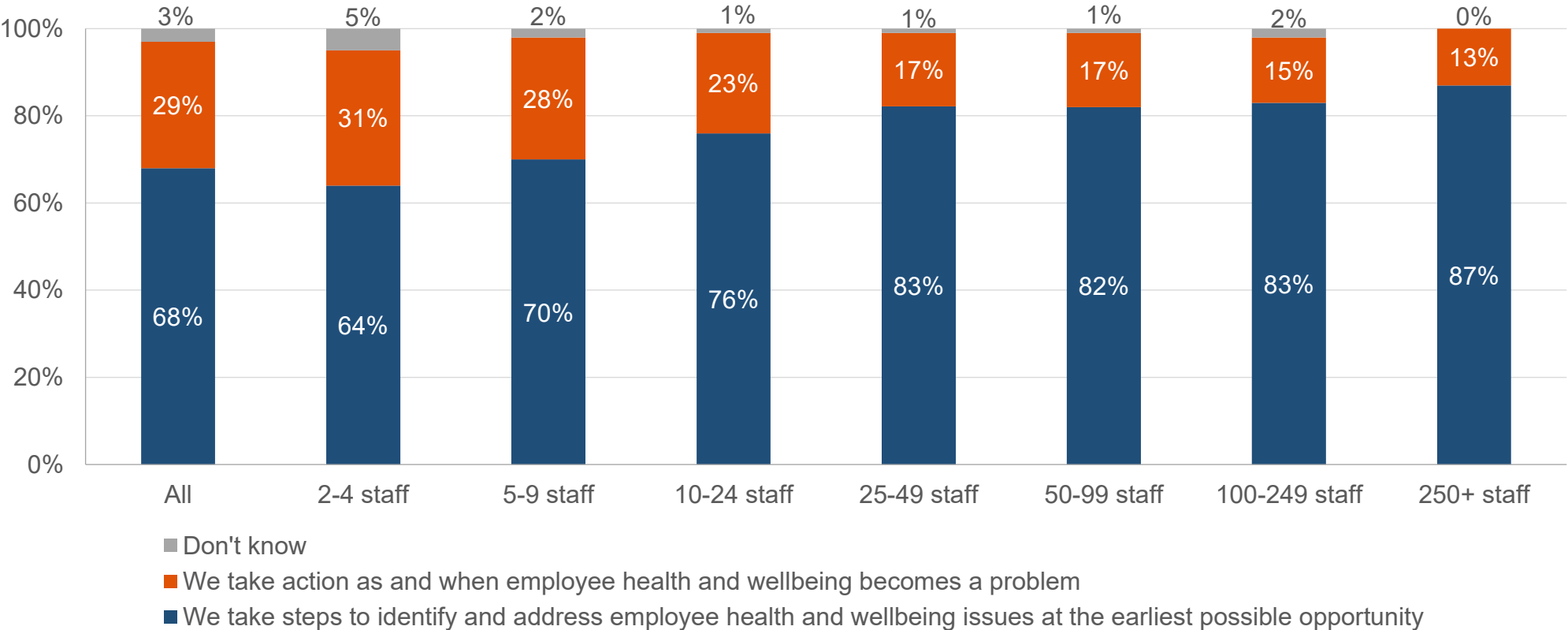


4. Employer behaviours in relation to health and wellbeing

Over two thirds of employers say they are proactive in addressing employee health and wellbeing

Employers were asked to identify which, of two descriptions, best fit their organisation. Just over two thirds of employers (68%) said they take action to identify and address employee health and wellbeing issues at the earliest possible opportunity. In other words, they are **proactive** towards employee health and wellbeing rather than **reactive**.

Chart 9: Approaches to managing employee health and wellbeing, by organisation size, A1, 2024

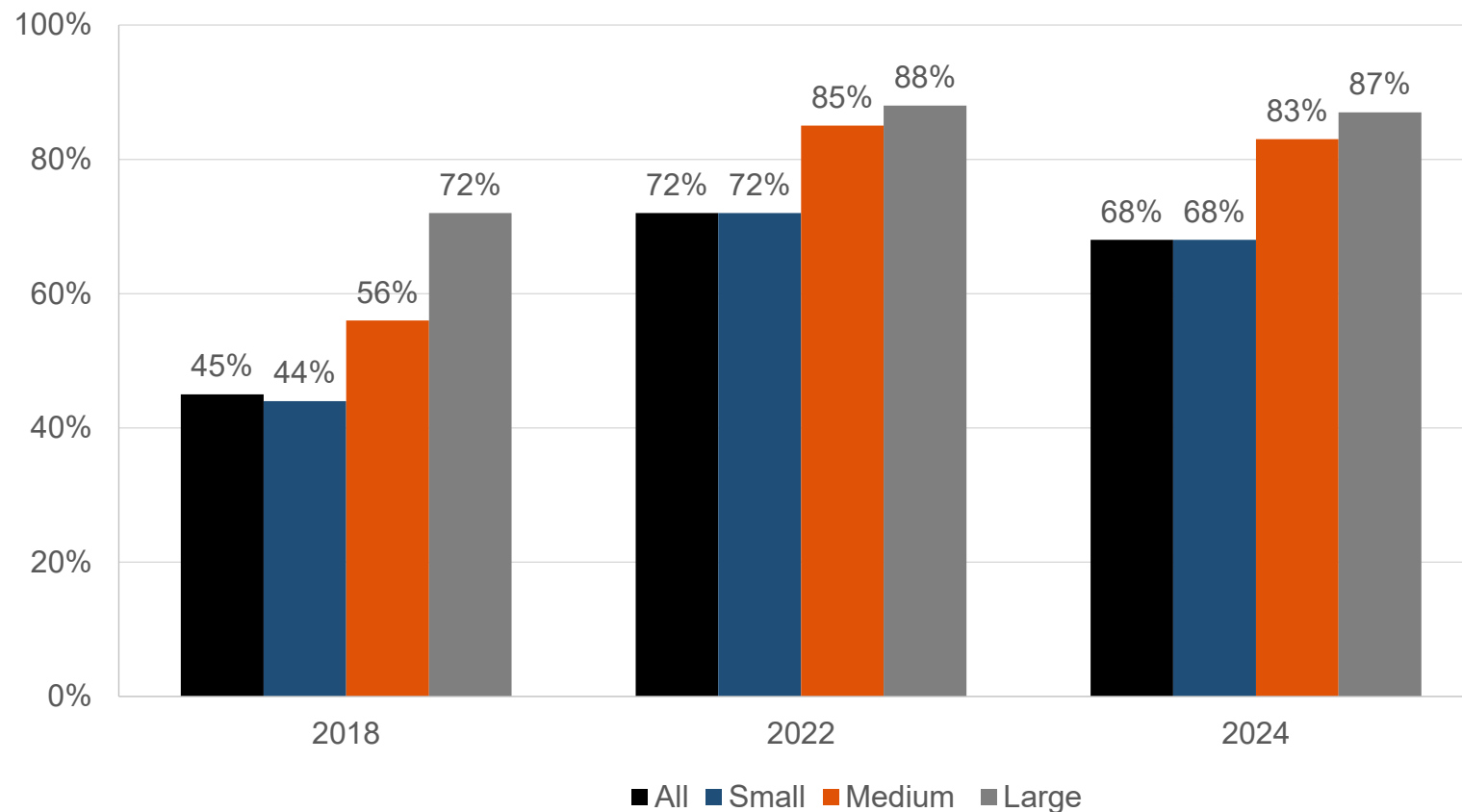


- Almost 3 in 10 employers (29%) said they take action as and when employee health and wellbeing becomes a problem.
- Large employers were more likely than SMEs to identify as adopting a proactive approach (87% vs 68% respectively).

Unweighted base: All employers (2,670); 2 to 4 staff (797); 5 to 9 staff (548); 10 to 24 staff (503); 25 to 49 staff (321); 50 to 99 staff (243); 100 to 249 staff (159); 250+ staff (99)

The proportion of employers who adopt a proactive approach to addressing employee health and wellbeing has decreased since 2022; however, rates are still higher than in 2018

Chart 10: Proportion of employers who identify as taking a proactive approach to addressing health and wellbeing issues, by organisation size, A1, 2018 to 2024



- In 2024, employers were less likely to say they take steps to identify and address employee health and wellbeing issues at the earliest possible opportunity compared to 2022 (a decrease of 4.0pp).
- Specifically, there was a 4.1pp decrease in small employers (2 to 49 employees) reporting a proactive approach in 2024 compared to 2022.
- Although the proportion of employers adopting a proactive approach has decreased since 2022, this is still higher than in 2018 (68% vs 45% respectively).
- There were no significant differences between 2022 and 2024 in the proportion of employers who adopted a reactive approach, or who were not sure which approach best described their organisation.

Unweighted base: All employers. 2024 (2,670); 2022 (4,003); 2018 (2,564)

Most employers provide some form of support to prevent employee ill-health or improve the general health and wellbeing of their workplace

The majority of employers provide some form of support to prevent employee ill-health or improve health and wellbeing (85%).

Chart 11: Employer provision to prevent employee ill-health or improve the general health and wellbeing of their workplace, A2, 2024



- The most prevalent form of support employers offered was health and safety training or guidance (70%) – this is consistent across all employer sizes.
- The larger the employer, the less likely they were to say they did not have some kind of provision in place to prevent employee ill-health or improve the general health and wellbeing of their workplace. For example, 18 per cent of employers with 2 to 4 employees said they did not provide support, compared to 6 per cent of employers with 10 to 24 employees. Less than 1 per cent of employers with at least 100 employees said they did not provide any of the provision they were asked about.

Unweighted base: All employers (2,670)

Between 2022 and 2024, there were small decreases across the board in the types of support offered by employers to prevent employee ill-health

In 2024, employers were less likely to say they provide to their employees: health and safety training or guidance (a decrease of 4.7pp), interventions to prevent common health conditions becoming a problem (a decrease of 5.9pp), activities to encourage a supportive culture (a decrease of 5.8pp) and training for line managers (a decrease of 7.6pp), compared to 2022.

Chart 12: Employer provision to prevent employee ill-health or improve the general health and wellbeing of the workplace, A2, 2024 and 2022



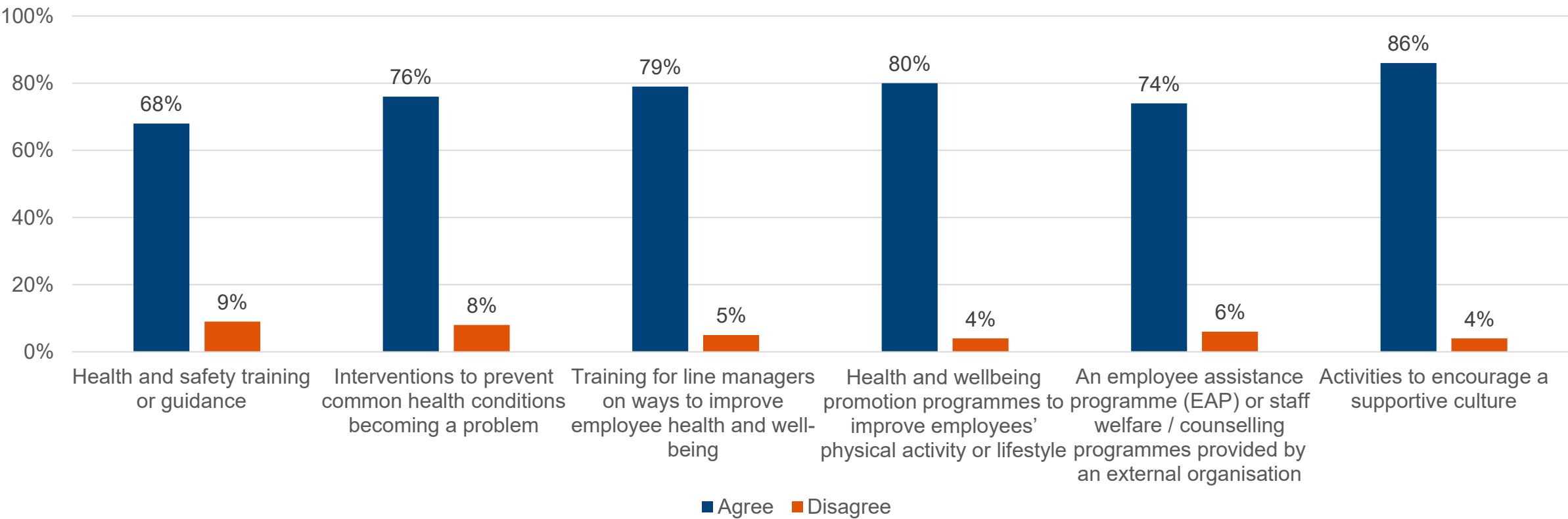
Unweighted base: All employers. 2024 (2,670); 2022 (4,003)

Significant decrease from wave 1

Most employers who provided support measures agreed that these were effective at preventing employee ill-health

For each measure, most employers agreed that they were effective at preventing employee ill-health. Activities to encourage a supportive culture had the highest proportion of employers who agreed this measure had been effective at preventing employee ill-health for their company (86%).

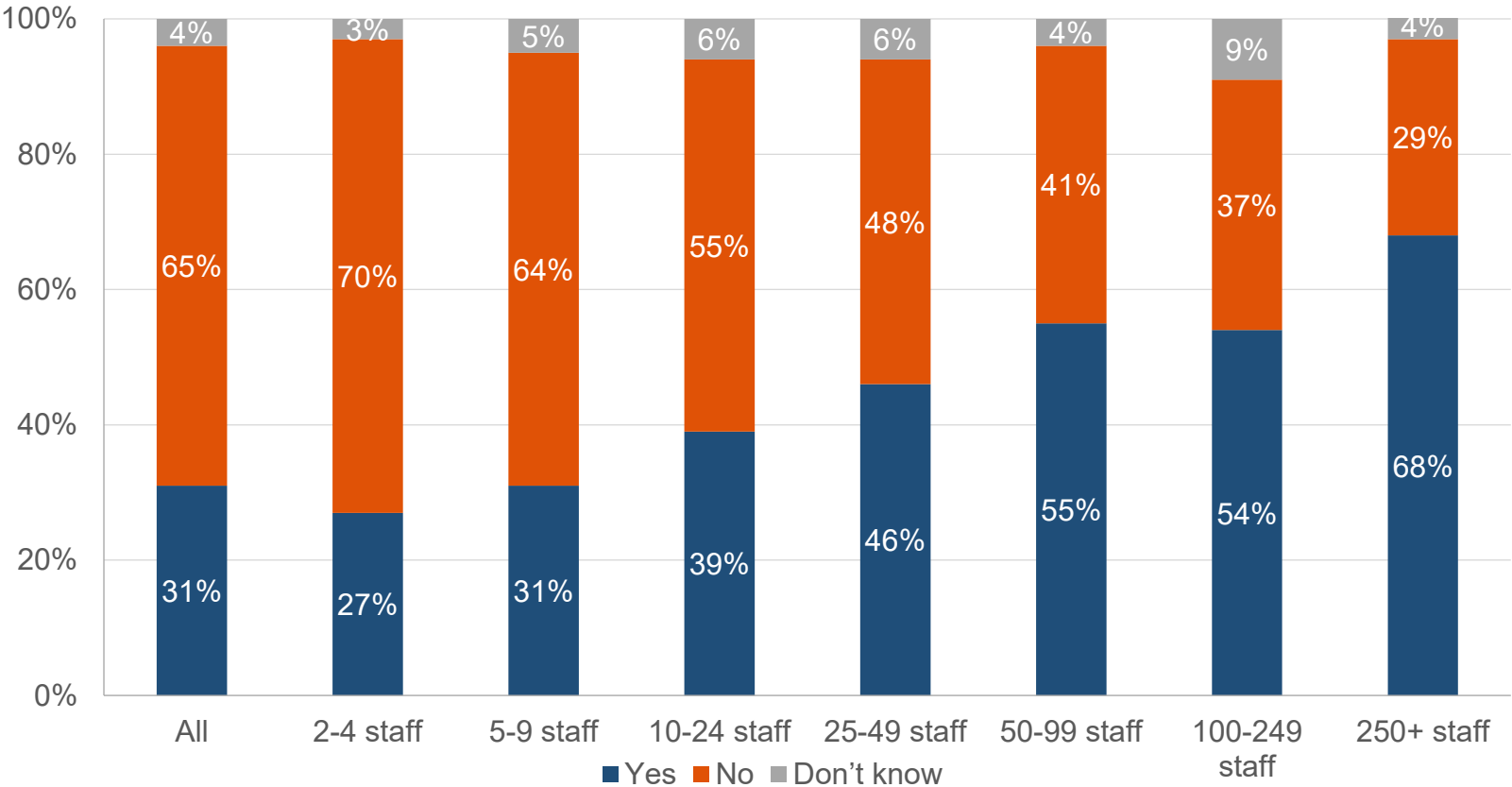
Chart 13: The extent to which each of the support measures are considered effective at preventing employee ill-health, A2aa, 2024



Unweighted base: Employers who provide measures. H&S training (2,113); Preventative interventions (1,283); Line manager training (932); H&W promotion programmes (664); EAPs (681); Activities (1,174).

Around 1 in 3 employers have systems in place for assessing and monitoring the mental wellbeing of employees

Chart 14: Proportion of employers who have systems in place for assessing and monitoring the mental wellbeing of employees, by organisation size, D1, 2024



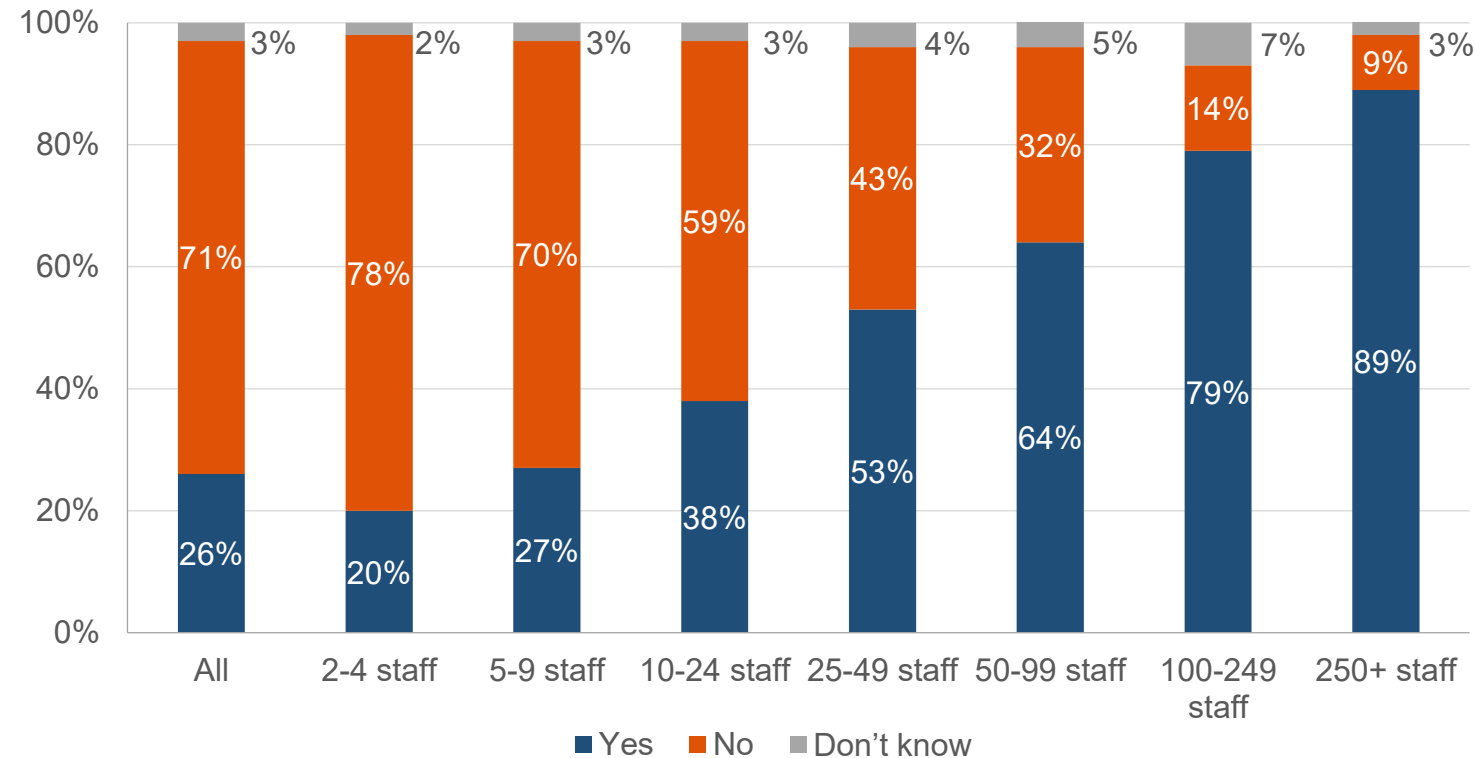
- Just under one in three employers (31%) said they have systems in place for assessing and monitoring the mental wellbeing of employees, and almost two thirds of employers (65%) said they do not have these systems in place.
- Large employers were the most likely to say they had these systems in place compared to other size bands (68% of large employers said this).
- Employers with 2 to 4 staff were the most likely to say they do not have these systems in place (70% said this).
- There were no significant differences observed for this question when compared to the 2022 data.

