Keep Britain Working Review: feedback on the discovery report

Submission to the Department for Work and Pensions and Department for Business and Trade

Chartered Institute of Personnel and Development (CIPD)
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About CIPD

The CIPD is the professional body for HR and people development. The not-for-profit organisation champions better work and working lives and has been setting the benchmark for excellence in people and organisation development for more than 100 years.

It has 160,000 members across all sectors and sizes of organisation and provides thought leadership through independent research on the world of work, and offers professional training and accreditation for those working in HR and learning and development.

Public policy at the CIPD draws on our extensive research and thought leadership, practical advice and guidance, along with the experience and expertise of our diverse membership, to inform and shape debate, government policy and legislation for the benefit of employees and employers. It also seeks to promote and improve best practice in people management and development and to represent the interests of our members.

Background

The CIPD is a Disability Confident Leader and serves on the Department for Work and Pensions Disability Confident Professional Advisers' Group. We work with the DWP and the Disability Confident team on important guidance for line managers: Employing disabled people: Disability Confident and CIPD managers' guide. We also sit on the new Advisory Group to support the Menopause Employment Ambassador.

We have worked with health professionals, practitioners and experts to publish a wide suite of practical guidance to advise people professionals, line managers and employers on how to support people's health at work, including:

- Managing and supporting employees with long-term health conditions
- Managing a return to work after long-term sickness absence
- Working with long COVID: guidance to provide support
- Joint mental health guide with Mind for people managers
- Responding to suicide risk in the workplace
- Menopause at work
- Menstruation and menstrual health in the workplace
- Fertility challenges, investigations and treatment
- Pregnancy or baby loss: Guide for people professionals on providing workplace support

Introduction

We welcome the opportunity to respond to the engagement phase of this important review. Despite the steady incremental progress on employer support for employee health evident in successive CIPD/Simplyhealth Health and wellbeing at work survey reports, there remains a stubborn implementation gap for effective health and wellbeing initiatives at work. For example, there is still a lack of enough preventative and early intervention measures being taken, and despite increased employer efforts, there is still a worrying increase in poor mental health and work-related stress. Sickness absence levels also continue to rise, with mental ill health and musculoskeletal injuries the most significant causes.

Overall, many organisations still tend to take a reactive approach to health, rather than a pre-emptive one that addresses the main health risks and supports people with ongoing health conditions/disabilities and helps to prevent poor health where possible.

We have completed the online Engagement Form, but are submitting this fuller response to address some of the broader issues that are fundamental to improving the health of the working-age population.

- Our comments mainly address these issues in relation to the '**general workforce**', as organisations need to develop a holistic and systematic framework to prevent ill health and support all employees through sickness absence and return-to-work. If the right framework with effective support for everyone is in place, this will provide the foundations necessary to support every individual regardless of their demographic or health condition or disability.

- We supplement these comments on **prevention, retention and effective interventions** with further feedback on the specific challenges relating to the health conditions and disabilities experienced by certain employee groups, as referenced in this review.

- The Discovery report quite rightly recognises the ambitious and systemic change needed to really shift the dial on improving health outcomes at work and enabling more people to remain economically active. Therefore, we begin with the CIPD's policy recommendations to help achieve more ambitious systemic change at a macro level. These are needed to encourage effective employer behaviour at a micro level to improve employment outcomes.

Policy recommendations that are relevant to this review

Historically, public policy reform to close the disability employment gap and improve the recruitment and retention of disabled people and those with health conditions has focused too heavily on supply-side interventions. We need appropriate and adequately resourced government systems, regulation, services and guidance to boost employer **demand** to recruit, retain and progress disabled people, as well as direct support for individuals. We also need more focus on work as a clinical outcome as part of health-related conversations.

Compared to some countries (e.g. the Netherlands and Denmark), the UK's workplace health infrastructure is underdeveloped. As the Discovery report notes, we need wider systematic change. The final report of the Commission for Healthier Working Lives (of which CIPD served on its advisory group) rightly points out that the current system 'does too little, too late' to prevent health-related job loss. Improving employment rates for people with health conditions will require long-term investment in early intervention and practical support.

To affect real change, public policy reform needs a joined-up approach across government as well as on the part of the many other agencies, regulators and stakeholders whose work impacts on the workplace health and disability agenda. The support and services available need to be tailored to meet the needs of different employers, widely promoted, joined up and responsive. Key areas for policy reform include:

- **Widen access to occupational advice, particularly for SMEs:** develop locally delivered access to occupational health (OH) provision, which is free or subsidised for SMEs. Given more than half of workers have a long-term health condition by the time they reach 60, supporting workers throughout their lives maximises their chances of having a healthy and active life as they get older. The CIPD's response to the previous Occupational Health: working better consultation points out that small firms typically have no HR or OH inhouse expertise and require access to trusted advice and guidance in this area. However, in terms of small employers with less than 50 employees, affordability is a huge barrier and in our view OH needs to be delivered at very low cost for small organisations.

- **Boost people management capability in small firms:** with 15,000 of our CIPD members providing HR consultancy to small firms, we are well aware of the people management challenges many experience. Many HR interventions are key to effective occupational health support for workers, such as basic absence management policies, return to work interviews and reasonable adjustments. However many SMEs -

particularly micro and small firms - lack any access to professional HR expertise and support. CIPD pilots which explored how to improve HR and people management in small firms in three different parts of the UK show the typically low level of capability in these areas of management in such businesses. Evaluation of the programme found that the provision of this type of support can have positive benefits for participating firms including improvements in workplace relations. Research also shows that there is very little focus within publicly funded business support services in England on improving HR/people management capability and workplace practices. To address this CIPD believes there is a strong case for a review of the effectiveness and reach of existing publicly funded business support programmes. This should inform the development of an accessible, high-quality business support service that can help large numbers of SMEs improve their HR and people management capability and support efforts to create healthier and more productive jobs.

