



Department
for Work &
Pensions



Health and wellbeing at work: a survey of employees, 2014

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Summary

The *Health and wellbeing at work: a survey of employees, 2014* supports the health and work policy programme and was commissioned in response to the recommendations from the Independent Review of Sickness Absence¹. This survey followed on from a similar survey in 2011, the findings from which informed the development of the Health, Work and Wellbeing indicator set – part of the Health and Work Policy programme. The current survey of employees has a particular focus on sickness absence, whilst still providing an overview of health and wellbeing for all employees. The survey looked at support provided by employers to help employees with health conditions remain in work, or to support employees' return to work after a period of sickness absence. In addition, it investigated attitudes towards 'Fit for Work' – a new independent health and work advice and referral service launched at the end of 2014.

The survey comprised telephone interviews with paid employees in Great Britain aged 16 and over. It used a Random Digit Dialling approach to ensure a nationally representative sample (GB) of 2,013 employees, and incorporated a boost sample of an additional 358 employees who had been off work sick for more than two weeks.

The key findings of this survey were:

- Almost a third of employees had a health condition (defined in the survey as a long-term health condition or disability, or an illness or injury that affected the work they could do) in the 12 months preceding the survey.
- Just over one-third of employees with a health condition had not discussed it with their employer, even in cases where it had affected their work. Those with a mental health condition were less comfortable discussing their condition than those with a physical health condition.
- Around two-fifths of employees had experienced at least one period of sickness absence. Seven per cent had experienced sickness absence lasting more than two weeks and five per cent more than four weeks.
- Employees who reported a period of sickness absence lasting more than two weeks were more likely to be female, have both a mental and a physical health condition, be employed on a permanent basis and work in a large organisation.
- Having a supportive employer and discussing any health condition at an early stage reduced the likelihood of sickness absence of more than two weeks.
- Most employees who had experienced a period of sickness absence lasting more than two weeks or had a health condition had adjustments made: the most common adjustment was time off at short notice, followed by flexible hours. Provision of these types of adjustments was more likely for employees who only had a physical health condition.
- Enrolment in workplace pensions, access to flexible working, provision of injury prevention training and occupational health had increased since 2011. An increase did not occur in the provision of policies associated with mental health: stress management training and independent counselling or advice.
- More than four-fifths of employees, including those who had experienced a sickness absence lasting four weeks or more, perceived Fit for Work to be a useful service.

¹ Black, C. and Frost, D. (2011)

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Glossary of terms

Access to Work	Access to Work is a service for people with disabilities, physical and mental health conditions and their employers. It can offer advice and support, including grants towards equipment, adapting the premises, or a support worker. It can also pay towards transport to work. It is available for people with disabilities, physical or mental health conditions, who are in a paid job, unemployed and about to start work, or self-employed. ¹
Acute health condition	A condition that is severe and sudden in onset.
Comorbidity	The co-occurrence of one or more diagnosable long-term health conditions. The report most commonly uses this to describe situations where there was both a mental health and a physical health condition.
Fit for Work (FfW, previously known as the Health and Work Service)	‘Fit for Work’ was introduced in late 2014 and is aimed at employees who have reached, or are expected to reach, four weeks of sickness absence. Eligible employees will normally be referred by their GP for an assessment by an occupational health professional, who will look at all the issues preventing the employee from returning to work. Attendance will be consent based. Following the assessment, employees will receive a return to work plan with recommendations to help them to return to work more quickly and information on how to get appropriate help and advice. In addition, employers, employees, GPs and others will be able to access general health and work advice via a phone line and website. Fit for Work Scotland, will be delivered by the Scottish Government on behalf of DWP.
Fit note (or Statement of Fitness for Work)	A form issued by doctors as evidence of the advice they have given on an individual’s fitness for work, and the normal method by which employees provide evidence of sickness to employers after the seventh day of absence.
Flexible working	<p>Flexible working is a way of working that suits an employee’s needs e.g. having flexible start and finish times, or working from home. For the purposes of this survey, flexible working includes flexi-time, working from home, job sharing, time-off in lieu, ability to change hours, working condensed hours and changeable working patterns.</p> <p>From 30 June 2014 (after this survey’s fieldwork), all employees have the legal right to request flexible working: not just parents and carers.²</p>

¹ <http://publications.nice.org.uk/managing-long-term-sickness-and-incapacity-for-work-ph19/glossary>

² Children and Families Act, 2014.

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Health Checks	Health screening or health checks organised by an employer, e.g. blood pressure or cholesterol checks. This does not include eye tests.
Injury prevention training	Injury prevention training includes training in correct manual handling or lifting techniques.
Independent counselling or advice	Independent counselling or advice service, such as through an Employee Assistance Programme. This might include phone based, computerised, or face to face support on a number of work and non-work issues e.g. caring responsibilities, financial concerns, work relationships, or major life events.
Long-term health condition	Also known as a chronic health condition. A continuous or persistent condition that exists over an extended period of time (the Equality Act 2010 ³ defines 'long term' as 12 months or more), is long-standing, and is not easily or quickly resolved.
Occupational health service	An occupational health service provides advice and practical support about how to stay healthy in the workplace and how to manage health conditions. For example, access to health care professionals, or support or advice for making workplace adjustments.
Pensions	<p>Automatic enrolment into a workplace pension scheme commenced in October 2012. Its introduction is in stages, starting with the largest employers with full implementation by 2018. Eligible employees:</p> <ul style="list-style-type: none">• are at least 22 and under State Pension age;• earn more than £10,000 a year;• work, or ordinarily work, in the UK. <p>All workers are able to 'opt-out' should they choose. Workers who do not meet the eligibility criteria may choose to opt-in with a mandatory employer contribution if they are at least 16 and under 75 and earn more than £5,772 a year. Workers who earn under £5,772 are able to join a pension scheme, but there is no requirement for an employer contribution.</p>

³ www.gov.uk/definition-of-disability-under-equality-act-2010

Sick Pay

There are two types of sick pay which may be provided to employees: Statutory Sick Pay and Occupational Sick Pay (also known as Company Sick Pay):

- Statutory Sick Pay is the legal minimum qualifying employees are entitled to. It is currently £87.55 per week, and employers pay it for up to 28 weeks. Employers would usually pay it in the same way as normal wages (e.g. weekly or monthly) with tax and National Insurance deducted. The first qualifying condition for Statutory Sick Pay is that an individual must be absent from work for four or more days in a row (including non-working days).
- employers provide Occupational Sick Pay or Company Sick Pay and this may be more than statutory sick pay. Employees can potentially receive both types of pay at different times: employers may offer Occupational Sick Pay at first and then begin paying statutory sick pay.

Stress management

Stress management training includes resilience training, stress recognition training or practical techniques on how to manage stress.

Vocational rehabilitation

This involves helping those who are ill, injured or who have a disability to access, maintain or return to employment or another useful occupation. It may involve liaison between occupational health, management, Human Resources and other in-house or external facilitators. It may result in transitional working arrangements, training, social support and modifications to the usual tasks.⁴

Wellbeing

The measures of wellbeing used are taken from the ONS 'Measuring National Well-being' programme.⁵

⁴ <http://publications.nice.org.uk/managing-long-term-sickness-and-incapacity-for-work-ph19/glossary>

⁵ Office for National Statistics (2014).

List of abbreviations

CATI	Computer Assisted Telephone Interview
FfW	Fit for Work (formerly known as the Health and Work Service)
GP	General Practitioner
HR	Human Resources
MSK	Musculoskeletal Disorders
ONS	Office of National Statistics
RDD	Random Digit Dialling
SIC	Standard Industry Classification
SME	Small and medium-sized enterprises
SOC	Standard Occupation Classification

Executive summary

Background and aims

This survey of employees, conducted in 2014, continues to support the health and work policy programme – initiated following Dame Carol Black’s 2008 review of the health of Britain’s working age population.

Since 2008, the health and work policy agenda has moved forward considerably. In 2010, the government developed Health, Work and Wellbeing indicators as a baseline for the measurement of progress over time. The current survey updates our knowledge on the second indicator set: improving the promotion of health and well-being at work, as well as providing continuity with key aspects of a similar survey of employees carried out in 2011.

Other recent developments on the health and work policy agenda include the findings of the Independent Review of Sickness Absence released in 2011, the introduction of the paper ‘fit note’ in 2010 and the roll out of the computer generated fit note (e-med) from 2012 onwards. In late 2014, Fit for Work (FfW, previously known as the Health and Work Service) was introduced. It offers independent expert health and work advice to employees and employers. The current survey was commissioned in response to the recommendations from the Independent Review of Sickness Absence and reflects these recent developments..

Whilst providing a general overview of the health and wellbeing of employees in the previous 12 months, this survey has a greater focus on sickness absence than its 2011 predecessor. The analysis focuses on employees who had one or more continuous periods of sickness absence lasting more than two weeks, to identify reasons for such absence and the nature of support to return to work.

Research method

The survey interviewed a sample of 2,013 employees by telephone via ‘Random Digit Dialling’ (RDD). This included mobile numbers to capture ‘mobile only’ households and ex-directory numbers (because of the random generation of lists). We made a high volume of calls for each case at different times of the day and on different days of the week to ensure a representative sample. The overall cooperation rate for the RDD element of the work was 41 per cent and the response rate (which includes an assumption about ‘unknown eligibility’ cases) was 25 per cent.

Due to the low prevalence of employees who had been off work for more than two weeks in the general population, a boost sample was necessary. The boost element was separate to the RDD approach and involved following-up respondents from the Health Survey for England, the Scottish Health Survey and Welsh Health Survey, who had specific characteristics that made them more likely to have had time off sick. The boost provided 219 further interviews. Finally, a consumer access panel provided contact details for a further 139 cases.

These samples were combined for analysis and weighted to provide estimates that are representative of the GB population of employees aged 16 and over. The total number of employees interviewed was 2,371.

Main findings

Health at work (Chapter 2)

Chapter 2 looks at the prevalence and type of health conditions (defined in the survey as a long-term health condition or disability, or an illness or injury that affected the work they could do) among employees surveyed and the relationship any health conditions have with employment. It also looks at prevalence and patterns of sickness absence in the previous 12 months and factors associated with wellbeing.

Prevalence of health conditions (Section 2.1)

Almost one-third of employees (32 per cent) experienced a health condition in the previous 12 months. Mental health conditions (12 per cent) and musculoskeletal disorders (MSKs) (10 per cent) were the most commonly identified types of condition.

Impact of health on work (Section 2.2)

The relationship between health and work is complex – an individual's health may both be affected by, and affect, their work, in some cases leading to sickness absence.

Forty-two per cent of employees who had a health condition in the previous year felt that it affected their work at least to some extent and around a quarter (24 per cent) 'not very much'; a further third of those with health conditions reported that their conditions did not affect their work at all (34 per cent).

Most employees with a health condition said their work had made no difference to their health conditions (63 per cent), around a third (34 per cent) felt that their health had been adversely affected by their work and three per cent reported that their work had made their condition better. Employees with mental health conditions were more likely to report that work had worsened their health.

Other findings included:

- around two-fifths of employees (42 per cent) had experienced at least one incidence of sickness absence in the preceding 12 months, with the majority of sickness absence spells being one or two days in length (18 per cent). Longer absences were less likely – seven per cent of employees were off for a continuous sickness absence spell lasting more than two weeks; the majority of whom (five per cent) had a long-term sickness absence spell of more than four weeks;
- sickness absence was more common among women, those working in the public sector, and those working for larger organisations.

Health and wellbeing (Section 2.3)

We used established measures of wellbeing to explore the self-reported life satisfaction of employees. Eighty-three per cent of employees reported high to medium life satisfaction.

Other findings included:

- employees with a mental health condition reported lower life satisfaction, as did those with both a mental and physical health condition;

- higher life satisfaction was associated with employees having more control over their work, better workplace relationships, a greater sense of accomplishment at work, and lower stress at work and at home.

Workplace policy and culture (Chapter 3)

Chapter 3 looks at the availability of workplace policies and initiatives aimed at employee health and wellbeing. It also looks at workplace culture and particularly at the existence of stress in and outside the workplace, and how comfortable employees were discussing health with their employer.

Health and wellbeing policies and initiatives (Section 3.1)

Between 2011 and 2014, access to certain health and wellbeing policies and initiatives had increased and provision continues to vary according to the size of the organisation:

- almost three-quarters (74 per cent) of employees reported that some form of flexible working was available to them compared with 57 per cent in 2011. Flexible working remained more common in larger organisations, although the gap between public and private sector provision had decreased;
- sixty per cent of employees were enrolled in their organisation's pension scheme, compared to 51 per cent in 2011. Employees in larger organisations were considerably more likely to be enrolled in a company pension scheme (74 per cent of those in large organisations compared with 29 per cent of those in small organisations);
- we did not observe an increase in the provision of mental health associated services, stress management training and independent counselling or advice between 2011 and 2014.

Other findings include:

- employees working for larger organisations were more likely to have formal sickness absence policies;
- over three-quarters (78 per cent) of employees who had experienced a sickness absence spell were paid sick pay. Where employees were not paid for sickness absence, they were most commonly told that this was because they were not entitled to it because they had not had enough days off, or because they worked variable or part time hours.

Workplace culture (Section 3.2)

Previous research has identified stress as a cause of long-term sickness absence. Though a short period of stress may be seen to be a normal part of working, prolonged stress can lead to a mental health condition or worsen an existing mental health condition. Findings from this survey included:

- forty-four per cent of employees reported work as being 'stressful' or 'very stressful'. This was more common among those working in the public sector and those working in large organisations;
- we identified an association between sickness absence and stress. Sixty-four per cent of those who reported their job to be 'not at all stressful' had not had any sickness absence, compared with 51 per cent of those who reported their job as 'very stressful'.

Willingness to discuss health (Section 3.3)

Where employees viewed their employer as being supportive, following discussion of their health, this was associated with lower levels of sickness absence. Other findings included:

- early discussions of health may improve the chances of their successful management, but workplace culture is likely to influence whether an employee chooses to discuss their health with an employer. The survey investigated all employees comfort in discussing health conditions: the majority (86 per cent) said they would be comfortable discussing a physical health condition and, to a lesser extent, a mental health condition (74 per cent);
- two-thirds (66 per cent) of employees with a health condition had discussed it with their employer. Employees with a mental health condition only were less likely to have discussed their health with their employer (50 per cent compared with 70 per cent of those with a physical health condition);
- when employees discussed a mental health condition with their employer, it was more likely to happen at a later stage and after having to take time off work;
- of those who had discussed their health with their employer, 80 per cent found their employer to have been 'very' or 'fairly supportive'. This was more frequently the case for employees with a physical health condition rather than a mental health condition (87 per cent and 70 per cent);⁶
- employees in organisations with a range of health and wellbeing policies were more likely to be willing to discuss a mental health condition.

Sickness absence of more than two weeks (Chapter 4)

Chapter 4 explores the factors associated with longer sickness absence spells (considered here as sickness absence lasting more than two weeks).

Sickness absence of more than two weeks was more likely where:

- employees perceived their health condition to have a significant effect on work: 59 per cent of those affected 'a great deal' by their health condition had a period of sickness absence of more than two weeks, compared with ten per cent of those whose health condition affected their work 'not very much';
- an employee had both a mental and physical health condition (30 per cent had a period of sickness absence lasting more than two weeks compared with 18 per cent with solely a physical health condition and 16 per cent with a mental health condition).

Multivariate analysis⁷ (Section 4.3) confirmed the importance of the effect of health conditions on work on the likelihood of being off sick from work for more than two weeks. Employer and

⁶ Significant at the 90% level.

⁷ We carried out logistic regression analysis to explore which factors were independently associated with having had a spell of sickness absence lasting more than two weeks. The model was based on employees with health conditions, to understand why some employees can manage their condition without substantial sickness absence whilst others cannot.

job factors were also found to be associated with being off work for this length of time⁸. Being off work sick for more than two weeks was statistically significantly associated with:

- working in a large organisation;
- working for an employer who was 'not supportive at all' following discussion of health;
- having workplace adjustments made.⁹

Management of health conditions (Chapter 5)

Chapter 5 discusses the adjustments made by employers to help employees with health conditions remain in work. It looks at the provision of 'fit notes' from employees to their employers for sickness absence purposes and at the types of adjustments that employees reported had been made.

Fit notes (Section 5.1)

Forty one per cent of those with a sickness absence lasting more than two weeks had provided their employer with a fit note ('fit notes' allow doctors to give patients and employers information on how a condition affects their ability to work and aims to support a return to work). Of those who provided a fit note in these circumstances the vast majority found the recommendations helpful (91 per cent).

It should be noted that this survey did not ask respondents for the reason why they did not provide a fit note to their employer. It is possible that respondents (that had been absent for more than two continuous weeks) who did not provide a fit note after a period of sickness absence, were not required to do so by their employers.

Adjustments (Sections 5.2 to 5.4)

Sixty one per cent of employees who reported having a health condition and/or a sickness absence lasting more than two weeks had received workplace adjustments of some kind. Other findings included:

- employees with a mental health condition were less likely to report having had any adjustments made than those with a physical health condition or those with both a mental health and physical health condition. However, 14 per cent reported having an 'unmet need' and wanted further adjustments;
- ninety per cent of employees found these adjustments helpful. By far the most commonly provided adjustment was 'time off at short notice' followed by 'flexible hours' and 'change of tasks';
- just over half (55 per cent) of employees reported that their employer made adjustments as soon as they were made aware of their health condition. A further third (33 per cent) of employees reported that their employer did not make adjustments until after a period of sickness absence, and 20 per cent only after GPs recommended changes;

⁸ In this model, the perceived effect of health conditions on work was excluded because this self-assessed measure may have hidden other associations. Demographics and country were included in the model and found to be statistically significant (Table A.26).

⁹ It is likely that this factor identifies more severe conditions and in particular those that have led to time off work, rather than any adverse effect of the adjustments themselves.

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- multivariate analysis showed that the provision of helpful adjustments (from the employee's perspective) was associated with the following factors:
 - having a supportive employer;
 - working for a smaller organisation;
 - working for an employer with a greater range of health and wellbeing policies and initiatives already in place;
 - having a physical health condition only;
 - having a health condition that does not have a considerable effect on work.
- employees who had adjustments made by their employer were more likely to have had a sickness absence lasting more than two weeks than those who did not receive any adjustments (24 per cent and 16 per cent, respectively). This is likely to reflect the targeting of adjustments at those with more limiting health conditions or those where sickness absence has already occurred.

Longer-term absence (more than three months) and reasons for returning to work (Sections 5.5 and 5.6)

- Among those whose condition affected them 'a great deal' those who had had helpful adjustments made to their work, were less likely to experience a period of three months or more off work.
- Stated reasons for returning to work after a period off work of more than two weeks most commonly related to an improvement in the health condition, but financial reasons and getting back to normal were also factors.

Fit for Work (Chapter 6)

Chapter 6 looks at views of all employees on the use and usefulness of Fit for Work, a new independent health and work advice and referral service launched at the end of 2014 (the service was previously known as the Health and Work Service and was referred to as such in this research). We also discuss views about Return to Work Plans, a core feature of the new service offer. Findings included:

- the vast majority of employees felt that Fit for Work sounded useful (84 per cent) and two-thirds (67 per cent) thought that they would use it if they were off sick for more than four weeks;
- Fit for Work was viewed slightly more positively amongst those with a mental health condition than those with a physical health condition or both conditions;
- overall, employees viewed Fit for Work more positively where they worked in large organisations, the public sector, sales and customer service occupations, and organisations that had a good range of health and wellbeing policies and initiatives in place;
- employees who had experienced sickness absence of more than four weeks also viewed Fit for Work positively: 73 per cent said they would use the service;
- there was some indication that those in older age groups felt less positively about Fit for Work than younger age groups;
- of those who reported being unlikely to use Fit for Work, most did so because they felt that their employer would help them without it (70 per cent) or because they already had

access to occupational health services at work (37 per cent). Almost a quarter, however, reported that they were unlikely to use it because they would feel uncomfortable involving their employer with the service (23 per cent);

- eighty-four per cent of employees felt that they would be comfortable sharing a Return to Work Plan with their employer. There was some variation between groups however, with a suggestion that those with mental health conditions would be less willing to share a Return to Work Plan than those with a physical health condition only or no condition at all;
- eighty-five per cent were confident that their employer would act on the Return to Work Plan, with six per cent thinking it was not at all likely;
- five per cent of respondents would have been eligible to use the service (i.e. they had more than four weeks of sickness absence) in the previous 12 months.¹⁰

Conclusions and policy implications (Chapter 7)

Progress on the Health and Work policy programme (Section 7.1)

Access to employer-provided health and wellbeing policies increased between the 2011 and 2014 surveys, in particular access to occupational health and injury training. Policies focused explicitly on mental health (independent counselling/advice and stress management training) did not experience the same increase. The lack of change here suggests that more work is needed to investigate barriers to the provision of such services by employers. These may include costs for employers and available evidence on efficacy and return on investment. Given the prevalence of mental health conditions among employees, their effect on work and their association with sickness absence, employers should continue to be encouraged to provide evidence-based support for the prevention and management of mental health conditions at work. They should particularly focus on instances where they exist alongside a physical health condition.

Fit for Work (Section 7.2)

Reaction to Fit for Work was generally positive. However, there was a slightly less positive perception of its usefulness among older employees who we might anticipate will be more likely to be eligible for Fit for Work. Those in smaller workplaces, where formal health and wellbeing policies were less likely to be in place, were also somewhat less positive. Fit for Work has not yet been launched, and therefore it is difficult to gauge public response, but such findings suggest that it might be useful to target the communication strategy of Fit for Work among key groups.

Supporting a return to work after sickness absence (Section 7.3)

Analysis indicated that sickness absence lasting more than two weeks was closely associated with how much an employee felt their health condition affected their work, as was how supportive the employer was when discussing a health condition.

Return to work after a period of absence was influenced by the supportiveness of an employer discussing a health condition, any adjustments that have been made and the size of organisation.

¹⁰ Employees who reach or are expected to reach four weeks of sickness absence will be able to be referred by their GPs (or subsequently by their employer). For the purpose of this survey, employees who had been off sick for four or more weeks were considered eligible for the Health and Work Service.

1 Introduction

1.1 Research aims

This research updates and extends our understanding of the relationship between health and work. The findings inform the Health and Work policy programme and monitors progress against selected Health, Work and Wellbeing indicators. In particular, it investigates what factors might influence the ability of employees to remain in work whilst managing health issues or conditions, and to return to work where they have been off sick from their job for some time.

The survey design boosted the number of employees in the sample who had experienced a substantial period of sickness absence in the previous 12 months – defined as more than two continuous weeks. This period was selected as being likely to indicate a risk of longer absence, in advance of a point when the chances of returning to work diminish at four to six weeks' absence.¹¹ It was also practical to choose this period: the proportion of employees with more than two weeks absence is relatively small.

The research also provides an understanding of the experiences and views of people who make the target group for referral to the new Fit for Work service (FfW, previously known as the Health and Work Service), a new independent health and work advice and referral service launched at the end of 2014.

A sister survey to the survey of employees has spoken to people who have fallen out of work and onto Employment and Support Allowance¹². Findings there will complement those from this study and together they will provide a thorough account of the risk factors for falling out of work and factors that enable employees to manage their health conditions and remain in work.

1.2 Background

The health and wellbeing of employees has in recent years moved to the forefront of the labour market policy agenda. The costs of poor employee health are felt widely – not only by employees and their employers, but also by the broader economy. In 2008 Dame Carol Black estimated that the annual economic cost of ill health in terms of working days lost and worklessness was over £100 billion.¹³ Sickness absence forms a large part of these costs – estimated to cost the economy around £15 billion per year, largely due to lost output.¹⁴ For employers, the combined costs of reduced productivity, sick pay and other costs involved in managing absence are estimated at £9 billion per year.¹⁵

Ways to improve and better manage employee health and wellbeing to allow more people to remain in the workforce has received increasing attention, especially in terms of preventing work-related causes of poor health and supporting the six million UK employees

¹¹ Black, C (2008).

¹² Adams *et al.* (2015).

¹³ *ibid.*

¹⁴ Black, C. and Frost, D. (2011).

¹⁵ *ibid.*

who currently have a long-term health condition.¹⁶ Dame Carol Black's 2008 review of the health of Britain's working age population¹⁷ signalled a shift in the way many of us think about workforce health. The review highlighted not only the benefits work can have on an individual's health and wellbeing, but also how workplaces can be designed to better promote health, and how well-placed they are to provide interventions which will support and manage employee health conditions where they emerge. The evidence is clear that not only is working compatible with having a health condition, it is often actually beneficial for health.