Unweighted base: All employers (2,670); 2 to 4 staff (797); 5 to 9 staff (548); 10 to 24 staff (503); 25 to 49 staff (321); 50 to 99 staff (243); 100 to 249 staff (159); 250+ staff (99)

Most employers are not a member of any diversity and inclusion schemes; but 1 in 4 organisations currently employ someone with a disability or LTHC

- Employers were asked if they are members of any diversity and inclusion schemes. Most employers (91%) said they were not members of any schemes of this type, with 2 per cent of employers saying they were a member.
- Employers were also asked whether they currently employ anyone with a disability or LTHC. Around 1 in 4 organisations (26%) said they currently employ someone with a disability or LTHC, with 7 in 10 (71%) employers saying they do not.
- Likelihood of employing someone with a disability or LTHC was positively correlated with organisation size. For example, 20 per cent of employers with 2 to 4 staff said they employ someone with a disability or LTHC compared to 38 per cent of employers with 10 to 24 staff.

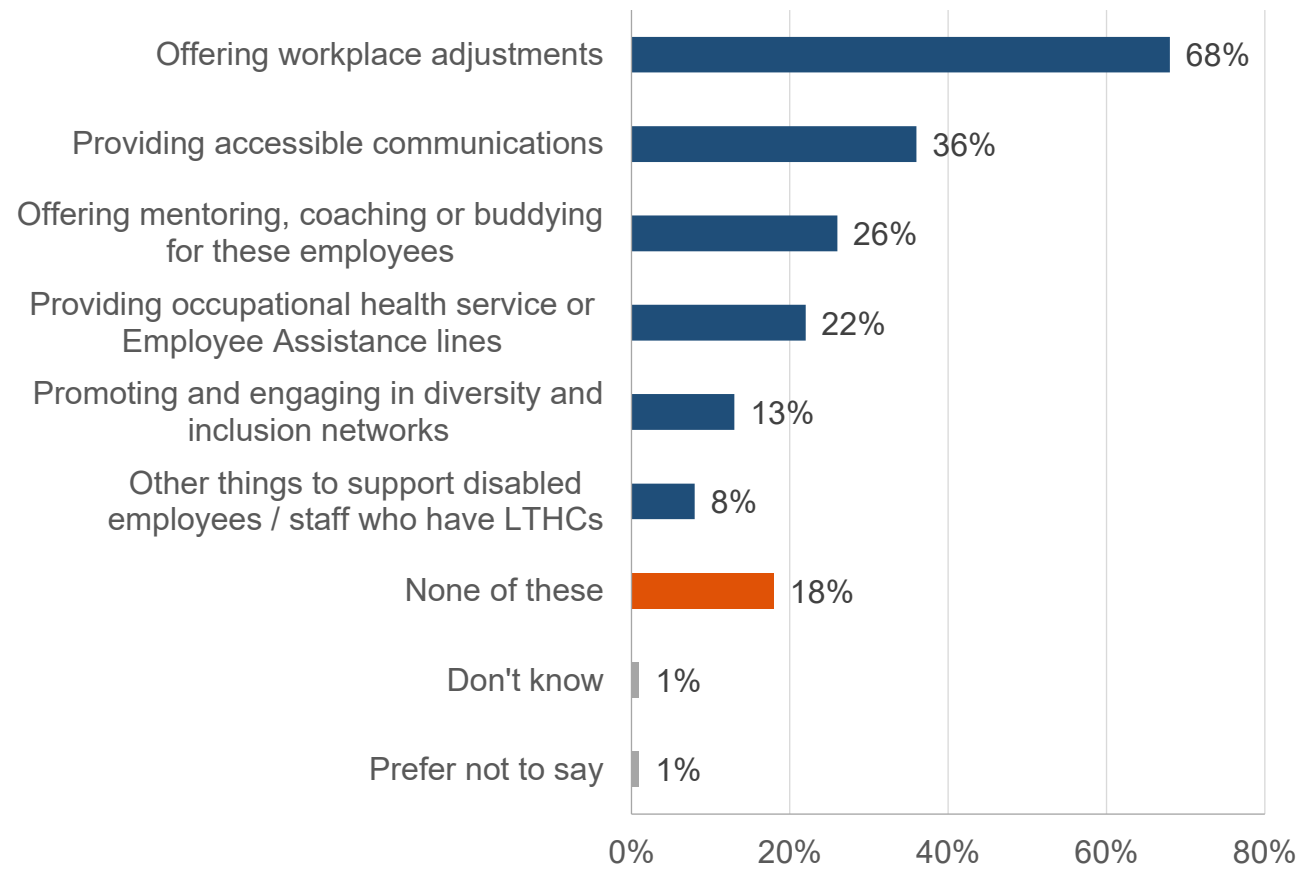
Chart 15: Proportion of organisations who employ someone with a disability or LTHC, by organisation size, E1b, 2024



Unweighted base: All employers (2,670); 2 to 4 staff (797); 5 to 9 staff (548); 10 to 24 staff (503); 25 to 49 staff (321); 50 to 99 staff (243); 100 to 249 staff (159); 250+ staff (99)

Many employers are taking action to support disabled staff and/or staff with LTHCs; this is most often in the form of offering workplace adjustments

Chart 16: Employer approaches to supporting disabled employees and employees with long-term health conditions, E6, 2024



- Employers who said they employ disabled staff and/or employ staff with LTHCs (26%) were asked to select from a list which, if any, support they have in place for these employees.
- Most employers (80%) said they offer at least one of the forms of support they were prompted with, with the most common being workplace adjustments (68%).
- This was followed by providing accessible communications (36%) and offering mentoring, coaching or buddying (26%).
- Large employers were more likely than SMEs to say they offer each form of support to disabled employees and people with LTHCs.
- A significant minority (18%) said they offer none of the forms of support they were prompted with. Employers with 2 to 4 staff were more likely than all other organisation size bands to select this response option (28%).

Unweighted base: Employers who currently employ someone with a disability or LTHC (1,029)

The most common barriers faced by employers in supporting disabled employees or employees with LTHCs in work are a lack of capital to invest in support and lack of time / staff resource

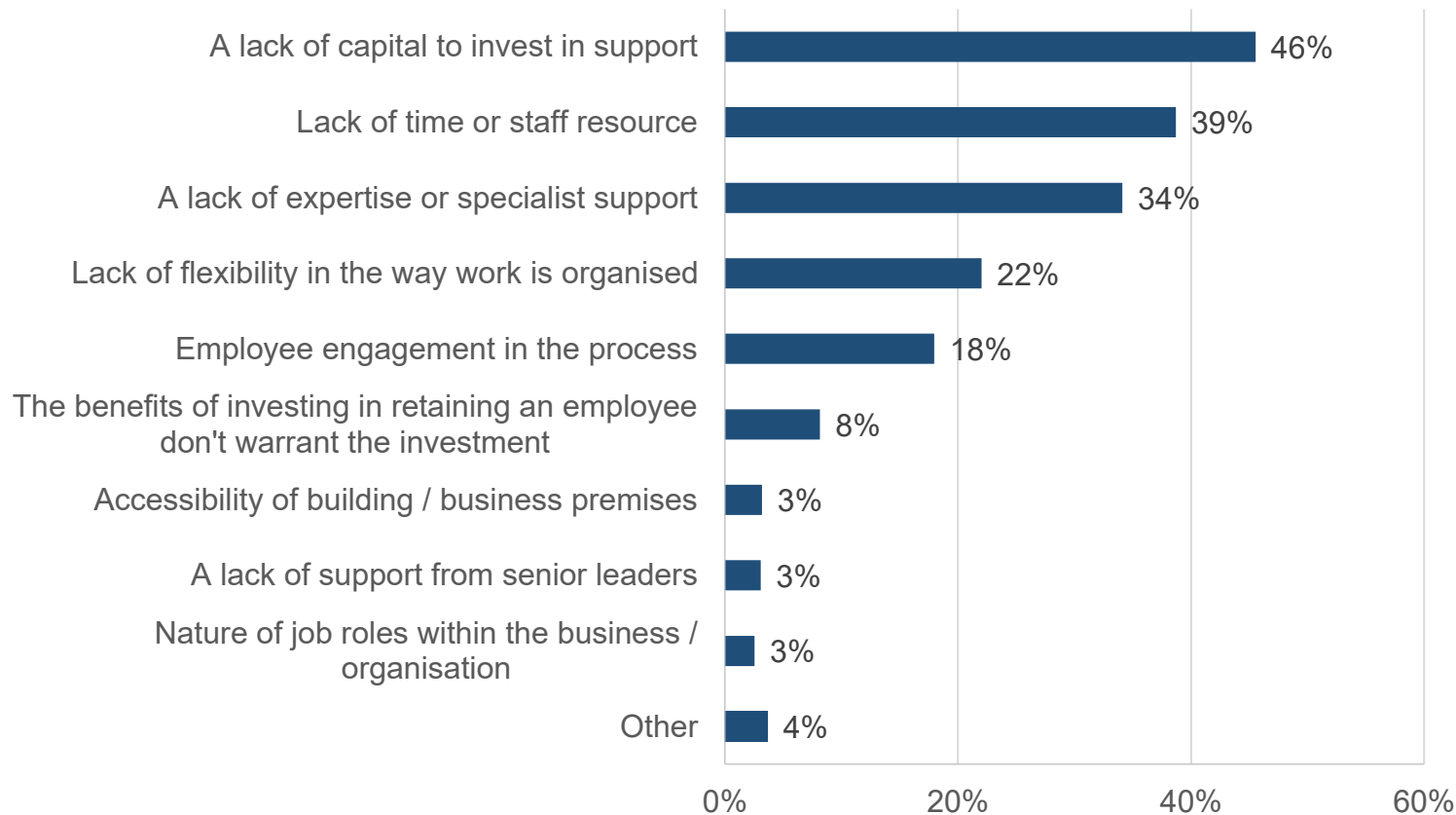
Chart 17: Perceived barriers to supporting disabled employees or employees with long-term health conditions at work, A20, 2024



- All employers were asked which, if any, barriers their organisation face in supporting disabled employees or employees with LTHCs at work. Three quarters of employers (75%) said they do not have any disabled employees or employees with LTHCs. A further 1 in 10 employers (11%) said they do not face any barriers.
- Variations were observed by size band with large employers more likely than SMEs to state that their organisation does not experience barriers (38% of large employers said this vs 11% of SMEs).
- The most common barrier employers said they experience in supporting disabled employees or employees with LTHCs at work is a lack of capital to invest in support (6%).
- No detailed comparisons to the 2022 dataset have been made due to amendments to this question between 2022 and 2024, however, the overall pattern of response to this question is similar across survey years.

Almost half of employers who faced barriers in supporting disabled employees or employees with LTHCs cited a lack of capital to invest in support as a barrier

Chart 18: Perceived barriers to supporting disabled employees or employees with long-term health conditions at work, among those reporting barriers, A20, 2024



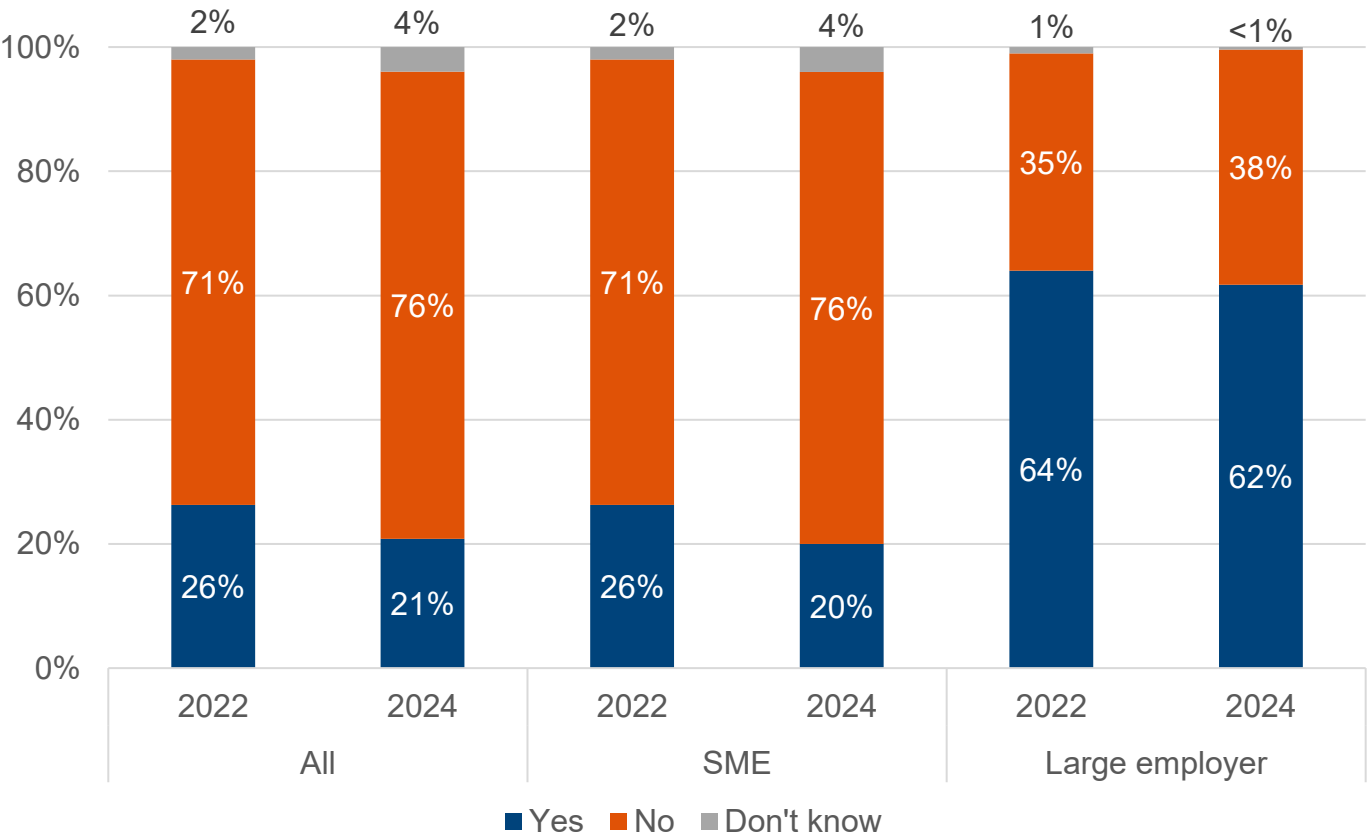
- When looking specifically at employers who reported that they **have experienced barriers** in supporting disabled employees or employees with LTHCs (13% of all employers), almost half of these (46%) cited a lack of capital to invest in support as a barrier they face.
- Just under 4 in 10 (39%) employers who have experienced barriers cited a lack of time or staff resource; this was followed by a lack of expertise or specialist support (34%).
- No detailed comparisons to the 2022 data have been made due to amendments to this question between 2022 and 2024, however, the overall pattern of response is similar across the survey years.

Unweighted base: Employers who have experienced barriers in supporting disabled employees or employees with LTHCs at work (523)

Around 1 in 5 employers have heard of the Access to Work scheme; awareness was lower than in 2022

- In 2024, 1 in 5 employers (21%) were aware of the Access to Work scheme. Most employers (76%) said they were not aware of the scheme, and a small proportion (4%) were uncertain whether they had heard of the scheme or not.
- Large employers were more likely than SMEs to say they have heard of the Access to Work scheme (62% of large employers were aware compared to 20% of SMEs).
- Organisations with 100 to 249 staff were also more likely than smaller employers (less than 100 staff) to say they were aware of the scheme (50%).
- In 2024, employers were less likely to say they had heard of the Access to Work scheme, compared to 2022 (a decrease of 5.8pp). This decrease was only seen among SMEs, and not large employers. In 2024 a short description of the Access to Work scheme was added to the question. This change may have influenced how employers chose to respond.

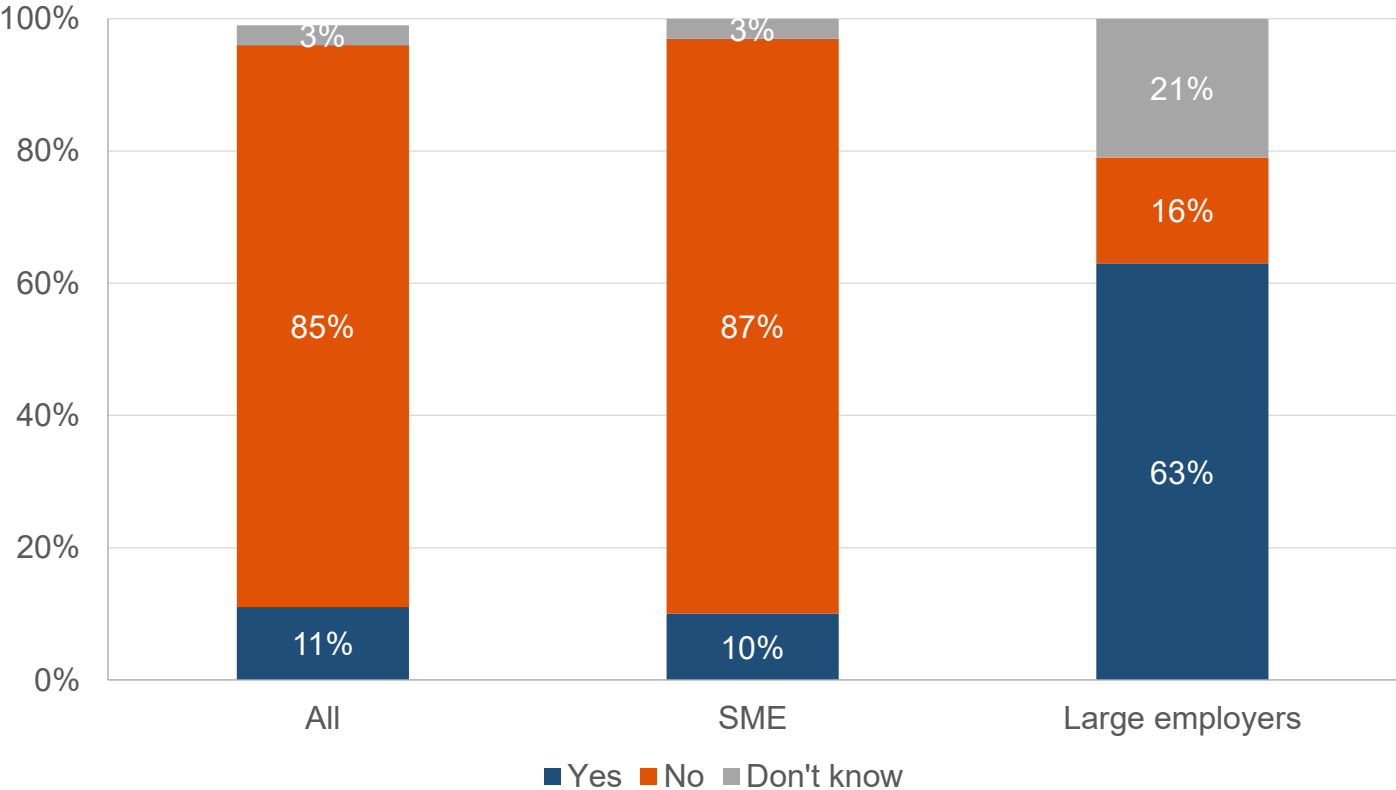
Chart 19: Employer awareness of the Access to Work scheme, F1, 2022 and 2024



Unweighted base: All employers; 2022 (2,669); 2024 (2,670). SMEs: 2022 (2,551), 2024 (2,571). Large employers: 2022 (118), 2024 (99)

Of those aware of the Access to Work scheme, most employers say they have not received support from it

Chart 20: Proportion of employers who have received support through the Access to Work scheme, by organisation size, F2, 2024