- **Targeted support to help workers aged 50-plus remain in productive and fulfilling work by making flexibility a priority, e.g.:**

    - Take up the recommendations outlined in the Flexible After Fifty report (2024), presented to the former Employment UK Minister by the 50Plus Choices Employment Taskforce, e.g.: review the skills and training offerings of both Job Centre Plus and the Department for Education (such as apprenticeships and bootcamps), to ensure they can be undertaken on a flexible basis; ensure resources on HR support are available for small and medium enterprises (SMEs) to help them implement flexible work legislation, including supportive measures such as phased retirement.

- **Implement a workplace women's and reproductive health strategy:** we welcome the government's plans in this area, including the appointment of a Menopause Employment Ambassador and advisory group (of which the CIPD is a member) and measures in the Employment Rights Bill connected with women's health. However, many employers are losing female workers and productivity due to a lack of effective support for women's and reproductive health issues. For example, CIPD research on menopause transition shows that employers are still losing around one in six employees due to a lack of support. Therefore, the CIPD and Society of Occupational Medicine are calling for:

    1. **Government to launch a review of women's and reproductive health in the workplace** to identify the economic opportunities for strengthening support, guidance and enforcement of current regulations, followed by an action plan.
    2. **A high-profile campaign to motivate and give confidence to employers** to develop working environments that provide understanding, flexibility and occupational health support for women's health issues across the life course.
    3. **Wider access to occupational health services and other health provision for those in and out of work** to support people to remain in, or return to, appropriate work in which they can manage their health conditions.

- **More effective enforcement action:** we welcome the planned establishment of the Fair Work Agency (FWA), including the new remit to enforce the payment of SSP. However, the FWA will not include the HSE and EHRC, which play a major role in protecting people's rights relating to health and disability. Both bodies need more adequate resources to fulfill their regulatory duties and carry out more proactive enforcement activities.

    For example, the main risks to people's health are psychological (latest HSE statistics: stress, anxiety and depression account for 46% of new and long-standing cases of work-related ill health 2023/24), and the HSE needs additional funding to encourage more employers to meet their existing legal duty to prevent and manage stress at work. It should be empowered to investigate organisations where stress at work is systemic,

with these employers required to use the HSE's stress management tools to identify and act on psychological health risks. Employers that continue to fail to address the main causes of stress at work, such as excessive workloads, bullying or poor management, should face improvement notices and, if necessary, further enforcement action.

Better signposting to effective information, advice and guidance: providing employers with reliable and accessible information, advice and guidance on managing disabled people and those with health conditions, as well as effective sickness absence management, is also part of an effective enforcement regime to nudge better compliance and good practice among employers. This should include enhanced funding for Acas as well as the key regulators, to help employers to develop healthy workplaces based on prevention, early intervention and effective rehabilitation.

- **Optimise government schemes such as Disability Confident and Access to Work** and launch a well-resourced workplace health publicity and education campaign: there needs to be much greater promotion of available support and schemes like *Disability Confident* and *Access to Work* by the government as part of a well-funded national campaign, to help boost employer confidence and capability in recruiting, managing and retaining disabled people and those with health conditions.

  Access to work in particular has tremendous value and potential, but it is underfunded and has narrow reach (supporting just 1% of working disabled people, according to the Pathways to Work green paper). Feedback from CIPD members indicates many organisations are unaware of the service, and that there is more scope for the service to more effectively support people with a disability who are already in employment to improve retention. It could be better resourced (waiting times are far too long) and more flexible and responsive, with much greater promotion of its potential benefits for employers. Could it also be reformed to include advice for employers on making effective reasonable adjustments for disabled employees? We welcome the proposal in the Pathways to Work Green Paper on providing funds to individuals to pay for workplace adaptations beyond what could be considered reasonable adjustments – there is currently a high bar to meet for disability under equalities law and making adjustments where needed could help to keep more people with health conditions in work.

- **Disability workforce reporting**: we welcome the opportunity to respond to the government's consultation on introducing mandatory pay gap reporting and are consulting our membership to inform our response. Our submission to the Disability unit in 2022 fully supported the objective behind disability workforce reporting; however, it also pointed out the considerable capability and practice gap in this area, with just two-fifths of employers currently collecting data. In principle, increased transparency is a positive step, but on its own, a new statutory obligation will not automatically translate into more disability-inclusive workplaces and greater employer confidence to recruit and retain disabled people. Combined with the typically low level of declarations around disability issues among most workforces, our response also highlighted the significant need for enhanced guidance and support to prepare employers for any introduction of a mandatory requirement. This is particularly important in view of the extensive raft of the other new employment and equalities law reforms in the pipeline.

- **Statutory Sick Pay (SSP)**: we welcome the government's reforms widening access to SSP but the system needs further reform to effectively support disabled people and those with a fluctuating health condition to remain in work. Currently, the binary SSP system isn't working effectively to prompt employers to support an *effective* return to work; that is, one that is sustainable and puts in place the right support at the right time to help an employee who may not be 100% fit but who may be fit for some work.

CIPD members are supportive of reforming SSP so that it can be paid on a part-time basis to encourage a phased return to work where helpful.