In response to this review, DWP proposed a number of initiatives, including the 'fit note' in 2010, along with a suite of indicators, including a set looking at *'improving the promotion of better health and wellbeing at work'*.¹⁸ In 2011, DWP conducted employee¹⁹ and employer²⁰ surveys to develop a baseline for these indicators, to allow measurement of progress over time.²¹

As part of the Health and Work agenda, a review was commissioned to look at sickness absence in Great Britain – in particular looking at how to support employees with health conditions to remain in employment. 'Health at Work – an independent review of sickness absence', published in November 2011, estimated that over 300,000 people annually fall out of work onto health-related state benefits, and a substantial number of employees have longer sickness absence than they need²². One of the key recommendations of the review was the introduction of an Independent Assessment Service, to provide an external source of advice and support for employees who experience a period of sickness absence of four weeks or more. In response²³, the Government pledged to establish a health and work assessment and advisory service, now known as Fit for Work, to provide health and work advice and support for employees, employers and GPs to help people with a health condition to stay in or return to work.

The themes investigated by the 'Health and wellbeing at work: a survey of employees, 2014' are informed by this context. It builds on, and considers progress against the 2011 employee survey while investigating the experiences of those who had periods of sickness absence of more than two weeks and the measures that might assist employment retention that the Sickness Absence Review raised. Further to this, the survey includes a section of questions on Fit for Work – launched at the end of 2014.

1.3 Methodology

1.3.1 Sampling design – RDD and boost sample

Two main aims informed the design of the employee survey in 2014. Firstly, it needed to provide reliable estimates of the employee population that would allow comparison with the previous survey in 2011. Secondly, it needed to enable analysis of the particular experiences

¹⁶ Department for Work and Pensions (2013).

¹⁷ Black, C. (2008).

¹⁸ Department for Work and Pensions (2008).

¹⁹ Young, V. and Bhaumik, C. (2011b).

²⁰ Young, V. and Bhaumik, C. (2011a).

²¹ Health, Work and Wellbeing Strategy Unit (2010).

²² Black, C. and Frost, D. (2011).

²³ Department for Work and Pensions (2013).

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and views of a subgroup of employees who had been off work for more than two weeks in the previous year.

To achieve the first of these aims, NatCen Social Research carried out a Computer Assisted Telephone Interview (CATI) survey using Random Digit Dialling (RDD). This involved the random generation of landline and mobile telephone numbers in order to include employees in households that were ex-directory and those where there was a mobile but no landline. Where we called a landline number and screening revealed more than one employee in the household, we selected one employee at random.

The proportion of employees who had been off work due to sickness absence (for over two weeks) in the previous 12 months was too low for the RDD sample to provide a sufficiently large number of cases for analysis. As a result, we designed a boost sample. We recruited respondents who had reported health problems and who were in work or close to the labour market through the high quality, random health surveys of England, Wales and Scotland. However, as this did not provide the full target number of cases, we recruited further cases via a consumer panel. Panelbase screened members of the panel for eligibility and passed contact details to NatCen to follow up. More details about the approach are available at Appendix B.

1.3.2 Fieldwork and response

The questionnaire was developed with reference to the 2011 survey, but amended to reflect the different priorities in 2014. We carried out cognitive testing on new areas of questions and piloted the resulting questionnaire.

The survey interviewed a total sample of 2,013 employees via the RDD route. The follow-up of the health surveys provided 219 further interviews, and we achieved 139 interviews with those sourced from the panel. The fieldwork period was January to April 2014.

Among those found to be eligible for the RDD survey the response was 41 per cent. Taking account of unknown eligibility – where it was not possible to establish whether the sample member was eligible because there was no contact with them, they refused to answer the eligibility questions, or due to some other barrier – the final response rate was 25 per cent. Whilst lower than we would expect for a named sample, this represents a typical response rate for a good quality RDD approach. Table A.21 provides a comparison of weighted and unweighted estimates on key measures by which the sample quality can be assessed.

Table 1.1 Response rate to the survey

	Landline	Mobile	RDD total	Boost – follow-up	Boost – panel	Grand total
<i>a Issued</i>	14,150	9,920	24,070	3,200	244	27,514
<i>b Confirmed ineligible</i>	6,223	3,656	9,879	1,554	48	11,481
(b/a)	44%	37%	41%	49%	20%	42%
<i>c Confirmed eligible</i>	2,654	2,273	4,926	368	154	5,447
(c/a)	19%	23%	20%	11%	63%	20%
<i>d Refusal</i>	1,409	1,286	2,694	119	14	2,826
(d/c)	53%	57%	55%	32%	9%	52%
<i>e Productive</i>	1,145	868	2,013	219	139	2,371
Co-operation rate (e/c)	43%	38%	41%	60%	91%	44%
<i>f Eligibility rate (c/(b+c))</i>	30%	38%	33%	19%	76%	32%
<i>g Number of unknown eligibles</i>	5,274	3,992	9,265	1,279	43	10,586
Response rate (e/(c + f * g))	27%	23%	25%	36%	75%	27%

1.3.3 Weighting

A weight has been applied to the data that adjusts for selection probabilities and calibrates to Labour Force Survey Statistics for employees (age, sex, SOC2010, SIC2007, hours of work and region). We brought the two samples – the RDD and boost – together in this process in order to enable analysis of the boosted group in the context of the wider employee population. The weight’s main effect is to bring the level of those who have had more than two weeks off sick back to their population level following the boost.

1.4 Report structure

The remainder of this report consists of six chapters.

- Chapter 2 provides a snapshot of employee health and sickness absence in the UK, including how employees felt health affected their work;
- Chapter 3 discusses health and wellbeing-related policies at work and key findings in regards to workplace culture, including relationships, trust and disclosure, as well as factors such as effort, reward, and stress;
- Chapter 4 discusses the factors associated with sickness absence of more than two weeks;
- Chapter 5 explores the management of health conditions in the workplace. This includes the use of ‘fit notes’, and the implementation, use and helpfulness of adjustments, as well as associations with other factors which might support return to work after a period of sickness absence;
- Chapter 6 outlines respondents’ views about the new Fit for Work service;
- Chapter 7 provides concluding thoughts about the findings and policy implications.

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Comparisons to the Health, Work and Wellbeing indicators are included in the report. This suite of indicators were developed as part of the Health and Work Policy programme to allow monitoring of progress in developing healthy workplaces, highlighting the central role of workplaces in protecting and promoting good health and in illness prevention^{24 25}.

The 2011 'Health and wellbeing at work: a survey of employees'²⁶ provided a baseline for some sub-indicators of Indicator 2: 'Improving the promotion of health and wellbeing at work'. However, comparisons between the 2011 and 2014 findings require careful interpretation due to differences in the methodologies and questionnaires. Both surveys were representative of the general population of employees and we weighted to Labour Force Survey estimates. However, the 2011 survey was conducted face to face in participants' homes, while the 2014 was conducted over the telephone. Where questions are comparable between the two, we present findings for both and discuss any change that has occurred.

Throughout the report, factors relating to the organisation and labour market have been examined (such as sector, employer size, occupation and industry categories), as have person related factors like gender and age. Unless otherwise stated, differences between groups noted in the report are statistically significant at the 95 per cent level. This is the standard level for probability sample designs in social research and provides a level of confidence about the estimates provided. Any sampling approach risks sampling error, but where differences are significant at the 95 per cent level this means that in 19 out of 20 samples, the difference in the estimates will reflect a real difference in the population rather than sampling error.

We carried out analysis in SPSS and statistical testing took account of the complex survey design (design effects and weighting). We carried out a number of logistic regressions (forward stepwise) and tables in Appendix A provide full details of results.

All tables report weighted data but include the unweighted base. Rounding may mean that tables do not always add to 100 per cent.

²⁴ Health, Work and Wellbeing Strategy Unit (2010).

²⁵ Department for Work and Pensions (2008).

²⁶ Young, V. and Bhaumik, C. (2011).

2 Health at work

This chapter provides a summary of the survey population in regards to their health and wellbeing, and prevalence and nature of their sickness absence over the previous year. We also discuss the extent to which employees felt their health condition affected their work, and vice versa.

Key findings

- Thirty-two per cent reported having at least one health issue or condition in the last 12 months.
- The most common conditions were mental health and musculoskeletal conditions, respectively found in 12 per cent and ten per cent of the population. Four per cent identified having both a mental and a physical health condition.
- Forty-two per cent of employees with a health condition felt their condition affected their work 'a great deal' or 'to some extent'. Employees with mental and physical health comorbidity were much more likely to see their health as affecting work (29 per cent were affected 'a great deal' compared to 13 per cent of those with a physical condition only and 15 per cent of those with a mental health condition only).
- Thirty-four per cent of those with a health condition felt their job had made it worse.
- Forty-two per cent of employees reported at least one incidence of sickness absence in the previous 12 months. Sickness absence was more common among women, employees working in the public sector and those in larger organisations (as found in the 2011 survey).
- Older workers and those working in the public sector were more likely to have longer spells of sickness absence. Younger workers were more likely to have multiple occurrences of sickness absence.

2.1 Prevalence of health conditions

The survey asked employees about long-term health conditions that they had experienced in the previous year – whether or not they had affected their work – and other health issues that may not have been long term but which had affected the amount or type of work they could do over that period (excluding coughs and colds). These conditions, disabilities, illnesses and injuries are grouped together as 'health conditions' for the purposes of this report.

One third of employees (32 per cent) reported having at least one health condition of this type in the last 12 months (Table 2.1). This included 12 per cent who had experienced a mental health condition, most commonly stress, anxiety or depression, which is consistent with data from the Psychiatric Morbidity Study which identified one in six of the general working age population will experience symptoms commensurate with having a mental health condition.²⁷

Ten per cent of employees reported having a health condition in the previous 12 months that related to the muscles, bones or joints, including arthritis and back problems. Eight per cent said they had a long-term condition that affected their major organs, including heart problems and

²⁷ McManus, S. *et al.* (2009).

cancer. One per cent of employees had ‘learning or socialisation difficulties’, such as Asperger’s or learning difficulties. Table A.2 provides a more detailed list of health conditions.

Table 2.1 Prevalence of health conditions among employees in last 12 months

Type of condition*	%
Mental health condition	12
Condition relating to muscles, bones or joints	10
Long term conditions that affect major organs	8
Learning or socialisation difficulties	1
Other conditions	8
No health condition in last 12 months	68
Comorbidity:	
Mental health condition only	8
Physical condition only	19
Both mental and physical	4
No health condition in last 12 months	68
<i>Unweighted base</i>	2,371

Base: all employees.

* Employees may have more than one condition so percentages add to more than 100%.

A quarter (24 per cent) of employees had a physical health condition and just under one fifth (18 per cent) of these also had a mental health condition, representing four per cent of all employees having both a mental and physical condition. Additionally, four per cent of employees with a physical health condition reported having more than one physical health condition in the previous year.

Much of the analysis in this report focuses on the distinction between the mental health conditions and all the other conditions (referred to as physical health conditions in this report).

2.2 Impact of health on work

This section of the report looks at the relationship between health conditions and work, including employees’ perceptions of both the effect their health had on their work and conversely that their work had on their health. It also looks at the nature of sickness absence.

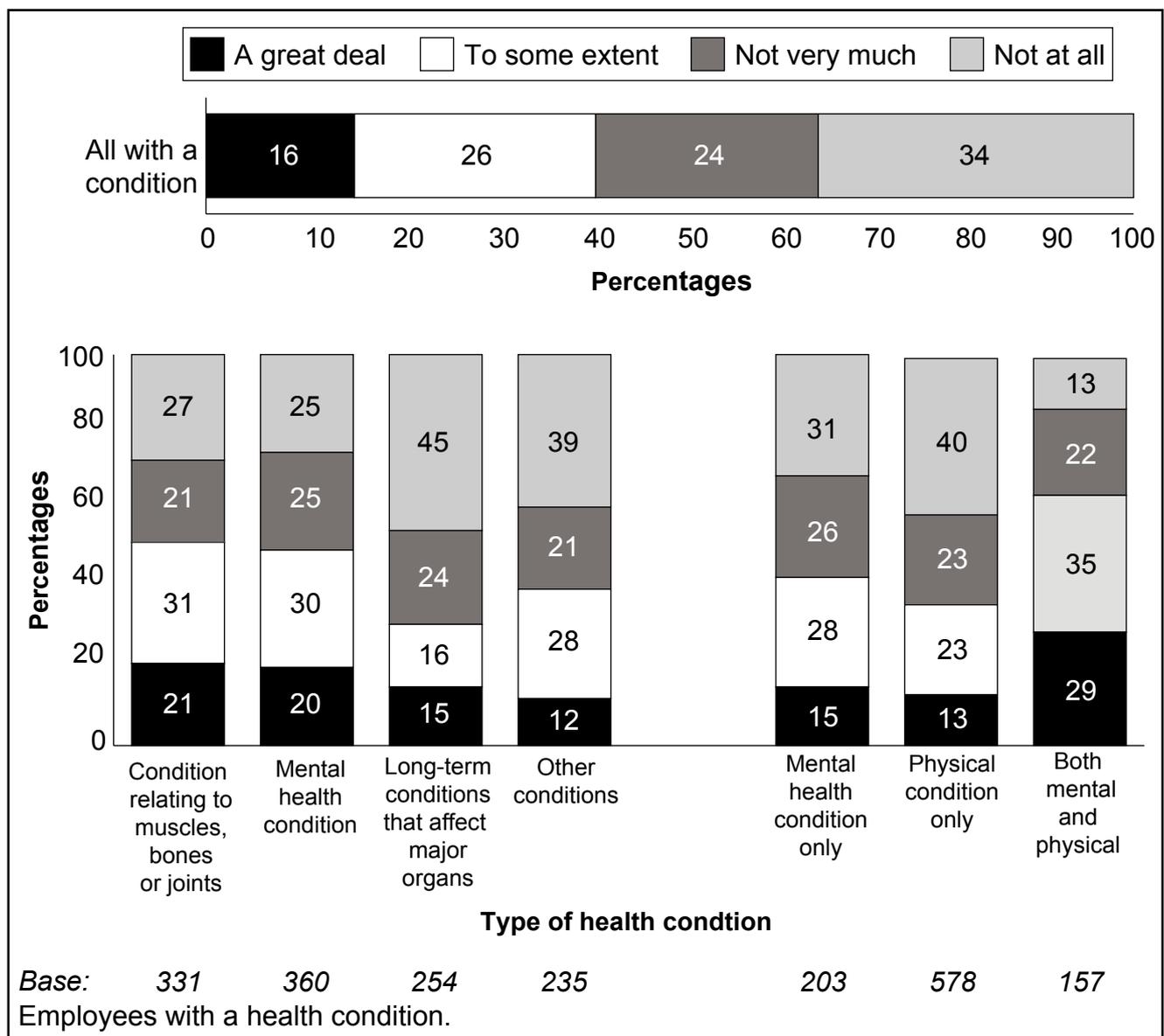
2.2.1 Effect on work

The impact of a health condition on an individual’s work will be affected not only by the clinical ‘severity’ of that condition but also the functional effect of the condition in the specific context of the nature of the work. Relatively ‘minor’ conditions may be debilitating in some jobs whilst more ‘serious’ clinical issues may not have a bearing on work. Of those reporting a health condition in the previous year, 42 per cent felt that their health condition had affected the amount or type of work they could do ‘a great deal’ or ‘to some extent’ over the last 12 months (Figure 2.1). Mental health conditions and conditions relating to muscles, bones or joints were similar in their effect on work (20 per cent and 21 per cent of those reporting these conditions respectively were affected ‘a great deal’).

Those with both mental health and physical health conditions were more likely to be affected adversely (29 per cent were affected ‘a great deal’). This reflects the evidence that mental-physical health comorbidities have a disproportionately large adverse impact on people’s ability to work. For example, people with diabetes and depression are seven times more likely to take time off work than those with diabetes on its own²⁸. Presence of a comorbid mental health condition is not only associated with reduced work productivity, but also with an increased likelihood of unemployment^{29 30 31}.

Overall, a third of those with health conditions (34 per cent) reported that these long-term conditions had not affected their work at all. This may be due to any number of individual factors including condition severity, functional capacity, and self-efficacy, but may also reflect the successful management of conditions through the selection of particular types of work or through effective adjustments.

Figure 2.1 How health conditions affected work, by type of condition



²⁸ Das-Munshi et al. (2007) pp 543-550.

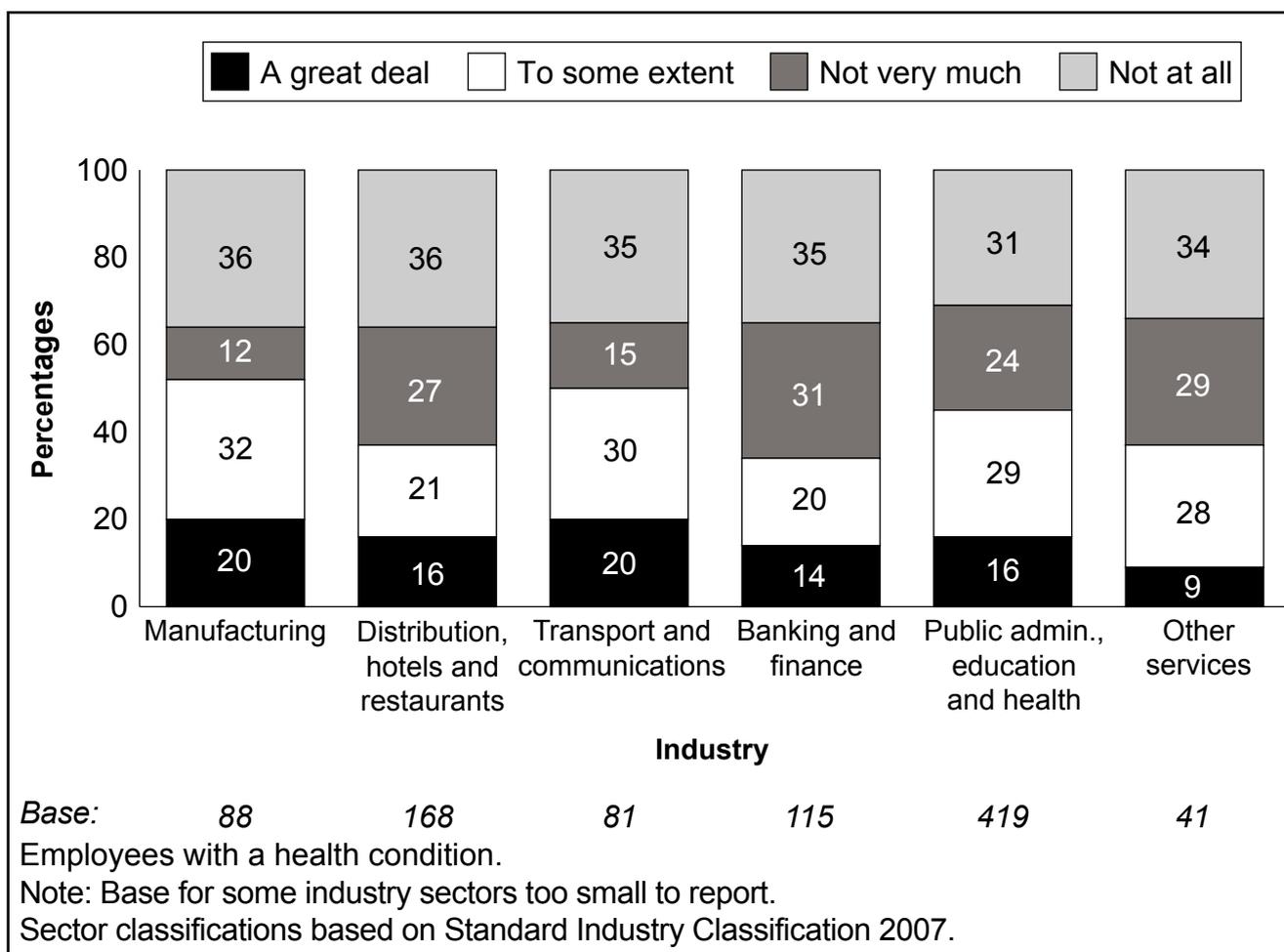
²⁹ Hutter, N., Schnurr, A., Baumeister, H. (2010), pp 2470-9.

³⁰ Druss, B.G., Rosenheck, R.A., Sledge, W.H. (2000), pp 1274-8.

³¹ Von Korff et al. (2005), pp 1326-32.

There was some indication of variation between industry sectors in the effect that health had on the ability to work.³² Those working in the manufacturing and transport sectors were more likely to be affected ‘a great deal’ (both 20 per cent) compared with banking and finance (14 per cent) and other services (nine per cent) (Figure 2.2). However, there was no significant relationship with type of occupation.

Figure 2.2 How health condition affected work, by industry sector



2.2.2 Effect on health condition

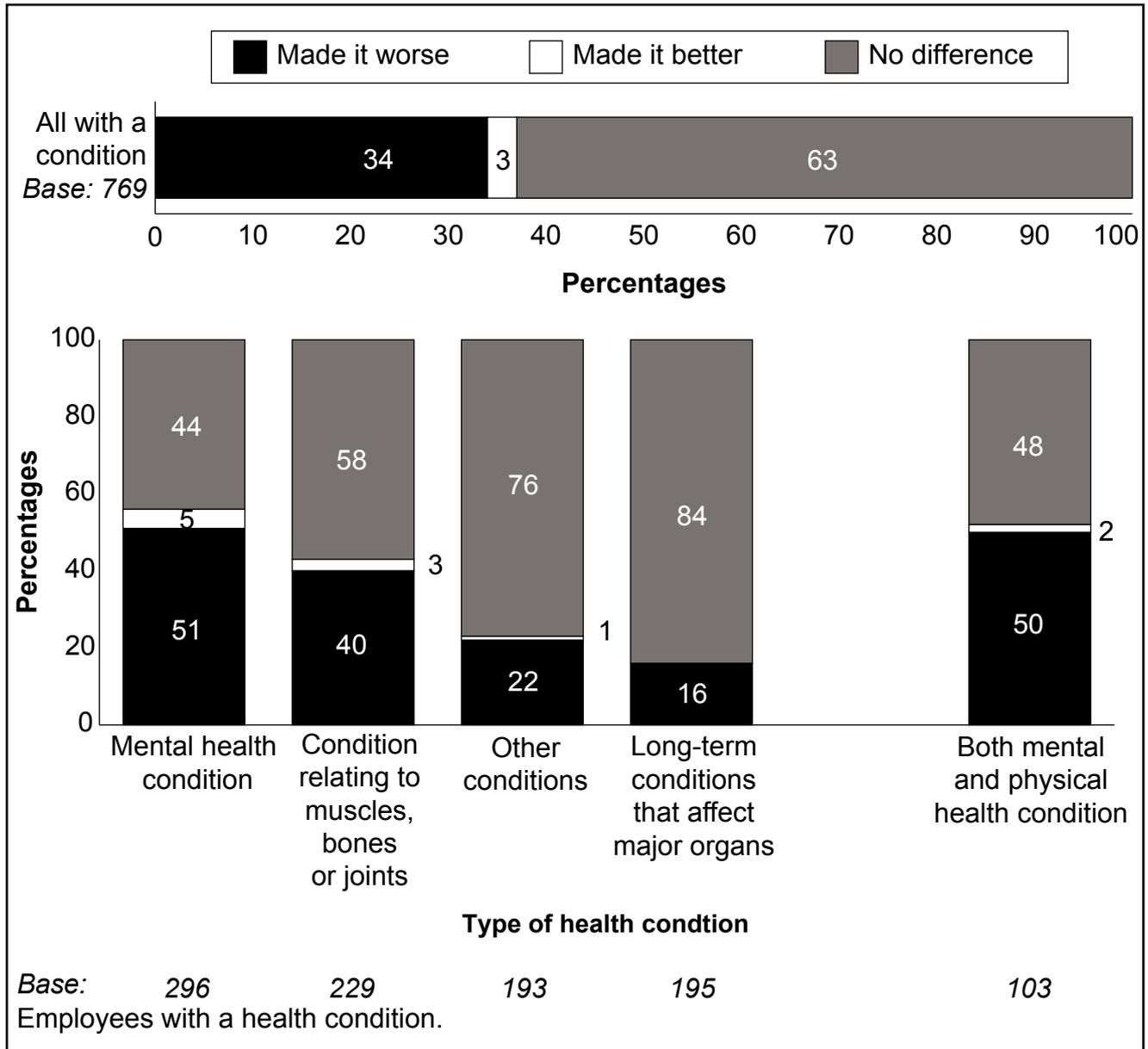
The survey asked employees whether they perceived their work to have affected their health condition. The majority of respondents (63 per cent) felt that work had made no difference to their health condition(s), while a small proportion (three per cent) reported that their work had made their condition ‘better’. Over a third of those with a health condition felt that their job had made it worse (34 per cent) (Figure 2.3).

Those with a mental health condition were considerably more likely than those with other types of health condition to report that work had worsened their health (51 per cent

³² Industry sector in this report is based on the Standard Industry Classification 2007. Note that ‘energy and water’ includes mining and quarrying, and retail is included in ‘distribution, hotels and restaurants’ in this collapsed version: www.ons.gov.uk/ons/guide-method/classifications/current-standard-classifications/standard-industrial-classification/index.html

compared with 40 per cent of those with a condition relating to muscles or joints, and 16 per cent of those with long-term conditions affecting major organs). This is a self-reported measure and as such may be influenced by negative thoughts that may be more common among those with a mental health condition.³³ However, the perception of the impact of health on work is likely to be important in itself in relation to patterns of sickness absence and returning to work.