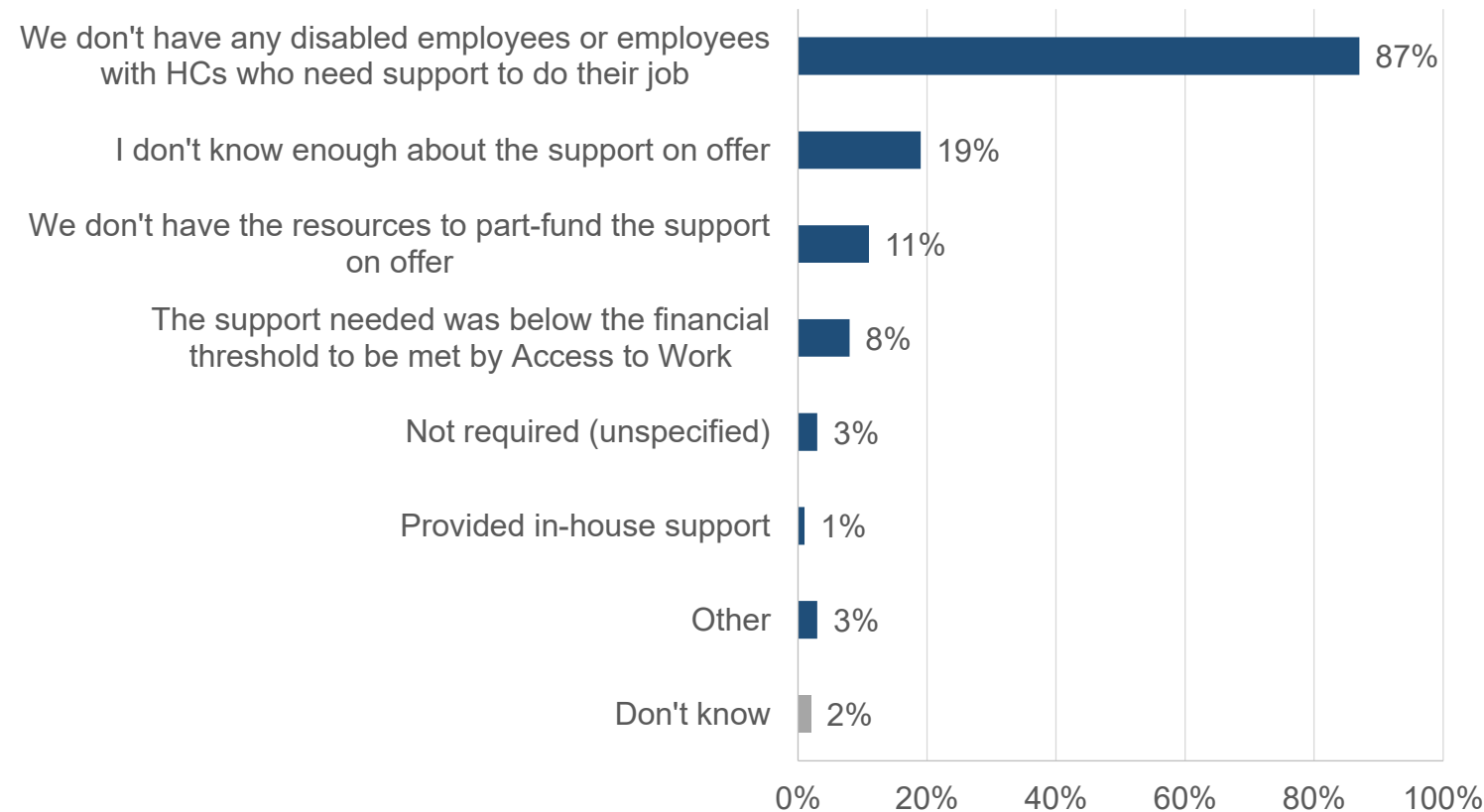
- Most employers who have heard of the Access to Work scheme, said they or their employees have not received support through the scheme (85%).
- Around 1 in 10 employers (11%) had received support through the scheme, and a small proportion of employers (3%) were unsure.
- Large employers were more likely than SMEs to say that they had received support through the scheme (63% vs 10% respectively). Large employers were also more likely than SMEs to be uncertain of whether or not they had received support through the scheme (21% vs 3% respectively).
- There were no significant differences observed in the responses to this question when comparing data collected in 2022 and 2024.

Unweighted base: All employers who have heard of the Access to Work scheme (662); SMEs (601); Large employers (61)*

*Caution low base size

Most employers who have not received support through Access to Work say they do not have any disabled employees or employees with health conditions who need the support

Chart 21: Reasons employers and their employees have not received support from the Access to Work scheme, F3, 2024

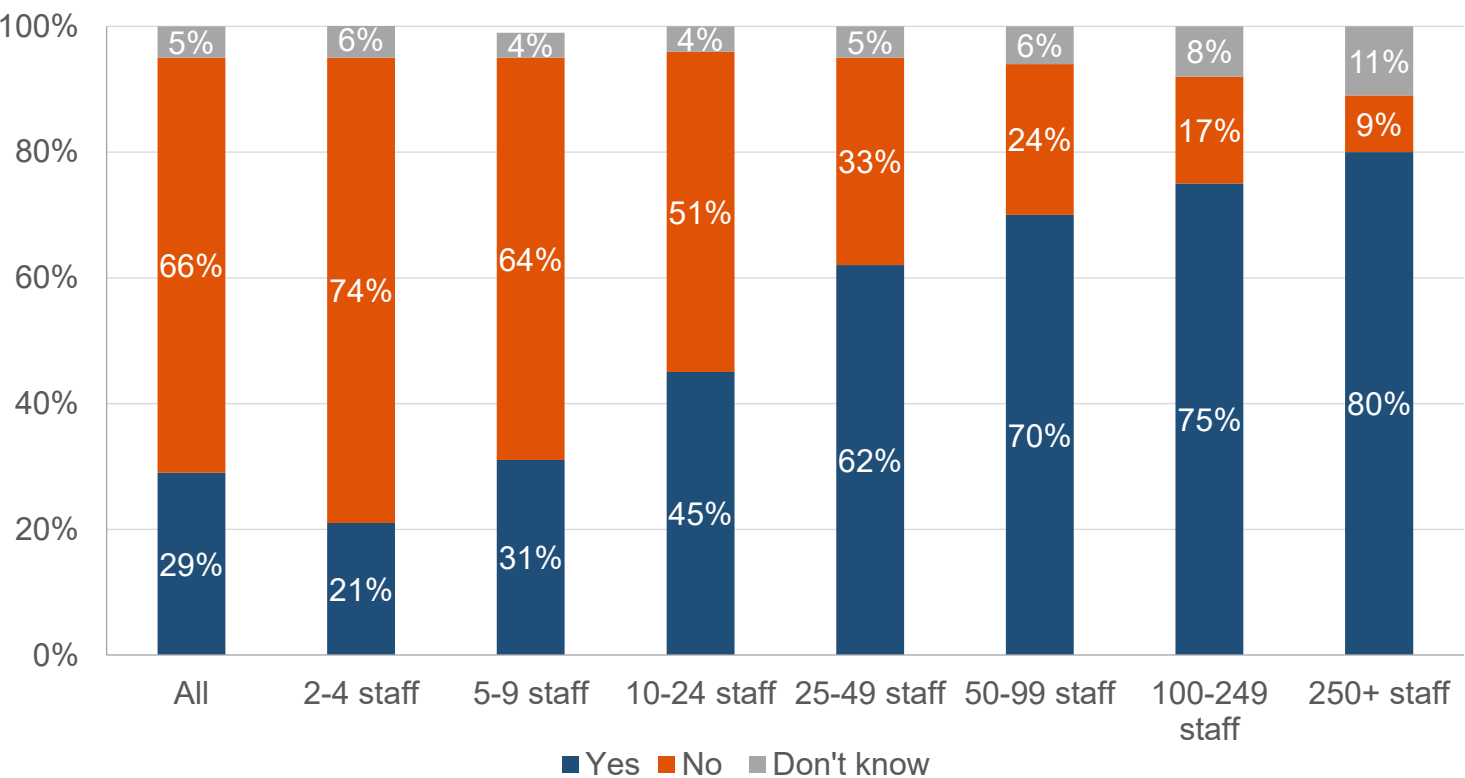


Unweighted base: All employers who have heard of Access to Work, but not received support through the scheme (470)

- Employers who were aware of the Access to Work scheme, but who had not received support through it, were asked the reasons for this.
- The most common response, mentioned by almost 9 in 10 employers (87%), was that they did not have any disabled employees or employees with health conditions who need support to do their job.
- Almost 1 in 5 employers (19%) said they did not know enough about the support on offer. A further 1 in 10 (11%) said they did not have the resources to part-fund the support on offer.
- No comparisons have been made to the data collected for this question in 2022 due to substantial amendments to the question response options since then.

Few employers collect information on whether employees are disabled or have a LTHC; large employers are the most likely to do so

Chart 22: Proportion of employers who collect information on whether employees are disabled or have a LTHC, by organisation size, G1, 2024

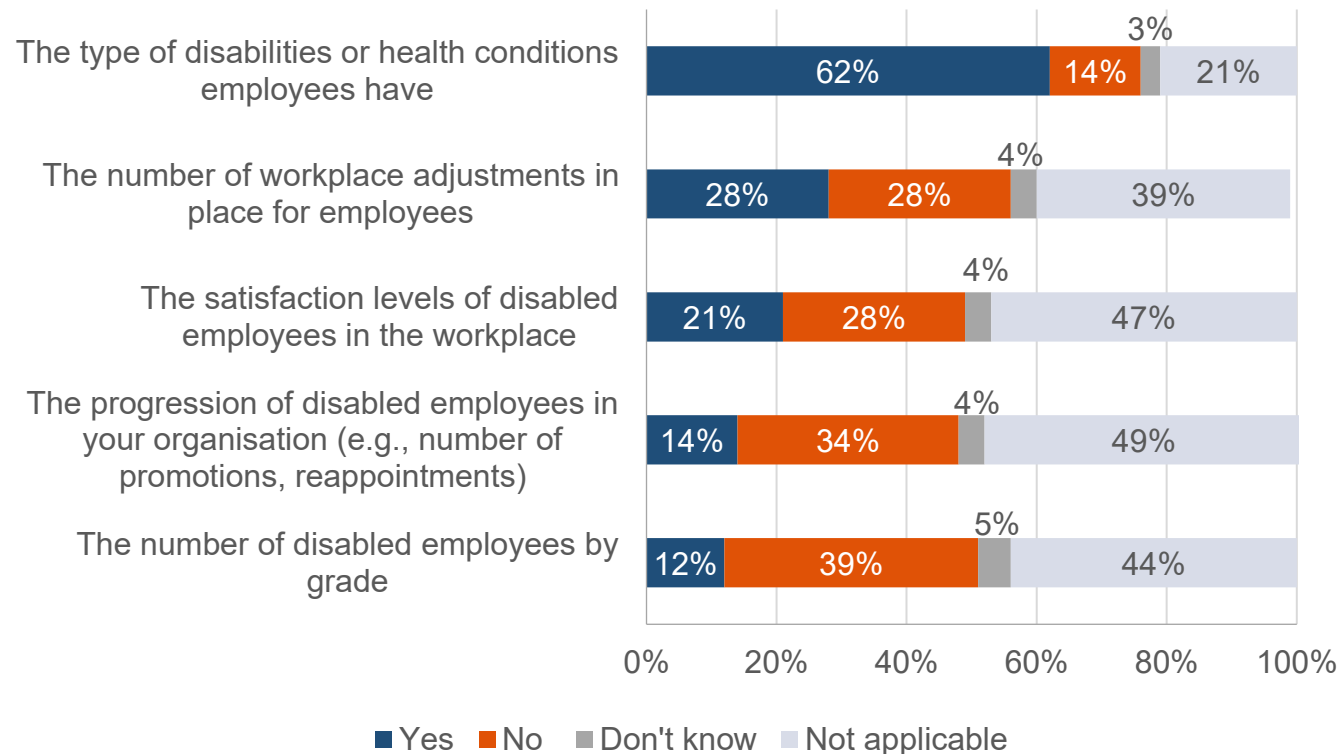


- Just under 3 in 10 (29%) employers said they collect information on whether their employees are disabled or have LTHCs.
- Two thirds of employers (66%) said they do not collect this information, and 1 in 20 employers (5%) did not know.
- Generally, the larger the employer, the more likely they were to say they collect information on whether employees are disabled or have LTHCs. For example, 21 per cent of employers with 2 to 4 staff said they collect this information compared to 45 per cent of employers with 10 to 24 staff. Employers with over 250 staff were more likely to collect this information than all small employer size bands (80% of large employers said they do so).

Unweighted base: All employers (2,670); 2 to 4 staff (797); 5 to 9 staff (548); 10 to 24 staff (503); 25 to 49 staff (321); 50 to 99 staff (243); 100 to 249 staff (159); 250+ staff (99)

The most common form of information collected by employers is the type of disabilities or health conditions employees have

Chart 23: Information collected by employers on disability, mental health and wellbeing, G1a, 2024



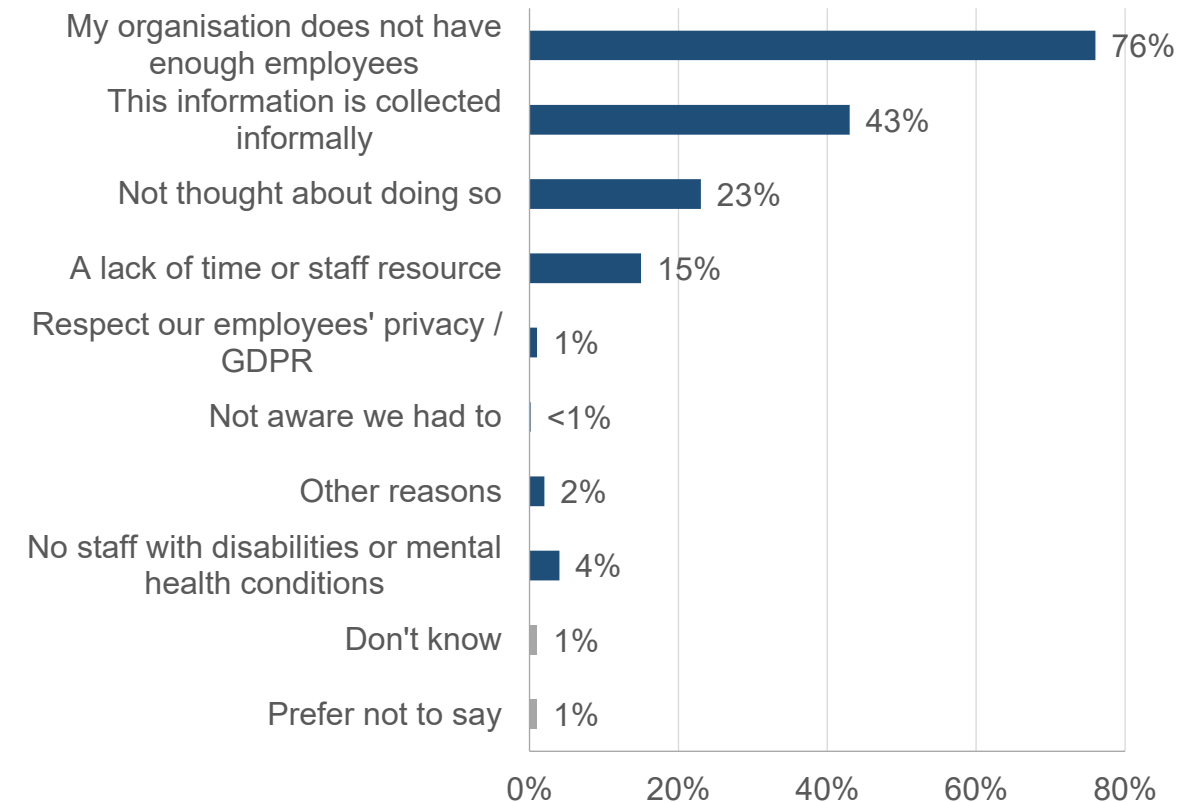
Unweighted base: Employers who collect information on whether or not employees have a disability or LTHC (1,164)

- Employers who collect information on whether employees have a disability or LTHC (29% of all employers) were asked what type of information they collect. The most commonly collected information was the type of disabilities or health conditions employees have (reported by 62% of employers).
- This was followed by the number of workplace adjustments (28%) and the satisfaction levels of disabled employees in the workplace (21%).
- Of those that collected information, over 1 in 10 employers said they collect information on the progression of disabled employees (14%) and the number of disabled employees by grade (12%).
- For each form of information collected, organisations who do not employ any disabled people or people with LTHCs were more likely than organisations who have disabled staff and/or staff with health conditions to say the question was 'not applicable'.

The most common reason that employers do not collect information on disability, mental health and wellbeing was that their organisation did not have enough employees

- The most common reason employers gave for not collecting information on disability, mental health and wellbeing was that their organisation does not have enough employees (76%).
- Over 2 in 5 employers (43%) cited that the information is collected informally, and over 1 in 5 (23%) said that they had not thought about doing so.
- A small proportion of employers (4%) said they had no staff with disabilities or mental health conditions as a reason for not collecting this information.
- The response options 'no staff with disabilities or mental health conditions', 'respect our employees' privacy' and 'not aware we had to' were unprompted responses that were mentioned by a sufficient proportion of employers to be generated as a separate response code.

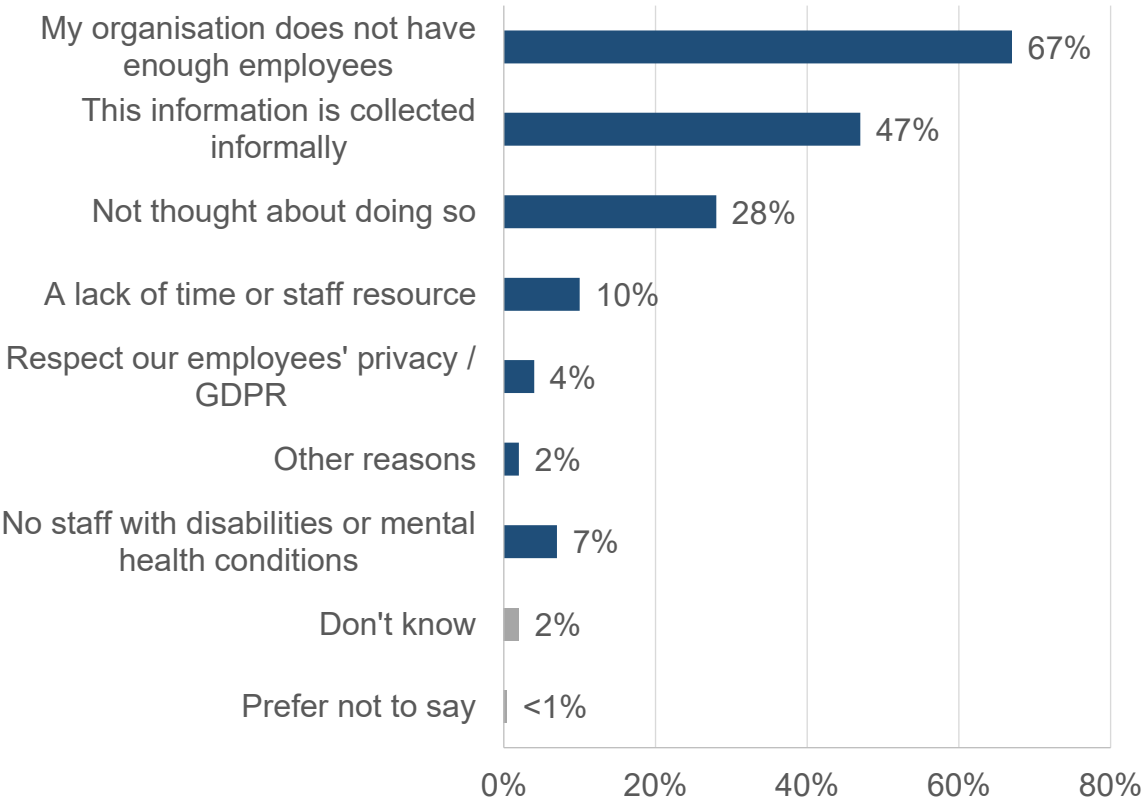
Chart 24: Reasons employers do not collect information on disability, mental health and wellbeing in the workplace, G3, 2024



Unweighted base: Employers who do not collect information on disability, mental health and wellbeing (1,367)

Most employers do not publicly report and publish information on disability, mental health and wellbeing; again, the most common reason employers gave for this was their organisation does not have enough employees

Chart 25: Reasons employers do not publicly report and publish information on disability, mental health and wellbeing, G4, 2024



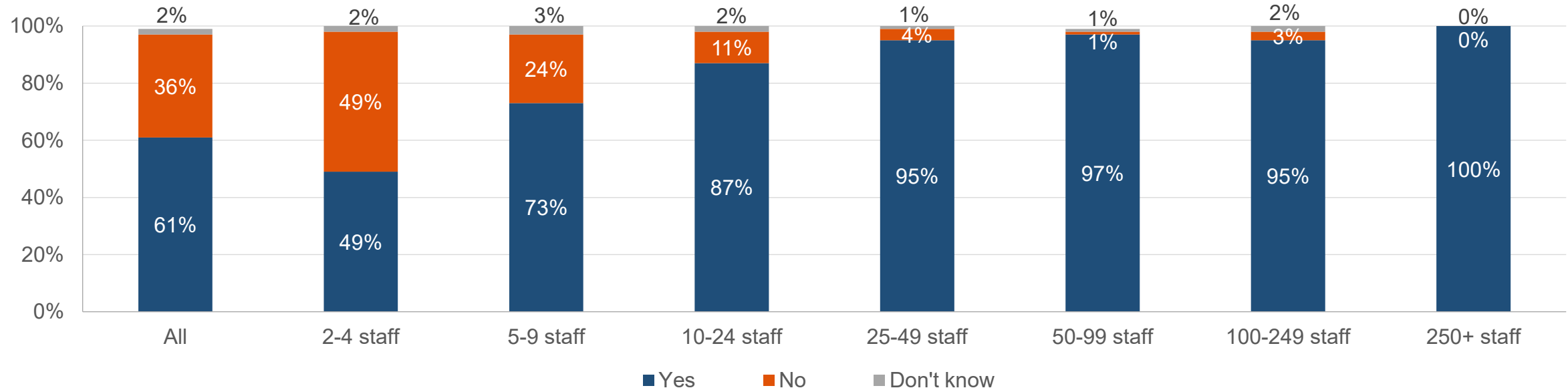
Unweighted base: Employers who record information on disability, mental health and wellbeing but do not report this information (1,013)

- Most employers who collect information on disability, mental health and wellbeing in their organisation do not publicly report or publish this information (93%). Very small proportions said they did publicly report this information (3%) or did not know if they did so (4%).
- The most common reason for not publishing this information, mentioned by over a third of employers, was that their organisation does not have enough employees (67%).
- Just under half of employers (47%) said that the information is collected informally, and almost 3 in 10 employers (28%) said they had not thought about doing so.
- The response options ‘no staff with disabilities or mental health conditions’ and ‘we respect our employees’ privacy’ were unprompted responses given by employers answering this question.