- **The fit note:** further review and reform is needed to help more disabled people and those with health issues to receive effective advice and return to/remain in work, as opposed to being categorised as 'not fit for work' as a default. A recent DWP evaluation shows the 2022 reforms have been well received, but the fit note system is still not sufficiently supportive of disabled people and those with chronic health conditions to return to work on a more sustainable, phased basis. CIPD evidence shows just 18% of employers think the current fit note process is effective at facilitating a sustainable return to work.

  A further review should explore more ambitious reform as part of the Government's plans for more joined up local health and work support. The fit note system could be used to trigger early, multi-disciplinary support (eg talking therapies, physiotherapy, social prescribing, workplace adjustments, a return-to-work plan, a phased return etc) to help people sliding into long-term sick leave and, potentially, economic inactivity.

- **Explore a more structured approach to return-to-work:** the worrying increase in economic inactivity due to long-term sickness raises the question of whether we need stronger to encourage more robust and supportive action by employers to maintain contact with people when off sick and put in place effective steps to facilitate a sustainable return-to-work. The previous government's consultation on Preventing ill health-related job loss proposed strengthened statutory guidance to prompt employers to take early, sustained and proportionate action to support employees return to work. This proposal was supported by our membership, who agreed that guidance (which could be taken into account in any legal proceedings) would place more compulsion on employers to take earlier action to support individuals with health conditions stay in work. The final report of the Commission for Healthier Working Lives points out that early intervention is standard practice in some countries where structured return-to-work support is available before people move into long-term out-of-work benefits.

- **Explore the need for a right to reasonable time off to attend medical appointments:** although employers have a duty of care to do all they reasonably can to protect their employees' health, safety and wellbeing, there's no legal right to take time off work for a medical appointment (except in specific circumstances such as pregnancy-related appointments and disability). Although most employers 'will allow time off if an employee cannot rearrange the appointment' there will be some employers who will not be as accommodating. Further, it could be challenging to arrange, let alone rearrange, a medical appointment in the current climate of our pressurised health services. Pathways to diagnosis and treatment can be long and any additional delays people experience could have adverse outcomes on their prognosis and/or recovery. Being able to take time off to attend medical appointments is one of the top sources of support employees would value according to CIPD research. Therefore, there could be a case for exploring whether it is appropriate to introduce a statutory right to reasonable time off for a medical appointment.

- **Review the Equality Act 2010 regarding disability:** the current law defining disability as having a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on someone's ability to do normal daily activities sets a high bar to be considered disabled. Much has changed in terms of the workplace and people's health and disability issues over the past 15 years, including the longer-term health impacts of a pandemic. A review could help to establish whether the definition is supportive enough of disabled people and those individuals with fluctuating health conditions, such as mental ill health.

- **Review the role of group risk insurance products:** the CIPD's recommendations for

ensuring an effective financial safety net for workers during illness explores the potential for the insurance sector to play a stronger role in protecting incomes, if they were used as an integral part of employers' absence management and rehabilitation frameworks. Some providers also offer support such as return-to-work guidance, an employee assistance programme and fast-track access to health and wellbeing services like physiotherapy and counselling. According to CIPD research, 22% of employers offer health insurance products such as group income protection, long-term disability or permanent health insurance currently but more (42%) CIPD research agree Group Income Protection would be a valuable benefit to help employees manage the risk and impact of ill health. A review could explore if the insurance industry could develop schemes that overcome some of the perceived barriers, such as cost, particularly for smaller employers.

- **Establish a Workplace Commission:** Improving job quality and creating more healthy workplaces that can better support employee wellbeing and reduce the number of people falling out of employment due to ill health will require more joined-up policy-making across different Government departments including the Department for Business and Trade, the Department for Work and Pensions, the Department for Health and the Treasury. There is currently no strategic forum that can facilitate different parts of Government and key employer side and trade union stakeholders to work together cohesively to design policy effectively. To address this CIPD believes there is the case for establishing a Workplace Commission to bring together representatives across different government departments and labour market institutions, including employer bodies and trade unions, to support policy making across government and consensus on key workplace issues and agendas including new regulation. It would also act as forum to help develop and promote guidance and good practice.

Prevention: What workplace interventions have you seen or implemented that effectively prevent ill health from developing or worsening at work?

We need more systematic, risk- and evidence-based interventions to improve health and employment outcomes

It's now proven and recognised that 'Good work is good for health' and can reduce health and economic inequalities. However, the CIPD's 2025 Good Work Index (we will be launching this in June and can send it to you then) shows that around a quarter of workers report that work has a negative impact on their physical and mental health. The UK has been far more successful at preventing workplace accidents and injuries than it has been in reducing work-related ill health, as the HSE's 2024 health at safety at work statistics demonstrate.

The CIPD's latest Health and wellbeing at work survey (covering over 900 employers with more than 6.5 million employees) reported the highest level of sickness absence rate (an average of 7.8 days per employee per year) in over 15 years. Mental ill health, work-related stress and musculoskeletal issues remain the most common causes. This is despite the overwhelming majority of employers investing heavily in health and wellbeing interventions.

For example, the vast majority of organisations are making efforts to support employee mental health at work, with 75% using Employee Assistance Programmes (EAPs) and 66% training people in mental health first aid. However, it's clear from the interventions used that there is much more scope for employers to use interventions that are:

(1) more prevention-based, proactive and systematic and
(2) have more evidence to support their use.

For example, EAPs can be a very good source of support, but are primarily used when people are already in crisis, while there is limited evidence to show that MHFA can result in sustained health outcomes. Meanwhile, just 20% use the HSE's more evidence-based Management Standards to identify and reduce stress, while just 25% turn to the expertise of occupational health specialists to improve mental health outcomes across the workforce.