Figure 2.3 How work affected health condition, by health type and sector



Of all employees, five per cent reported an injury at work, while a further five per cent reported being involved in a 'near miss'.

³³ Davies, S. (2013). *Annual Report of the Chief Medical Officer 2013*, page 64

2.2.3 Sickness absence

The survey asked employees about their sickness absence over the previous year: 42 per cent reported at least one incidence, lower than reported in the 2011 survey (48 per cent).³⁴ For most respondents, sickness absence episodes were short (Table A.6): 18 per cent of all employees were off for one or two days, while relatively few employees were off for more than two weeks (seven per cent). Twenty two per cent of employees took a single period off work sick, and only four per cent took four or more periods off work sick. Table 2.2 describes the pattern of sickness absence in terms of length and number of episodes. This shows that 58 per cent did not have any time off sick and a further 23 per cent had just one or two periods of up to a week off sick. Seven per cent had more than two weeks off sick, the majority of whom (five per cent) having had four or more weeks off sick.

Table 2.2 Sickness absence patterns – longest period of absence and number of absences

Sickness absence length	%
No sickness absence	58
Up to a week: 1 or 2 periods	23
Up to a week: 3+ periods	7
More than 1 week:1 or 2 periods	4
More than 1 week:3+ periods	2
More than 2 weeks:1 or 2 periods	2
More than 2 weeks: 3+ periods	1
More than 4 weeks: 1 period	3
More than 4 weeks: 2+ periods	2
<i>Unweighted base</i>	2,357

Base: all employees.

Women were more likely to have had at least one incidence of sickness absence than men (48 per cent compared to 37 per cent) (Figure 2.4). This reflects findings in the 2011 survey.³⁵

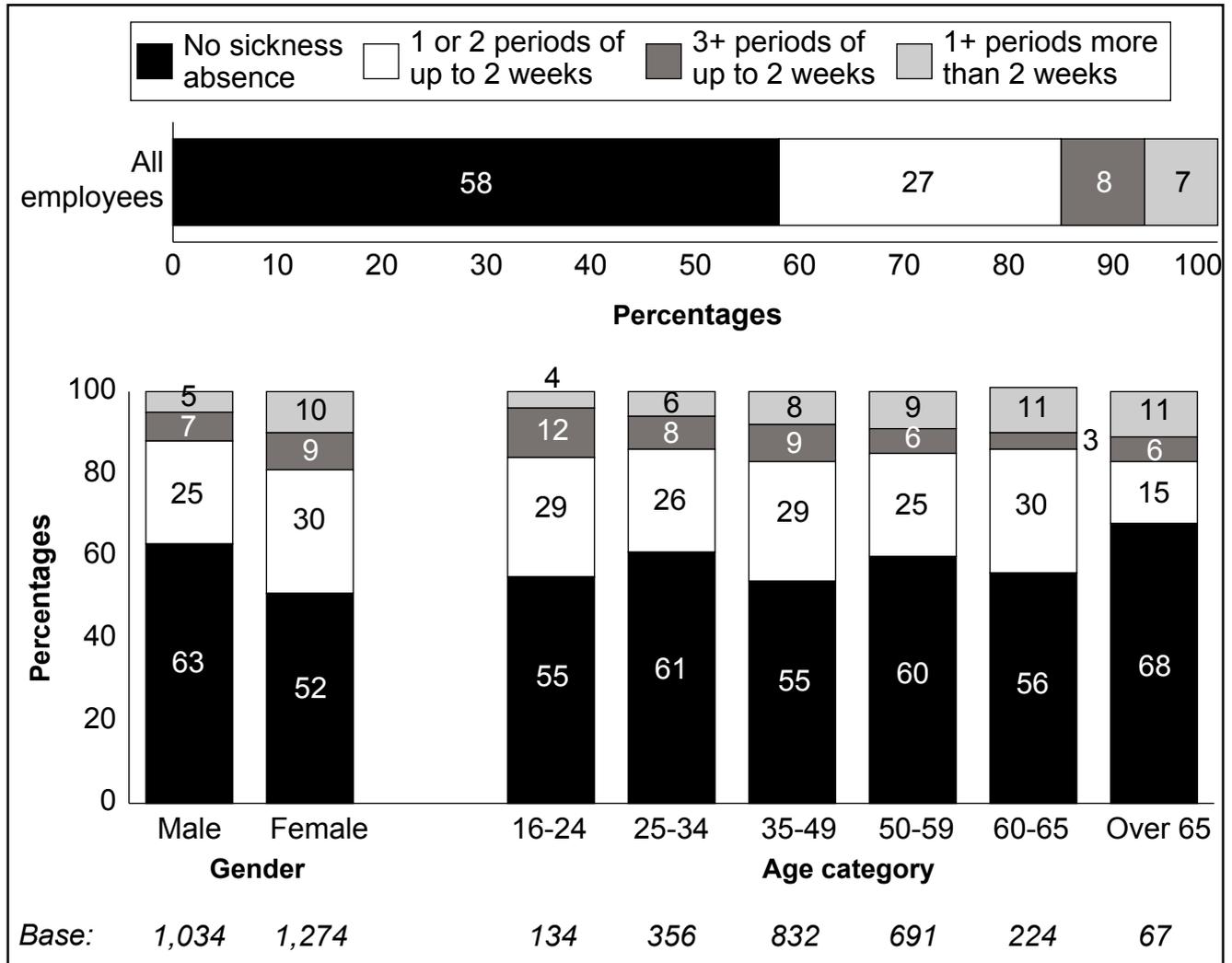
Previous studies have shown that reasons for higher sickness absence rates among women include: women being more likely to have contact with the health system and being less likely to attend work while ill than men, as well as having to take sick days as ‘emergency leave’ to attend to caring responsibilities.

Looking at the relationship with age, there was little difference between groups in terms of whether there had been any time off due to sickness in the previous year, but there was a higher level of longer-term absence among those in older age groups.

³⁴ Young, V. and Bhaumik, C. (2011).

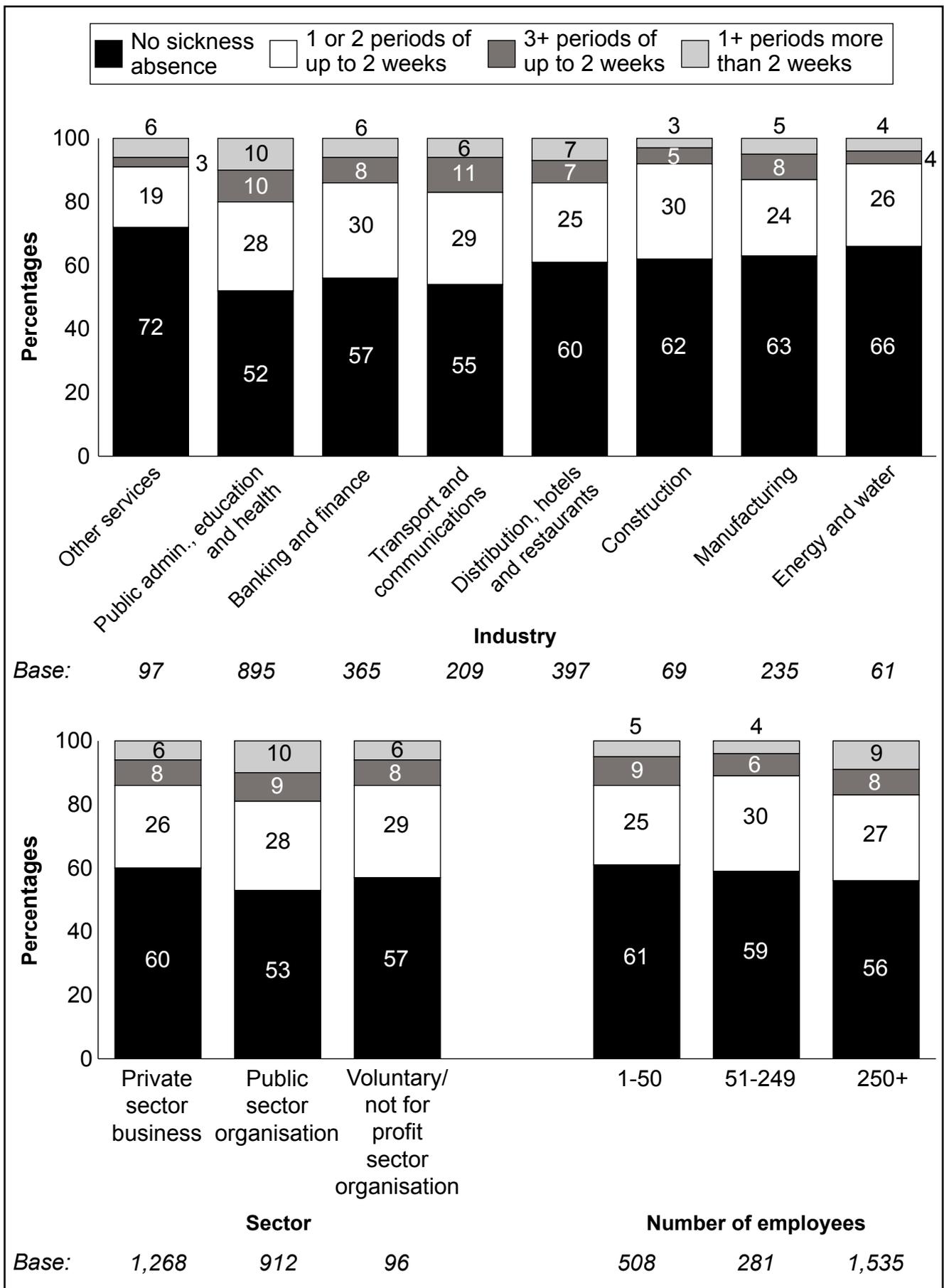
³⁵ *ibid.*

Figure 2.4 Sickness absence pattern in last 12 months, by demographics



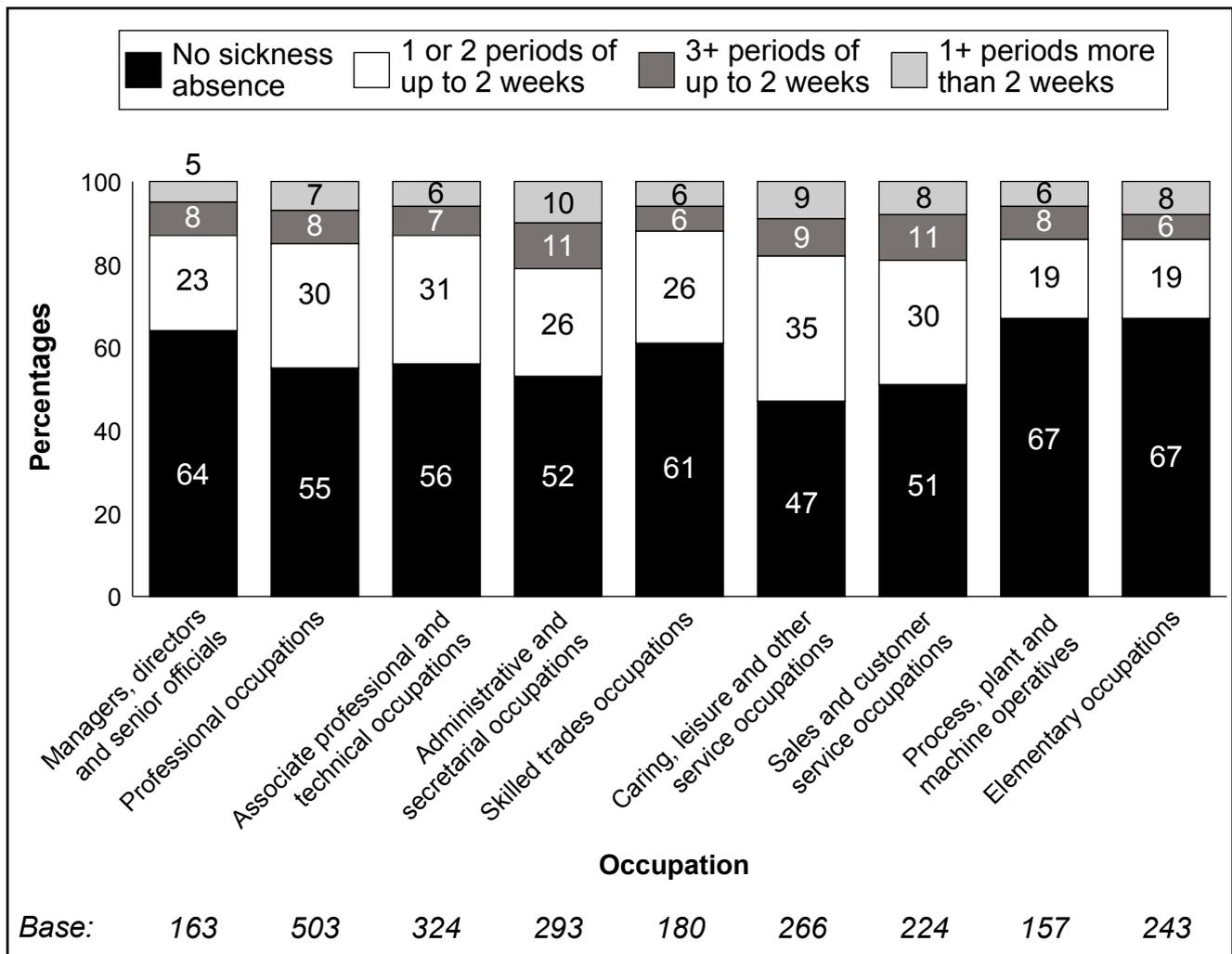
Employees in the public sector were more likely to have had time off than those in the private sector and were more likely to have had more than two weeks off (Figure 2.5). There were also differences between industry sectors, and by the size of the employer.

Figure 2.5 Sickness absence pattern in last 12 months, by employer



Patterns of sickness absence varied by the occupation of employees (Figure 2.6). 'Process, plant and machine operatives' and those in 'elementary occupations' were the least likely to have had sickness absence (33 per cent had some absence in each group). In contrast, 'administrative and secretarial', 'sales and customer service' and caring, leisure and other service' occupations were the most likely to have had any absence (48, 49 and 53 per cent respectively).

Figure 2.6 Sickness absence pattern in last 12 months, by occupation



The survey did not record specific reasons for each period of sickness absence. However, we know from other research that alongside health conditions, factors associated with frequent short-term sickness absence might include caring responsibilities with poor access to emergency leave, stress,³⁶ non-genuine illness,³⁷ disengagement with work^{38 39} and less generous or an absence of sick pay.⁴⁰

Chapter 4 addresses factors specifically associated with sickness absence of more than two weeks.

³⁶ Young, V. and Bhaumik, C. (2011).

³⁷ *ibid.*

³⁸ Aon Hewitt (2012).

³⁹ Schaufeli, W. *et al.* (2009).

⁴⁰ CIPD (2012).

2.3 Health and wellbeing

There is a growing evidence base looking at the influence that wellbeing (and particularly life satisfaction) has on health and sickness absence.⁴¹ Dame Carol Black's review of the health of the working age population highlighted the role of the workplace in influencing health and wellbeing.⁴² Maintaining healthy workplaces, conceived of as those that protect and promote health and wellbeing, are vital for illness prevention. It is important to consider that health and wellbeing are not synonymous with one another – presence of a health condition does not mean, for example, that life satisfaction will be low while similarly those who have good health will not necessarily have high life satisfaction.

The ONS subjective wellbeing measures⁴³ were included in this survey. We asked participants to rate from zero to ten the following:

- overall, to what extent do you feel the things you do in your life are worthwhile?
- overall, how satisfied are you with your life nowadays?
- overall, how happy did you feel yesterday?
- overall, how anxious did you feel yesterday?

Overall levels of wellbeing on these separate measures are provided at Table A.7 (and by age at Table A.8).

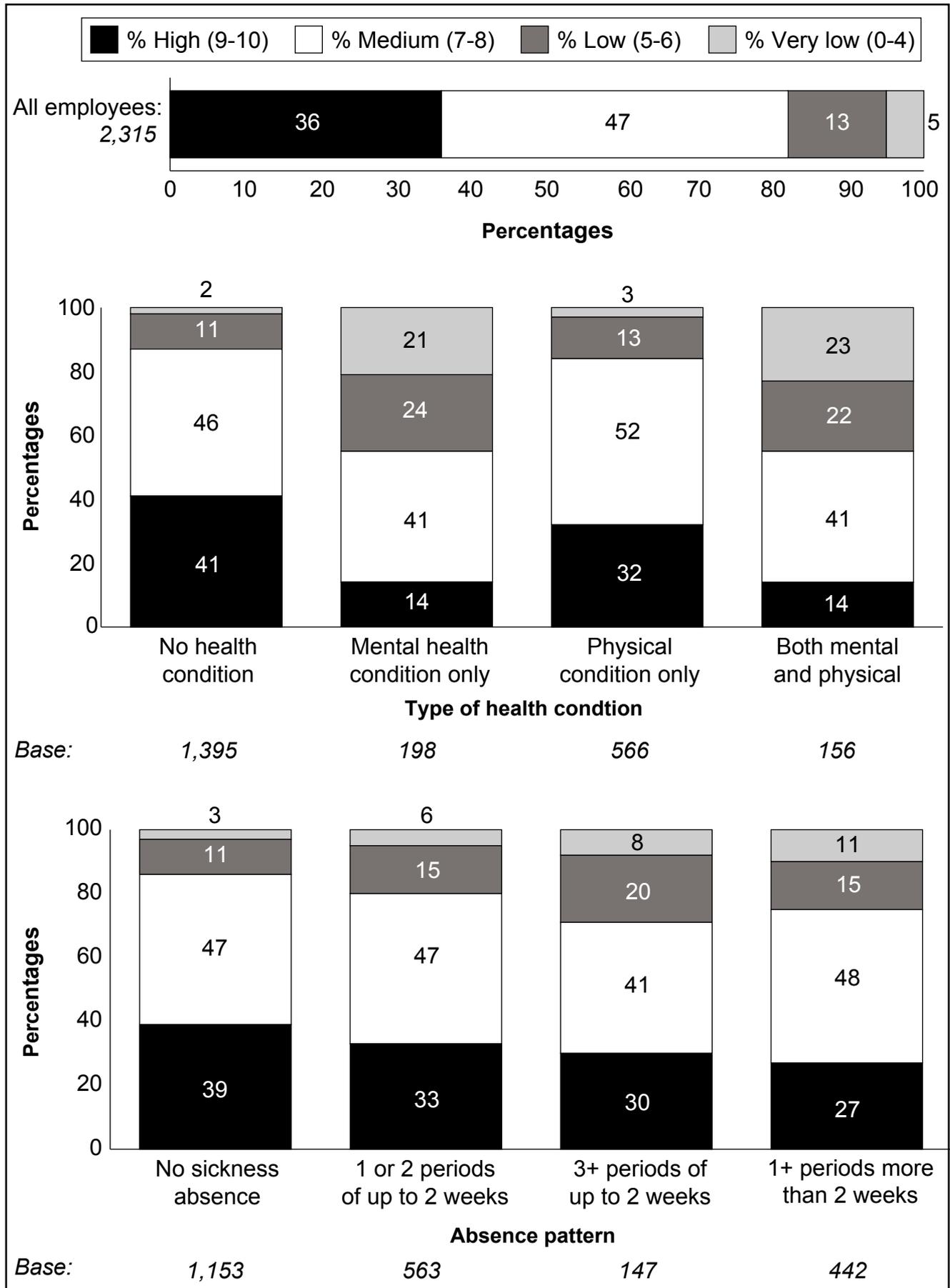
Figure 2.7 shows how employees with health conditions reported their 'satisfaction with their life nowadays'. The scores, from zero to ten, have been collapsed into categories of 'very low', 'low', 'medium' and 'high' satisfaction with life. Employees with a mental health condition were considerably more likely than those with just a physical condition or without any condition to be in the 'very low' category (21 per cent of those with a mental health condition only compared with three per cent of those with a physical condition only and two per cent of those without a health condition). As noted earlier, there is evidence that negative cognitions are more common among those with a mental health condition and it may therefore be expected that this would be reflected in a self-assessed measure such as life satisfaction.

⁴¹ Straume, V. and Vittersø, J. (2014).

⁴² Black, C. (2008).

⁴³ Office of National Statistics (2012).

Figure 2.7 Life satisfaction, by type of health condition and absence pattern



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The ONS survey suggested an association between life satisfaction and occupations wherein people would likely have more control over and responsibility for their work, i.e. managers, directors and senior officials, and associate professional technical occupations.

We also find this association in the survey of employees 2014. A logistic regression model⁴⁴ confirmed the relationship of life satisfaction with control over work and with employees feeling as though they were ‘accomplishing your best’ at work. The analysis identified factors that were independently associated with having ‘very high’ life satisfaction. In order of strength of association, factors found to be statistically significantly associated with very high life satisfaction in the model were (see Table A.16 for the full detail):

- Home life being ‘not at all’ stressful, compared with it being slightly stressful or very stressful.
- Accomplishing your best at work ‘most days’ compared with ‘not very often’.
- Having a high level of control over work compared with very low control.
- Feeling comfortable with discussing mental health conditions at work if required.
- Not having a health condition in the previous 12 months.
- Having children under four years old, compared with not having children in the household.
- Work being ‘not at all’ stressful, compared with it being slightly stressful or very stressful.
- Being female.
- Strongly agreeing that relationships with colleagues are good.
- Being in the youngest age group, compared to middle age groups.

The data also suggested an association between self-reported life satisfaction and sickness absence. ‘Very low’ satisfaction was more likely among those who had been off work for more than two weeks compared to those who had not had sickness absence (11 per cent compared with three per cent). Chapter 4 explores the factors that contribute to long-term sickness absence.

2.4 Summary

Almost a third of employees had at least one physical or mental health condition. This was spread across employees in all occupations and industries and in employers of different sizes. **This highlights that the management of employee health is an issue for most, if not all employers.**

There was only a slight reduction in sickness absence since 2011 and the groups more likely to have had a period of sickness absence remained the same. Longer-term sickness absence also remained uncommon, with seven per cent having had more than two weeks off work sick, and five per cent more than four weeks off sick. **Longer periods were**

⁴⁴ Logistic regression enables us to understand the association of one variable with a dependent variable (in this case having ‘very high’ life satisfaction or not) whilst controlling for other variables. For instance, there may be an association with both work stress and number of hours worked with life satisfaction, but it may be that these variables are associated with each other. Logistic regression can help to reveal this and identifies those variables that are significant independent of the other variables in the model.

less likely among those working in small organisations but were more likely among older age groups.

Those with both a mental and physical health condition were more likely to report that their health significantly affected their work, supporting other evidence that employees with comorbid physical and mental conditions have a high likelihood of leaving the workforce. **The development of co-morbidities has adverse implications for work, particularly where a mental health condition is present. Preventing the onset of comorbid physical and mental health conditions could have considerable implications within the working age population.**

Over one third of employees with a health condition felt it did not affect their work, and **42 per cent of those with a health condition remained in work despite it having a considerable effect on their work.** This indicates that health conditions and employment can be compatible. There are a number of potential strategies for supporting job retention for those with health conditions, such as making adjustments. We discuss these in the following chapters.

Less positively, over a third of employees perceived that their health conditions had been worsened by work. This was more likely among those with **mental health conditions and those with both mental and physical health conditions.** Those with any health condition were also less likely to report having a high life satisfaction – again, this was particularly the case among those with mental health condition, who scored **lower life satisfaction scores.**

3 Workplace policy and culture

This chapter explores the relationship of workplace policies, practices and culture with employee health, wellbeing and sickness absence. This includes a review of workplace stress and its relationship to sickness absence.

Key findings

- Workplace pension membership increased among those working for larger employers since 2011, but did not in small and medium enterprises. This perhaps reflects the staged introduction of automatic enrolment, commencing earlier this year.
- Twenty-two per cent of those who were off sick from work reported not receiving sick pay, mainly due to entitlement (e.g. too few days of absence).
- Overall, access to health and wellbeing initiatives at work increased since the 2011 survey. The largest increases were seen in injury prevention training, occupational health services and flexible working. However, there was little change in mental health associated initiatives (stress management training and access to counselling/advice).
- Forty-four per cent of employees found their work was stressful or very stressful.
- The majority of employees (86 per cent) would be comfortable discussing a physical health condition and, to a lesser extent, a mental health condition (74 per cent).
- Sixty-six per cent of employees with a health condition had discussed it with their employer. Of those who had not, 30 per cent saw their condition as having an effect on their work.

3.1 Health and wellbeing policies and initiatives

3.1.1 Human Resources policies

The survey asked employees about the availability of various Human Resources (HR) policies at work, such as pensions, sick pay and holiday entitlement. We discuss the characteristics of employers that provided these, and the profile of the employees that used them in this section. Where appropriate, change in provision since 2011 is considered.