5. Managing sickness absence and return to work

Large employers were more likely than most other organisation sizes to collect and keep sickness absence data

Chart 26: Collection of sickness absence data, by organisation size, A21, 2024



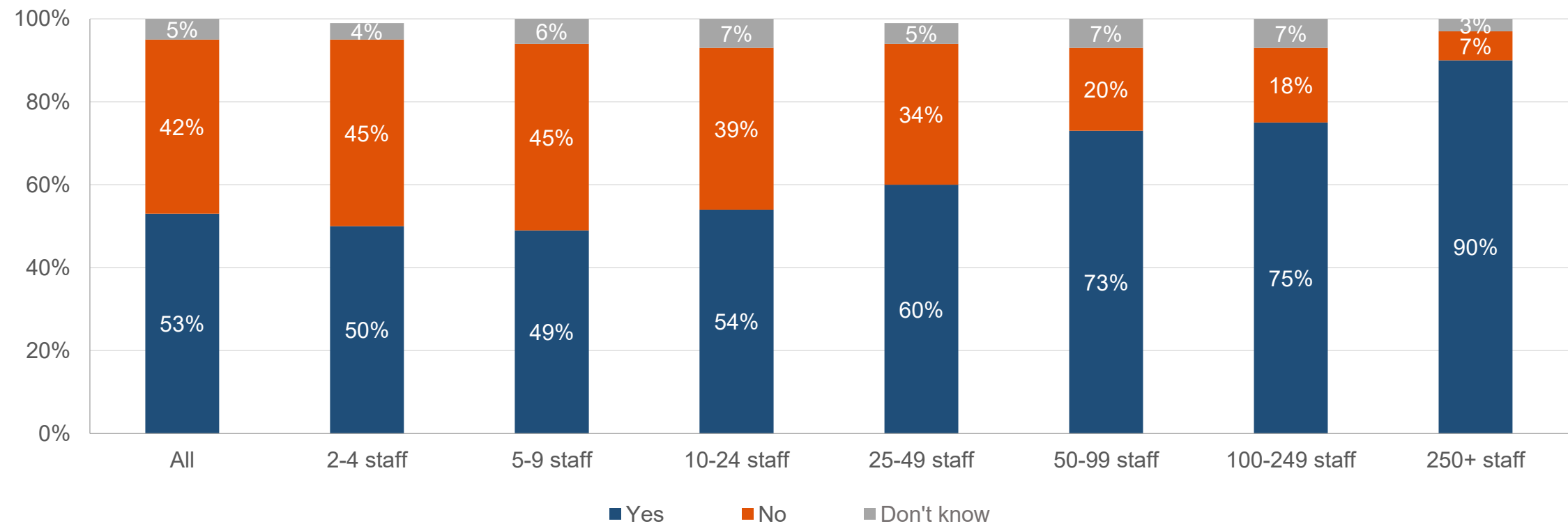
Unweighted base: All employers (2,670); 2 to 4 staff (797); 5 to 9 staff (548); 10 to 24 staff (503); 25 to 49 staff (321); 50 to 99 staff (243); 100 to 249 staff (159); 250+ staff (99)

- Around 6 in 10 employers (61%) collect and keep sickness absence data, whereas around 1 in 3 (36%) do not. A very small proportion (2%) were unsure whether or not they collect this data.
- Generally, larger employers were more likely than smaller employers to say they collect and keep sickness absence data. For example, almost half (49%) of employers with 2 to 4 staff said they collect and keep sickness absence data compared to almost 9 in 10 (87%) employers with 10 to 24 staff. Employers with over 250 staff were the most likely to collect and keep sickness absence data (100%).
- In 2024, employers were slightly less likely to say they collect and keep sickness absence data, compared to 2022 (a decrease of 5.2pp).

Just over half of employers recorded sickness absences caused or made worse by work

Over half of employers (53%) usually record whether an employee’s sickness absence is caused or made worse by work. Over 2 in 5 (42%) do not usually record this information, with 5 per cent of employers unsure on whether they capture this or not.

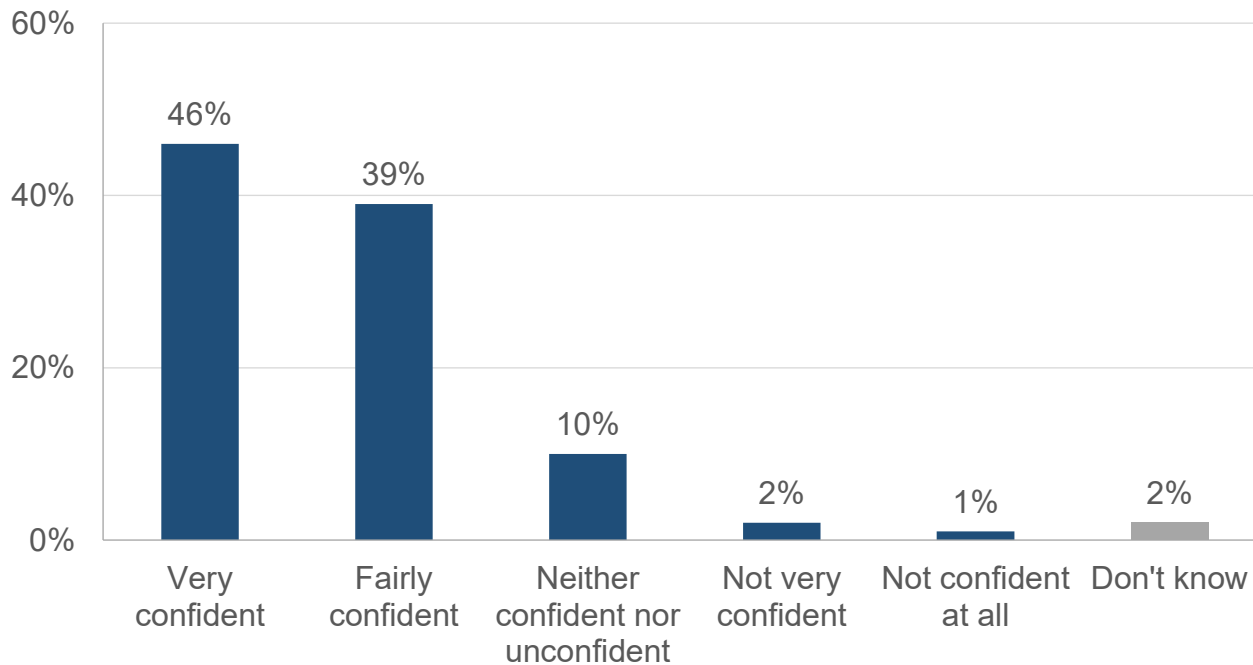
Chart 27: Proportion of employers who record whether a sickness absence is caused or made worse by work, by organisation size, A21a, 2024



Unweighted base: All employers who collect sickness absence data (2,037); 2 to 4 staff (393); 5 to 9 staff (409); 10 to 24 staff (443); 25 to 49 staff (305); 50 to 99 staff (237); 100 to 249 staff (151); 250+ staff (99)

Most employers who recorded sickness absences caused or made worse by work, were confident that their records reflect all absences of this type

Chart 28: Confidence that sickness absence recording accurately reflects all absences caused or made worse by work, A21b, 2024

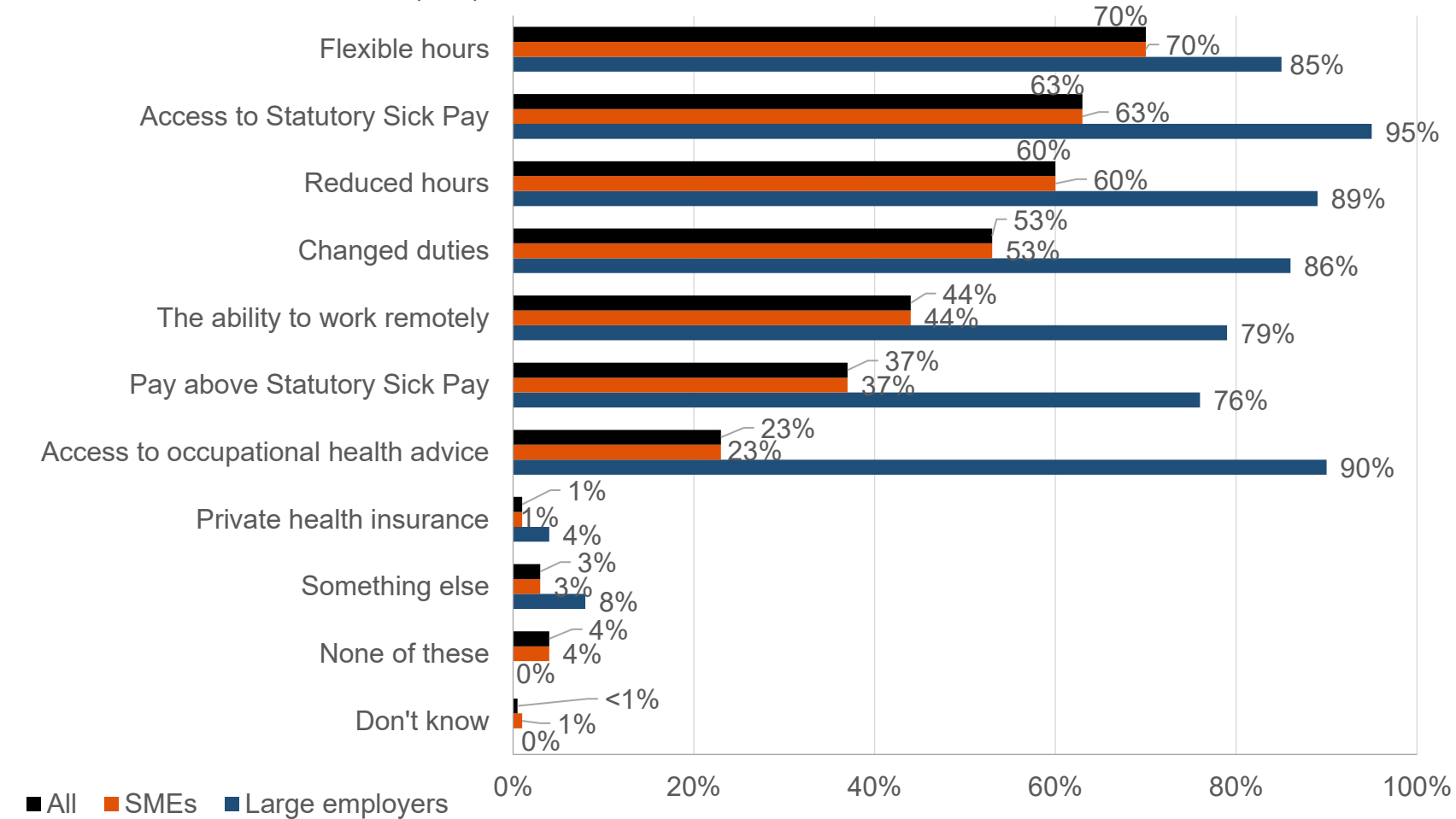


Unweighted base: Employers who record whether a sickness absence is caused or made worse by work (1,212)

- Employers who said they record whether a sickness absence is caused or made worse by work were asked how confident they were that these records accurately reflect all absences of this type.
- Over 4 in 5 employers (85%) were confident that their records reflect all absences caused or made worse by work in their organisation.
- Only a small proportion of employers said they were not confident on this (2%).

Over 9 in 10 employers say they offer some form of support to employees who are unable to perform their usual tasks due to ill health

Chart 29: Support provided by employers to employees when they are unable to perform their usual tasks due to ill health, A6, 2024

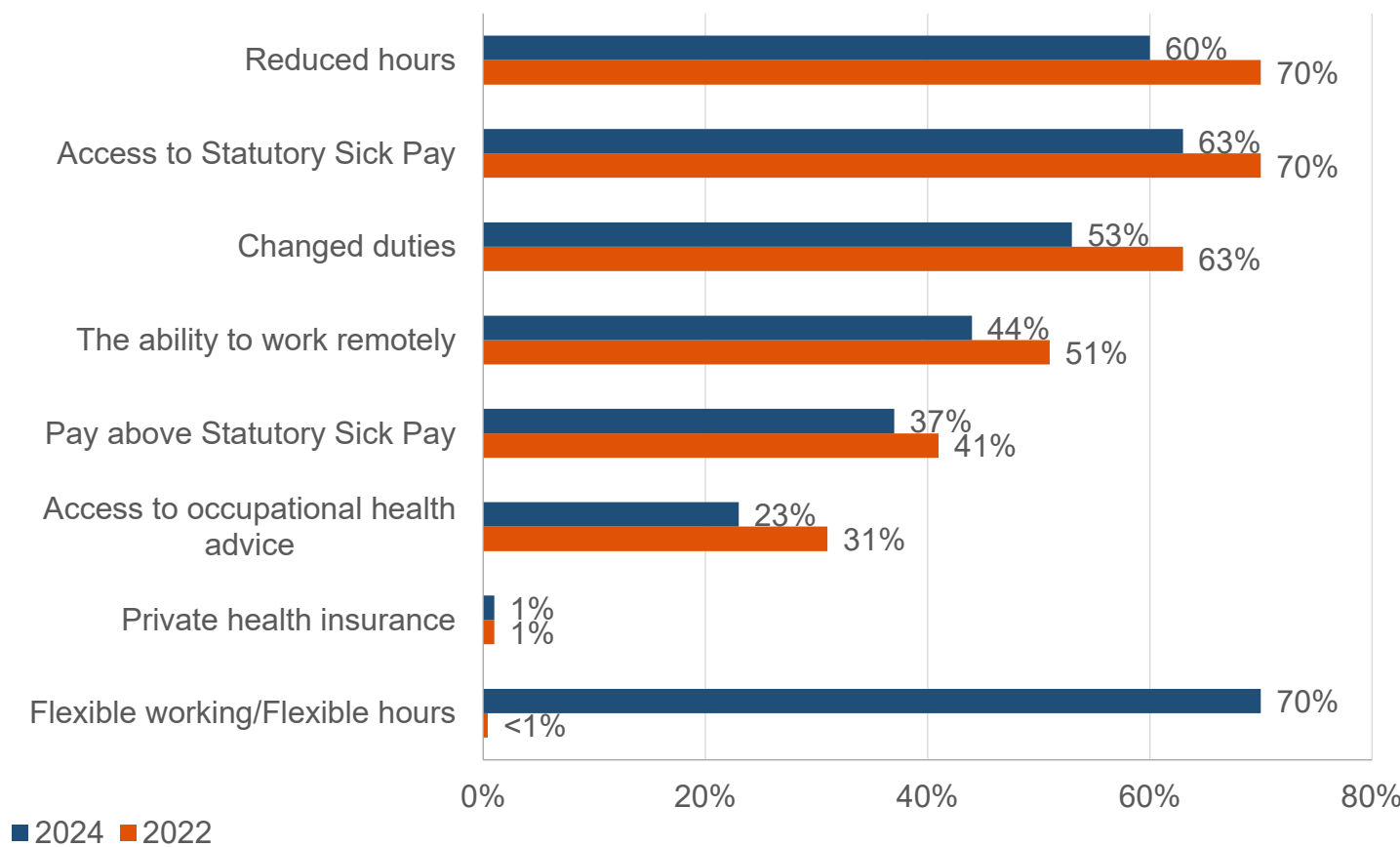


- The majority of employers (96%) said they offer some form of support to employees in this situation.
- The most common form of support cited by employers (from a list of prompts) was flexible hours (70%); but this varied by size band. While flexible hours was the most common form of support offered by SMEs (70%), the most common answer among large employers was access to Statutory Sick Pay (95%).
- Large employers were more likely than SMEs to offer all the different types of support they were prompted with.

Unweighted base: All employers (2,670); SMEs (2,571); Large employers (99)

However, in 2024, employers were less likely to offer various forms of this support to employees than in 2022

Chart 30: Support provided by employers to employees when they are unable to perform usual tasks due to ill health, A6, 2022 and 2024

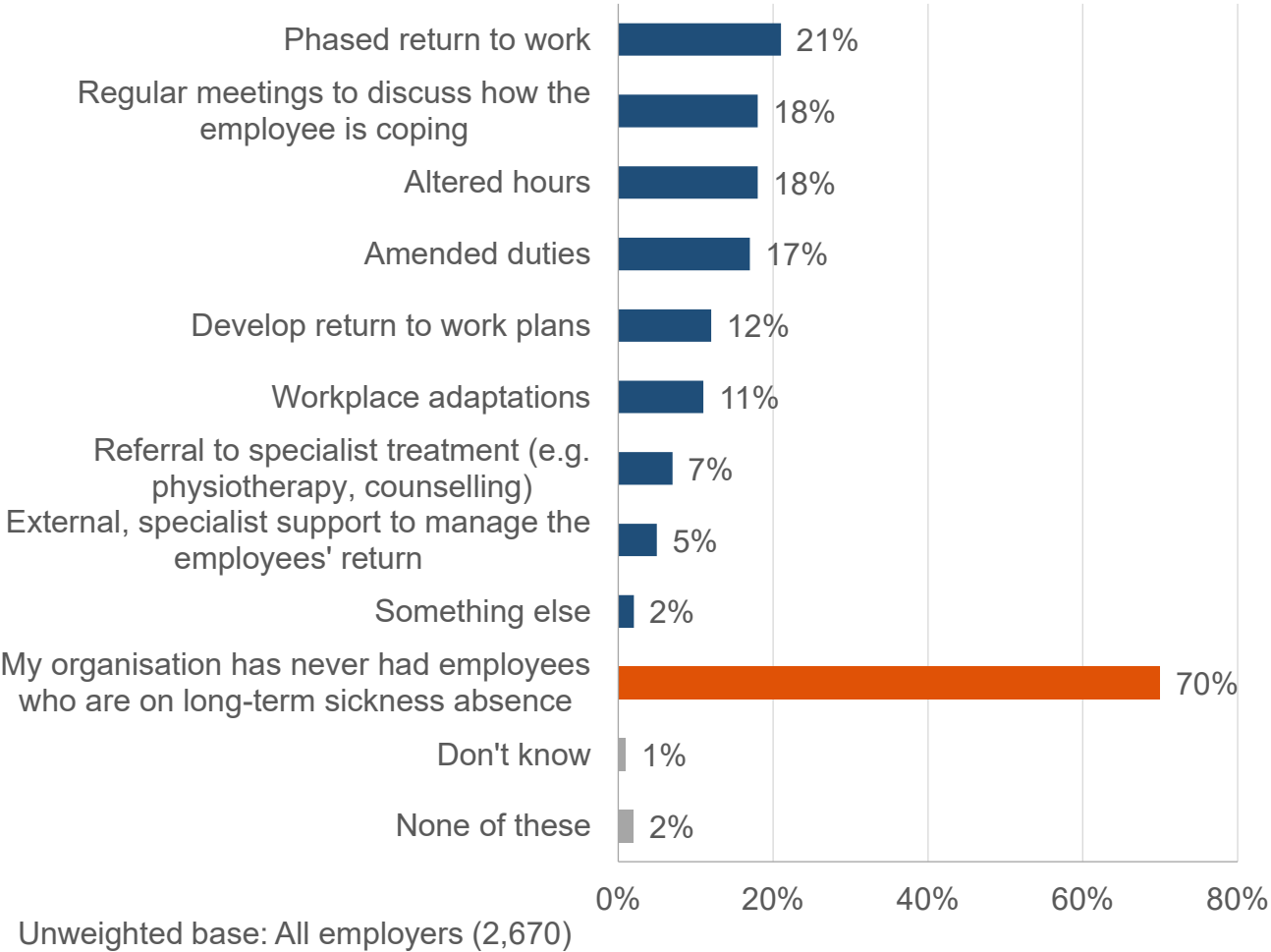


- In 2024, employers were less likely to say they provide reduced hours for employees unable to perform their usual tasks due to ill health, compared to 2022 (a decrease of 10.5pp).
- Other decreases included the proportion of employers saying they offer changed duties (a decrease of 9.4pp), access to Occupational Health advice (a decrease of 7.7pp), the ability to work remotely (a decrease of 7.1pp) and access to Statutory Sick Pay (a decrease of 6.5pp).
- In 2024, the questionnaire was changed to prompt employers with ‘flexible hours’ instead of ‘flexible working’. These responses are not directly comparable although have been added to the graph to show the full extent of the data collected across both survey years.