It's clear that employers and enforcement agencies could build on the effectiveness (as evidenced by HSE statistics year on year) of using a more robust risk-based approach to preventing accidents and apply this more broadly to preventing ill health, including work-related stress and mental health. This means creating the working conditions and environment that manage and mitigate the main health risks. Employers need to implement a more systematic, risk- and evidence-based approach to preventing harm and improving health outcomes.

Research by the CIPD and Society of Occupational Medicine on the value of occupational health and human resources in supporting workplace mental health and wellbeing shows we need a rebalancing of where and how organisations are focusing their efforts to prevent ill health and retain people in work. More employers need to take a systematic approach to address the main health risks accompanied by the implementation of evidence-based interventions (see the section below on supporting young workers' mental health).

Broader and earlier, more effective use of Occupational Health (OH) services

Less than half of UK workers have access to OH services, significantly lower than in many other countries. Coverage among smaller employers is very low with less than one in five (18%) of small businesses offering OH support, and yet that's where most private sector workers are based. As set out in the CIPD's response to the Occupational Health: Working Better consultation in 2023, we need to develop a national framework whereby SMEs can access quality and timely OH advice to help them support employees with health conditions, implement effective adjustments, manage fitness to work and sickness absence effectively and support a sustained return to work.

CIPD research consistently shows that employers and HR professionals view OH services as a valuable resource to manage employee health at work, with access to OH services identified as one of the most common and effective interventions for managing sickness absence. However, the prevalent view of OH is as a reactive referral service for long-term sickness absence rather than a specialist and valuable resource to develop a strategic and preventative approach to employee health. However, employers rely far more on Mental Health First Aid training (66%) and wellbeing champions (50%) (where there is very little evidence to support impact on employee mental health outcomes) than on specialist OH services to manage mental health (25%). Further CIPD research shows:

- Just 1 in 3 employers use OH specialists to prevent/mitigate risks to mental health or to develop a mental health policy
- Just 29% agree that HR and OH work closely at a strategic level to help prevent ill health.

There are clear benefits from involving OH in health-related issues at an earlier stage where appropriate, for example identifying main health risks, ill health prevention, developing strategy and policy for workplace health interventions, effective reasonable adjustments, developing guidance for line managers. Early intervention and referral for health issues, such as mental health and musculoskeletal conditions, for example, could speed up the process for making effective adjustments and help prevent problems from escalating. Employee perception also needs to shift so that a referral to OH is viewed as a positive and supportive measure for their health, rather than as a performance issue. In this way, access to OH services could result in more benefits for employees with a disability or health condition.

This CIPD case study of Southern Health and Social Care Trust demonstrates the impact of implementing an integrated approach to health and wellbeing, embedding it in culture, leadership and people management practices. It includes an expansion of the Trust's occupational health and wellbeing service (OHWS), with a shift towards ill health prevention and proactive provision by specialist occupational health and wellbeing practitioners.

Health and wellbeing support through the employee life course

An effective employer health and wellbeing framework should be based on the health risks of its workforce, including approaches to help prevent or mitigate illness. This includes analysing its people demographics to highlight the potential health and wellbeing challenges individuals can potentially experience throughout the employee lifecycle as they age. For example, there are common health conditions associated with ageing and, as people age, they are more likely to experience several conditions at the same time. Therefore, it's not surprising that higher sickness absence and lower economic participation is a particular cause for concern about people aged 50-plus.

Employers can play a significant role in helping to reduce the barriers employees can encounter in managing a health condition or disability in relation to their job. This includes in relation to the many different health challenges people can encounter through life stages, including women's and reproductive health issues like menopause, menstrual health conditions, fertility challenges, caring responsibilities and pregnancy loss.

Improve workplace support for women's and reproductive health issues

The UK has the largest female health gap in the G20 and the 12th largest globally. The NHS Confederation report, *Women's Health Economics: investing in the 51%,* highlights the significant economic impact of neglecting women's health. Women make up nearly half the UK labour market and their economic participation is key to our country's productivity, but their employment rate is lower than men's and the gender pay gap persists at 7%.

Most workplaces lack focus on female and reproductive health issues, which has a significant impact on the ability of many women to maintain their careers. CIPD research finds that:

- **menopause transition:** almost three-quarters of working women aged 40 to 60 have experienced symptoms, of whom 67% say have had a mostly negative impact on them at work.
- **menstruation and menstrual health**: more than two-thirds of working women experience a negative impact at work due to menstruation symptoms, with almost one in 10 have either left or considered leaving their jobs.

Practical support and flexibility can make a considerable difference to how someone balances the demands of their job with the potential physical, mental and emotional impacts of women's and reproductive health issues. CIPD research across a range of women's health issues demonstrates the tangible impact of support with working women reporting positive impacts on their mental wellbeing, commitment, loyalty and intention to remain in work. For example, employees experiencing **menopause transition** are more than twice as likely to have considered leaving their job if they feel unsupported by their employer or manager, with individuals around five times more likely to have left work if they don't have support from either source.

Retention: What workplace interventions have you seen or implemented that effectively help employees stay in work when they become sick or develop a disability, preventing sickness absence?

Building more supportive and inclusive workplaces to attract, retain and progress disabled people and those with health conditions

The disability employment gap is persistent. At 28.6 percentage points, we need concerted action across a number of fronts to achieve the necessary step change in improving employment outcomes for disabled people and those with chronic health conditions.

What works?