Pensions

In 2014, 60 per cent of employees were a member of their organisation's pension scheme, compared to 51 per cent in 2011. Pension membership was more common in large organisations, among public sector workers and those working in public administration, health and education (Table 3.1) and among those aged 35 to 59 years and female employees (Table A.9).

Table 3.1 Employer pension scheme membership

	Members of employer pension scheme %	<i>Unweighted base</i>
Total	60	2,353
Size of organisation		
Small: 1 to 50 employees	29	503
Medium: 51 to 249 employees	47	281
Large: 250 or more employees	74	1538
Sector		
Private sector business	49	1,265
Public sector organisation	78	914
Voluntary/not for profit sector organisation	60	96
Industry		
Energy and Water	63	61
Manufacturing	62	234
Construction	50	68
Distribution, hotels and restaurants	40	395
Transport and communications	63	207
Banking and Finance	60	364
Public admin, education and health	74	899
Other services	36	98

Base: all employees.

Sickness policies and pay: guidelines

Ninety-four per cent of employees said that written guidelines about sickness policies and pay were available to them (Table 3.2). Employees in large organisations, those in the public sector and those in public administration, health or education industries were more likely to report that written guidelines were available to them. Of those employees who had access to written guidelines on sickness policies and pay, the majority said these were 'very' or 'fairly' clear (88 per cent), although a significant minority of six per cent said they had not seen or read these guidelines (Table A.10).

Table 3.2 Employee reported availability of written sickness policies by organisation size, sector and industry

	With written sickness policies %	<i>Unweighted base</i>
Total	94	2,299
Size of organisation		
Small: 1 to 50 employees	82	473
Medium: 51 to 249 employees	94	272
Large: 250 or more employees	98	1,522
Sector		
Private sector business	93	1,223
Public sector organisation	97	906
Voluntary/not for profit organisation	96	93
Industry*		
Energy and Water	97	59
Manufacturing	92	221
Construction	91	68
Distribution, hotels and restaurants	92	381
Transport and communications	94	205
Banking and Finance	94	355
Public admin, education and health	98	891
Other services	90	93

Base: all employees.

*Agriculture, forestry and fishing not included as base too low.

Sickness policies and pay: provision of sick pay

The survey asked employees whether their employer paid them statutory sick pay, company sick pay, or both. Of the 86 per cent of employers who provided sick pay, most (48 per cent) paid both statutory and company sick pay (Table 3.3).

Table 3.3 Employer provided sick pay

	%
Total	86
Type	
Statutory sick pay	26
Company sick pay	9
Both	48
Don't know	16
<i>Unweighted base</i>	<i>2,372</i>

Base: all employees.

Sickness policies and pay: receipt of sick pay

Seventy-eight per cent of employees who had been absent from work in the previous 12 months received sick pay. Receipt of sick pay was highest in the public and voluntary sector (84 and 89 per cent compared to 74 per cent in the private sector) (Table A.11). Variation by size of employer was not statistically significant.

Just under half (46 per cent) of employees who did not receive sick pay for any period of sickness absence, said their employer had told them that they were not entitled to it. Ten per cent said they had not received any pay because they had used holiday entitlement in place of sickness absence (Table 3.4).

Table 3.4 Reasons for not receiving sick pay for all periods of sickness absence

	%
Employer told you were not entitled to sick pay	46
Employer did not provide any form of sick pay	28
Took annual leave and got paid for that instead	10
Did not tell employer you were sick	2
Did not want to put your job at risk	2
Did not want to put your employer out	1
None of these	27
<i>Unweighted base</i>	<i>247</i>

Base: employees off sick for any period in previous 12 months who did not receive sick pay.

Where employees were not entitled to sick pay, this was usually because they had not been absent for a sufficient number of days to qualify either for SSP or for the employer's scheme (37 per cent) (Table 3.5).

Table 3.5 Reasons for not being entitled to sick pay

	%
Had not had enough time off	37
Worked variable or part time hours	23
Zero hours contract/casual work/on probation	15
Did not provide a sick note in time	6
Used up all the paid sick days you were entitled to	4
Earnings were too low	4
Other	18
<i>Unweighted base</i>	<i>102</i>

Base: employees told not entitled to sick pay.

Four per cent of employees had been asked by their employer to make up their working time due to sickness absence and seven per cent had received some form of sanction or warning for their time off (Table A.14).

Holiday entitlement

In the previous 12 months, almost a quarter (23 per cent) of employees had not taken their full, paid holiday entitlement. Employees were least likely to have used their paid holiday allowance if they worked in small or large organisations, worked in the public sector or in the energy and water industries (Table 3.6).

Table 3.6 Employees not taking full paid holiday entitlement in last 12 months

	Did not take full paid holiday entitlement %	<i>Unweighted base</i>
Total	23	2,368
Size of organisation		
Small: 1-50 employees	24	509
Medium: 51-249 employees	19	283
Large: 250 or more employees	23	1,539
Sector		
Private sector business	22	1,275
Public sector organisation	24	913
Voluntary/not for profit sector organisation	21	95
Industry*		
Energy and Water	44	61
Manufacturing	21	234
Construction	14	69
Distribution, hotels and restaurants	21	397
Transport and communications	21	211
Banking and Finance	21	369
Public admin, education and health	24	897
Other services	20	98

Base: all employees.

* Agriculture, forestry and fishing not included as base too low.

3.1.2 Health and wellbeing policies

The survey asked employees about the availability of various policies aimed at improving health and wellbeing at work. Where the policies were available, it asked if they had used them.

Flexible working

Seventy-four per cent of employees reported that flexible working was available (Table 3.7). It was more likely to be available in large organisations (80 per cent compared to 68 per cent of small organisations) and the voluntary sector (84 per cent compared to 73 per cent of private businesses).

Table 3.7 Employee reported availability of flexible working

	Flexible working available %	<i>Unweighted base</i>
Total	74	2,325
Size of organisation		
Small: 1-50 employees	68	499
Medium: 51-249 employees	62	276
Large: 250 or more employees	80	1,518
Sector		
Private sector business	73	1,251
Public sector organisation	74	901
Voluntary/not for profit sector organisation	84	95
Occupation		
Managers, Directors and Senior Officials	81	163
Professional Occupations	77	501
Associate Professional and Technical Occupations	88	321
Administrative and Secretarial Occupations	81	286
Skilled Trades Occupations	64	178
Caring Leisure and Other Service Occupations	65	265
Sales and Customer Service Occupations	78	222
Process, Plant and Machine Operatives	50	152
Elementary Occupations	61	233

Base: all employees.

Other health and wellbeing policies

The survey asked employees about their access to specific health and wellbeing policies. Seventy-six per cent of employees reported access to injury prevention training and 51 per cent to occupational health services. Reported access to independent counselling and stress management training were much lower, at 39 and 31 per cent respectively (Table 3.8).

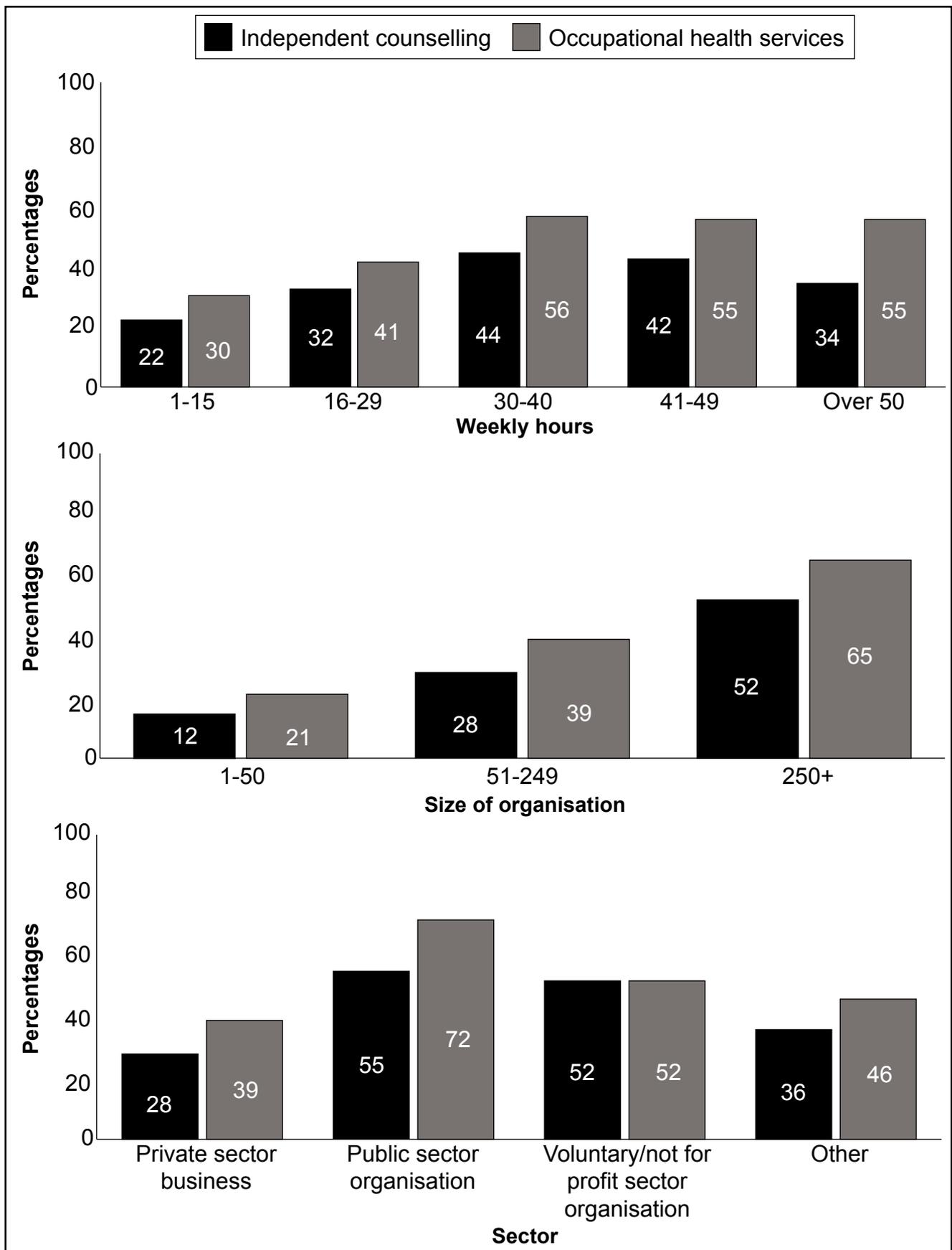
Table 3.8 Employee reported availability of other health and wellbeing policies

	%
Injury prevention training	76
Stress management	31
Occupational health service	51
Independent counselling or advice	39
<i>Unweighted base</i>	<i>2,371</i>

Base: all employees.

Access to independent counselling and to occupational health services was highest among public sector employees, those in large organisations, and higher among those working over 30 hours a week in comparison with those working up to 29 hours (Figure 3.1).

Figure 3.1 Employee reported availability of independent counselling and occupational health services



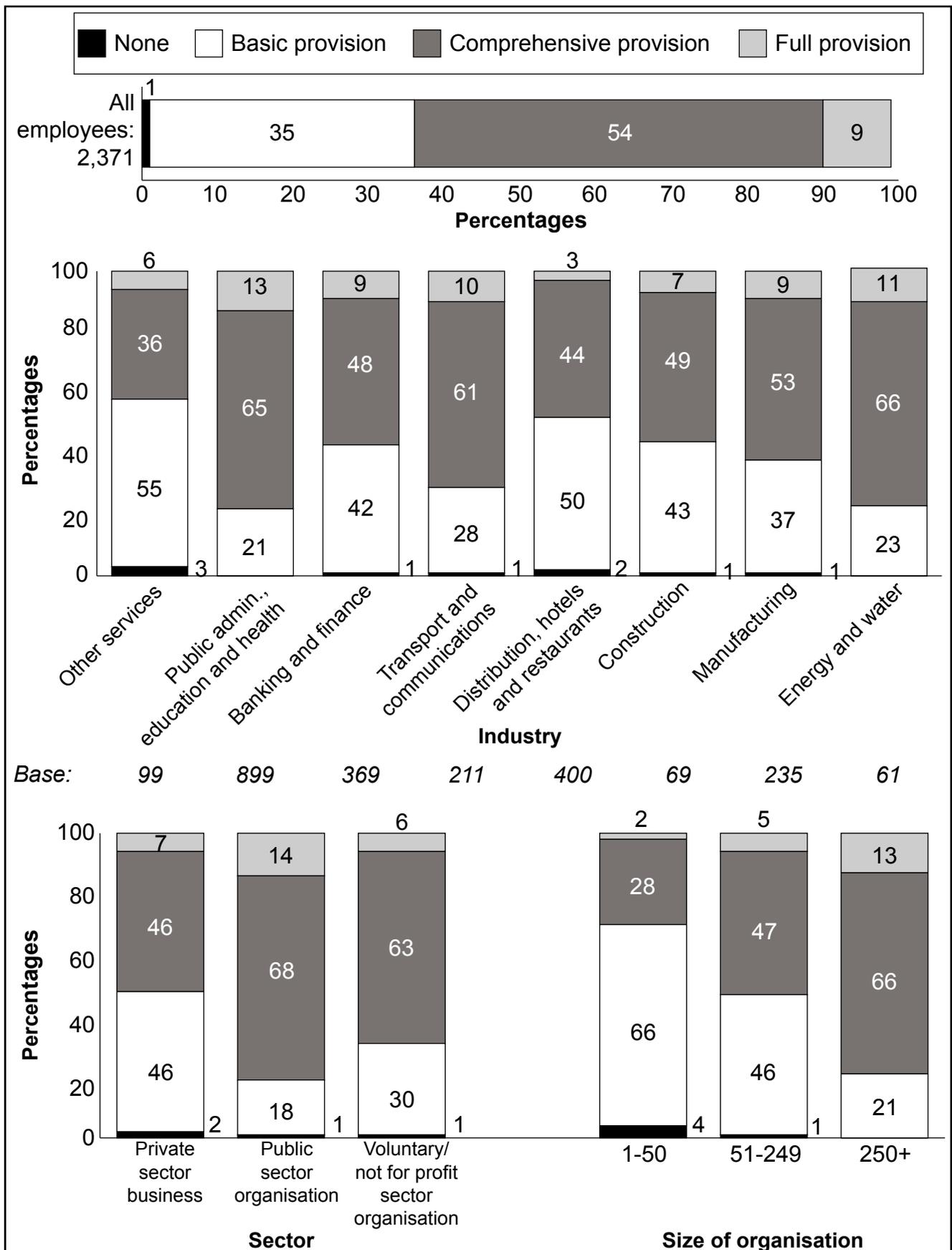
3.1.3 Typology of employers: provision of policies

We constructed a typology to distinguish between employers in terms of the level of provision of health and wellbeing policies as reported by employees. This distinguishes between more common or 'basic' types of policies that are less common among employers (this does not imply that certain types of policies are more effective). The analysis divided employer provision according to the type and range of policies provided as follows:

- **none:** none of policies surveyed on were provided;
- **basic provision:** at least one of flexible working, sick pay policy, sick pay, or injury training is provided (these are the policies most frequently identified);
- **comprehensive provision: basic provision, plus** at least one of health-screening, occupational health services, independent counselling or stress management training is provided;
- **full provision:** all policies provided.

More than half (54 per cent) of employers had comprehensive provision and nine per cent were providing all of the surveyed policies (Figure 3.2). Only one per cent of employers did not provide any policies. Large organisations were more likely to offer comprehensive or full provision (79 per cent compared with 30 per cent of small organisations) as well as organisations in the public sector (82 per cent compared with 53 per cent of organisations in the private sector).

Figure 3.2 Typology of provision of health and wellbeing policies

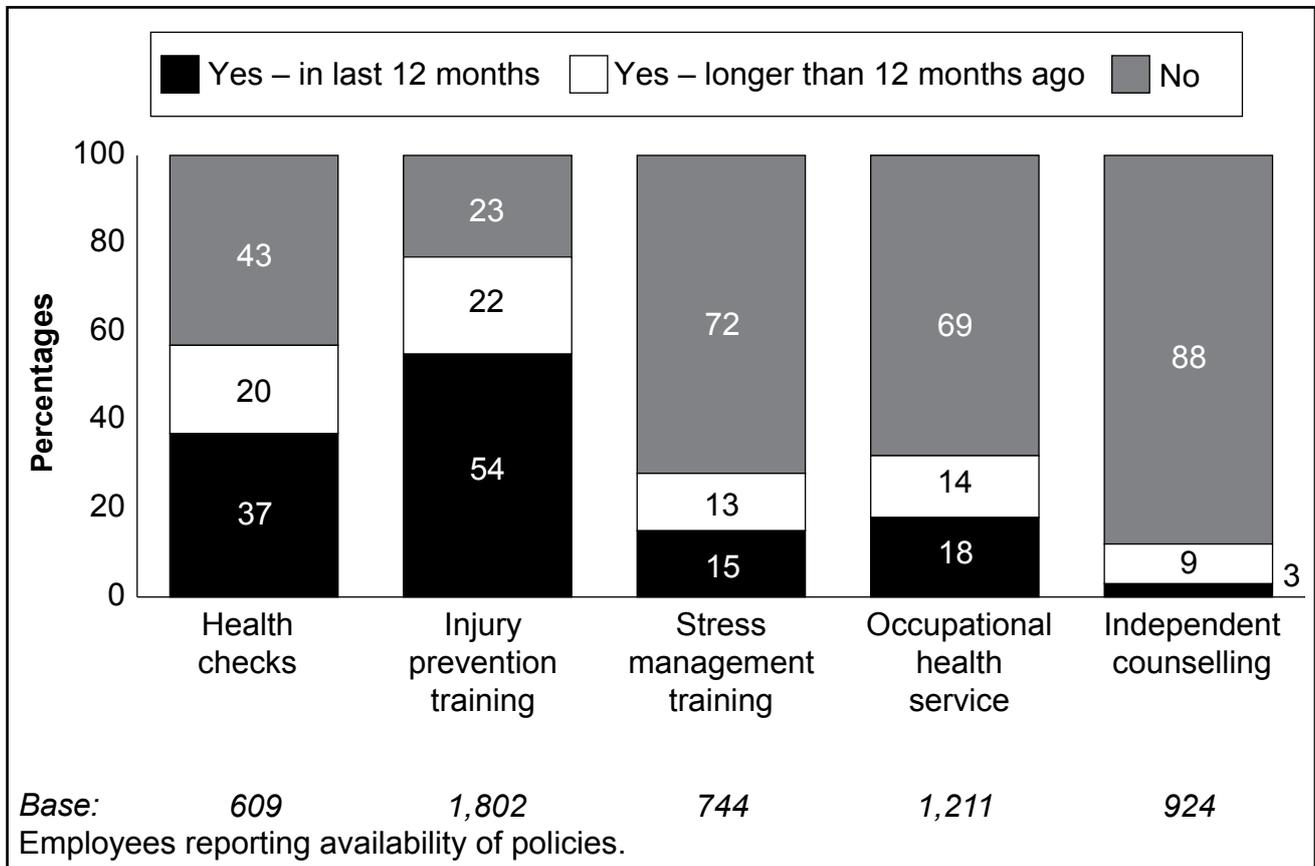


Other employees less likely to report having access to health and wellbeing policies initiatives were those in less stable employment – working part-time, agency workers, and those on temporary contracts. It is not clear from the data whether they work for organisations who have these services, but they are not eligible for them, or if they are more likely to work for organisations with less initiatives available.

3.1.4 Use of provided policies

Where an employee said that their employer provided one or more of the surveyed policies, the survey asked if they had made use of that provision. In the last 12 months, injury prevention training had been used most (54 per cent of employees had used it where available) and the least used was independent counselling (three per cent) (Figure 3.3).

Figure 3.3 Employee use of health and wellbeing policies



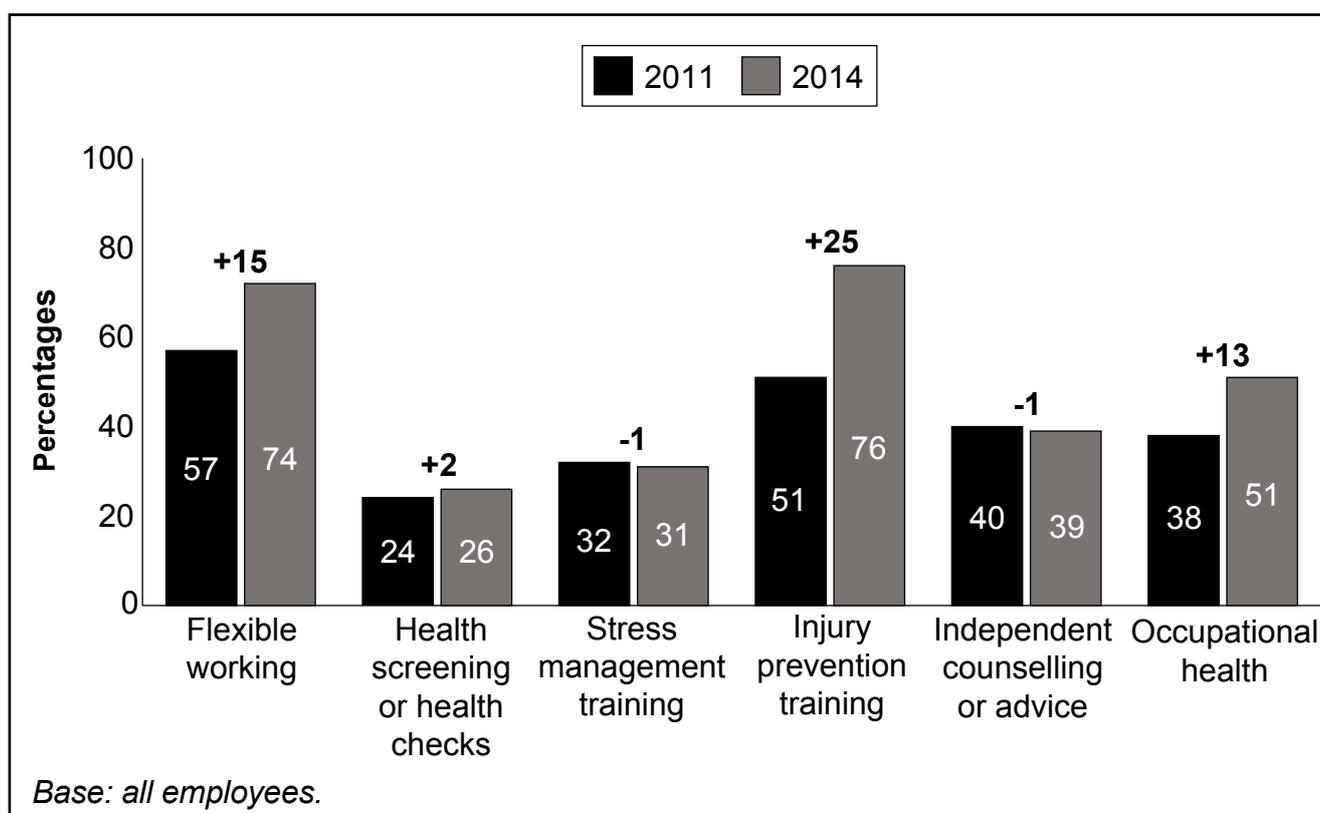
Use of injury prevention and stress management training was highest among employees aged 35 -49; with a physical health condition only (as opposed to a mental health condition only, or with both); those working in a large organisation (Table A.12). All of these were also true for use of occupational health services, with the addition that women were more likely to use occupational health services than men (51 per cent compared with 49 per cent).

A slightly different profile of employee used independent counselling compared to the other policies. This was more likely to be used by employees with mental health conditions (32 per cent compared to 14 per cent with a physical health condition and 22 per cent with both).

3.1.5 Change in health and wellbeing policy provision and use

The list of employer provided policies from which respondents could choose was changed between the 2011 and 2014 surveys. Figure 3.4 shows the changes in reported provision for the policies that were asked about in both surveys. Injury prevention training and flexible working saw the greatest increase in provision between 2011 and 2014. Policies relating specifically to employee mental health, such as stress management training and access to counselling, saw little change.

Figure 3.4 Change in reported provision of health and wellbeing policies between 2011 and 2014



As in 2011, large and public sector organisations were more likely to provide health and wellbeing policies. However, reported access to several policies increased in the private sector and in small organisations: particularly access to injury prevention training and occupational health services.

Fewer employees in 2014 than in 2011 actually reported using injury prevention training (54 per cent compared to 59 per cent), health checks (37 per cent compared to 44 per cent) and occupational health services (18 per cent compared to 26 per cent). This might be explained by use of services lagging behind the recent increase in provision.