Unweighted base: All employers. 2024 (2,670); 2022 (4,003)

Most employers had never had employees on LTSA; of those who had, employers use a range of approaches to manage returns to work

Chart 31: Approaches used by employers to manage the return to work after an employee's long-term sickness absence, A7, 2024

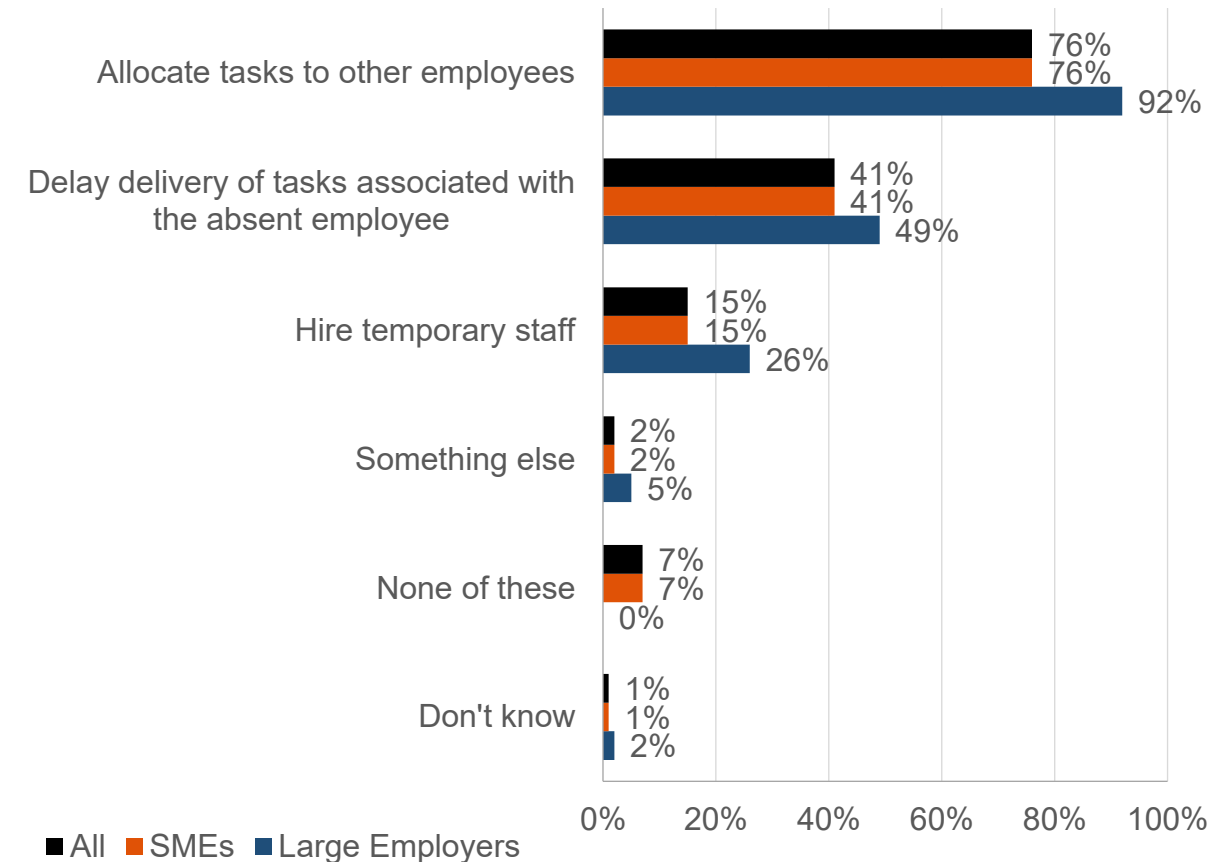


- Most employers (70%) have never had employees who are, or have been, on long-term sickness absence (LTSA).
- Of those who have, the most common approach employers said they use to manage the return to work is a phased return to work (21%); this was consistent across all organisation size bands.
- Other approaches used by employers include regular meetings to discuss how the employee is coping (18%) and altered hours (18%).
- Across all approaches, large employers were more likely than SMEs to say they put these in place.
- Due to changes to the response options between 2022 and 2024, comparisons between survey years are not possible.

The most common response to a sickness absence of more than one week is to allocate tasks to other employees

- When asked what their typical response would be to a sickness absence of more than one week, most employers said they would allocate tasks to other employees (76%). This was consistent across all organisation size bands.
- Just over 2 in 5 employers (41%) said they would delay the delivery of tasks associated with the absent employee.
- Fewer staff mentioned hiring temporary staff (15%) or using a different approach (2%).
- Larger employers (100+ staff) were more likely than very small employers (2 to 4 staff) to say they would hire temporary staff, likely because they have the resource to be able to do so.

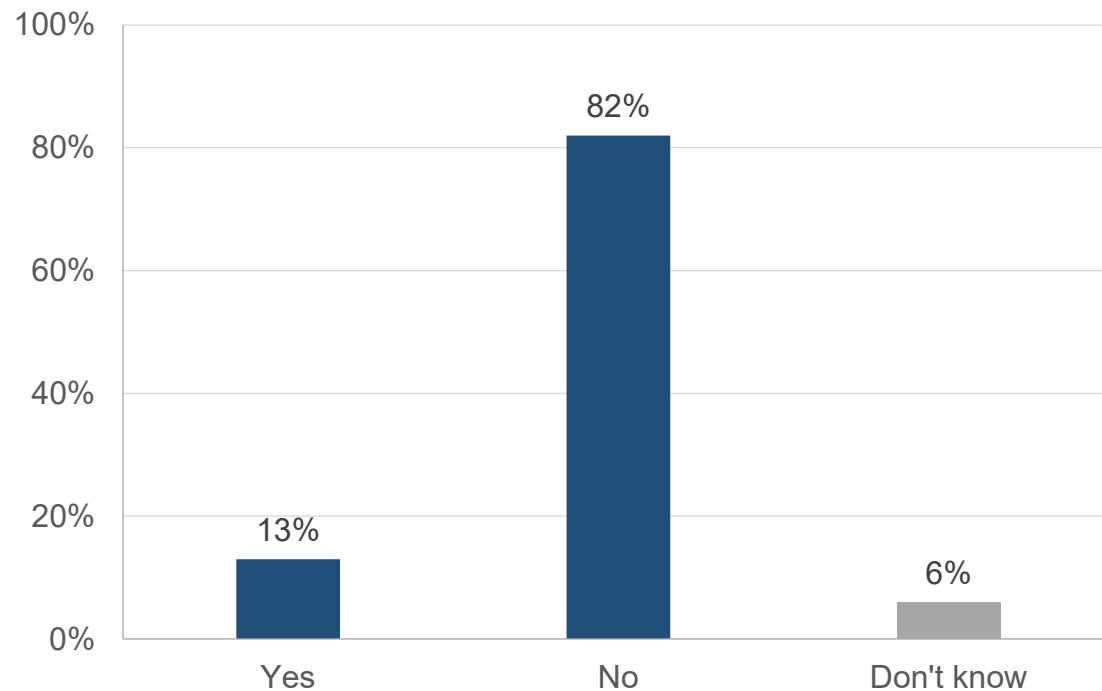
Chart 32: Employer responses to a sickness absence of more than one week, A24, 2024



Unweighted base: All employers (2,670); SMEs (2,571); Large employers (99)

Most employers felt business productivity had not been negatively impacted by people working whilst ill

Chart 33: Employers' responses to whether business productivity has been negatively impacted by people working whilst ill in the last year, A22, 2024

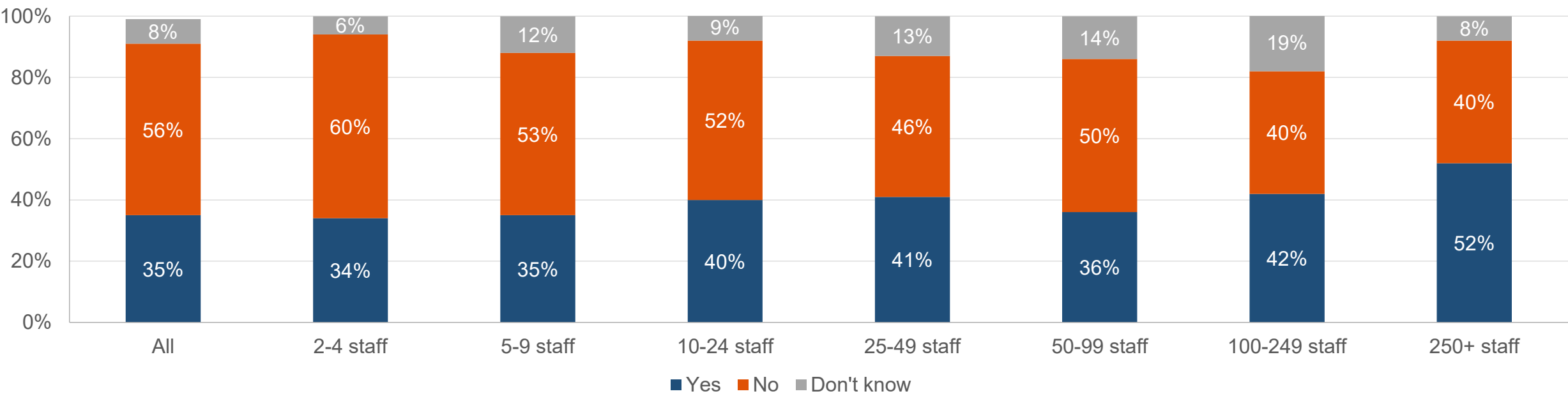


Unweighted base: All employers (2,670)

- Just over 4 in 5 employers (82%) said that business productivity had not been negatively impacted by people working whilst ill in the last year.
- Over 1 in 10 employers (13%) felt business productivity had been negatively impacted by this, and a small proportion of employers (6%) did not know whether business productivity had been negatively impacted or not.
- Employers with 2 to 4 staff were the most likely to say that business productivity had not been impacted by people working whilst ill in the last year (85%).
- In 2024, employers were less likely to say that business productivity had been negatively impacted by people working whilst ill in the last year compared to 2022 (a decrease of 6.3pp).

Around 1 in 3 employers have or plan to implement measures, to prevent or reduce people working while ill

Chart 34: The proportion of employers who have measures, or plan to implement measures, to prevent or reduce working while ill, by organisation size, A23, 2024

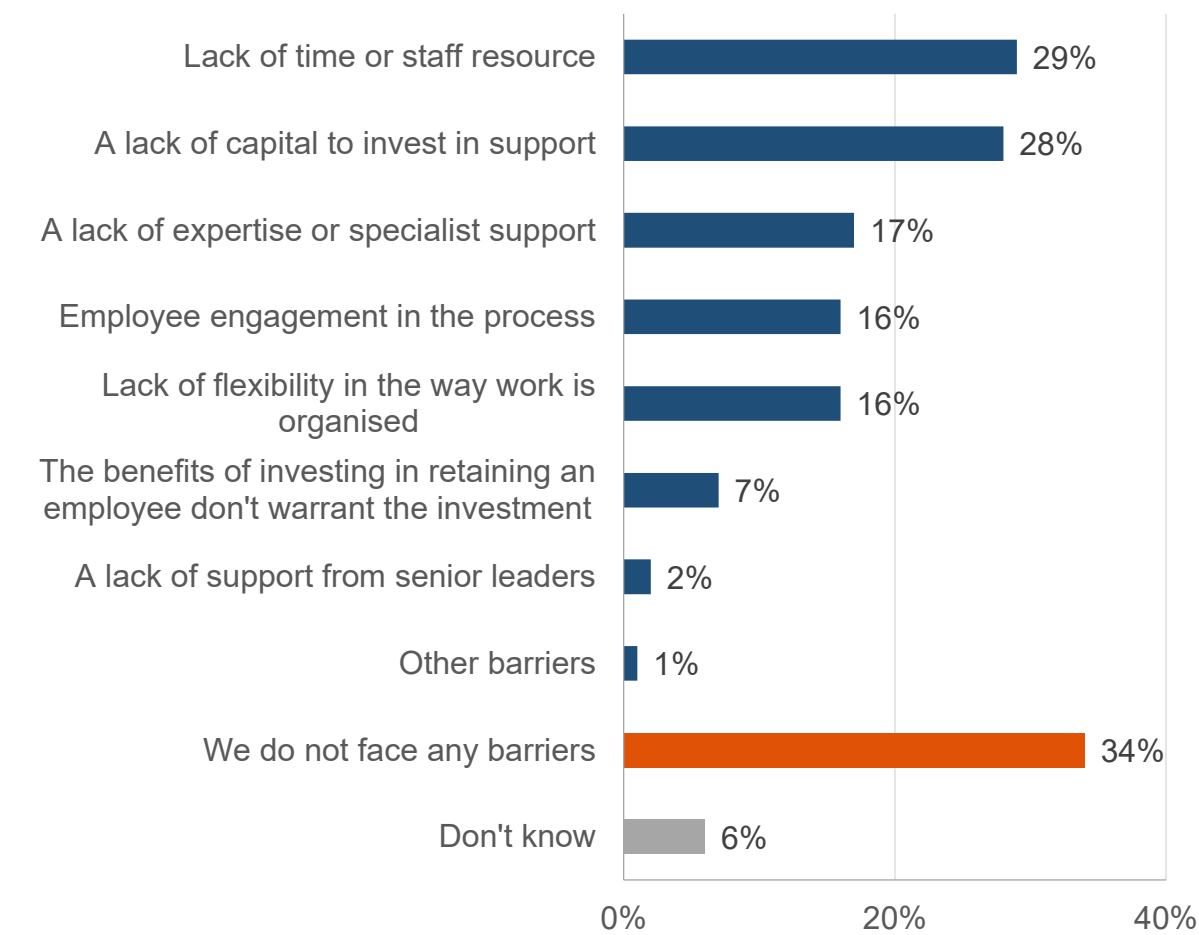


Unweighted base: All employers (2,670); 2 to 4 staff (797); 5 to 9 staff (548); 10 to 24 staff (503); 25 to 49 staff (321); 50 to 99 staff (243); 100 to 249 staff (159); 250+ staff (99)

- Around 1 in 3 employers (35%) have measures, or plan to implement measures, to prevent or reduce working while ill.
- Over half of employers (56%) do not have or plan to implement any measures, and a further 8 per cent were uncertain on this.
- Large employers were more likely than SMEs to say they have measures or have plans to implement these measures (52% vs 35% respectively).
- Employers with 2 to 4 employees were more likely than all other organisation sizes to say they did **not** have measures or plans to implement these measures (60%).

Over half of employers say they face at least one barrier in supporting employees on long-term sickness absence return to work

Chart 35: Barriers in supporting employees on long-term sickness absence return to work, A19, 2024

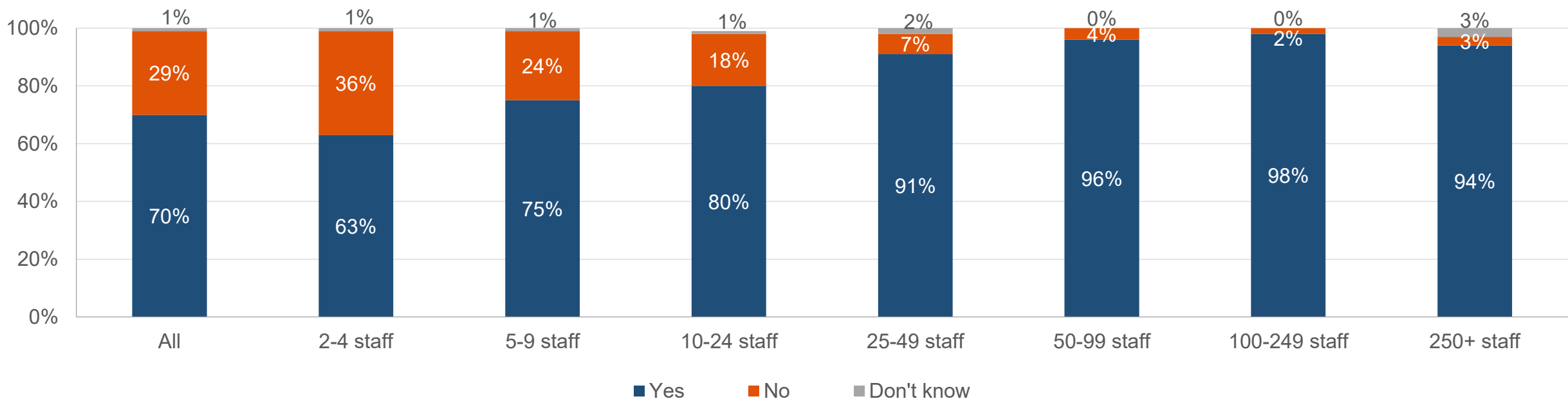


Unweighted base: All employers who have had an employee on long term sickness absence (1,319)

- Just over a third of employers (34%) who have had an employee on LTSA said they face no barriers in supporting these employees to return to work once they are well enough to do so.
- Around 6 in 10 employers (61%) said they face at least one barrier, with a lack of time or staff resource (29%) being the most commonly cited barrier overall.
- Large employers were more likely than SMEs to cite employee engagement in the process as a barrier to supporting employees (33% vs 15% respectively). This was the most common barrier reported by large employers.
- Large employers were also more likely than SMEs to cite a lack of flexibility in the way work is organised as a barrier to supporting employees (27% vs 15% respectively).
- No comparisons to the 2022 data have been made due to question routing amendments made between 2022 and 2024.