A DWP rapid review of international evidence from the European Union (EU) and Organisation for Economic Co-operation and Development (OECD) found a lack of robust international evidence to determine 'what works for whom' to help disabled people into, and to remain in, work. However, there is evidence of the success of some interventions, particularly

- supported employment programmes
- flexible and accommodating workplaces
- return-to-work planning and some health interventions (particularly with an employment focus).

The review also highlighted that:

- interventions should focus on both individuals and employers
- availability and awareness of support are important – many of the more successful interventions were small scale or have low take-up;
- early intervention is key, both to prevent individuals leaving employment due to the onset of an impairment, and to ensure early access to the right support for those on benefits;

Disability workforce reporting

We note the government's intention to introduce mandatory disability pay gap reporting for large employers. However, CIPD research shows that 25% of employers lack the systems and infrastructure to collect data effectively on disability and long-term health conditions. Overall, just two-fifths (40%) of organisations collect some form of workforce disability data or narrative information and very few publish the information they collect.

In principle, we are supportive of moving towards introducing a mandatory approach, but we need to make sure employers are ready and capable to implement such an approach effectively. Otherwise, a mandatory approach could encourage organisations to adopt a superficial tick box attitude rather than developing practices that lead to positive and sustainable change.

Focus on the individual and not the problem/condition with flexible attendance management and support

Line managers typically take responsibility for supporting people's health and wellbeing on a day-to-day basis, including discussing and implementing effective support, flexibility and adjustments. Understandably, they can be very concerned about compliance with procedures and ensuring consistency. Both are important but policies and procedures need to support the individual; someone could have the same fluctuating health condition as someone else, but be affected very differently in terms of how symptoms impact on work.

Therefore, organisations and policies and procedures need to be flexible and responsive, including around attendance management, and tailor support to take into account individual needs and circumstances. This means:

- empowering managers to make decisions and take action where it is in the best interests of the employee, the team, and the organisation, without seeking additional sign-off from senior management or HR
- encouraging job-crafting where possible so employees work to their strengths
- Empowering individuals – encourage employees to adopt self-care strategies to help manage their condition, and embed as part of the organisation's health and

wellbeing policies and approaches, e.g. via wellbeing action plans and/or health passports
- avoiding the rigid implementation of sickness absence procedures and ensuring they are responsive and compassionate to support people's fluctuating health conditions – e.g. by taking care around the use of 'trigger points' that could unfairly penalise someone with a genuine ongoing health issue such as menopause symptoms or a chronic illness.

Facilitate effective workplace adjustments for all that need them

Making reasonable adjustments is a statutory duty under the Equality Act 2010 but there is a high bar for an individual to be protected by the law given the definition of disability. Many employees will benefit from early and supportive work adjustments, whether or not they fall into the disabled category.

Organisations should offer supportive adjustments and support for any employee with a health condition or wellbeing challenge where possible, as it could help to keep that individual in work. The alternative could be someone falling into long-term sickness absence if it becomes unmanageable for them to balance the impact of their symptoms (which could be physical and psychological) and work.

Skilled and capable line managers are key

CIPD evidence shows that, when times are tough, support from line managers is one of the key resources that can help prevent or at least mitigate, the risk of stress and burnout. Other CIPD research shows clear links between line manager quality and employee health, especially mental health; for example, half (50%) of employees with bottom-quartile managers thought work had a negative (or very negative) impact on their mental health, compared one-seventh (14%) of employees with a top-quartile manager. Previous research supported by CIPD and HSE shows managers are most likely to be in a good position to support an employee returning to work after long-term sickness absence due to conditions such as stress, anxiety and depression, back pain, heart disease or cancer if they have established a good relationship with that person prior to their absence. An essential part of good sickness absence management is about ongoing good people management and managers establishing good relationships with their employees.

CIPD research shows the central role that managers play in supporting employee health and wellbeing: 70% of respondents report line managers take primary responsibility for managing short-term absence and 61% for long-term absence. Line managers need to be confident to keep in touch with absent team members in a sensitive and supportive manner and conduct effective return-to-work interviews. They can spot the early warning signs of stress and ensure that workloads are manageable and objectives achievable. They act as a 'gateway' for employees to access expert health services and HR policies that can help individuals to manage the impact of health symptoms on work, as well as implementing reasonable adjustments where needed.

CIPD 2023 Macmillan Cancer Support case study: People managers are pivotal in supporting colleague health and wellbeing at the charity, but can feel overwhelmed with such a significant responsibility. Macmillan set up a cross-organisational taskforce to design a dedicated programme with support and resources, including guides, self-assessment tools, objectives, direct report feedback, action planning and peer support. Intent on taking an evidence-based approach to health and wellbeing, Macmillan has also implemented a new 'colleague experience' dashboard. The plan is to use this data to make more informed decisions on colleague health and wellbeing, ensuring the right support is in place.

Wider access to a wider range of flexible working opportunities

Flexible working can help support people into employment, and employees are increasingly looking for workplace flexibility for a range of reasons, including to juggle work and caring responsibilities, and for health reasons. Flexibility in terms of job tasks and working arrangements can act as a powerful retention tool, enabling many people to balance the impact of their symptoms on work and remain economically active. We are therefore pleased to see a focus on flexible working in the Employment Rights Bill, building on the day-one right to request flexible working.

Flexible working is more challenging for some sectors and roles, particularly for those working in front-line positions. Therefore, we are calling on the government to create a flexible working challenge fund for businesses with non-office-based and front-line workers to trial and promote different forms of flexible working and their benefits for business and employees. This will be particularly helpful for SMEs who may lack the resource to explore options fully.

What workplace interventions have you seen or implemented that effectively help employees return to work after sickness absence?