3.2 Workplace culture and relationships

Employees were asked about their relationship with colleagues and managers; stress in and out of work; the amount of control they have over the type and pace of their work and how rewarded they felt at work. These factors are used in assessments of the psychosocial work environment, in particular in terms of their contribution to developing jobs of good psychosocial quality, seen as better for health.⁴⁵ All of these factors have been identified as having the potential to cause stress at work (see Box 1).

Box 1: Health and Safety Executive (HSE) Management Standards

The HSE Management Standards outline six areas of work that, if not properly managed, are associated with poor employee health and wellbeing, lower productivity and increased sickness absence.

- **Demands:** are an employee's workload, work pattern and the work environment acceptable?
- **Control:** how much control does the employee have over the type and pace of their work?
- **Support:** is the employee provided with encouragement and resources, by the organisation, a line manager and from colleagues?
- **Relationships:** is positive working promoted, to prevent conflict and unacceptable behaviour?
- **Role:** do employees understand their role within the organisation and does the organisation ensure that they do not have conflicting roles?
- **Change:** how is change managed and communicated by the organisation?

3.2.1 Stress

Stress has been identified as a cause of long-term sickness absence.⁴⁶ Though a short period of stress may be a normal part of working, prolonged stress can become more serious, contributing to the development of both physical and mental health conditions, or worsening existing health conditions.⁴⁷

Forty-four per cent of respondents reported that their work was 'stressful' or 'very stressful' (Table A.13). Employees working in 'professional occupations' and as 'managers, directors and senior officials' were more likely than any other occupation group to report being stressed or very stressed at work (61 and 59 per cent), as were employees working in public administration, education and health (as opposed to employees in other industries). Employees in large organisations also reported being stressed more than those in small organisations (46 per cent compared with 36 per cent).

Stress outside of work can affect work performance and has the potential to cause stress at

⁴⁵ Davies, S. (2014).

⁴⁶ CIPD (2014).

⁴⁷ Baum, A. and Polsusnzy, D. (1999).

work⁴⁸. Seventeen per cent of employees reported that their life out of work was 'stressful or very stressful'. Thirteen per cent of all those reporting high out of work stress also reported high in work stress.

3.2.2 Control at work

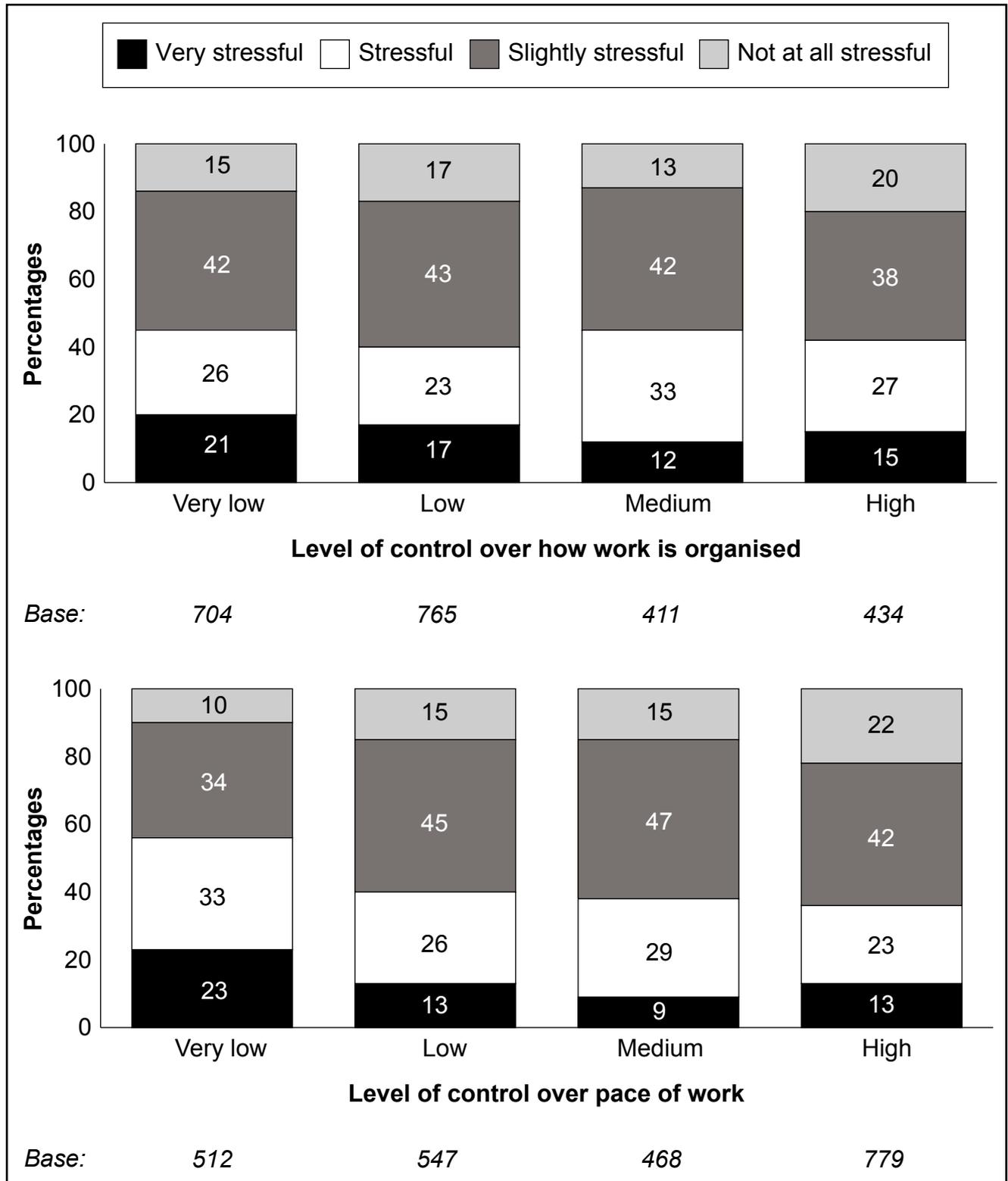
Employees who reported that work was 'very stressful' were more likely to have very low control over the organisation and pace of their work (Figure 3.5). The exception were 'managers, directors and senior officials' who had high in-work stress but the greatest control over the organisation of their work (57 per cent had a 'high' level of control) and the pace of their work (41 per cent had a 'high' level of control). Though this occupation reported high stress, the high level of control may allow them to manage it better. In contrast, those in caring, leisure and other service occupations reported having both relatively high stress, and low control. This can put individuals at risk of high mental strain (Tables A.17 to A.19).⁴⁹

Employees in small organisations were more likely than those in large organisations to say they had a high level of control over the organisation of their work (38 per cent compared to 29 per cent in large organisations) and the pace of their work (31 per cent compared to 21 per cent in large organisations) (Tables A.18 and A.19).

⁴⁸ CIPD (2012).

⁴⁹ Karasek, R. (1979).

Figure 3.5 Level of stress, by control over organisation and pace of work



3.2.3 Reward and accomplishment

Where there is a perceived imbalance between effort and reward at work, this has been identified as a driver of stress.⁵⁰ Over 60 per cent of employees agreed that they were rewarded appropriately for the effort they put into their job. 'Managers, directors and senior officials' felt most rewarded for their efforts (74 per cent slightly agreed or strongly agreed that this was the case). 'Process, plant and machine operatives' felt least rewarded (52 per cent said they were not rewarded appropriately). Other employer characteristics were not statistically significant in relation to how rewarded employees felt.

Over three quarters of employees (77 per cent) felt that they 'accomplished their best at work' most days, while only four per cent said 'not very often'. Employees in 'caring, leisure or other service occupations' were more likely to feel a sense of accomplishment (on most days) than other occupations, as did those in the 'energy and water industries'. There was not a significant relationship between feelings of accomplishment and the size of the organisation.

3.2.4 Stress and sickness absence

Previous research has shown that stress is one of the most common causes of long-term sickness absence (particularly among non-manual workers)⁵¹. Our findings seem to confirm this relationship: we identified an association between sickness absence and stress. Sixty-four per cent of those who reported their job to be 'not at all stressful' had not had any sickness absence, against 51 per cent of those who reported their job was 'very stressful'. Among those who had a period of sickness absence lasting two or more weeks, 12 per cent reported their work was 'very stressful', against six per cent who reported their job as 'not at all' stressful (Table A.20).

3.3 Willingness to discuss health

Earlier interventions in relation to stress and health conditions may be more likely where employees feel comfortable discussing their health and wellbeing with a manager. The following section considers this in more detail.

3.3.1 Comfort with disclosure

The majority of employees said that they would be comfortable discussing health conditions or stress with their employer (e.g. a manager or HR). However, employees would feel less comfortable discussing a mental health condition than a physical health condition (26 and 14 per cent respectively would not feel comfortable).

Comfort with discussing in and out of work stress varied. Sixteen per cent of employees reported that they would not feel comfortable discussing work-related stress with their employer, while 36 per cent would not feel comfortable discussing out of work stress (Table 3.9).

⁵⁰ Siegrist, J. *et al.* (2004).

⁵¹ CIPD (2014)

Table 3.9 Employees comfort with discussing health conditions with employer

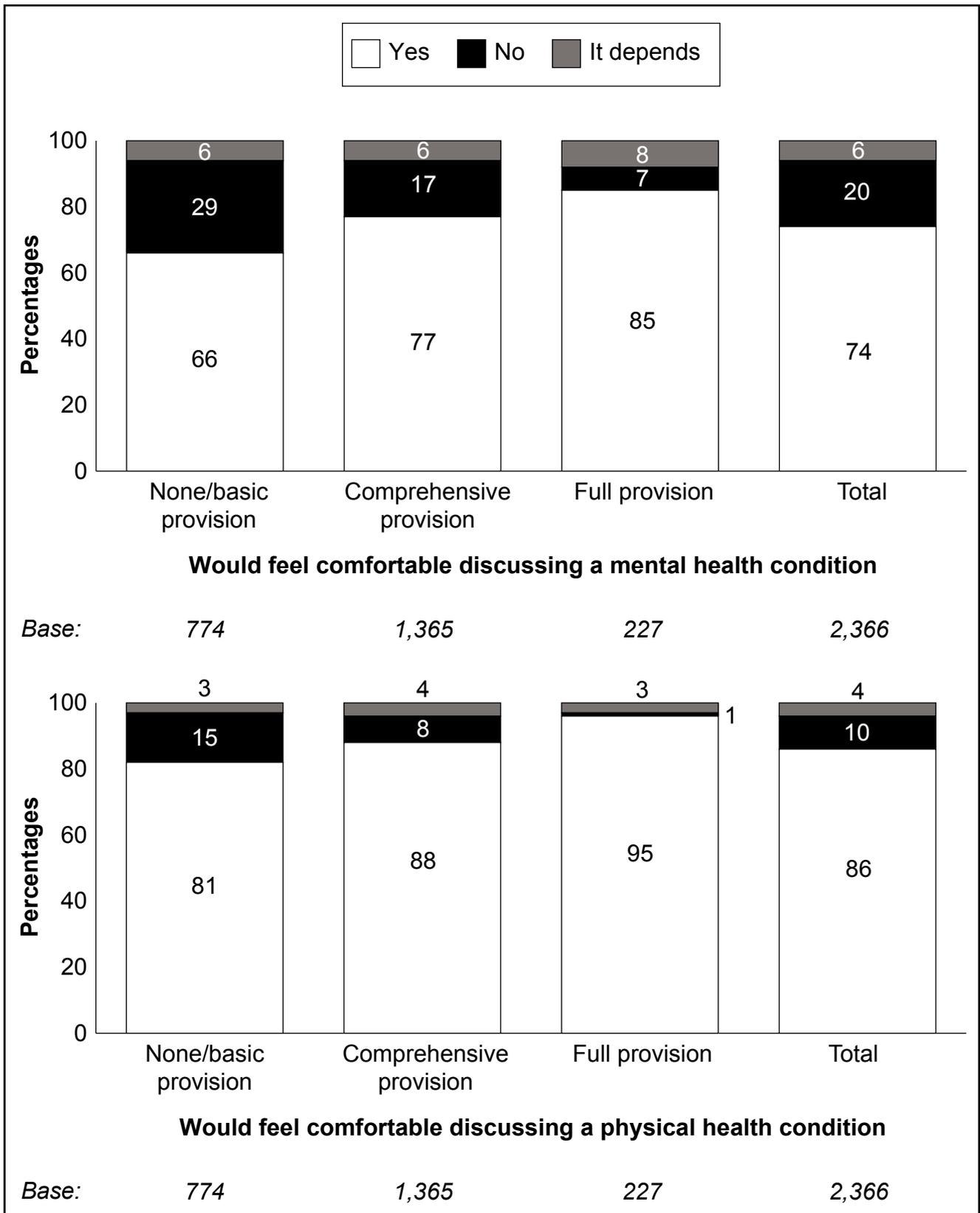
Would feel comfortable discussing	%
Physical health conditions	86
Mental health conditions	74
Work related stress	84
Stress out of work	64
<i>Unweighted base</i>	2,375

Base: all employees.

Using the typology discussed above, there was an association between an employer having full provision of health and wellbeing policies and an employee saying they would be comfortable discussing their health condition. Ninety-five per cent of employees who had access to all of the surveyed health and wellbeing policies said they would feel comfortable discussing physical health at work, while 85 per cent would be comfortable discussing mental health (Figure 3.6).

Employees working in 'Process, Plant and Machine Operatives' and 'Elementary occupations' were less likely to say they would feel comfortable discussing a physical health condition than employees in other occupations (77 and 83 per cent respectively said they would be comfortable discussing a physical health condition). For most of the other occupational groups, this ranged between 87 and 89 per cent. Table A.21). The level of comfort with disclosing a mental health condition was not statistically significant in relation to occupation.

Figure 3.6 Employee comfort discussing health condition, by extent of employer provided health and wellbeing policies



3.3.2 Disclosure

Two-thirds of employees with a health condition (66 per cent) had discussed it with their employer. Disclosure was more common for those with both a mental and physical health condition (76 per cent), or with a physical condition only (70 per cent). Disclosure was less common among those with a mental health condition only: 50 per cent reported they had discussed their condition with their employer. Disclosure was more common among those working in organisations with a 'comprehensive' provision of health and wellbeing policies (Table A.22).

Sixty-eight per cent of employees had discussed their health condition with their employer when they started their job or when the condition first developed. Those in 'associate professional and technical' occupations were more likely than employees in other occupations to have discussed their condition at this early stage (78 per cent). Other factors related to disclosure were not statistically significant.

Most employees discussed their condition while it was not having an effect on their work (38 per cent) but 14 per cent did not discuss their condition until it was affecting their work 'a lot'.

Of those employees who had not discussed their health condition with their employer, 30 per cent saw their condition as having an effect on their work (Table A.23).

3.3.3 Employer supportiveness after disclosure

The survey asked employees with a health condition and employees who had been off work for more than two weeks in the previous year how supportive their employer had been after they had disclosed their health condition. Most respondents who had discussed their health condition said their employer had been 'very' or 'fairly supportive' (80 per cent). Ten per cent said their employer was 'not supportive at all'.

Employees with physical health conditions more frequently identified this than employees with mental health conditions (87 per cent compared with 70 per cent).⁵²

3.4 Summary

The increase in access to flexible working seen since 2011 is likely to continue with the recent implementation of the 'right to request' legislation from 30 June 2014⁵³. It will be important to monitor those who have least access, such as employees in small and medium organisations and in specific occupations -such as 'process, plant and machine operatives'- to see what the barriers are and how they might be addressed.

Access to initiatives specifically aimed at providing support relating to mental health, i.e. independent counselling and stress management training have not increased. This may be because they are yet to receive acceptance culturally in the workplace, because employers are not yet convinced on their value, or because they have been seen as too costly for employers to implement during the recession. It will be interesting to see whether changes in attitude to mental health as well as the continuing economic recovery influence access to services in the future. Greater evidence on the wellbeing returns and investment returns for such policies will assist employers in making decisions.

⁵² Significant at the 90% level.

⁵³ ACAS (2014). The right to request flexible working [webpage]. Available at: www.acas.org.uk/index.aspx?articleid=1616

A gap exists in provision of formal health and wellbeing policies between private and public sector organisations, between large and small organisations, and for those working full-time and part-time hours. However there is some evidence for example that less formal provision may be offset by informal arrangements. Small organisations provide a good example of this – despite **employees in small organisations having less access to employer provided health and wellbeing polices than those in larger organisations, they were less likely to see work as stressful, felt more in control of their work and more rewarded for their work.**

4 Sickness absence lasting more than two weeks

Section 2.2.3 discussed sickness absence patterns. This chapter looks more specifically at the factors associated with sickness absence of more than two weeks, which applied to seven per cent of employees.

Key findings

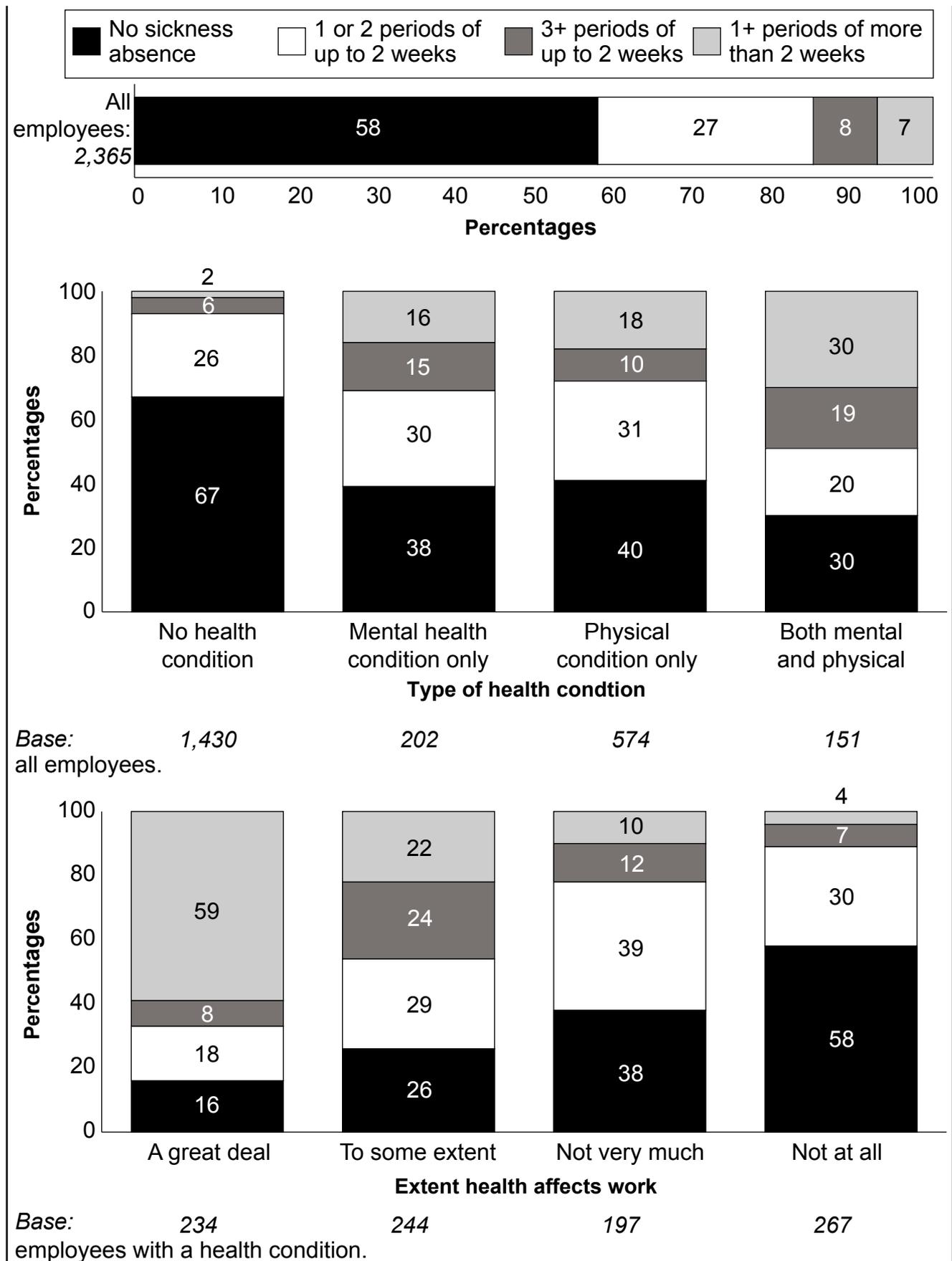
- Seven per cent of all employees had been absent from work for at least one period of more than two weeks in the previous year (Figure 4.1);
- Women, employees with both mental and physical health conditions and those working in large organisations were more likely to have had a spell of sickness absence lasting more than two weeks;
- Employees with permanent contracts and working between 16 – 29 hours a week were also more likely to have had a spell of sickness absence lasting more than two weeks;
- The more supportive an employer was felt to be while discussing a health condition, the less likely an employee is to have had a spell of sickness absence lasting more than two weeks;
- The earlier an employee discusses their health condition with their employer, the less likely it is that they will have a spell of sickness absence lasting more than two weeks.

4.1 Person related factors

As well as being more likely to have sickness absence (see Section 2.2.3), women were twice as likely as men to have had a spell of sickness absence lasting more than two weeks (10 per cent had, compared to five per cent of men). Older workers were more likely to have been off work than their younger counterparts (10 per cent of those aged 50 or over compared with four per cent of those aged 16 to 24).

The nature and severity of health conditions can clearly affect the frequency and length of any sickness absence. Fifty-nine per cent who reported that their condition affected their work 'a great deal' were absent from work for more than two weeks, compared to ten per cent of those 'not affected very much' (Figure 4.1). Those with both a mental and physical health condition were also more likely than those with only one of these to be off work for more than two weeks (30 per cent).

Figure 4.1 **Sickness absence, by type and severity of condition**



4.2 Job and employer related factors

As well as being more likely to have sickness absence (see Section 2.2.3), public sector employees were also more likely to have had a spell of sickness absence lasting more than two weeks: 10 per cent compared to six per cent of employees in each of the private and voluntary sectors. Differences between sectors might relate to the make-up of the employee population, in that public sector organisations tend to have a higher proportion of older workers⁵⁴.

Employees in public administration, health and education were more likely than those in other industries to have experienced a spell of sickness absence lasting more than two weeks (10 per cent), while those in construction were least likely (three per cent). Among occupation groups, those working in 'administrative and secretarial occupations' were most likely to have had a spell of sickness absence lasting more than two weeks in the previous year (10 per cent), while 'managers, directors and senior officials' were least likely (5 per cent). Employees working in larger organisations were also more likely to have experienced a spell of sickness absence lasting more than two weeks than those working in small organisations.

Employees with a permanent contract were more likely to have had a spell of sickness absence lasting more than two weeks (eight per cent) compared with those on temporary contracts (four per cent). Those working between 16 to 29 hours a week were most likely to have had a spell of sickness absence lasting more than two weeks (nine per cent), with employees working 'extended' hours of over 50 a week being least likely (four per cent).

4.3 Multivariate analysis

A logistic regression analysis explored which factors were independently associated with having had a spell of sickness absence lasting more than two weeks. Based on employees with health conditions, the model aimed to understand why some employees could manage their condition without substantial sickness absence whilst others cannot. A range of factors was included in a stepwise model:

- **employee characteristics:** type and severity of health condition, demographics, country (?);
- **job characteristics:** occupation type, weekly average working hours, pattern of working, degree of control over the organisation and pace of their work, colleague relationships and adjustments made;
- **employer characteristics:** sector, organisation size, health and wellbeing policies in place and culture as perceived by the employee.

Those whose health condition affected their work 'a great deal' were much more likely to be off sick for more than two weeks compared with those whose condition did not affect their work. Whilst severity of condition can be very influential in whether people have time off, this self-reported measure may be hiding the influence of other factors and was therefore excluded from the model. The following job and employer characteristics were found to be independently associated with being off sick for more than two weeks (see Table A.26 for the full detail):

- large organisations compared with small organisations;

⁵⁴ Young, V. and Bhaumik, C. (2011).