Most employers had heard of the fit note; larger employers were more likely to be aware of the fit note than smaller employers

Chart 36: Awareness of the fit note, by organisation size, C1, 2024



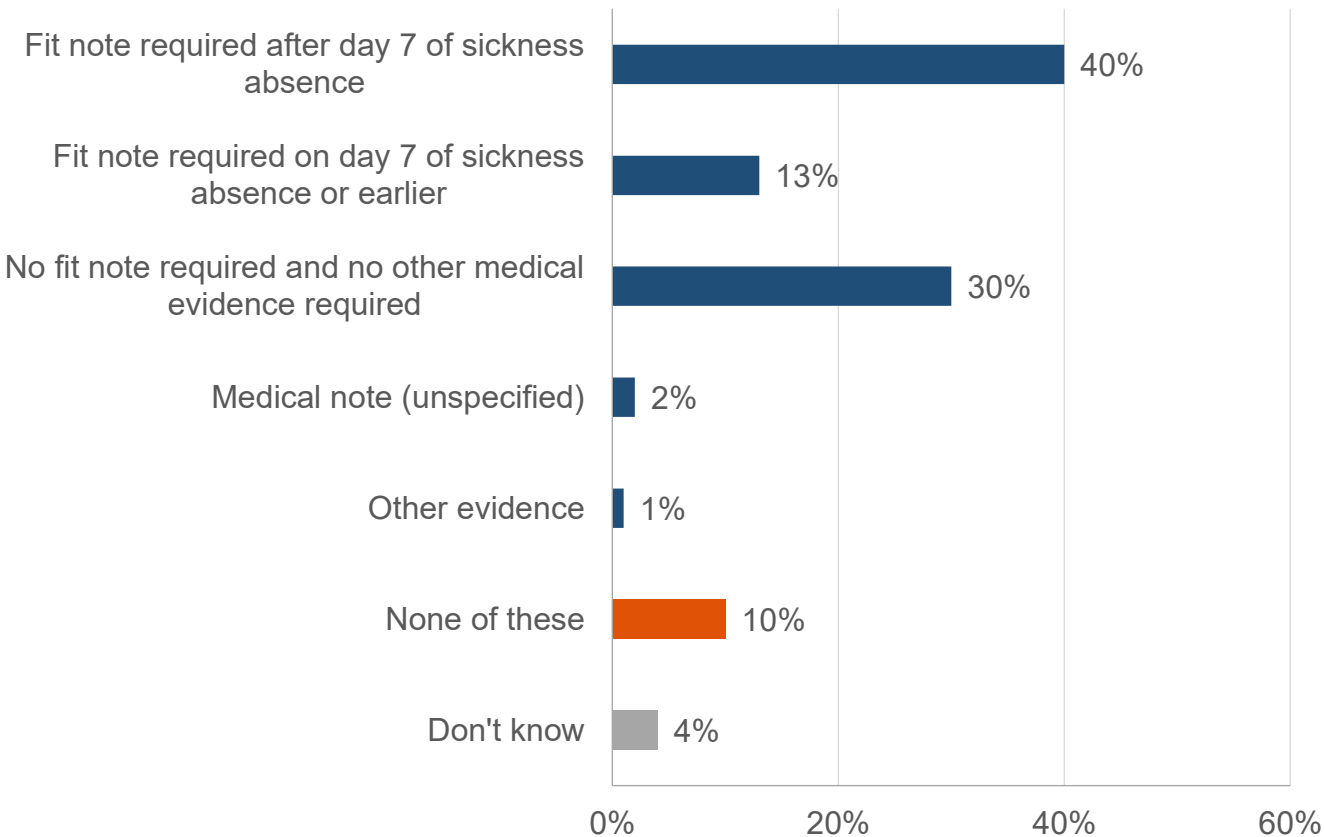
Unweighted base: All employers (2,669); 2 to 4 staff (836); 5 to 9 staff (477); 10 to 24 staff (512); 25 to 49 staff (334); 50 to 99 staff (206); 100 to 249 staff (188); 250+ staff (116)

- Awareness of the fit note was reasonably high, with 7 in 10 employers (70%) saying they had heard of it. Just under 3 in 10 employers (29%) had not heard of the fit note, with a small proportion of employers (1%) uncertain.
- Large employers were more likely than SMEs to have heard of the fit note (94% of large employers were aware vs 70% of SMEs). Employers with 2 to 4 staff were the most likely to say they had **not** heard of the fit note compared to all other organisation size bands (36%).
- The proportions of employers aware or not aware of the fit note in 2024 were consistent with the data collected in 2022.

Four in ten employers require a fit note after day 7 of a sickness absence; large employers are more likely than SMEs to require this

- Employers were asked what evidence of sickness, if any, they require their employees to provide during a period of sickness absence. The most common response was a fit note from their employee after day 7 of a sickness absence (said by 40% of employers).
- A small proportion of employers said they require a fit note on day 7 of a sickness absence or earlier (13%). Around 3 in 10 employers (30%) do not require a fit note or other medical evidence from their employees during a sickness absence.
- Across all size bands, employers with 2 to 4 staff were the most likely to require no fit note or other medical evidence (40%).
- A small proportion of employers (2%) said they require a medical note from their employees. This was an unprompted response mentioned by employers who felt the other options did not fit the evidence that their organisation requires from their employees during sickness absence.

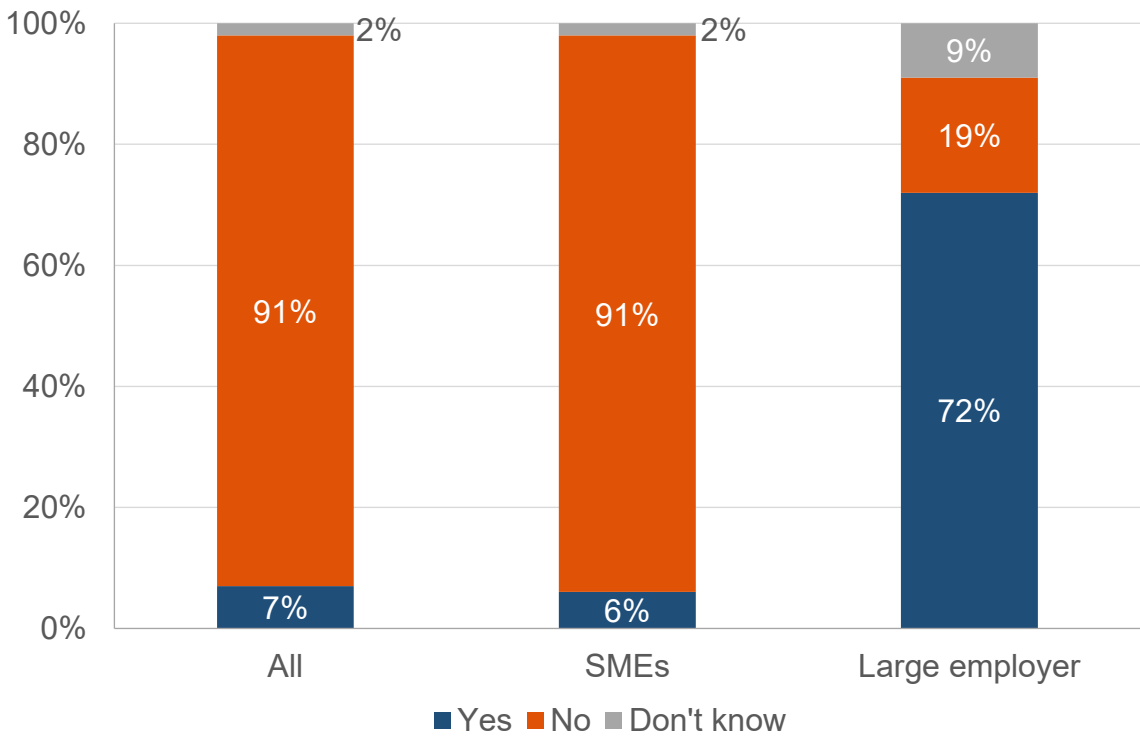
Chart 37: Evidence employers require from employees during a period of sickness absence, C2, 2024



Unweighted base: All employers (2,669)

Overall, few employers had been presented with a ‘may be fit for work’ fit note in the previous 12 months, although this varied by size

Chart 38: The proportion of employers who had received a ‘may be fit for work’ fit note in the previous 12 months, by organisation size, C3, 2024

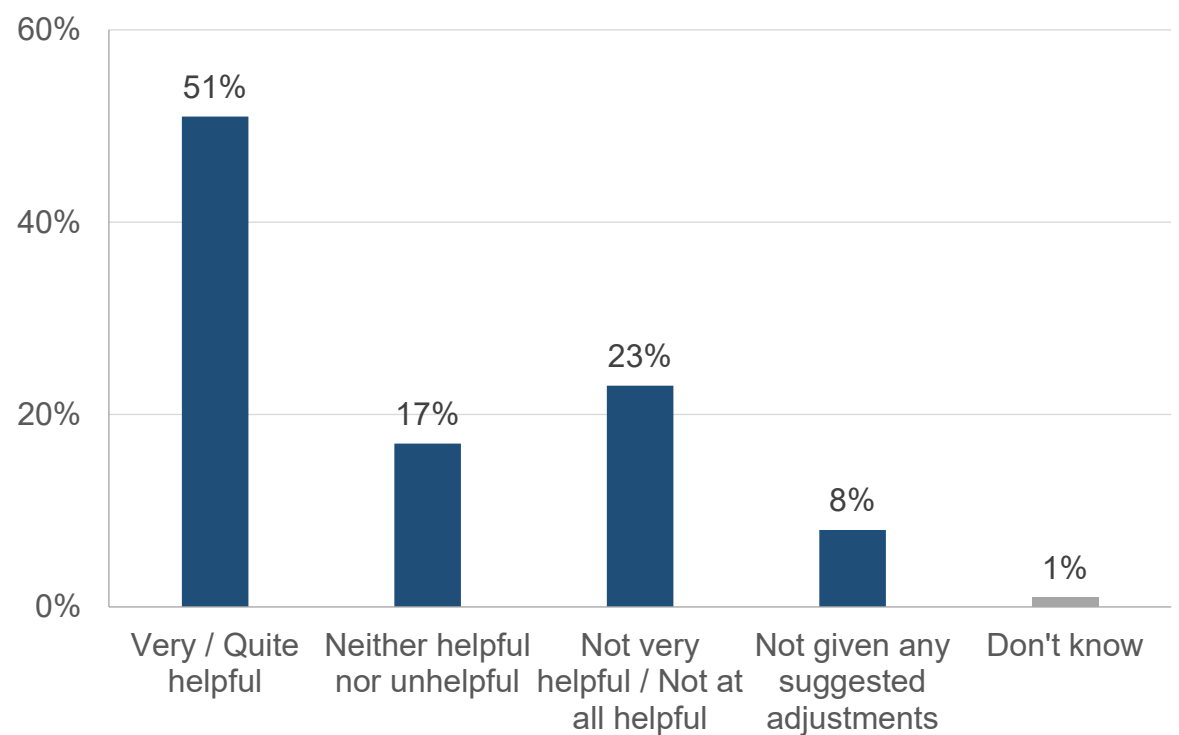


Unweighted base: All employers (2,669); SMEs (2,553); Large employers (116)

- Overall, fewer than 1 in 10 employers (7%) said they had been presented with a fit note in the previous 12 months where a Healthcare Professional had stated that an employee ‘may be fit for work’.
- Over 9 in 10 employers (91%) had not received a ‘may be fit for work’ fit note, and 2 per cent were uncertain.
- Large employers were more likely than SMEs to say they had been presented with this form of fit note (72% of large employers said this compared to 6% of SMEs).
- The proportion of employers who said they did not know if they had received a ‘may be fit for work’ fit note in the previous 12 months increased very slightly between 2022 and 2024 (an increase of 1.3pp from 1%). There were no other statistically significant differences observed.

Of employers who had received a ‘may be fit for work’ fit note, around half found the adjustments suggested helpful

Chart 39: Perceived usefulness of adjustments suggested on ‘may be fit for work’ fit notes, C4, 2024

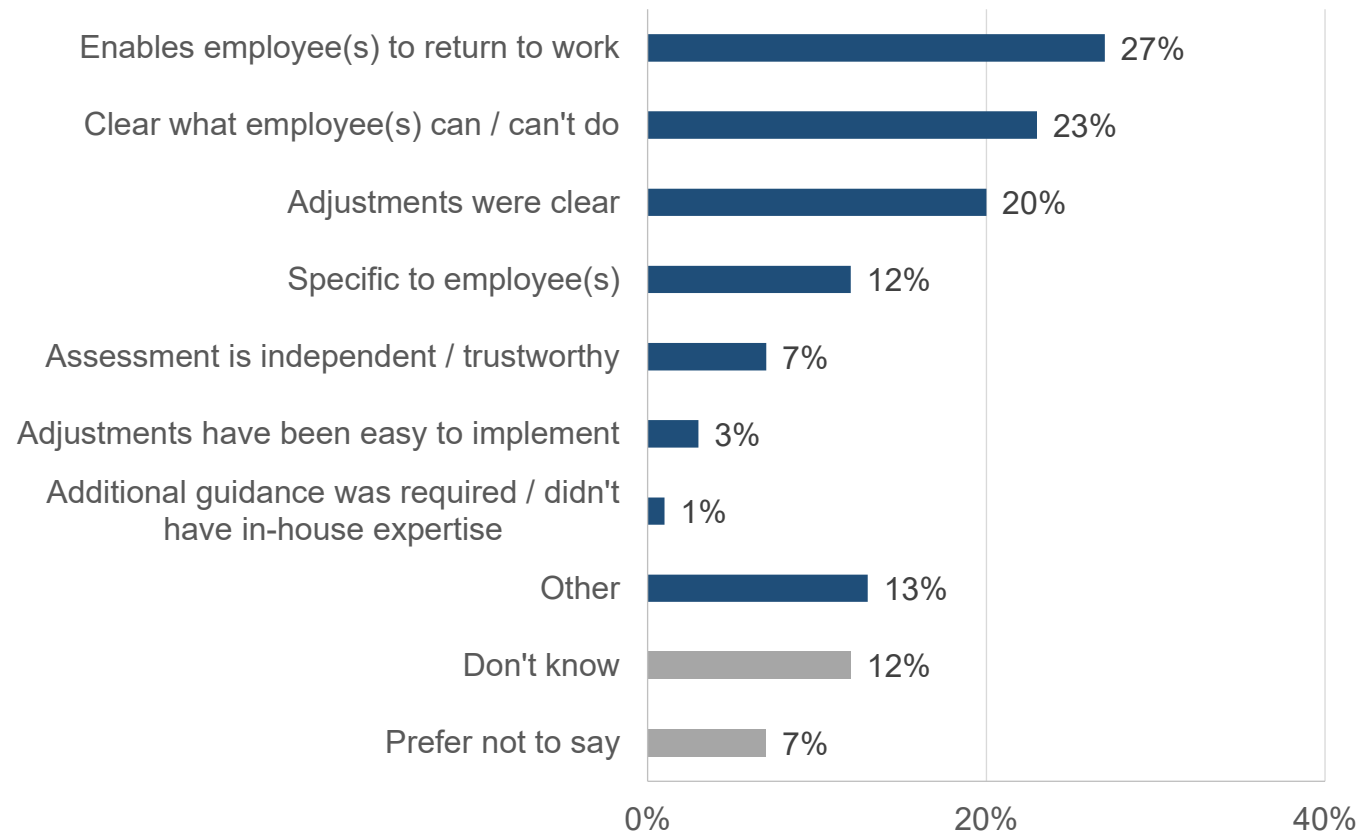


- Just over half of employers (51%) who received a ‘may be fit for work’ fit note, found the adjustments suggested helpful. Around a third (34%) of employers found the adjustments ‘quite helpful’, and 17 per cent said they were ‘very helpful’.
- Just under 1 in 4 employers (23%) said the adjustments suggested were unhelpful, with 13 per cent saying these were not very helpful, and 9 per cent saying they were not at all helpful.
- There were no significant differences observed by employer characteristics. Similarly, no differences were observed between the 2022 and 2024 data.

Unweighted base: Employers who have received a ‘may be fit for work’ fit note (472)

A range of reasons were provided as to why employers found the adjustments suggested helpful, the most common was that they enable returns to work

Chart 40: Reasons adjustments on 'may be fit for work' fit notes were considered helpful, C5a, 2024

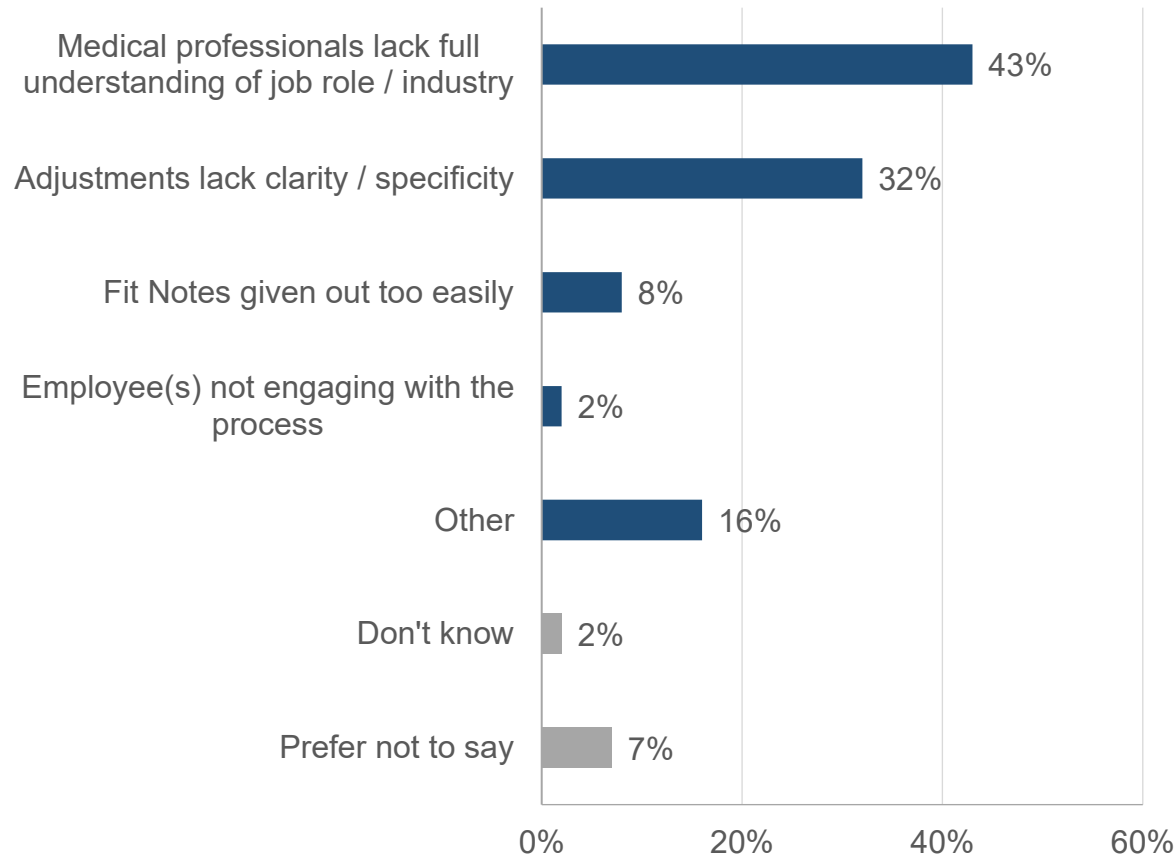


Unweighted base: Employers who have found the adjustments suggested on 'may be fit for work' fit notes helpful (226)

- Employers who said they found the adjustments suggested on the 'may be fit for work' fit notes helpful (51%) were asked the reasons for this. This question was unprompted, meaning employers were not guided in their response.
- A range of reasons were provided – the most mentioned included that the adjustments enabled employee(s) to return to work (27%), that it is clear what employees can or can't do (23%), and the adjustments were clear (20%).
- No statistically significant differences were observed between the 2022 and 2024 data.