Early intervention and sustained workplace-based support during sickness absence is vital. Organisational policies can help or hinder a return to work in the way that they are designed and implemented.

Employees are more likely to return to work safely and productively following long-term sickness absence if they are well supported during their absence and on their return. This should be implemented within a culture and framework that positively supports people's health and trains line managers to have sensitive and supportive conversations with employees who are ill and off work.

However, too often:

- managers lack the confidence or the processes are not in place to maintain regular and sensitive contact when the individual is off sick
- return-to-work after absence is seen as a one-event rather than a journey that needs to be planned with the employee beforehand with ongoing support and flexibility provided after the individual returns to work.

Access to specialist, early support

Organisations may also provide access to services from specialist professionals such as occupational health who can generate an individualised recovery and rehabilitation plan and can ensure relevant medical investigations have been performed. Other professionals such as vocational rehabilitation practitioners and occupational therapists, can provide specialist support depending on the condition and the employee's needs.

Work-focused counselling has also been found to improve an employee's ability to return to and stay in work following absence. While counselling is typically seen as relevant for people with mental ill health, it can be useful for people with other conditions. Mental health can often deteriorate as a result of the symptoms or impact of illness, for instance, when there are changes in capacity and a sense of identity, or when they are faced with the uncertainty of living with a new or fluctuating illness.

Confident and capable line managers

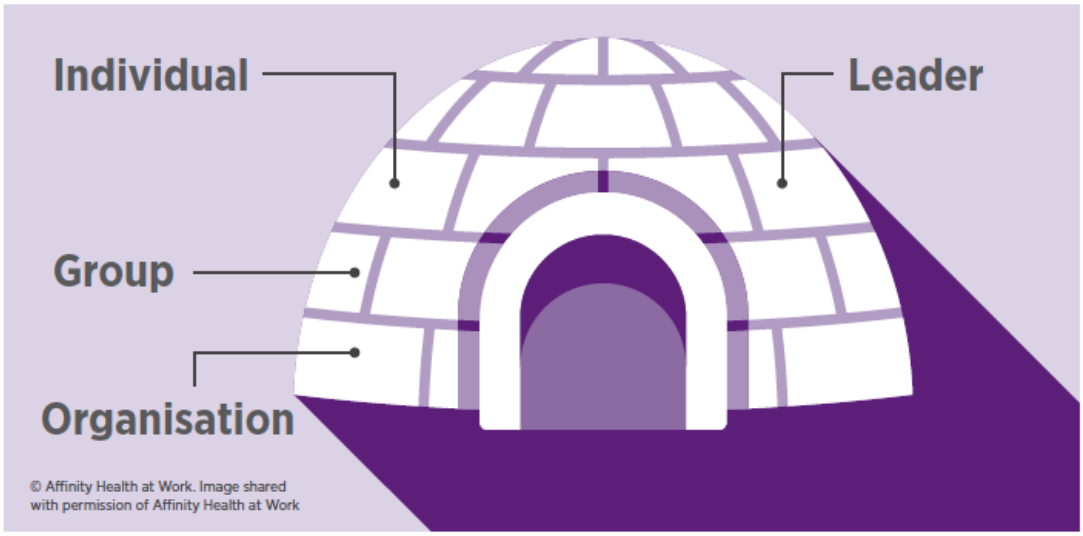
Line managers play a central role in the day-to-day management of sickness absence and the return-to-work process. Evidence shows that managers have a significant impact on successful return to work; what they do and how they behave can affect whether the returner is able to return to and stay in work. This is because managers are:

- often the employee's first contact point
- responsible for the day-to-day management of the employee on their return

- key to providing access to work adjustments and the implementation of job modifications on return and in the long term
- can influence employees' exposure to workplace psychosocial hazards (for example work demands, control, and so on) and these are likely to be felt more keenly by those returning following a period away from the workplace
- can cause employee stress (or prevent additional stress) or anxiety, particularly in those who are vulnerable returning after a period of sickness absence.

Therefore it's essential that employers ensure they have the knowledge, skills and confidence to implement the policies and practices and behave in a way that will support returning employees effectively.

Although much of the direct responsibility for managing the return to work falls on managers, the IGLOO framework for sustainable return to work, developed by the University of Sheffield and Affinity Health at Work, outlines resources at the individual level, the group level, the manager level and the organisational level that can support a sustainable return to work.



Key principles to support an effective return to work

Research shows that a compassionate absence management policy, access to work adjustments and a supportive manager can make the difference between a successful, sustainable return and someone struggling and likely relapsing soon after return or even exiting the workplace. It helps to have a strong focus on communication and flexibility

1. **Maintain communication during absence:** Maintaining contact can help the employee feel valued and help managers plan ahead. Early in the absence, agree with the employee how and when you will keep in touch; remind them of any support available, such as employee assistance provider or occupational health service, and any flexibility that could help.

2. **Prepare for a return to work:** Consider the possible adjustments and job modifications that could be accommodated; start the return to work conversation in time to plan for a phased or flexible return where helpful and agree a return-to-work plan. The plan should include any changes to the employee's roles and responsibilities, key work priorities, work adjustments, timeframes for the phased return, how it will be monitored, and when/how it will be reviewed.
3. **Provide ongoing support during the immediate and return and on an ongoing basis:** Ensure the quantity and complexity of the work is gradually increased over time. Some people return to full health and are able to return to full capacity at work. Some may have a fluctuating condition that means there are ongoing periods where their health and ability to work is compromised. Others may never fully recover from long-term absence and their condition may be classified as a disability. Open communication and regular check-ins will help to prevent further absence, ensure that appropriate support is provided.