- employers who were found to be 'not supportive at all' of employees following discussion of their health conditions, compared with those who were 'very supportive' (see Section 3.3.3 for detail about employer supportiveness after disclosure of a health condition);
- where adjustments had been made to help with managing the condition (it is likely that this factor identifies more severe conditions and in particular those that have led to time being taken off work, rather than any adverse effect of the adjustments) (see Section 5.2 for more detail about adjustments made for employees with health conditions);

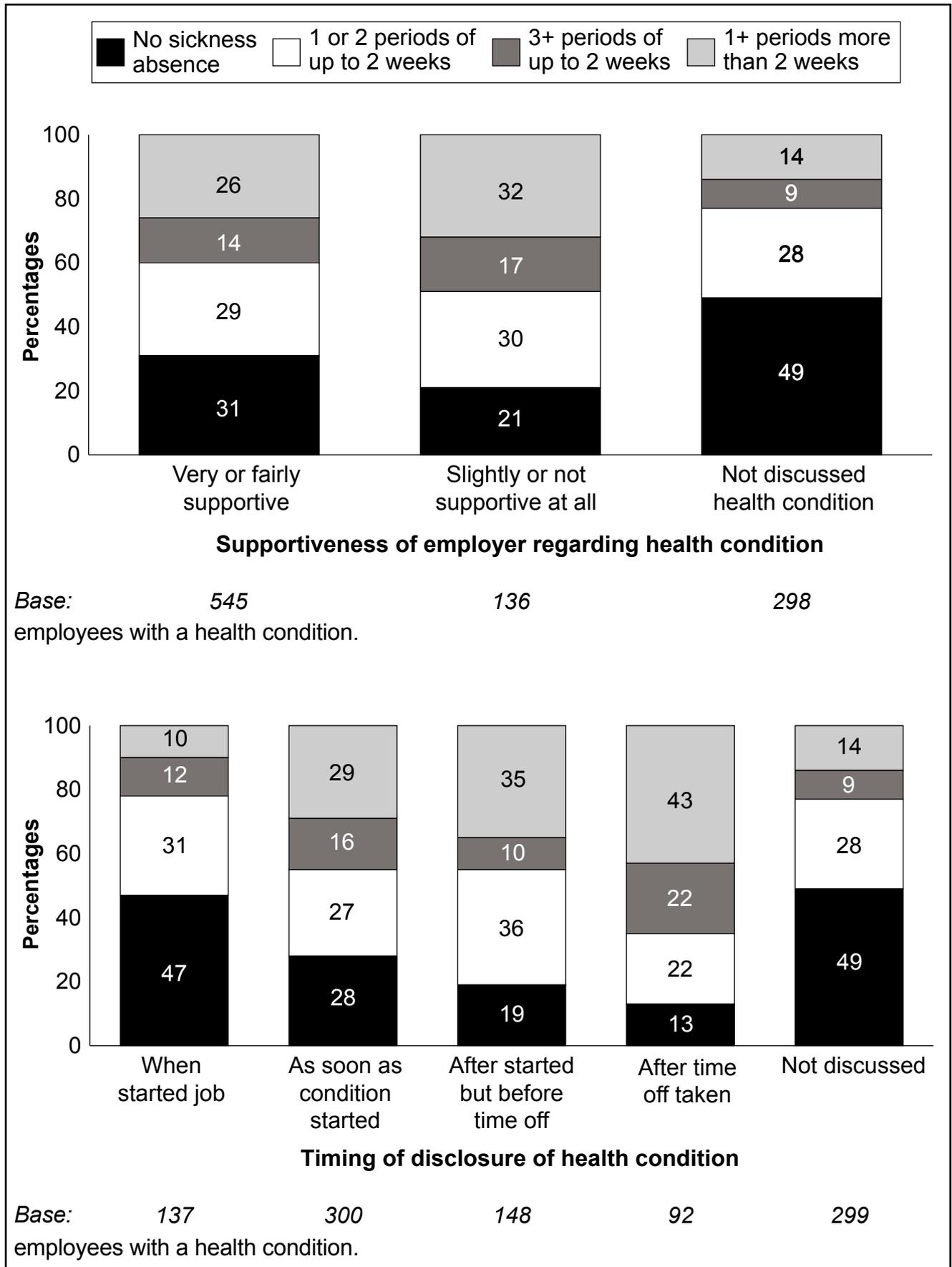
Gender and country were also found to be statistically significant in this model, with female employees being more like than male to be off work sick for more than two weeks; and being in Wales compared with being in England and Scotland (at a 90 per cent significance level).

4.4 Sickness absence and employer supportiveness

Where employees felt that employers were supportive after they had discussed a health condition, they were less likely to have had a spell of sickness absence lasting more than two weeks. Where an employer was reported as having been only 'slightly' or 'not at all' supportive, 35 per cent of employees had experienced a spell of sickness absence lasting more than two weeks compared with a quarter (26 per cent) who said their employer had been 'very' supportive (Figure 4.2).

In relation to the stage at which respondents had disclosed their health condition, employees who had discussed it with their employer prior to taking any sickness absence tended to have shorter periods off. Only ten per cent who had discussed their health condition when they started their job had experienced a spell of sickness absence lasting more than two weeks in the previous year, compared with 43 per cent who waited until they were actually absent. Here, influencing factors may be the severity of the health condition (which could affect how early an employee discusses the condition and the length of absence), how encouraging an employer is toward early disclosure and the support they offer afterwards. Those who did not discuss their condition at all were less likely to have time off sick, perhaps because conditions were more manageable with this group.

Figure 4.2 Sickness absence, by supportiveness and point of disclosure of condition



4.5 Summary

Spells of sickness absence lasting more than two weeks were more likely among employees who reported that their health affected their work 'a great deal' and those with both mental and physical health conditions. Increased awareness among employees and employers of the **increased risks for those with both mental and physical health conditions** may be beneficial.

Sickness absence lasting more than two weeks was less likely when an employee said that their employer had been supportive about discussing their condition: which tended to be in small organisations, and when disclosure of the health condition had happened earlier. This supports the hypothesis that **building work environments that support communication and disclosure may have a role in reducing longer-term sickness absence.**

5 Management of health conditions

This chapter describes the availability and use of employer provided adjustments for employees with health conditions. We look at unmet adjustment needs and compare those who remain in work with a health condition with those who fall out of work.

Key findings

- Forty one per cent of employees who had experienced a spell of sickness absence lasting more than two weeks had provided their employer with a 'fit note' to support their return to work;
- The recommendations made in fit notes were considered to be helpful by 91 per cent of employees;
- Adjustments were made or offered for 61 per cent of employees who had experienced a spell of sickness absence lasting more than two weeks; the most common adjustment was 'time off at short notice';
- Those working in smaller organisations were more likely than those working in larger organisations to have had adjustments made that related to working time, while adjustments to role and adjustments providing more support were more common in larger organisations.
- 'Unmet need' was reported by 14 per cent of those for whom an adjustment had already been made.
- Thirty-three per cent of employees did not receive adjustments until after a period of sickness absence, and a further 33 per cent only after changes were recommended by a GP or occupational health service.
- Adjustments were more likely to be provided where:
 - there had been a period of sickness absence;
 - the employee had a physical (rather than mental) health condition;
 - the employer was supportive of disclosure of health conditions;
 - in a small organisation, and;
 - where the employer already had a range of health and wellbeing policies in place.

5.1 Fit notes

Fit notes are used to assess whether an individual 'may be fit for work' or 'not fit for work'. They are usually administered by a GP, although may also be issued by a hospital doctor. If an employee is assessed as 'may be fit for work', the doctor will detail what might better facilitate a return to work.

The survey asked employees who had experienced a spell of sickness absence lasting more than two weeks in the previous year whether they had provided their employer with a fit note. Less than half of this group (41 per cent) had. Three quarters of these came from a GP, as opposed to a hospital doctor. Employees working in large organizations, 'skilled tradesmen' and 'process, plant and machine operatives' were more likely to provide a fit note to their employer. Little difference was seen by sector (that is public versus private or voluntary sectors).

It should be noted that this survey did not ask respondents for the reason why they did not provide a fit note to their employer. It is possible that fit notes were not provided by more than half of respondents (that had been absent for more than two weeks continuously) because their employer did not require one.

Of employees who provided a fit note to their employer, nine out of ten (91 per cent) said the recommendations were very or fairly helpful. This is a higher proportion than in the recent fit note evaluation where 71 per cent agreed it was helpful⁵⁵. Little difference between those with a mental health condition, physical condition or both was seen with regards to usefulness of fit note recommendations, though those without a long term condition appeared to find them most useful.

5.2 Adjustments

Making even small adjustments to an individual's role and work setting can help employees with health conditions return to work⁵⁶ and employers are obliged to make 'reasonable' adjustments⁵⁷ for disabled⁵⁸ employees under the Disability Discrimination Act.⁵⁹

The survey asked employees with a health condition and/or those who had more than two continuous weeks off work about workplace adjustments made by their employer, to help them manage their health condition(s) or injury whilst working. Those who were off sick at the time of the survey were similarly asked if their employer had offered them specific types of adjustments. The most common types of adjustment and those seen as most helpful will be discussed below, as will 'unmet' need for adjustments. We also explore whether certain employers are more likely to make adjustments than others and the relationship between adjustments and sickness absence.

⁵⁵ Chenery, V. (2013).

⁵⁶ Waddel, G. and Burton, A. K. (2004).

⁵⁷ Department of Health – Advice for employers on workplace adjustments for mental health conditions available at www.nhshealthatwork.co.uk/images/library/files/Government%20policy/Mental_Health_Adjustments_Guidance_May_2012.pdf

⁵⁸ You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. Disability Discrimination Act available at: www.gov.uk/rights-disabled-person/employment

⁵⁹ You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. Disability Discrimination Act available at: www.gov.uk/rights-disabled-person/employment

5.2.1 Adjustments made

Of those employees who reported a health condition or having had a spell of sickness absence of more than two weeks (34 per cent), 61 per cent had had adjustments made (Table 5.1). The most common was being given time off work at short notice (48 per cent), followed by being allowed to work flexible hours and then a change to their tasks.

Table 5.1 Workplace adjustments made

	%
Time off at short notice	48
Flexible hours	23
Changed tasks	19
Extra breaks	18
Reduced workload	18
Change shifts/hours pattern	17
Provided equipment	16
Reduced hours	16
Access to counselling	13
Work from home	11
Access to physiotherapy	8
Help with travel	4
Access to PA, mentor, job coach	4
None of these	39
<i>Unweighted base</i>	<i>1,022</i>

Base: employees with a health condition or off sick for more than 2 weeks.

Sums to more than 100 per cent as employee may have had more than one adjustment made.

We have classified the thirteen types of adjustments suggested to participants in the survey (Table 5.1) into three categories:

- **Adjustments to role:** Changes to task, reduction in overall workload.
- **Adjustments to time:** Allowing extra breaks; reduction in weekly hours, allowing flexible hours; allowing home working; changes to hours or shift pattern; permitting emergency leave.
- **Adjustments providing support:** Provision of equipment or making adaptations to the working environment; access to physiotherapy; access to a personal assistant, mentor or job coach; referral to counselling, and; helping with travel to and from work

More than half (55 per cent) of adjustments that were made (or offered in the case of those still off work) were related to time. Almost a third (30 per cent) received adjustments 'providing support', and just under a quarter (24 per cent) had adjustments made to their role. The relationship with the size of employer was somewhat complicated and was not statistically significant (Table 5.2).

Table 5.2 Grouped types of adjustments made, by size of employer

	1-50	51-249	250+	Total
	%	%	%	%
Adjustments to role	23	20	27	24
Adjustments to time	61	49	55	55
Adjustments providing support	25	28	32	30
None of these	35	48	38	39
<i>Unweighted base</i>	203	118	685	1,022

Base: employees with a health condition or off sick for more than two weeks.

Adjustments to role and providing support were more likely to be made for those with both a mental and physical health condition (as opposed to those with one or other). Employees with a physical health condition only were more likely to have adjustments made for time (Table 5.3). Those with a mental health condition only were less likely to have any adjustment made.

Table 5.3 Grouped adjustments, by type of health condition

	Mental health condition only	Physical condition only	Both mental and physical
	%	%	%
Adjustments to role	18	27	29
Adjustments to time	45	60	55
Adjustments providing support	26	30	35
None of these	51	35	34
<i>Unweighted base</i>	203	578	157

Base: employees with a health condition or having had a spell of sickness absence for more than two weeks.

5.2.2 Helpfulness and timing of adjustments

Eighty-nine per cent of employees who had received adjustments regarded them as very or fairly helpful, in terms of helping to manage a health condition whilst working. Employees perceived having access to a mentor or a job coach, and the ability to work from home to be most useful.

Early use of adjustments is associated with successful rehabilitation into work.⁶⁰ Employees who had had adjustments made were asked at what stage their employer made them. Over half (55 per cent) reported that adjustments were made when their employer first found out about their health condition, while a third (33 per cent) had adjustments made after they took time off, and further 33 per cent only after changes were recommended by a GP or occupational health service (Table 5.4).

⁶⁰ Waddell G. *et al.* (2008).

Table 5.4 Stage that adjustments were made, by employer

	%
After they first came to know about health condition	55
After health condition started to affect employee's work	27
After employee took time off	33
When a change was recommended by GP, doctor or consultant	20
When a change was recommended by OH service	13
After employee spoke to their union	2
Other	17
<i>Unweighted base</i>	<i>594</i>

Base: employees who had adjustments made

5.2.3 Multivariate analysis

A logistic regression analysis explored which factors were independently associated with helpful adjustments (that is adjustments described as being 'very' or 'fairly helpful' by the employee). The model was based on employees who had health conditions or who had experienced a spell of sickness absence lasting more than two weeks in the previous year. The stepwise model included a range of factors:

- **employee characteristics:** type of health condition, demographics;
- **job characteristics:** occupation type, average weekly hours, pattern of working, degree of control over the organisation and pace of their work, colleague relationships;
- **employer characteristics:** sector, size of the organisation, health and wellbeing policies in place and the culture of the organisation as perceived by the employee.

The following factors were found to be statistically significantly associated with helpful adjustments being made, controlling for the other factors listed (see Table A.25 for the full detail):

- employers who were very supportive of employees following discussion of their health conditions, compared with those who were not supportive or where no discussion took place;
- employees who felt comfortable discussing mental health problems with employers (if needed);
- employers who had the full range of formal health and wellbeing policies in place, compared to those who only had limited provision;
- small organisations compared with larger organisations;
- physical health conditions compared to mental health conditions;
- health conditions that did not greatly affect work (those affecting 'not very much' compared to those affecting 'a great deal').

5.2.4 Unmet need

‘Unmet need’, where employers made adjustments but further adjustments would have been helpful, was identified by 14 per cent of those with a health condition. The most common unmet need was for a reduction in overall workload (23 per cent), followed by extra breaks (15 per cent). Those with a mental health condition were more likely to report ‘unmet need’ (22 per cent) than those with a physical health condition (10 per cent). Twenty-three per cent of employees with both a physical and mental health condition reported unmet need for adjustments.

The most common reasons for unmet need (Table 5.5) included having their request for additional adjustment(s) declined (42 per cent) and discomfort with asking the employer for the additional adjustment(s) (27 per cent).

Table 5.5 Reasons for not getting further adjustments

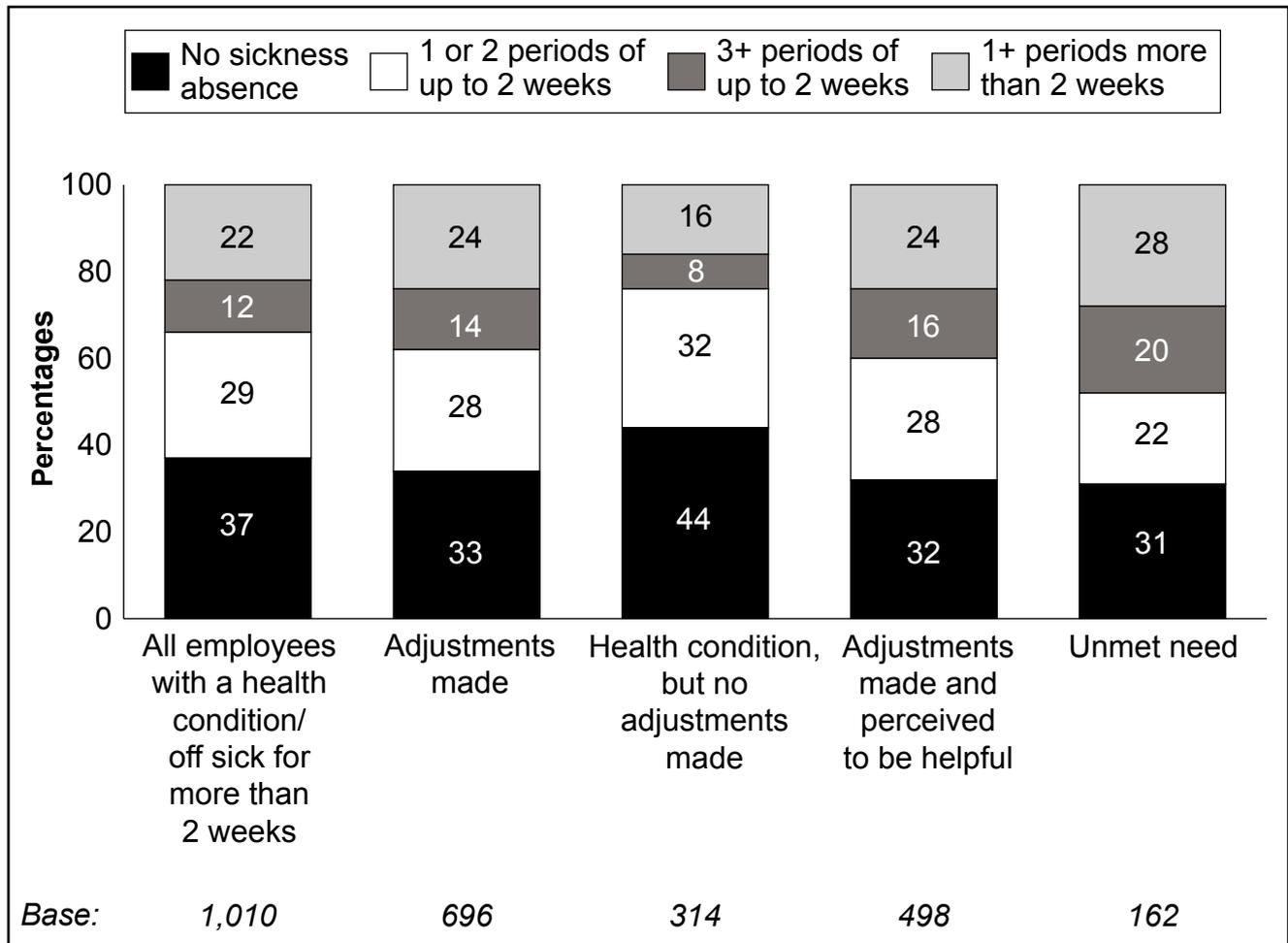
	%
Asked for but not provided	42
Did not feel comfortable asking for them	27
Other reasons	32
<i>Unweighted base</i>	<i>131</i>

Base: employees who had unmet needs for adjustments.

5.3 Sickness absence and adjustments

Figure 5.1 shows the relationship between sickness absence and the adjustments made for employees who had a health condition or who had experienced a spell of sickness absence lasting more than two weeks. Adjustments are aimed at managing health conditions and reducing sickness absence but the bivariate analysis is limited here. This is because it shows only that employees who received adjustments were more likely to have experienced a spell of sickness absence lasting more than two weeks than those who did not receive any adjustments (24 per cent compared with 16 per cent), which is the opposite of what might be expected. Even where ‘helpful’ adjustments were made, 24 per cent had experienced a spell of sickness absence of more than two weeks. However, this finding possibly reflects that employers provide adjustments to those who have more limiting health conditions or where sickness absence has already occurred. Multivariate analysis explored this further (and is discussed at Section 4.3).

Figure 5.1 Sickness absence, by adjustments made



5.4 Change in provision of adjustments since 2011

A different approach was taken to understand the provision of adjustments in 2014 compared with the 2011 survey. In 2011, only those who had been off work for more than five days continuously were asked whether adjustments to their work had been made or offered. In 2014, the question whether employees had adjustments made was asked to all those who had a health condition, regardless of whether they had experienced a spell of sickness absence, as well as to those who had experienced a spell of sickness absence of more than two weeks. The items included in the list of adjustments from which employees could choose were also slightly different.

Differences in approach between the 2011 and 2014 surveys limit the comparison between them. However, the two surveys provide some indications of how provision of adjustments has changed since 2011. In order to build a 2014 group more comparable to the group surveyed in 2011, we conducted the analysis excluding from the 2014 figures those who had a health condition but less than a week off sick. As a result, the difference between the 2011 and 2014 groups is that the 2014 group does not include those without a health condition who had a spell of sickness absence of between five days and two weeks.

With this amendment, all of the adjustments that were comparable had increased in prevalence between 2011 and 2014:

- one quarter (25 per cent) of employees in 2014 had their hours reduced, compared to 18 per cent in 2011 who had different or reduced working hours;
- there was a change in tasks for 28 per cent in 2014 compared to 15 per cent in 2011;
- extra breaks were provided for a third (32 per cent) in 2014 compared to seven per cent in 2011;
- access to a job coach or personal assistant was provided to five per cent in 2014 compared with one per cent in 2011;
- access to independent counselling was provided to 13 per cent of employees in 2014 compared with nine per cent in 2011 (where the question specifically related to the process of returning to work).

Although the comparison between the two surveys should be treated with caution and it is likely that differences in the approach account for some of the differences seen, the above results give some indications that the availability of adjustments increased since 2011.

5.5 Comparison with longer-term sickness absence (more than three months)

The population for the survey (current employees) does not include a comparison group of people who have fallen out of work. This limits the interpretation that can be provided about these survey results. However, some of the current employees in our sample had experienced sickness absence for more than three months in the previous year, or were absent from work at the time of being surveyed and were not confident of returning in the next three months. Taking this as a comparison group – and selecting only those who stated their health condition affected their work ‘a great deal’ – it is possible to discern differences between those able and those unable to manage their condition.

Table 5.6 below shows that, among participants whose health conditions affected their work ‘a great deal’, those who had ‘helpful’ adjustments made were less likely to have three months off work (18 per cent compared to 34 per cent of those without helpful adjustments).

Table 5.6 Proportion of employees on long-term sickness absence, by whether they had helpful adjustments made

	Helpful adjustments made	
	No %	Yes %
Health affects work ‘a great deal’ – but in work and not had 3 months off	66	82
Health affects work ‘a great deal’ – and off sick now or had 3 months off sick	34	18
Total	100	100
<i>Unweighted base</i>	124	115

Base: employees whose health conditions affected work ‘a great deal’.

In 2014, the Department for Work and Pensions commissioned a survey of Employment Support Allowance (ESA) claimants to explore the experiences of employees with health conditions who fall out of work and onto sickness benefits⁶¹. Comparisons between this survey and that mentioned above indicate factors that are associated with absence from work of more than two weeks and with falling out of work in the longer term. Relevant findings include:

- Nineteen per cent had moved straight onto ESA from employment **without** a period of sickness absence. How health was managed at work (e.g. disclosure and access to support) was found to be a somewhat important factor – specifically, **not** having discussions with a line manager **as soon as a health condition started** and not accessing independent counselling where it was available. Both surveys identified that disclosure, and particularly early disclosure, was an important issue in regards to reducing sickness absence.
- Both surveys identified a greater likelihood of longer periods of sickness absence in large organisations. Though health was an important predictor of moving onto ESA across organisations of all sizes, leaving work due to health was most likely among claimants who had been working in organisations of more than 250 people.
- Though women were more likely than men to have been off work sick for more than two weeks, this was not reflected among the ESA claimants interviewed in the ESA claimants survey, where gender was more evenly split.
- ESA claimants were less likely to have had access to independent counselling (18 per cent) and occupational health services (33 per cent) when in their last position than participants in the employee survey (39 per cent and 59 per cent).
- Both surveys identified differences for those employees working in part-time positions that might present an interesting picture when combined. The ESA claimants survey found that part time workers were less likely to have access to health and wellbeing initiatives whilst in work. They were also less likely to have received sick pay and more likely to fall out of work and straight onto benefits without sick pay.
- A similar proportion of respondents with health conditions in both surveys reported having had adjustments made when in work. In the employee survey, there was a slightly higher likelihood of most types of adjustment being made, but the greatest differences were found in allowing employees to work from home, which was somewhat lower among ESA claimants.
- In the employee survey a greater proportion of respondents reported that adjustments had been helpful (89 per cent) than identified in the ESA claimants survey (71 per cent).

A further refinement to the analysis in this report may be to combine the cases from the two surveys to conduct multivariate analysis of factors that are important for falling out of work.

⁶¹ Adams *et al.* (2015).

5.6 Reasons for returns to work

The survey asked those who returned to work after a spell of sickness absence of more than two continuous weeks about the main reason why they were able to return (Table 5.7). The most common reason was an improvement in their health condition (52 per cent), followed by financial reasons (18 per cent) and because they wanted to get back to a routine or back to normal (17 per cent).

Table 5.7 Reasons for returning to work

	%
Health improved	52
Financial reasons	18
Wanted to get back/wanted routine/normality	17
Boredom	7
Doctor's advice	5
Needed to help at work/felt guilty	3
Worried about losing job	2
Fit note/sick note ran out	2
Received treatment	2
Managing health better	2
Adjustments made by employer to type of work	1
Other	6
<i>Unweighted base</i>	329

Base: employees who returned from a spell of sickness absence lasting more than two weeks.