Some employers who found ‘may be fit for work’ adjustments unhelpful thought medical professionals lack full understanding of the job role/industry

Chart 41: Reasons adjustments on ‘may be fit for work’ fit notes were considered unhelpful, C5b, 2024



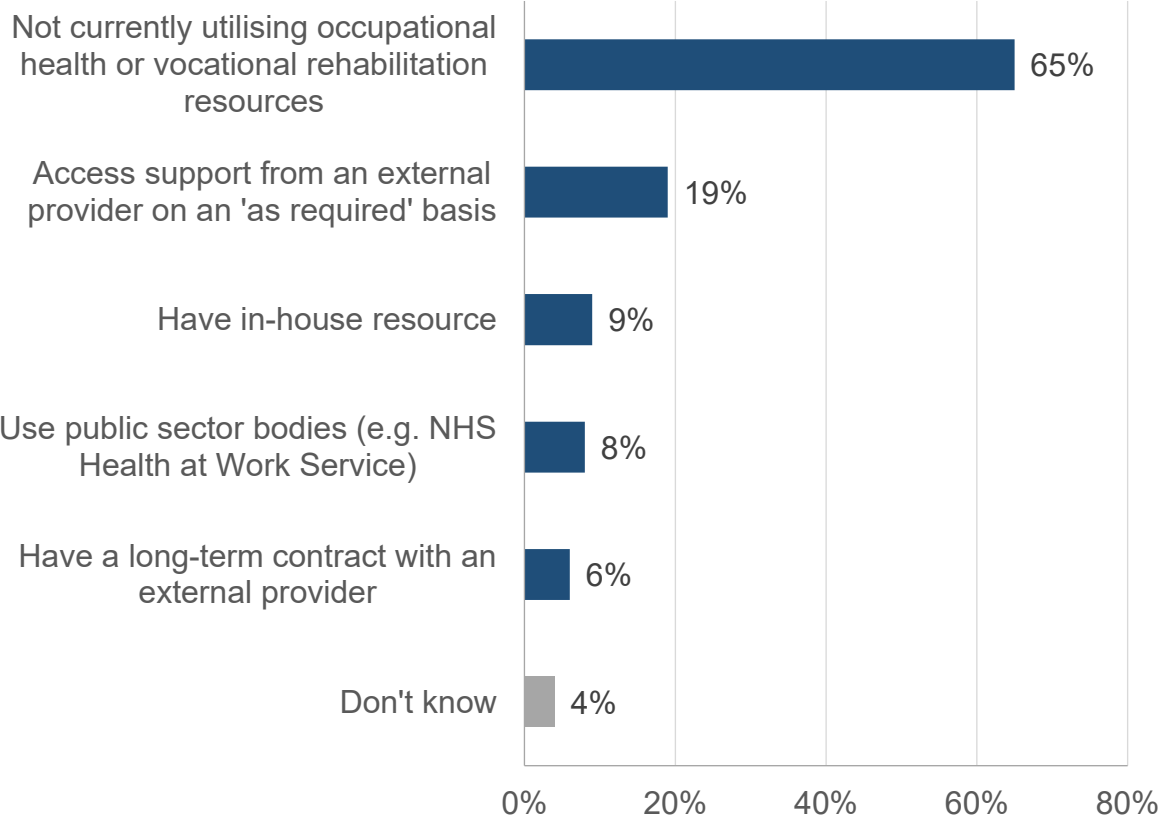
Unweighted base: Employers who have found the adjustments suggested on ‘may be fit for work’ fit notes unhelpful (123)

- Employers who said they found the adjustments suggested on ‘may be fit for work’ fit notes unhelpful (23%) were asked to explain the reasoning behind this. Again, employers were not prompted with any suggested response options.
- Employers’ reasoning was less varied in response to this question compared to employers who found these adjustments helpful. Over 2 in 5 employers (43%) said that medical professionals lacked full understanding of an employee’s job role or industry (43%). This was followed by adjustments lacking clarity or specificity (32%) and fit notes being given out too easily (8%).
- No statistically significant differences were observed between the 2022 and 2024 data.

6. Occupational Health services

Around 1 in 3 employers provide access to OH/VR services; overall provision is broadly consistent with the rate reported in 2022

Chart 42: Access to OH/VR services, A12, 2024

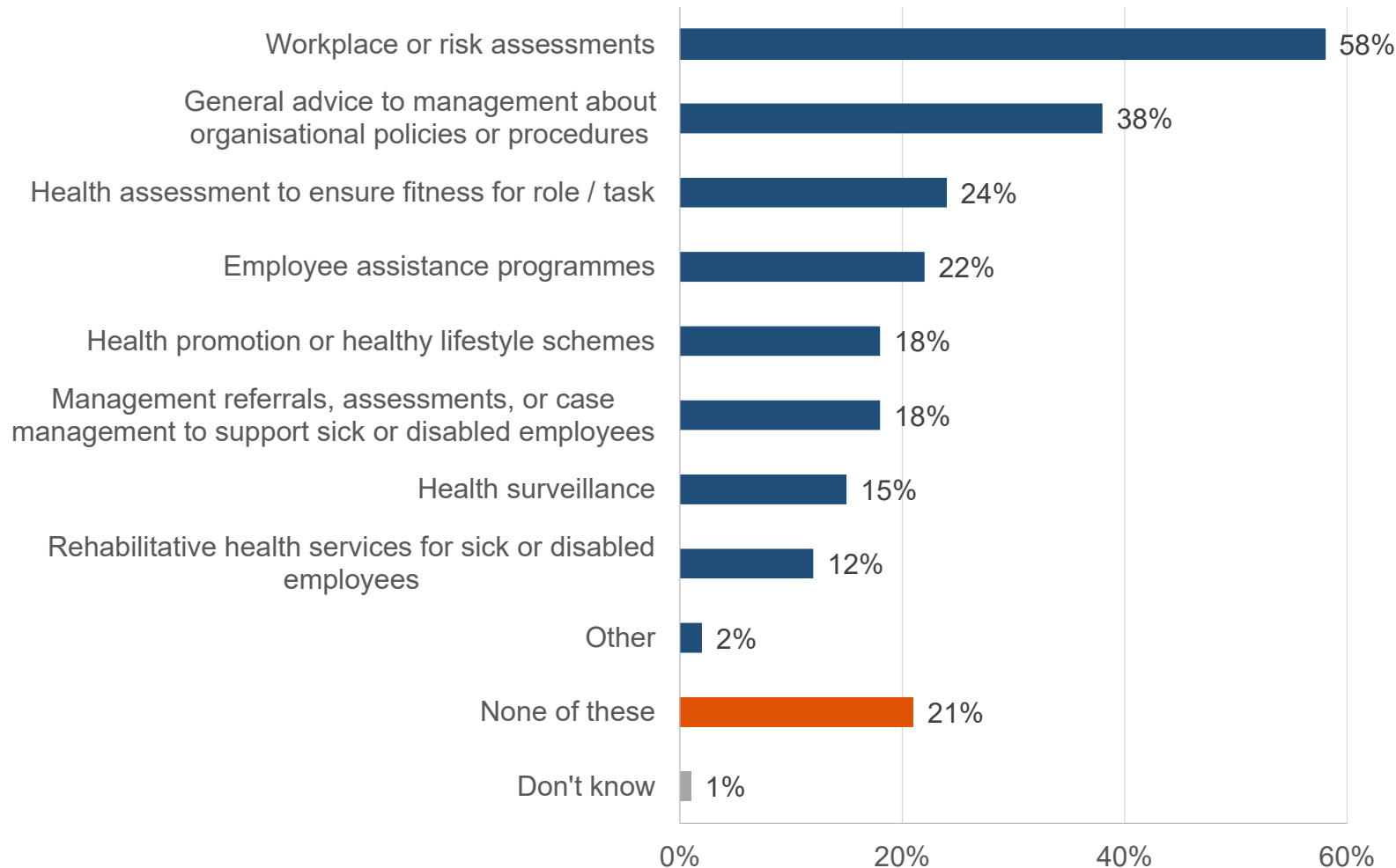


Unweighted base: All employers (2,669)

- Around 1 in 3 employers (31%) provide access to Occupational Health (OH) or Vocational Rehabilitation (VR) services for their employees. Almost 2 in 3 employers (65%) do not provide these services and 4 per cent were uncertain.
- Generally, larger employers were more likely to say they provide access to OH/VR services than smaller employers.
- Employers most commonly access OH/VR through an external provider on an 'as required' basis (19%). This is followed by having in-house resource (9%), using public sector bodies (8%) and having a long-term contract with an external provider (6%).
- This question changed between 2022 and 2024, with employers responding to the survey able to select more than one type of OH provision. This likely explains the reason why, in 2024, employers were more likely than in 2022 to report that they access support from an external provider on an 'as required basis' (an increase of 5.4pp from 13%). Employers in 2024 were also more likely to report that they provide access to in-house support than in 2022 (an increase of 5.6pp from 3%). The proportion who do not provide OH/VR services was consistent between survey years.

The most common form of OH accessed or provided by employers is workplace or risk assessments; but this varies by organisation size

Chart 43: Provision of OH support in the previous 12 months, A12a, 2024

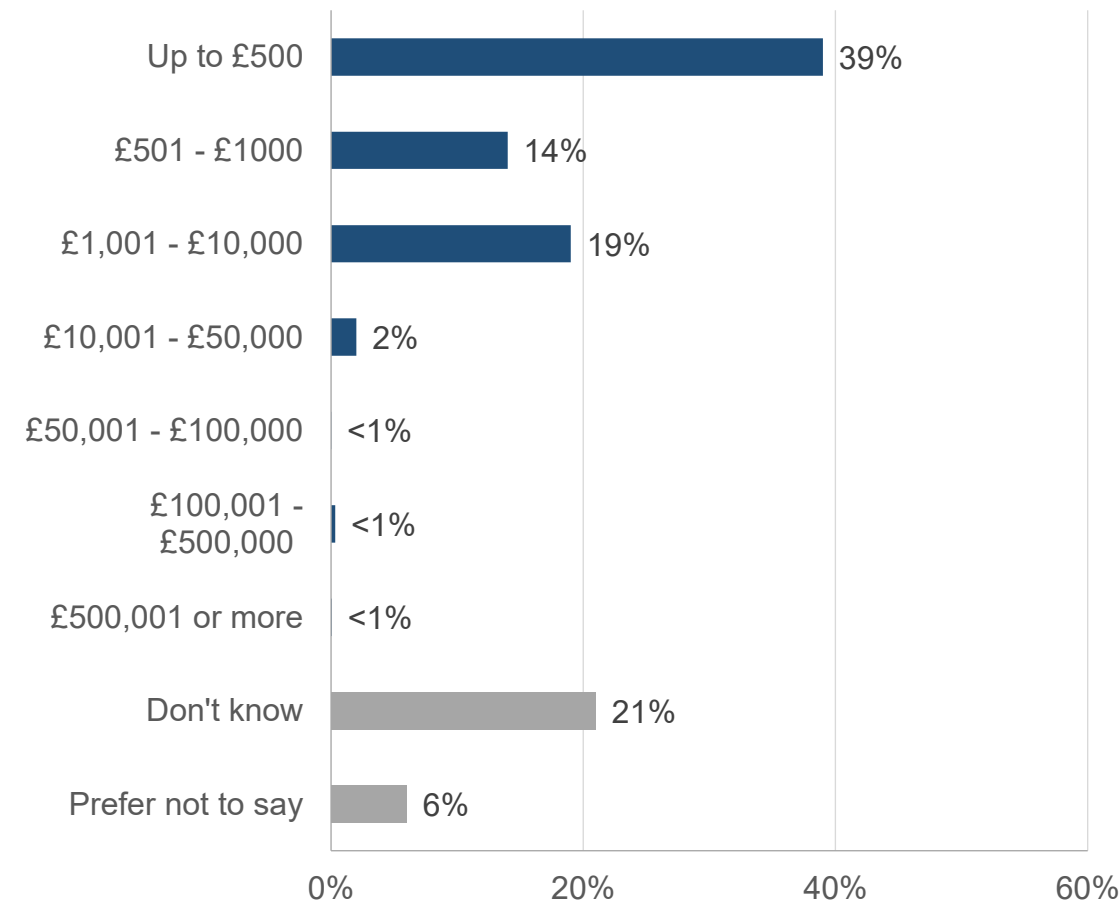


- Employers who provide access to OH/VR services (31% of all employers) were asked what types of OH support or interventions they have accessed or provided for their employees in the previous 12 months.
- The most common form of OH accessed or provided by employers was workplace or risk assessments (58%), but this varied by size band. These assessments were the most common form of OH provision reported by SMEs (58%). The most common OH provision reported by large employers, however, were health assessments to ensure fitness for a role or task (88%).
- Large employers were more likely to report that they had accessed or provided each measure in the previous 12 months, compared to SMEs.

Unweighted base: Employers who provide access to OH/VR services (1,242)

Most employers had spent up to £10,000 on OH/VR services in the previous 12 months

Chart 44: Amount employers spent on OH/VR services in the previous 12 months, A15a, 2024



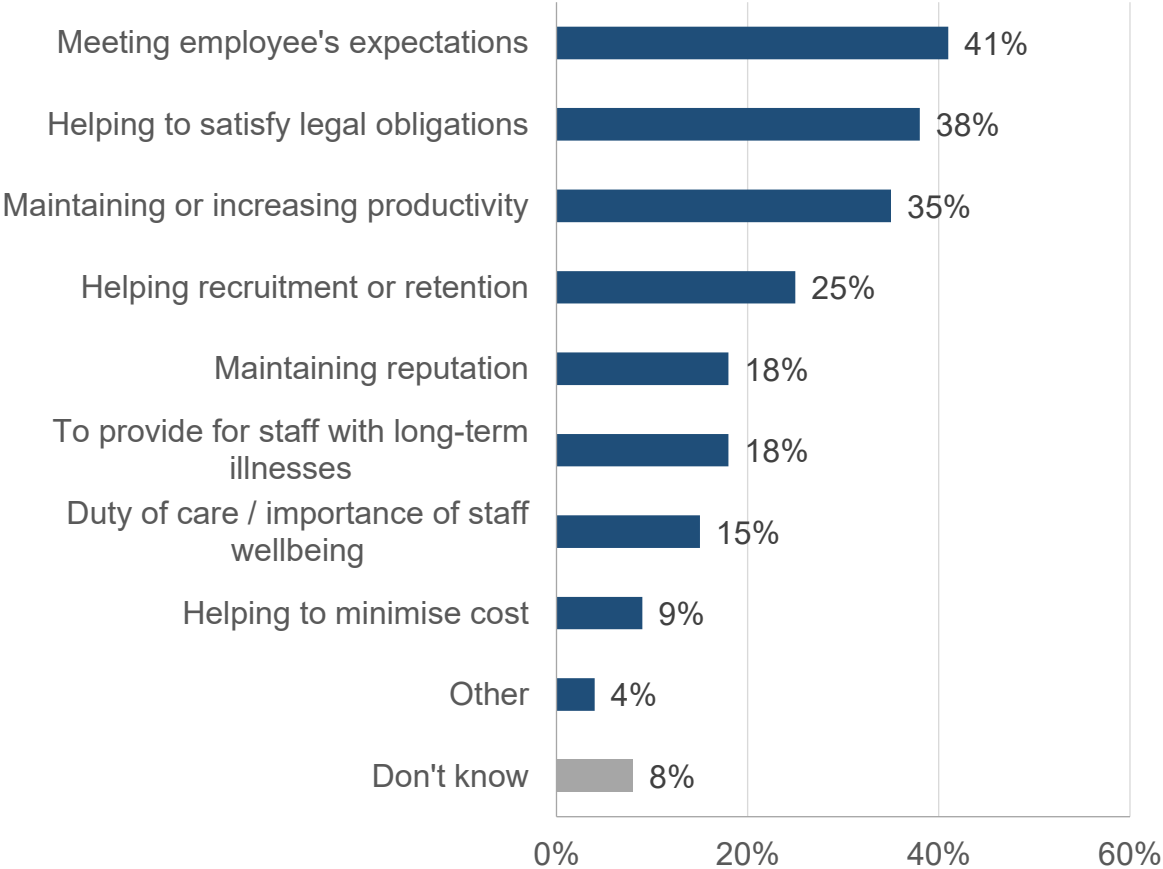
Unweighted base: Employers who provide access to OH/VR services (1,242)

- Employers who provide access to OH/VR services (31%) were asked how much their organisation spent on these services in the previous 12 months. The most common response was up to £500, reported by almost 2 in 5 (39%) employers. This was followed by £1,001 to £10,000 (19%) and £501 to £1,000 (14%).
- A small proportion of employers (2%) spent more than £10,000 on OH/VR services in the previous year.
- Over 1 in 5 (21%) employers were not aware of how much they had spent in the previous year, indicating this may have been a difficult question for employers to answer without prior warning.
- Generally, large employers were more likely than SMEs to spend more on OH/VR services. SMEs were more likely than large employers to spend up to £500 (39% of SMEs reported this compared to 3% of large employers).
- Large employers were more likely than SMEs to say they spent between £1,001-£10,000 (41% of large employers reported this vs 18% of SMEs).

Employers most commonly cite meeting employee’s expectations as the reason for providing OH or VR services to their employees

- Of those that reported providing OH/VR services (31%), the most common reason given for providing these was to meet employee’s expectations (41%). Reasons did, however, vary by size band. Employee expectations was the most common reason provided by SMEs (41%) but not large employers (36%).
- Large employers reported maintaining or increasing productivity as the most common reason for providing OH/VR services (reported by 48% of employers in this size band).
- Large employers were more likely than SMEs to cite providing for staff with long-term illnesses (47% vs 17%) or helping to minimise cost (25% vs 9%) as reasons for providing OH/VR services.
- In 2024, employers were more likely to say that helping to satisfy legal obligations was a reason for providing OH or VR services than in 2022 (an increase of 9.2pp from 29%).
- However, employers in 2024 were less likely than in 2022 to say that providing for staff with long-term illnesses was a reason for providing OH or VR services (a decrease of 10.1pp from 28%).

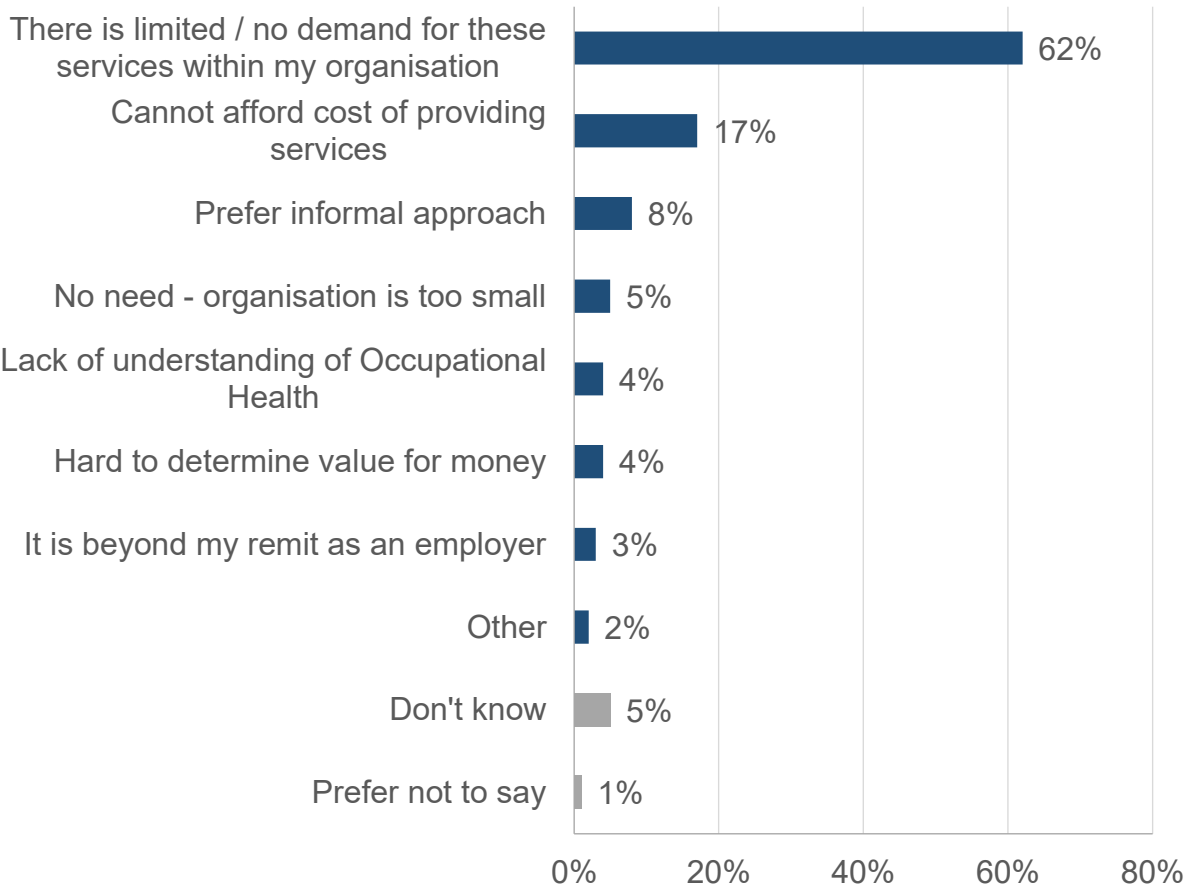
Chart 45: Reasons for providing OH or VR services, A14, 2024



Unweighted base: Employers who provide access to OH/VR services (1,242)

Of employers who do not provide access to OH / VR services, many said there was limited or no perceived demand in their organisation