Considerations and interventions for specific employee groups

Younger employees (16-34) with mental health conditions

The incidence of mental ill health among young people and its impact on their ability to access and remain in work is of real concern. The 2025 CIPD Good Work Index finds that 21% of employees aged 18 to 24 and 17% of those aged 25 to 34 say their mental health is poor compared with just 10% of employees aged 55-plus. However, all age groups are significantly more likely to report adverse mental health outcomes from work compared with employees aged 55-plus, 16% of whom say their work negatively impacts their mental health:

- 18-24 years: 25%
- 25-34:26%
- 35-44: 30%
- 45-54: 28%.

Employers need to ensure that younger workers, particularly those entering the workplace for the first time, are well supported by:

- effective induction and orientation practices to ensure they feel a sense of belonging
- mentors and buddies who can provide peer support and share knowledge and experience, and help young people to settle in to their organisation
- capable and skilled line managers who regularly check in on their health and wellbeing, ensure that workloads and objectives are manageable, and are alert to early signs of work-related stress
- ongoing training and development interventions and positive performance management practices so that employees have the supervision, skills and resources to perform well in their role.

In terms of other specific interventions to support young employees' mental health and wellbeing, if an organisation has in place an effective mental health framework based on a psychologically safe culture, compassionate leadership and effective people management with early intervention and access to specialist sources of help, this will lay the foundations to support employees of all ages including young people. Research by the CIPD and Society of Occupational Medicine on the value of occupational health and human resources in supporting workplace mental health and wellbeing

The paper uses a three-level framework to map interventions to support mental health and wellbeing:

- **Primary interventions** aim to identify potential risks and hazards within the working environment to remove, reduce, or mitigate their effects, such as a form of risk assessment. The emphasis here is on the working environment and the organisation.

- **Secondary interventions** predominately focus on the individual and aims to support them to improve their levels of self-care, to better manage their working environment, and to mitigate the effects of poor working conditions
- **Tertiary interventions** focus on the restoration and rehabilitation of workers struggling with their mental health (e.g., talking therapy, return-to-work programmes, treatment medication) and are therefore also focused on the individual.

The evidence shows that interventions which focus on the primary level tend to have stronger effects than those who solely focus on individual level (ie secondary and tertiary). For example, one influential study showed that, in contrast to the benign wellbeing impact of interventions focused on the individual, working conditions such as having the right training, being consulted on change, fair pay, fair promotions, flexible work, and good collaboration were all associated with better wellbeing.

To support organisations to take a systematic and evidence-based approach, the paper offers three contemporary frameworks to improve employee mental health outcomes:

- HSE Management Standards
- Mental Health at Work Commitment (the CIPD has a webpage of resources to support the Commitment)
- ISO 45003 Psychological health and safety at work.

Mid-aged employees (35-49) with musculoskeletal (MSK) conditions

The CIPD/Simplyhealth Health and wellbeing at work survey shows that MSK injuries are the second top cause of both short- and long-term sickness absence (45% and 51% of employers reporting MSK issues among their top three causes, respectively). However, the 2025 CIPD Good Work Index finds that musculoskeletal (MSK) conditions are not restricted to mid-aged employees, with the proportion of employees reporting backache or other bone, joint or muscle problems highest among those aged over 55:

- all employees: 51%
- 18-24 years: 34%
- 25-34:49%
- 35-44: 42%
- 45-54: 54%.
- 55-plus: 60%.

Carrying out regular and effective risk assessments and preventing and/or mitigating the main risks to employees should form the basis of how employers can reduce the incidence of MSK injuries and associated sickness absence. More employers need to be aware of, and implement, the HSE's guidance on how to manage and mitigate MSK conditions at work. They need to be aware of the particular risks associated with specific industries (such as agriculture, health and social care and construction) and types of work such as manual handling, and of the particular risks associated with specific groups such as those who are vulnerable and/or have an existing MSK injury or physical health condition.

Further, early intervention and facilitating access to specialist advice and support services such as occupational health, as well as treatment pathways such as physiotherapy, can help the individual and organisation to assess fitness to work and put in place effective adjustments. Vocational rehabilitation services can also be very helpful.

It's also important to recognise the potential mental health impacts of having a physical/MSK condition on the employee, and offer access to specialist support through an Employee Assistance Programme or counselling.

The CIPD guidance provides practical, evidence-based advice on supporting employees with long-term health conditions highlights other key interventions, rehabilitation and support pathways, such as:

- **work adjustments** – as early as possible and not dependent on meeting the criteria for being disabled under the Equality Act
- **health passports** - or a written adjustment agreement approach can empower individuals to manage their health condition with the organisation's support
- support and interventions targeted at specific conditions and symptoms and signposting to trusted sources of expertise, resources and advice such as:
    - Arthritis and Musculoskeletal Alliance: http://arma.uk.net
    - Versus Arthritis: www.versusarthritis.org
    - BackCare: www.backcare.org.uk

Older employees (50+) approaching retirement

People are much more likely to develop a disability or health condition as they become older, but CIPD research shows less than half of organisations' health and wellbeing activity includes provision to support people with chronic health conditions or disabilities. Employees at this stage of life are also likely to have their wellbeing impacted by caring responsibilities for an elderly or ill relative, and 43% of employers provide support in this area. Further, this is the typical age bracket for female employees experiencing menopause, and we have already flagged our research showing that employers are losing around one in six employees due to a lack of support for **menopause transition**. There is also a need to tackle age discrimination and challenge stereotypical attitudes about 'older workers'. For example, employers need to guard against assumptions that older workers are less likely to be interested in training or career progression.