5.7 Summary

A largely positive reaction to the recommendations made in 'fit notes' suggests that they **make a valuable contribution to identifying the appropriate adjustments for employees with health conditions.**

Workplace adjustments were more common for employees with physical rather than mental health conditions. Those with mental health conditions and with both mental and physical health conditions were more likely to have 'unmet' need. **This may indicate that employers and employees have difficulty in identifying what support would be useful and appropriate in relation to mental health conditions.**

Helpful adjustments were more likely to be reported by those in small organisations and by those with less severe physical conditions. They were also more likely to be made by organisations that the employee had deemed as being supportive when discussing their condition, **indicating the value of employees and employers working together to identify the correct adjustments.** Though the sample of employees that had experienced more than three months off work was small, there was an indication of the positive role of 'helpful' adjustments can make in reducing longer periods of sickness absence. Reflecting on the ESA claimants survey, it appears that 'helpful' adjustments might have a role in supporting retention.

The findings from the study 'Understanding the journeys from work to Employment Support Allowance (ESA)⁶² **reflect many of the findings of this study**, including the role of early disclosure, particularly before the health condition is affecting work, in reducing sickness absence and the importance of helpful adjustments. One of the most significant findings from the ESA claimant survey was that claimants were less likely to have had access to occupational health and independent counselling, and were less likely to have received some types of adjustments – in particular working from home. This reiterates the suggestion that **certain types of health and wellbeing interventions and adjustments may have a role in supporting people with health conditions to remain in work.**

⁶² Adams *et al.* (2015).

6 Fit for Work

All employees were asked their views on Fit for Work, a new independent health and work advice and referral service launched at the end of 2014, known previously as the Health and Work Service (and referred to in this way in the survey questionnaire – see Box 2) regardless of whether or not they had a health condition or previous sickness absence. However, particular attention is paid in this chapter to those with circumstances in the last year that would make them the target group for referral for Fit for Work.

Key findings

- Five per cent of employees had four weeks sickness absence in the previous year, which would make them the target group for referral to the assessment element of Fit for Work.
- Eighty-four per cent of employees felt Fit for Work would be useful, while 67 per cent said that they would be likely to use it in the event of experiencing a spell of sickness absence lasting four weeks or more.
- Employees who had experienced a spell of sickness absence lasting more than four weeks tended to be more positive about Fit for Work. Others seen as more positive included: employees with a mental health condition, women, younger employees, those working in the public sector or in sales and customer service occupations, and those whose employers already provided a range of health and wellbeing initiatives.
- Most of those who reported being unlikely to use the service did so as they felt their employer would help them without it, or because they already had access to occupational health services at work.
- Eighty-four per cent of employees felt they would be comfortable sharing their Return to Work Plan with their employer.

All participants were read a short description of the service (see Box 2). They were then asked if they thought it would be useful and whether they would be likely to use it in the event of being absent from work due to a health condition for a period of four weeks or more.

Box 2: Intro to Health and Work Service (now Fit for Work)

A new independent Health and Work Service is being developed for employees who have been off sick from work for four weeks or more. Employees who are expected to be off work for four weeks or more will also be able to be referred by their GPs even if they haven't yet reached the four weeks threshold. An Occupational Health professional will assess the employee's situation to help identify obstacles to returning to work. They would provide recommendations about adjustments that could be made to assist the employee to return to work more quickly. To do this they will develop a Return to Work Plan. This plan could then be discussed with employers.

Eligibility amongst the sample

Five per cent of employees had experienced four weeks of sickness absence making them the target group for referral for Fit for Work as they would have been clearly eligible to be referred to the assessment element of the service.⁶³

Employees aged 50 and above were more likely to have experienced a sickness absence spell of more than four weeks. Those with a mental or physical health condition were almost equally as likely to having had a spell of sickness absence lasting more than four weeks (13 and 12 per cent respectively). The proportion is higher for those with both a physical and mental health condition: 22 per cent had sickness absence of more than four weeks in the previous 12 months.

Otherwise, female workers, employees in large organisations and in the public sector, and those earning more than £10,400 but less than £15,600 a year were also more likely to be eligible for Fit for Work.

6.1 Views about Fit for Work

This section describes the perception of potential service users of Fit for Work.

Most respondents were positive about the idea of Fit for Work, with 84 per cent saying it would be 'very' or 'quite' useful, while 67 per cent thought that they would use this service in the future, if they experienced a sickness absence of more than four weeks.

Employees aged 25 to 34 were more positive than other age groups about the usefulness of Fit for Work (figure 6.1). Eighty-seven per cent said it would be 'very' or 'quite' useful, compared to 60 per cent among 65 years old. Employees in that age group were also most likely to say they would be 'very' or 'fairly' likely to use the service (Figure 6.2).

Women were also more likely than men to say Fit for Work would be 'very' or 'quite' useful (Figure 6.1), as well as that they would be 'very' or 'fairly' likely to use the service (Figure 6.2).

Looking by industry, those working in 'public administration, education and health' were the most positive about both the usefulness and the likelihood of using Fit for Work. In contrast, those working in 'agriculture, forestry and fishing' and in 'construction' were least positive about the usefulness of the service. 'Managers, directors and senior officials' were more likely than other occupations to say they were not at all likely to use the service (Table A.27).

Those working in large organisations were more likely to perceive the service as very or quite useful (87 per cent) than those in small organisations (78 per cent). Employees working in organisations with full provision of health and wellbeing policies said the service would be very useful (62 per cent) compared with those in organisations with comprehensive provision (44 per cent), limited provision (36 per cent), or in organisations without any policies in place (25 per cent) (Table A.27).

⁶³ Those who are expected to be off work for four weeks will also be eligible for the Fit for Work, but the four weeks threshold allows the Department for Work and Pensions to identify the characteristics of the population most likely to be referred to the assessment element of Fit for Work.

Figure 6.1 Perceived usefulness of Fit for Work, by demographics

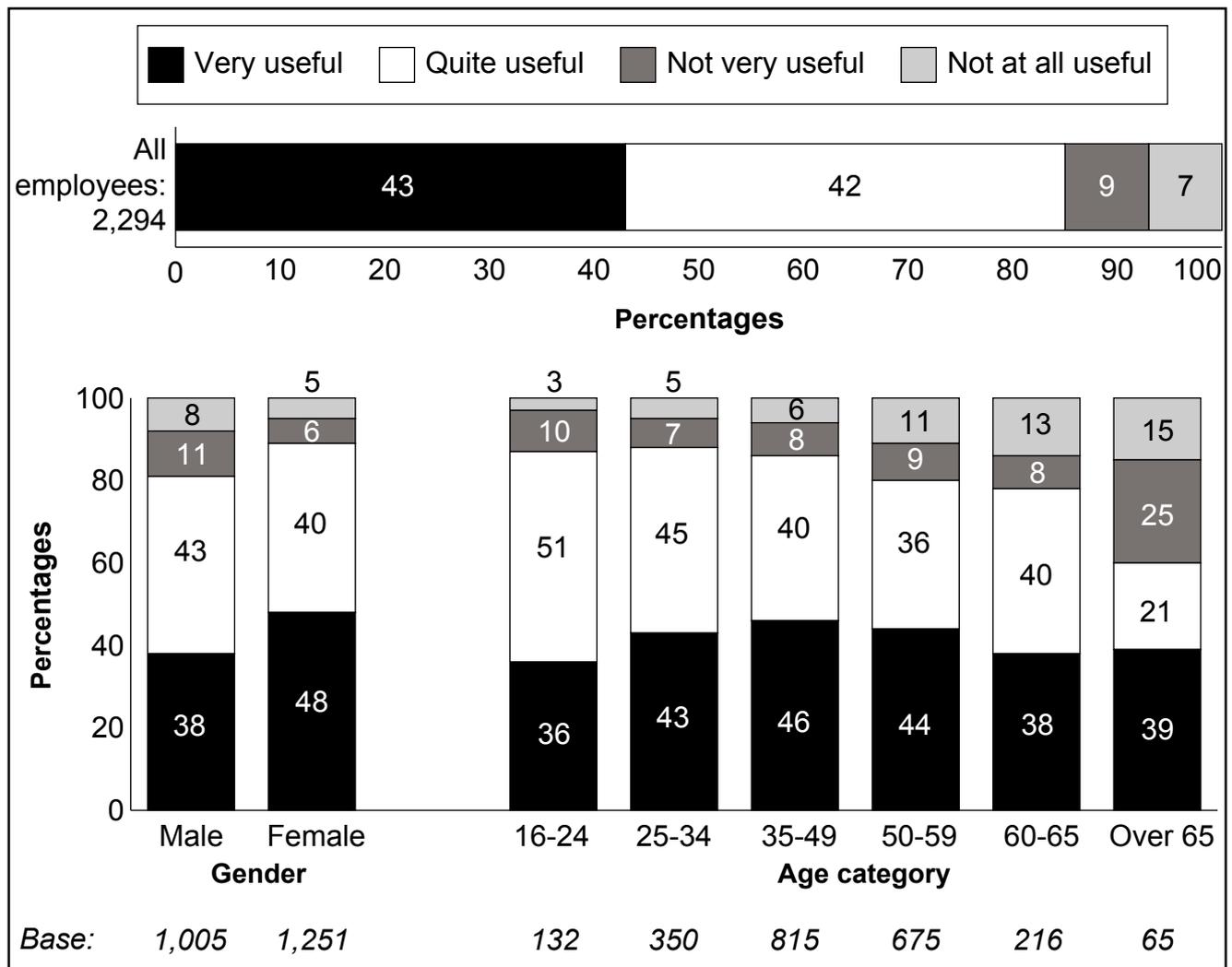
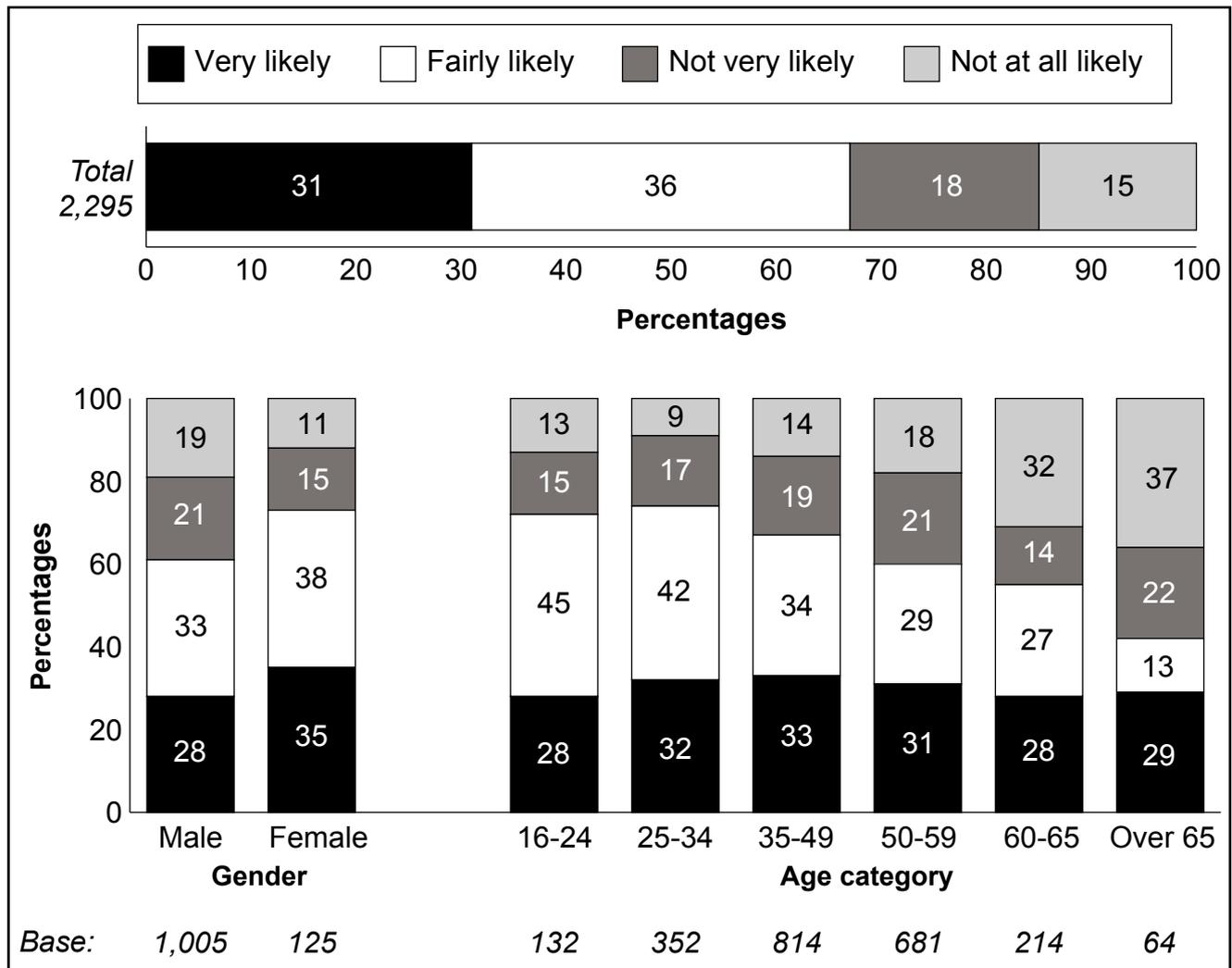


Figure 6.2 Likelihood of using Fit for Work, by demographics



Employees with a mental health condition were the most positive about the usefulness of the service (87 per cent seeing it as very or quite useful). Those with a mental and physical health condition were least likely to see it as useful: a quarter said it would be ‘not very useful’ or ‘not at all useful’. However, this group were more likely to say they would use the service compared to employees with just a physical health condition (78 per cent compared with 68 per cent).

The relationship between sickness absence patterns and perceptions of usefulness of Fit for Work, and the likelihood of actually using the service were also investigated. Of those who had experienced a continuous sickness absence of more than four weeks, and would therefore be eligible for the assessment element of the service, 84 per cent thought it would be ‘very’ or ‘quite useful’, while 73 per cent thought that they would be ‘very’ or ‘quite likely’ to use the service (Table 6.1). Overall, the ‘very useful’ and ‘very likely’ were more common among those who experienced a sickness absence of more than four weeks.

Table 6.1 Perceived usefulness and likelihood of using Fit for Work among those having experienced a spell of sickness absence lasting more than four weeks

	More than a 4 week period of absence %
Usefulness of FfW	
Very useful	50
Quite useful	34
Not very useful	9
Not at all useful	7
Likelihood of using FfW	
Very likely	42
Fairly likely	31
Not very likely	14
Not at all likely	14
<i>Unweighted base</i>	<i>306</i>

Base: employees who have experienced a spell of sickness absence of more than four weeks in the last 12 months.

In summary, positive perceptions of the usefulness of Fit for Work were more likely among:

- female employees;
- employees working in ‘public administration, health or education industries’ and in ‘sales or customer service occupations’;
- employees working in large organisations and in the public sector;
- employees working in organisations with full provision of health and wellbeing policies;
- those who experienced sickness absence of more than four weeks in the previous 12 months;
- employees aged under 50;
- employees with a mental health condition.

Those more likely to use the service (Table A.28) presented the overall same characteristics, with the exception of the last point: employees with both mental and physical health conditions were more likely to say they would use the service.

6.2 Reasons for not wanting to use the service

When asked why they felt it was unlikely they would use Fit for Work, 70 per cent said that their ‘employer would help them anyway’ (Table 6.2), although almost a quarter (23 per cent) said they would not feel comfortable involving their employer as a reason for not using the service. Employees in small organisations were more likely than those in large organisations to give this reason. More employees said that they would be likely to use the service if referred by a GP than by their employer (25 per cent compared with eight per cent).

Table 6.2 Reasons for being unlikely to use Fit for Work

	%
Employer would help me anyway without service	70
My organisation already has Occupational Health Services	37
Uncomfortable involving employer with the service	23
Would prefer to go elsewhere for advice	23
Uncomfortable discussing health with the service	20
I might not like advice provided	15
<i>Unweighted base</i>	760

Base: employees unlikely to use FfW.

6.3 Return to work plan

After being given a brief explanation of the Return to Work Plan (see Box 3), respondents were asked how comfortable they would be sharing the plan with their employer. They were also asked if they thought their employer would act upon recommendations made in the plan.

Box 3: Return to Work Plan

If you used this new service the occupational health professional would provide you with a 'return to work' plan. This plan would outline all the obstacles preventing a return to work and any adjustments to help with returning to work. This plan would be developed with you. The plan would include information on any relevant work, health and non-health issues you have.

Comfort with sharing the plan and having high expectations of an employer acting on the recommendations were both positively associated with existing provision of health and wellbeing support in the organisation.

Eighty-four per cent of employees felt they would be comfortable sharing their return to work plan with their employer. Those with a mental health condition felt less comfortable than those who had no condition or a physical condition only (25 per cent were 'not very' or 'not at all comfortable' compared with 15 per cent for each of the other two). Eighty-five per cent of employees were confident that their employer would act on the return to work plan but six per cent did not think it was 'at all' likely that their employer would act on any recommendations that were made.

6.4 The threshold for eligibility

Fit for Work is aimed at employees who have reached, or are expected to reach, four weeks of sickness absence. After four weeks of sickness absence, there is a heightened risk of longer-term absence, which in turn increases the risk of non-return to work.^{64 65} Longer-term absence (of more than four weeks) accounts for 40 per cent or more of working time lost.⁶⁶

The analysis below compares those who would have clearly qualified for Fit for Work (having already been absent from work for four weeks or more) and those who have an intermediate sickness pattern (defined for the purposes of this report, as being more than a two week spell of sickness absence or more than three spells, one of which lasted at least one week in total – but no periods of more than four weeks). This second group is also of interest for Fit for Work as they might also be eligible for referral if their GP considered they were likely to reach four weeks of sickness absence (Table 6.3).

Employees absent for more than four weeks were more likely to have a mental health condition than those with intermediate sickness patterns. In addition, they were considerably more likely to have a condition that affected their work ‘a great deal’ (61 per cent compared to 15 per cent).

Table 6.3 Comparison of those off work for more than four weeks with those off for significant a period but shorter than this

	More than 4 week period off work	More than 2 week period off or 3+ periods incl 1 week+
	%	%
Type of health condition		
No health condition	13	25
Mental health condition only	20	9
Physical condition only	47	48
Both mental and physical	19	18
Total	100	100
Extent of effect on work		
A great deal	61	15
To some extent	21	48
Not very much	9	23
Not at all	8	14
Total	100	100
<i>Unweighted base (minimum)</i>	<i>275</i>	<i>127</i>

Base: employees off sick for stated periods.

⁶⁴ Black, C (2008).

⁶⁵ Black, C. and Frost, D. (2011).

⁶⁶ *ibid*

6.5 Summary

Reaction to Fit for Work was generally positive, in particular it was seen most positively by those who had experienced a spell of sickness absence lasting more than four weeks in the previous 12 months. Having greater access to health and wellbeing initiatives at work (something more common in large employers) appeared to positively influence perception of Fit for Work. This is perhaps due to previous experience and knowledge of what such support might involve.

Employees with a mental health condition were more likely to have been absent for more than four weeks than for a lesser period. They were also among those who felt most positively about the service. As such, **Fit for Work will be of particular importance for those with mental health conditions, whether occurring singularly or co-morbidly.**

Though such findings are positive, the picture may not be so clear, with older age groups, who were found to be among those most likely to experience more than four weeks of sickness absence, were among the least positive. **There may be a need for more targeted promotion** of the service.

7 Conclusions and policy implications

The main aims of this survey were to:

- build understanding of health and work in 2013/14;
- monitor the progress of the Health and Work policy programme;
- provide evidence to set the scene for the implementation of Fit for Work;
- build evidence on what has worked to help people on sick leave return to work.

In this section, we briefly discuss the main findings as they relate to these aims, and some of the implications they have for policy and progress.

7.1 Progress on the Health and Work policy programme

Baseline data for the Health, Work and Wellbeing indicators^{67 68 69} were collected as part of the 2011 Health and wellbeing at work: a survey of employees. Given the different methodologies applied in 2011 and 2014, it was not feasible to investigate all the health and wellbeing initiatives included in the 2011 survey. Instead, questions were asked about the availability of selected health and wellbeing interventions. Similarly, the increased focus in the 2014 survey on attendance and return to work support, led to a different approach to collecting data on absence and workplace adjustments than utilised in the 2011 report. Despite these caveats, these areas are broadly comparable and findings for both surveys have been presented throughout this report where possible (Sections 3.1.5 and 5.4).

Small organisations continue to be substantially less likely to have implemented health and wellbeing initiatives than larger organisations. It is likely that the cost implications may be impractical in smaller settings, insufficient for economies of scale.

Alternatively, small organisations may experience less need to provide these policies because there is **relatively lower sickness absence than in large organisations**. Indeed, the findings from this survey raise questions about the importance of such policies in terms of reducing sickness absence, particularly when considered against the effect work conditions that are better in terms of stress and levels of control over work, or greater supportiveness around health conditions. This is discussed in Section 7.3.3.

There have been notable **increases in provision of flexible working, injury prevention training and occupational health services**. However, there has not been an increase in all types of provision: **those that specifically relate to mental health (i.e. independent counselling and stress management training) have stagnated** between 2011 and 2014. As such, **renewed focus might be needed to demonstrate the value of such**

⁶⁷ OECD (2014).

⁶⁸ Health, Work and Well-being Strategy Unit (2010).

⁶⁹ Department for Work and Pensions (2008).

services to employers, or to incentivise the uptake of evidence-based mental health support services. The costs to employers (and the economy) of mental ill health have been quantified⁷⁰ and in recent years there have been a number of business-focused campaigns on mental health. These include *Time to Change* and the Business in the Community (BITC) initiative *Ready to Talk*, which have promoted the idea that providing mental health support for employees as being cost-effective in terms of improving worker productivity and retention.

More positively, in terms of support for employees with mental health conditions, access to counselling after a period of sickness absence (as a workplace adjustment) has increased from nine to 13 per cent. **Overall, there appears to be a greater willingness among employers to provide workplace adjustments.** Changes to working hours showed a marked increase, in the form of emergency leave, flexible hours, changes to shifts/hours and reduced hours.

7.2 Fit for Work

The **response to Fit for Work was largely positive**, both in terms of being perceived as a useful service and in the likelihood of people saying they would use it – in particular among those who had experienced four weeks absence in the previous 12 months.

Employees in certain occupations and industries were less enthusiastic about the usefulness of Fit for Work than others: **particularly those in ‘blue collar’ occupations.** However, **managers and professionals felt they would be less likely to use Fit for Work** than other groups.

Though Fit for Work will provide support to all employers, it is hoped it will be of particular help to small and medium organisations, which are less likely to have access to occupational health services (as reflected in this report and previous research⁷¹). However, **employees working for small organisations were slightly less positive about the usefulness of the service**, and there was less likelihood of them saying they would use it than those in large organisations. Employees in larger organisations – where there is better provision of health and wellbeing policies – may be more aware of the benefits of these types of services. Conversely, those working in small organisations may also feel sufficiently supported in their work environment and do not feel they need such a service.

There could be merit in targeting the promotion of Fit for Work at the groups that expressed uncertainty about its usefulness and their likelihood of using it, to explain its benefit to them and increase engagement with it. This includes those in older age groups, particularly those aged 50 and over.

This survey offers valuable insight into likely users of Fit for Work and their conditions. Five per cent of all employees surveyed would have been clearly eligible for referral to Fit for Work in the previous 12 months. A similar proportion of employees (four per cent) were identified as having had ‘intermediate’ patterns of sickness absence – absence of two or more weeks or multiple occurrences of short-term absence. These groups are also of concern for Fit for Work as they might be referred by their GPs on their judgement of the likelihood that they would experience four weeks’ absence. Such sickness absence could be a warning sign for a health condition that requires attention – in particular fluctuating long-

⁷⁰ OECD (2014).

⁷¹ Department for Work and Pensions (2013).

term conditions, such as mental health conditions, musculoskeletal disorders (MSKs), and conditions causing chronic pain. **In the longer term, consideration could be given as to whether fluctuating conditions that could benefit from Fit for Work are being referred to the service even where they may not currently reach the four week sickness absence point.** Further examination of the sickness absence patterns of those who have not been able to remain in employment due to a health condition (see for example Davies et al 2014) will be of value in determining whether eligibility should be further extended.

Employees with a mental health condition and those who felt their health had a considerable effect on their work, were more likely to have had more than four weeks of sickness absence. This allows us to make some predictions about likely users of **Fit for Work**. **This finding also indicates where there could be merit in focusing preventive action.** It is positive that those with mental health conditions recognised the usefulness of Fit for Work, and were the most positive about it.