Chart 46: Reasons for not providing OH or VR services, A15, 2024

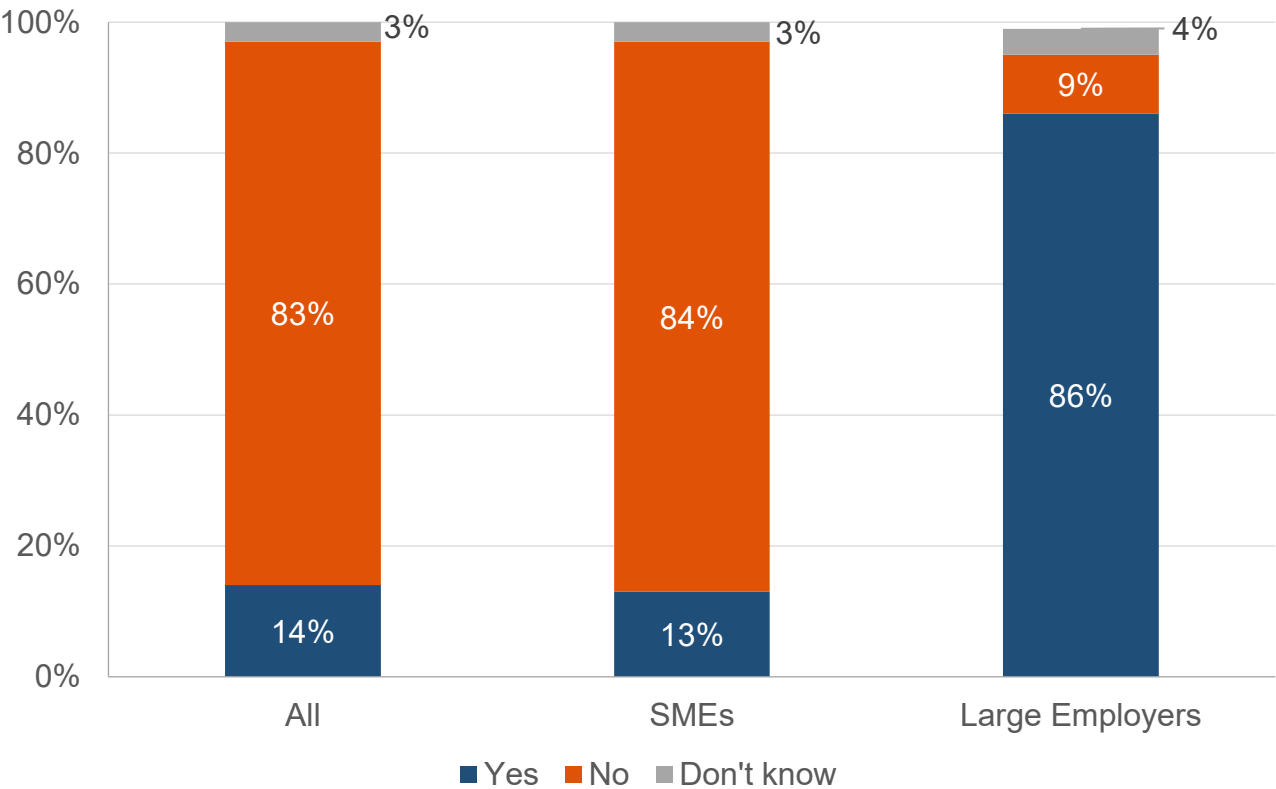


- Employers who said they do not provide access to OH or VR services within their organisation (65%) were asked what has prevented them from doing so. This question was therefore mostly asked of small employers (2 to 49 staff) who made up 97 per cent of the question sample.
- Limited / no demand within their organisations was the most common reason these employers reported for not providing these services to their employees (62%). This was followed by not being able to afford the cost of providing these services (17%) and preferring an informal approach (8%).
- In 2024, employers were more likely to cite limited/no demand for OH or VR services (an increase of 8.7pp) and cannot afford cost of providing services (an increase of 6.1pp) as reasons for not providing these services to their employees. Note: the response options were changed slightly between 2022 and 2024 ('lack of cases' was removed) and so these differences should be treated with caution.

Unweighted base: Employers who do not provide access to OH/VR (1,330)

Around 1 in 7 employers had received recommendations from an OH adviser in the previous 12 months

Chart 47: Receipt of recommendations from an OH adviser in the previous 12 months, by organisation size, A15b, 2024

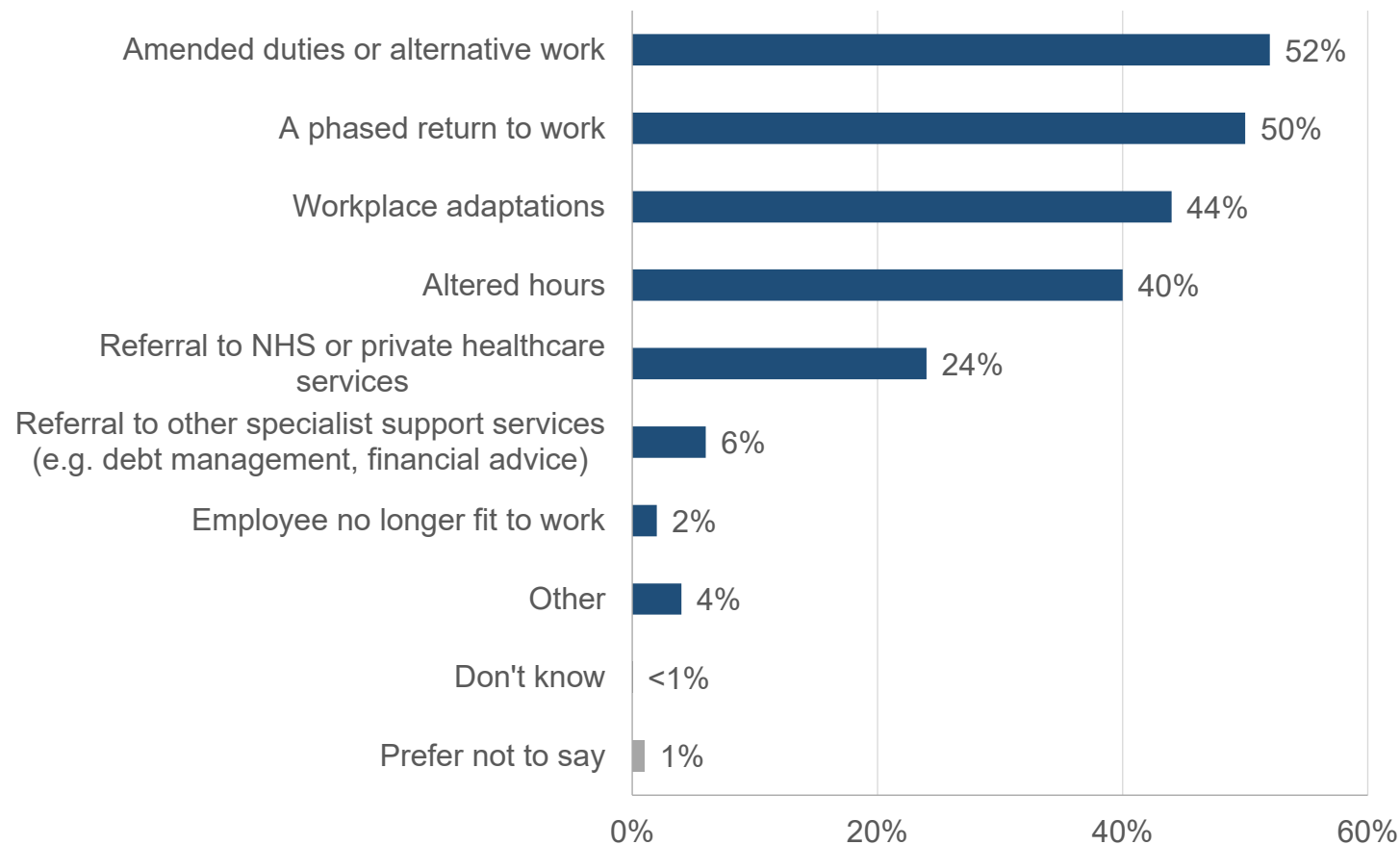


Unweighted base: Employers who provide access to OH/VR services (1,242); SMEs (1,136); Large employers (106)

- Around 1 in 7 (14%) employers who provided access to OH/VR services had received recommendations from an OH adviser following an assessment conducted for an employee.
- Over 4 in 5 (83%) employers who provided access to OH/VR services had not received any recommendations in the previous 12 months.
- Large employers (86%) were more likely than all other organisation sizes to say that they had received recommendations from an OH adviser. Collectively, only 13 per cent of SMEs reported receiving recommendations in the previous 12 months.
- Note: this question was asked of employers who said they provide access to OH/VR services generally. They had not necessarily accessed these within the last 12 months.

Of those who received recommendations, around half said these related to amended duties or a phased return to work

Chart 48: Actions recommended by OH advisers in recent feedback about an individual employee, A15c, 2024

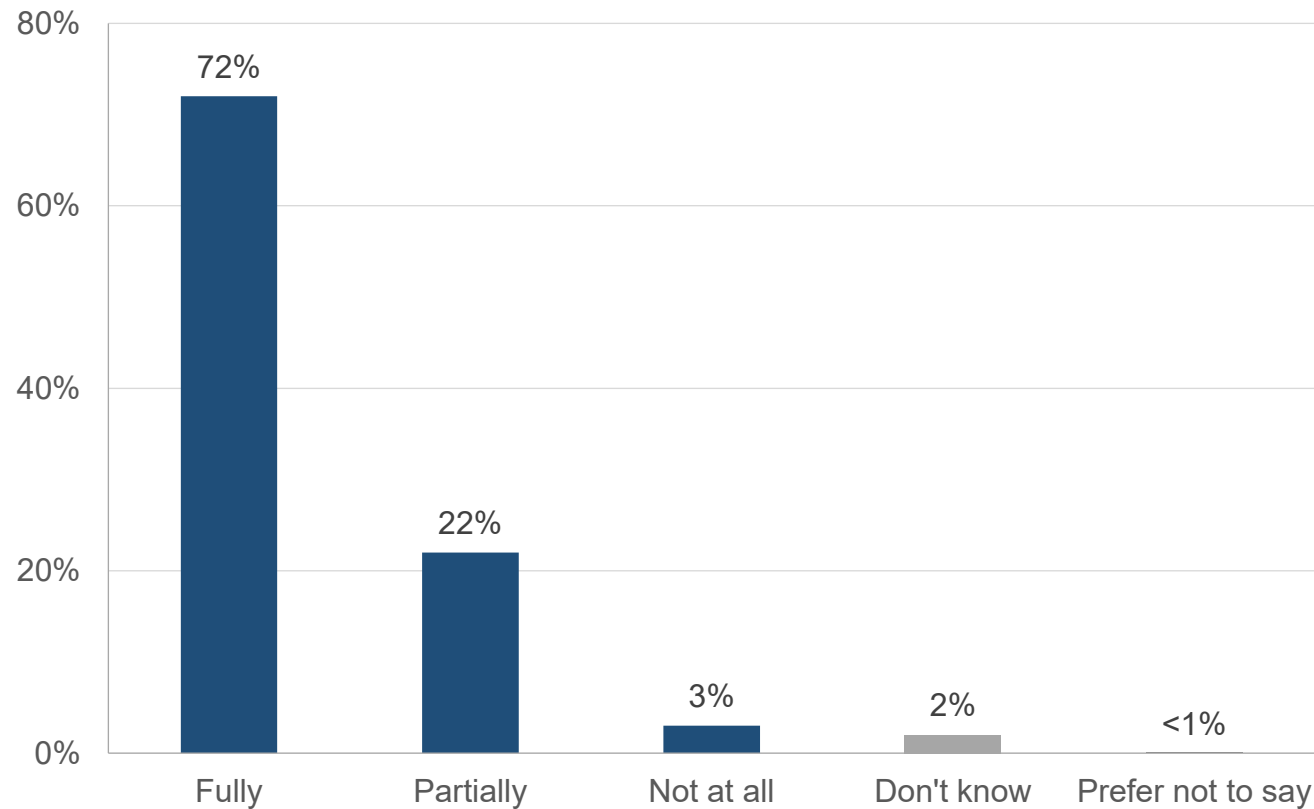


- Employers who had received recommendations from an OH adviser following an assessment they conducted in the previous 12 months (14%) were asked what actions the adviser recommended should be taken.
- The most commonly reported action recommended by an OH adviser was amended duties or alternative work (52%). This was followed by a phased return to work (50%) and workplace adaptations (44%).

Unweighted base: Employers who received recommendations from an OH adviser in the previous 12 months (383)

Most employers who received recommendations from an OH adviser fully implemented these; 1 in 5 employers said actions were partially implemented

Chart 49: The extent to which recommendations received from an OH adviser were implemented by employers, A15d, 2024

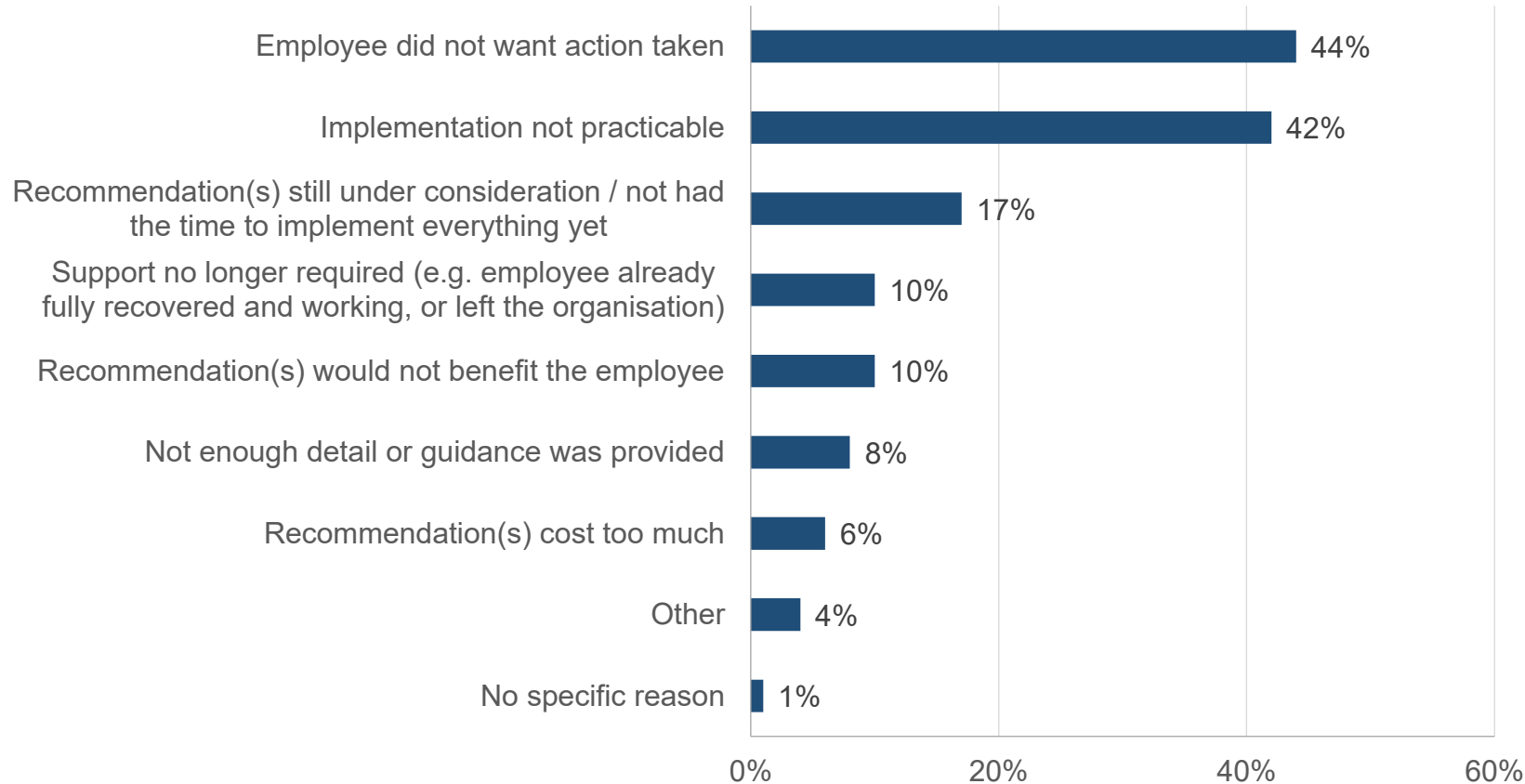


Unweighted base: Employers who received recommendations from an OH adviser in the previous 12 months (383)

- Over 7 in 10 employers (72%) said they fully implemented the actions recommended by an OH adviser about an employee. Around 1 in 5 employers (22%) partially implemented these recommendations.
- A very small proportion (3%) said they did not implement the recommendations at all.
- No differences in reporting were observed by employer characteristics due to low subgroup sample sizes for this question.

The employee not wanting action to be taken was the most common reason given by employers for not fully implementing adviser recommendations

Chart 50: Reasons employers cited for not fully implementing actions recommended by an OH adviser following a recent assessment, A15e, 2024



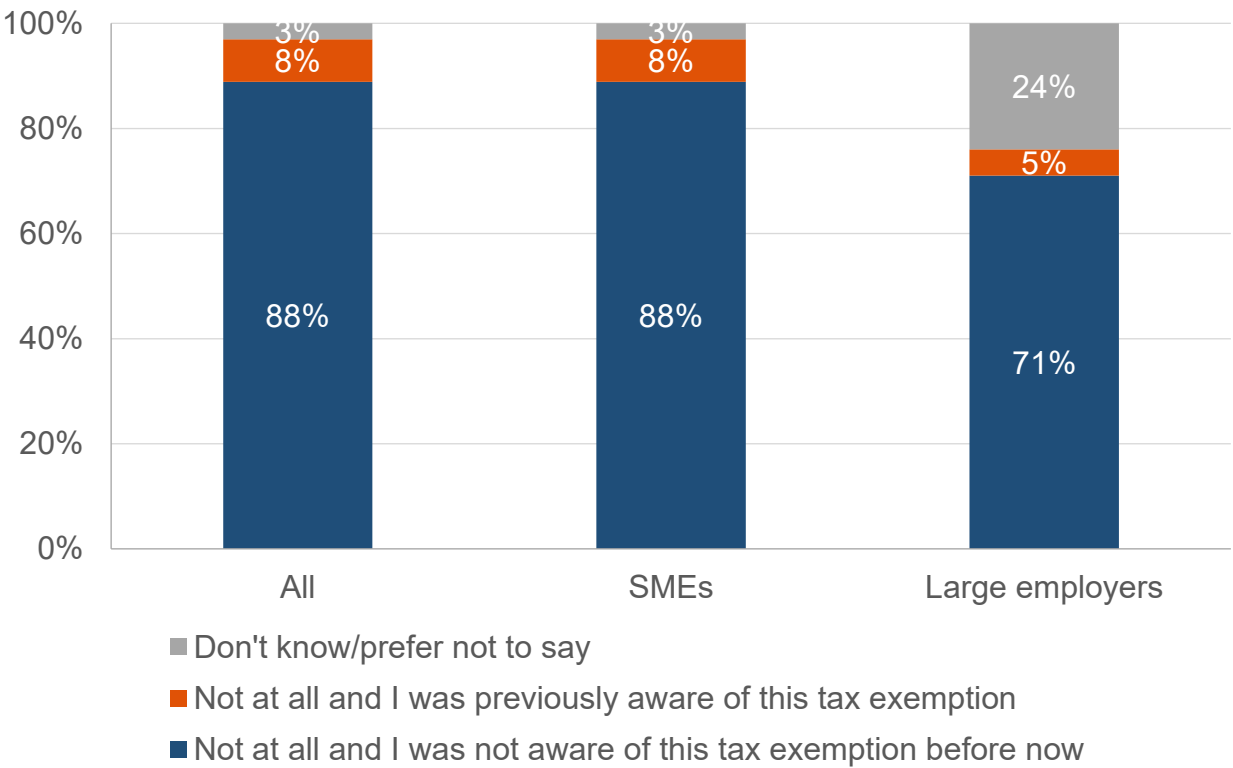
- Employers who did not fully implement the actions recommended by an OH adviser (25%) were asked about the reasoning for this.
- A range of responses were provided, the most common of these being that the employee did not want the action taken (44%), closely followed by the implementation not being practicable (42%).
- Just under 1 in 5 employers (17%) said that the recommendation was still under consideration / they've not had the time to implement everything yet.

Unweighted base: Employers who received recommendations from an OH adviser in the previous 12 months and implemented those actions partially or not at all (89)*

*Caution low base size

Few employers were aware of the tax exemption available on medical treatments to help employees return to work

Chart 51: Usage of the tax exemption on medical treatments in the previous 12 months, by organisation size, A15f, 2024



Unweighted base: All employers (2,669); SMEs (2,553); Large employers (116)

- All employers were asked if, in the previous 12 months, they had used a tax exemption on medical treatments recommended to help their employees return to work.
- The majority of employers (97%) said they had not used the tax exemption. Of these, most employers (88%) were not aware of the exemption, with only 8 per cent saying they were previously aware of it.
- Fewer than 1 per cent of employers had used the tax exemption and 3 per cent did not know or preferred not to answer.