For older workers with health limitations, employment chances are declining in the UK, but improving elsewhere, according to IES research for the Commission for Healthier Working Lives. A major flaw in the UK's approach to health and work is a lack of integration with policies across the work and health infrastructure not well-coordinated, particularly when it comes to defining responsibilities for employers.

Recommendations for employers

Recommendations for Government are set out above, but key actions for employers include:

- Improve **recruitment practices** to eliminate bias, for example:
    - **Frame and word job adverts with care**. Avoid using age-biased language in your job adverts and refer to the specific behaviours and skills required.
    - Circulate job adverts as widely as possible, using multiple platforms.
    - Regularly collect and scrutinise age data from the recruitment process.
- Actively promote the availability and range of flexible work options to both new and existing employees, monitoring the uptake and effectiveness of flexible working.
- Invest in training, development, and improving performance management to ensure approaches are fair for all and therefore workers over 50 do not miss out on opportunities.
- Support employee health and wellbeing, for example, by providing access to an occupational health service. Poor health is one of the biggest reasons for economic inactivity among those in their 50s.
- Offer flexible working – changes in working arrangements can support those with ill-health or caring responsibilities - but also consider functional flexibility, such as job crafting to ensure people can remain in productive and fulfilling work that suits their health needs and preferences
- Offer phased retirement options – managers should provide details about their organisation's offerings around flexible working and phased retirement, without making assumptions about their retirement intentions.
- Actively adopt and sign the Centre for Ageing Better's **Age Friendly Employer Pledge**.

However, this issue also highlights the importance of both employers and policy-makers taking steps to support the health of workers *throughout* their working lives, to maximise their chances of them enjoying a healthy and active life as they get older (see above for our insights on the importance of providing support for employee health and wellbeing through the life course). For example, the provision of timely access to occupational health services to workers in their 20s and 30s who suffer from back pain or other musculoskeletal issues would mean that steps can be taken to reduce the likelihood of these conditions becoming chronic.

Further, it's important to develop a holistic and inclusive approach to supporting people's health and wellbeing – otherwise, applying certain provisions for a certain demographic could risk making assumptions about health at a certain age and making people feel singled out.

Disabled employees of all ages

Many employers, particularly small ones, lack the knowledge, capability and confidence to build inclusive environments where people can talk about disability and health issues. We need to shift the negative misconception about adjustments being onerous and costly – many can be simple and low-cost, and can make an enormous difference to disabled people being able to access employment and remain in work.

To achieve this, employers need to achieve wider and deeper cultural change and good practice, with a focus on reframing the conversation around talent. This includes:

- **Commitment from senior leaders and managers**: employers need to develop a working environment that fosters diversity and does not tolerate bias towards people with a disability; leaders need to speak publicly and authentically about the importance of inclusion, and drive cultural change that shifts the narrative to one of opportunity that embraces the social model of disability.
- **Supporting a climate where people can share their experience of disability:** Many employers are aware of their need to act on health and disability issues but many feel ill equipped to do so, with disclosure often seen as the biggest barrier, creating a vicious circle for both individuals and employers.
- **A robust organisational framework of health and disability related policies and support:** employers should understand their legal obligations under the *Equality Act* in managing disability, and making reasonable adjustments when necessary. This needs to include a proactive approach to managing absence, including a disability leave policy that differentiates between sickness and disability absence.
- **Flexibility in working practices and policies:** a proactive flexible working policy should enable individuals with a health condition and/or disability to flex their hours and responsibilities to remove or mitigate any barriers.

Crucially, employers need greater awareness and understanding of disability and how to manage/support people with a disability– the disability employment gap will only close when employers and managers are confident in this area. In particular, this needs more effective dissemination of clear guidance on how employers can make reasonable adjustments, including supportive workplace changes that go beyond their statutory responsibility.

We need to shift the negative misconception about adjustments being onerous and costly – many can be simple and low-cost, and can make an enormous difference to enabling people to perform to their full potential. Feedback from our CIPD membership has consistently emphasised the need for clear guidance for employers on developing and implementing disability equality policies and to improve employment outcomes.

What are the key barriers that prevent employers from implementing the interventions you have mentioned in this section?

Employer challenges

Many employers are investing a lot of resources in supporting employee health and wellbeing without realising the full benefit in terms of improved health outcomes, lower sickness absence and staff retention. For example the 2025 Good Work Index shows that a quarter (25%) of employees say work has a negative impact on their mental health. This trend has remained consistent over the years and points to an urgent need to address the root causes of mental health struggles in the workplace, and to design jobs in a way that mitigates the main health risks.

Providing staff with a workplace environment in which their mental health and emotional resilience are boosted, rather than damaged, is vital for individual employees themselves and for the business. We see that those who experience positive effects of work on their mental health are much more likely to recommend their employer, perform better in their job role, go the extra mile for the benefit of their organisation and are less likely to consider quitting.

According to CIPD research only a minority of employers (28%) say they *don't* experience any challenges in managing disabled people and those with long-term health conditions. The most common challenges are developing:

- line manager knowledge and confidence (50% of organisations experiencing challenges)
- an understanding about making reasonable adjustments (38%)
- an inclusive culture in the organisation' (29%)
- leadership on disability-related and/or health issues (25%).

Despite *'developing line manager knowledge and confidence'* being the top challenge, just a third (32%) provide training and guidance for line managers in this area, while less than half (42%) report they have a supportive line management style that treats people as individuals.

Further, as noted above many small companies lack access to expert HR and occupational health advice and don't have the resources and capability to confidently manage people's health and sickness absence.