7.3 Supporting a return to work after sickness absence

Analysis indicated that sickness absence lasting more than two weeks was closely associated with how much an employee felt their health condition affected their work, as was how supportive the employer was when discussing a health condition. Other factors associated with reduced sickness absence (and sickness absence length), included implementation of **appropriate and helpful workplace adjustments and working in a small organisation.**

7.3.1 Employer support and disclosure

Employees who regarded their employers to be supportive whilst discussing a health condition were less likely to have experienced a spell of sickness absence lasting more than two weeks. **Employers with a more comprehensive range of health and wellbeing policies in place were also more likely to be seen as supportive. Employees working for these organisations were more likely to discuss their condition and to do so earlier.**

Of course, employers can only be supportive following disclosure by an employee. Multivariate analysis identified that **a third of employees with a health condition had not discussed it with their employer**, including many who reported their health condition as having a significant effect on their work. **Those with mental health conditions were less likely to have discussed their health with their employer than those with a physical condition only**, perhaps reflecting the stigma often associated with having a mental health condition. The lower level of support given by employers (as perceived by employees) for help with a mental health condition may reflect the stigma around mental health conditions, or a lack of confidence among managers of how to broach mental health concerns with employees. **Activities aimed at addressing workplace stigma around mental health (as led by the Time to Change campaign) and at up-skilling managers to address mental health need to continue.**

Early disclosure of a health condition will enable employers to provide more timely support, which may prevent the condition from worsening and prevent longer-term sickness absence (and perhaps job loss). The likelihood of disclosure, and of disclosing at an early stage, varied between occupation group and industry. For example, employees in 'caring, leisure

and other service' occupations were least likely to discuss their condition at an early stage, and had more frequent and longer-term sickness absence (lasting more than two weeks). **There could be merit in conducting further analysis about factors that support disclosure.** The work already being undertaken by DWP^{72 73 74} to educate, encourage, and support employers to develop a culture that is more conducive to disclosure of health conditions should be continued. It should include a review of policy measures and instruments that might better support or encourage employers to **create work environments conducive to early disclosure as a means of creating healthier workplaces, improving employee health and health condition management**, and reduce the frequency and length of sickness absence. Such a role might be incorporated within Fit for Work.

7.3.2 Workplace adjustments

Having workplace adjustments made was closely associated with having experienced a spell of sickness absence lasting more than two weeks. This is likely because adjustments are most common for those who have a health condition that affects, or has affected, their ability to work. The role of workplace adjustments in supporting and hastening a return to work is difficult to extract from the data as there is no information on whether absence occurred (or continued) after the adjustments were made, or before. However, it is clear that the majority of those who had adjustments made found them helpful.

Importantly, respondents that were on sick leave at the time of the survey were more likely to feel they would return to work, where they had had 'helpful' adjustments. This highlights the importance of employers and employees working together to decide on the most appropriate adjustments that will effect a return to work.

The survey identified 'unmet need' among this population, in terms of additional adjustments that the employee would have liked. **Unmet need was highest among those with mental health conditions.** Common reasons for unmet need were the **employee feeling unable to ask their employer for the needed adjustment** or their **employer not providing it even when asked**. As mentioned above, stigma and perception of employer supportiveness might be seen as barriers.

These findings suggest a number of possibilities. These include that employers may be insufficiently informed about the range of adjustments that may be of benefit to employees, particularly for those with mental health conditions (see Section 7.3.4), or that they may not perceive a need for adjustments, or that they simply did not want to provide them. A range of resources, including grants and tax exemptions, already exist that provide support to employers needing to make adjustments. These are available through the government's Access to Work programme⁷⁵ and the Mental Health Support Service⁷⁶. **Current research on Access to Work should provide insights into the barrier to awareness and uptake of such support.**

⁷² Perkins, R. *et al.* (2009).

⁷³ Health, Work and Wellbeing (2009).

⁷⁴ HM Government (2009).

⁷⁵ Where an employee meets the criteria for Access to Work, they can apply for support from the programme, such as specialist aids and equipment or support workers. For further information see www.gov.uk/access-to-work/overview

⁷⁶ www.vr.remploy.co.uk/index.php/employment-services/individual-services/5-workplace-mental-health-support-service

7.3.3 Small organisations

As with other studies⁷⁷, this survey found that **employees in small organisations had fewer episodes of sickness absence and were less likely to have had spells of sickness absence lasting more than two weeks.** The reasons for this are not entirely clear. Particularly when small organisations, compared with large organisations, are less likely to (and have less capacity to) provide the range of health and wellbeing policies which are often considered to have a role in preventing or reducing absence. Absence is also often seen as more problematic in small organisations, particularly very small organisations, as they are less likely to have resource to cover employee absence, and may have limited capacity to engage in sickness absence management and return to work processes.

Fit for Work will provide support to employees in small organisations that might not have a range of health and wellbeing policies.

This research suggests that adopting a range of health and wellbeing policies may simply be less necessary for smaller organisations – they have fewer incidences of sickness absence and less longer-term absence (lasting more than two weeks). Though it is easy to surmise that those working in smaller organisations may be more pressured to attend work given the resource implications for employers, in this study employees working in small organisations were less likely to feel stressed at work, were more likely to say they had control over their work, and to feel rewarded.

The finding that those in small organisations were less likely to feel comfortable sharing a return to work plan with their employer adds further confusion to the picture.

The research findings suggest that there might be value in targeting communication around Fit for Work to employees in small and medium enterprises (SMEs) in particular.

Where adjustments were made, employees of small organisations were also more likely to feel the adjustments made for them had been helpful. Differences identified in the nature of the adjustments which were provided more frequently in larger and smaller organisation, are likely to have some relation to the practicalities of making certain types of changes (e.g. changes to role and tasks) in a small organisation where there may not be other employees to cover.

The Black/Frost review of sickness absence⁷⁸ had highlighted that a disproportionate number of people from SMEs go onto ESA without first going onto sick pay. There was no evidence from this survey that those working in smaller organisations were less likely to receive sick pay than those in large organisations. However, this survey only looked at those currently in employment, limiting the conclusions that might be drawn. For example, we do not know the extent to which those who have fallen out of work received sick pay, only whether those still in work received sick pay.

It is suggested that smaller organisations in particular might benefit from better-focused support and advice on how to manage sickness absence in their workforce, including consideration of the specific needs of these organisations, and on what a realistic return to work process might look like. We think there could be merit in future research using a qualitative approach to investigate the relationships between individual employees, employers and the workplace culture in small businesses. This

⁷⁷ CIPD (2014).

⁷⁸ Black, C. and Frost, D. (2011).

might seek to identify the relationship between ill health, absence, and attending work while ill, as well as looking at what support might be provided to small businesses to allow them to better manage sickness absence where it occurs. The survey of Employment Support Allowance (ESA) claimants⁷⁹ also sheds further light on this scenario.

7.3.4 Mental health

The situation for employees with mental health conditions warrants further mention. Employees with mental health conditions were more likely to say that **work had a negative effect on their health and to have lower life satisfaction. They were also less likely to be getting support from employers.** It was noted that health and wellbeing policies that relate to physical health conditions were more common, as was the likelihood of receiving adjustments that met their needs. This latter point might explain why those with mental health conditions felt most **positively towards Fit for Work**: it offers support they felt they needed but were not receiving.

A higher reporting of ‘unmet need’ in terms of adjustments by employees with a mental health condition might indicate that employers find it difficult to identify the most appropriate and helpful adjustments, even where there has been disclosure of health condition. Alternatively, that support that would ensure ongoing productivity is just more difficult to provide. However, given that adjustments can only follow disclosure and a quarter of employees said that they would feel unable to discuss mental health with their employer, it is perhaps not surprising that unmet need exists. An individual’s self-awareness of their condition and the triggers to an onset of poor health is also a consideration.

Given the additional impact of having a comorbid mental health condition, further steps should be taken to examine this issue. We know very little about the prevalence and the patterns of the onset of comorbid mental health conditions – information that is necessary if we are to develop the means of prevention and early intervention.

Finally, there needs to be a broader understanding of the **benefits for employers in changing workplace culture in regards to supporting health and wellbeing and particularly mental health** among employees.

⁷⁹ Adams *et al.* (2014).

Appendix A

Additional tables

Table A.1 Demographic and employment characteristics

	%
Age	
16-24	13
25-34	24
35-49	35
50-59	20
60-65	6
Over 65	2
Gender	
Male	50
Female	50
Out of work commitments	
Dependent child under 16	34
Other caring responsibilities (e.g. friend or family member)	15
Sector	
Private sector business	58
Public sector organisation	36
Voluntary/not for profit sector organisation	4
Size of organisation	
Small: 1-50 employees	23
Medium: 51-249 employees	14
Large: 250 or more employees	62
Industry	
Agriculture, forestry and fishing	1
Energy and Water	2
Manufacturing	11
Construction	5
Distribution, hotels and restaurants	20
Transport and communications	9
Banking and Finance	16
Public admin, education and health	33
Other services	4

Continued

Table A.1 Continued

	%
Hours worked/week	
1 to 15 hours	8
16 to 29	17
30 to 40	48
41 to 49	20
Over 50	7
Length of time with current employer	
Less than 1 year	16
1 to 5 years	31
5 years or more	54
<i>Unweighted base (minimum)</i>	2,318

Base: all employees.

Table A.2 Detailed types of health conditions among those with a health condition

	%
Stress, anxiety or depression	36
Concentration or memory problems	1
Schizophrenia or psychosis	1
Other mental health conditions	3
Learning difficulties including dyslexia	1
Asperger's syndrome or autism	1
Problems with back, neck or shoulders	16
Problems with arms or hands	8
Problems with hips, legs or feet	12
Other physical injury (include recovering from surgery)	2
Cancer	2
Heart or circulatory problems (e.g. high blood pressure, angina, heart attacks, strokes)	7
Chest or breathing problems (e.g. asthma, emphysema)	8
Problems with stomach, liver, bowel or digestive system	4
Problems with kidneys, bladder or reproductive organs	3
Skin conditions or allergies	1
Conditions of the nervous system (e.g. multiple sclerosis, Parkinson's)	2
Diabetes	6
Epilepsy	1
Migraine	1
Difficulty in seeing	2
Difficulty in hearing	2
Other dizziness or balance problems	0
Problems due to drug dependency	0
Other health problem or disability/unable to code	14
<i>Unweighted base</i>	939

Base: employees with a health condition in last 12 months.

Health and wellbeing at work: a survey of employees, 2014

Table A.3 Type of health condition, by age

Age	Type of health condition				
	Mental health condition	Conditions related to muscles, bones or joints	Long-term health conditions affecting major organs	Learning difficulties	Other conditions
	%	%	%	%	%
16-24	13	7	8	36	10
25-34	22	20	19	40	23
35-49	42	34	30	10	32
50-59	18	28	25	8	22
60-65	4	7	14	6	9
Over 65	1	4	5	-	4
<i>Unweighted base</i>	355	326	249	16	229

Base: all employees.

Table A.4 Type of health condition grouped, by age

Age	Comorbid health conditions			
	Mental health condition only	Physical health condition only	Both a mental and physical health condition	No health condition
	%	%	%	%
16-24	17	10	8	13
25-34	22	20	23	25
35-49	44	31	37	35
50-59	15	25	24	19
60-65	2	10	6	6
Over 65	0	4	1	2
<i>Unweighted base</i>	199	566	156	1,394

Base: all employees.

Table A.5 Effect of health condition on amount or type of work, by age

<i>Column percentages</i>				
Age	Extent health condition affects the amount or type of work			
	A great deal	To some extent	Not very much	Not at all
	%	%	%	%
16-24	4	14	18	9
25-34	22	22	24	18
35-49	45	35	28	35
50-59	21	22	20	24
60-65	6	5	9	9
Over 65	2	2	2	5
<i>Unweighted base</i>	236	243	195	261

Base: all employees.

Table A.6 Length of longest sickness absence period in last 12 months

	%
No sickness absence	58
One or two days	18
More than two days and up to a week	11
More than 1 week and up to 2 weeks	5
More than 2 weeks and up to 4 weeks	2
More than 4 weeks and up to 6 weeks	1
More than 6 weeks and up to 8 weeks	1
More than 8 weeks and up to 3 months	1
More than 3 months and up to 6 months	1
Longer than 6 months	1
<i>Unweighted base</i>	2,366

Base: all employees.

Health and wellbeing at work: a survey of employees, 2014

Table A.7 ONS self-reported general wellbeing measures

	Scores categories				Mean score (0-10)	Unweighted base
	High (9-10) %	Medium (7-8) %	Low (5-6) %	Very low (0-4) %		
Overall, to what extent do you feel the things you do in your life are worthwhile?	36	50	10	3	8.0	2,309
Overall, how satisfied are you with your life nowadays?	36	47	13	5	7.8	2,317
Overall, how happy did you feel yesterday?	39	39	13	9	7.6	2,317
	Low (0-1) %	Medium (2-3) %	High (4-5) %	Very high (6-10) %	Mean score (0-10)	Unweighted base
Overall, how anxious did you feel yesterday?	45	20	15	19	2.7	2,313

Base: all employees.

Table A.8 Life satisfaction, by age

Age	Level of satisfaction with life			
	High %	Medium %	Low %	Very low %
16-24	14	11	13	19
25-34	23	24	26	22
35-49	34	37	34	34
50-59	18	22	19	21
60-65	7	6	7	3
Over 65	4	1	1	1
<i>Unweighted base</i>	802	1,077	298	131

Base: all employees.

Table A.9 Employer pension scheme membership, by gender and age

	Member of employer pension scheme	<i>Unweighted base</i>
Gender	%	
Male	59	1,025
Female	61	1,280
Age		
16-24	31	132
25-34	56	352
35-49	71	836
50-59	72	692
60-65	49	222
Over 65	23	67
Total	60	2,353

Base: all employees.

Table A.10 Clarity of written sickness policies

	Percentage of employees
Very clear	65
Fairly clear	23
Not that clear	4
Not clear at all	2
Have not seen/read the policy	6
<i>Unweighted base</i>	2,165

Base: employees reporting written sickness policies being available.

Table A.11 Receipt of sick pay, by sector

	Percentage who were paid for sickness absence	<i>Unweighted base</i>
Private sector business	74	560
Public sector organisation	84	492
Voluntary/not for profit sector organisation	89	49
Total	78	1,137

Base: employees off sick from work in previous 12 months.

Health and wellbeing at work: a survey of employees, 2014

Table A.12 Employee use of health and wellbeing policies in last 12 months

	Health checks %	Injury prevention training %	Stress management training %	Occupation health service %	Independent counselling/ advice %
Age					
16-24	9	16	4	9	3
25-34	20	24	21	25	21
35-49	39	32	49	43	48
50-59	27	20	24	18	23
60-65	4	6	2	5	6
Over 65	2	2	-	1	-
Gender					
Male	69	50	50	49	42
Female	31	50	50	51	58
Type of health condition					
Mental health condition only	7	8	7	12	32
Physical condition only	19	21	17	31	14
Both mental and physical	3	3	9	10	22
Size of organisation					
Small: 1 to 50 employees	6	14	7	5	7
Medium: 51 to 249 employees	12	11	7	11	20
Large: 250 or more employees	82	74	86	85	73
Sector					
Private sector business	55	54	33	36	28
Public sector organisation	41	39	56	61	60
Voluntary/not for profit sector organisation	1	5	4	2	8
<i>Unweighted base</i>	223	977	110	212	32

Base: employees reporting availability of policies.

Table A.13 Level of stress felt at work, by occupation, industry and organisation size

	<i>Row percentages</i>				
	Level of reported stress at work				
	Very stressful %	Stressful %	Slightly stressful %	Not at all stressful %	<i>Unweighted base</i>
Occupation					
Managers, Directors and Senior Officials	21	38	35	5	162
Professional Occupations	24	37	34	5	498
Associate Professional and Technical Occupations	14	36	43	7	319
Administrative and Secretarial Occupations	11	25	45	19	292
Skilled Trades Occupations	13	27	44	15	175
Caring Leisure and Other Service Occupations	14	23	49	14	265
Sales and Customer Service Occupations	12	18	42	28	223
Process, Plant and Machine Operatives	16	18	47	19	149
Elementary Occupations	9	17	39	35	238
Total	15	28	41	15	2,325
Industry					
Agriculture, forestry and fishing	–	15	39	46	11
Energy and Water	10	25	41	23	61
Manufacturing	12	34	39	15	228
Construction	19	22	44	15	66
Distribution, hotels and restaurants	10	23	41	26	389
Transport and communications	14	28	44	14	210
Banking and Finance	12	31	45	12	364
Public admin, education and health	23	30	39	8	882
Other services	5	24	45	26	97
Total	15	28	41	15	2,325
Size of organisation					
Small: 1 to 50 employees	14	22	44	20	497
Medium: 51 to 249 employees	18	26	42	14	279
Large: 250 or more employees	15	31	40	13	1,518
Total	15	28	41	15	2,325

Base: all employees.

Table A.14 Sanctions and making time up for sick leave

	%
Whether sanctions or warnings applied for time off sick	
Yes	7
No	93
Whether had to make up time for sick leave	
Yes	4
No	96
<i>Unweighted base</i>	<i>970</i>

Base: employees off sick for at least one period in last 12 months.

Table A.15 Employee comfort with discussing health conditions or stress with employer

	Type of health condition or stress				<i>Unweighted base</i>
	Physical health conditions	Mental health conditions	Work related stress	Out of work stress	
Age	%	%	%	%	
16-24	89	78	90	71	134
25-34	85	74	86	64	356
35-49	87	72	82	63	838
50-59	86	73	82	62	691
60-65	82	73	84	57	224
Over 65	97	87	95	64	67
Total	86	74	84	64	2,366

Base: all employees.

Table A.16 Adjustments to work made or promised, by age

	Type of adjustments				<i>Unweighted base</i>
	To role	To time	Providing support	None of these	
Age	%	%	%	%	
16-24	16	48	33	47	48
25-34	32	60	26	36	129
35-49	25	59	32	37	356
50-59	20	50	30	40	320
60-65	25	58	28	39	114
Over 65	23	54	13	45	34
Total	24	55	30	39	1,022

Base: employees with a health condition or off sick for more than 2 weeks.

Table A.17 Stress at work, by occupation and type of employer

					<i>Row percentages</i>
Occupation	Level of reported stress at work				Unweighted base
	Very stressful	Stressful	Slightly stressful	Not at all stressful	
	%	%	%	%	
Managers, Directors and Senior Officials	21	38	35	5	162
Professional Occupations	24	37	34	5	498
Associate Professional and Technical Occupations	14	36	43	7	319
Administrative and Secretarial Occupations	11	25	45	19	292
Skilled Trades Occupations	13	27	44	15	175
Caring Leisure and Other Service Occupations	14	23	49	14	265
Sales and Customer Service Occupations	12	18	42	28	223
Process, Plant and Machine Operatives	16	18	47	19	149
Elementary Occupations	9	17	39	35	238
Total	15	28	41	15	2,325
Industry					
Agriculture, forestry and fishing	–	15	39	46	11
Energy and Water	10	25	41	23	61
Manufacturing	12	34	39	15	228
Construction	19	22	44	15	66
Distribution, hotels and restaurants	10	23	41	26	389
Transport and communications	14	28	44	14	210
Banking and Finance	12	31	45	12	364
Public admin, education and health	23	30	39	8	882
Other services	5	24	45	26	97
Total	15	28	41	15	2,325
Size of organisation					
Small: 1 to 50 employees	14	22	44	20	497
Medium: 51-249 employees	18	26	42	14	279
Large 250 or more employees	15	31	40	13	1,518
Total	15	28	41	15	2,325

Base: all employees.

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Table A.18 Control over organisation of work, by occupation and type of employer

	Level of control over organisation of work				<i>Row percentages</i>
	High %	Medium %	Low %	Very low %	<i>Unweighted base</i>
Occupation					
Managers, Directors and Senior Officials	57	28	8	8	162
Professional Occupations	31	36	16	16	498
Associate Professional and Technical	29	41	14	16	319
Administrative and Secretarial Occupations	35	38	18	9	290
Skilled Trades Occupations	26	38	13	23	178
Caring Leisure and Other Service	21	27	29	23	261
Sales and Customer Service Occupations	22	29	23	26	223
Process, Plant and Machine Operatives	16	23	27	34	148
Elementary Occupations	23	34	21	22	237
Total	31	34	18	18	2,324
Industry					
Agriculture, forestry and fishing	19	26	17	38	11
Energy and Water	35	42	12	11	61
Manufacturing	32	36	15	16	227
Construction	37	42	6	15	68
Distribution, hotels and restaurants	27	34	22	18	389
Transport and communications	28	28	14	30	210
Banking and Finance	39	31	17	13	363
Public admin, education and health	28	33	19	20	878
Other services	30	40	23	8	96
Total	31	34	18	18	2,324
Size of organisation					
Small: 1 to 50 employees	38	35	13	13	494
Medium: 51 to 249 employees	28	33	18	21	279
Large: 250 or more employees	29	33	19	19	1,517
Total	31	34	18	18	2,324

Base: all employees.

Table A.19 Control over pace of work, by occupation and type of employer

	Level of control over pace of work				<i>Row percentages</i>
	High %	Medium %	Low %	Very low %	<i>Unweighted base</i>
Occupation					
Managers, Directors and Senior Officials	41	24	17	17	162
Professional Occupations	16	24	21	40	498
Associate Professional and Technical	21	35	19	25	319
Administrative and Secretarial Occupations	32	22	21	26	290
Skilled Trades Occupations	29	29	20	22	178
Caring Leisure and Other Service	15	21	28	36	261
Sales and Customer Service Occupations	21	17	24	37	223
Process, Plant and Machine Operatives	19	21	21	39	148
Elementary Occupations	17	23	19	40	237
Total	24	25	21	31	2,315
Industry					
Agriculture, forestry and fishing	19	26	17	39	11
Energy and Water	25	37	21	17	61
Manufacturing	27	31	19	23	227
Construction	36	18	25	21	68
Distribution, hotels and restaurants	26	23	19	32	389
Transport and communications	20	22	22	36	210
Banking and Finance	26	28	20	26	363
Public admin, education and health	19	23	22	37	878
Other services	24	27	21	28	96
Total	24	25	21	31	2,315
Size of organisation					
Small: 1 to 50 employees	31	24	20	25	494
Medium: 51 to 249 employees	26	23	20	31	279
Large: 250 or more employees	21	25	21	33	1,517
Total	24	25	21	31	2,315

Base: all employees.

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Table A.20 Sickness absence, by stress at work

	<i>Column percentages</i>			
	Level of stress at work			
	Very stressful %	Stressful %	Slightly stressful %	Not at all stressful %
No sickness absence	51	56	59	64
1 or 2 periods of up to 2 weeks	28	28	28	21
3+ periods of up to 2 weeks	10	8	7	9
1+ periods more than 2 weeks	12	8	6	6
<i>Unweighted base</i>	<i>401</i>	<i>668</i>	<i>908</i>	<i>337</i>

Base: all employees.

Table A.21 Comfort discussing physical health, by occupation

Occupation	Comfort discussing physical health			<i>Unweighted base</i>
	Yes %	No %	It depends %	
	<i>Row percentages</i>			
Managers, Directors and Senior Officials	89	10	2	163
Professional Occupations	88	9	3	505
Associate Professional and Technical Occupations	89	7	4	324
Administrative and Secretarial Occupations	87	8	5	294
Skilled Trades Occupations	84	11	5	179
Caring Leisure and Other Service Occupations	87	8	4	270
Sales and Customer Service Occupations	88	8	4	227
Process, Plant and Machine Operatives	77	19	4	156
Elementary Occupations	83	13	3	244
Total	86	10	4	2,370

Base: all employees.

Table A.22 Discussed health condition, by provision of health and wellbeing policies

Provision of health and wellbeing policies	Discussed health condition with employer		
	Yes %	No %	Total %
None	0	2	1
Basic provision	31	43	35
Comprehensive provision	59	48	54
Full provision	9	7	9
<i>Unweighted base</i>	693	298	2,371

Base: employees with a health condition.

Table A.23 Discussed health condition, by extent of effect of health on current work

Effect of health condition on work	Discussed health condition with employer		
	Yes %	No %	Total %
A great deal	20	10	16
To some extent	30	20	26
Not very much	23	24	24
Not at all	27	46	34
<i>Unweighted base</i>	485	253	764

Base: employees with a health condition.

Table A.24 Logistic regression of satisfaction with life

	Significance level	Odds ratio
Stress level at home		
Very stressful*	0.000	0.238
Stressful*	0.000	0.289
Slightly stressful*	0.000	0.560
Not at all stressful (reference)	0.000	1.000
Frequency of feeling accomplished at work		
Most days**	0.015	2.349
Some days	0.868	0.940
Not very often (reference)	0.000	1.000
Level of control over how work is organised		
High*	0.001	1.707
Medium	0.555	1.096
Low	0.177	0.784
Very low (reference)	0.000	1.000
Would be comfortable discussing a mental health condition with employer		
Yes (reference)	0.000	1.000
No*	0.000	0.567
Type of health conditions		
Physical health condition only (reference)	0.000	1.000
Mental health condition only	0.814	0.913
Both a mental and physical health condition	0.287	1.418
No health condition**	0.023	2.042
Age of youngest dependent child		
Child aged under 1*	0.000	5.611
Child aged 1 to 3**	0.028	1.505
Child aged 4 to 11	0.201	1.223
Child aged 12+	0.639	0.909
No children (reference)	0.000	1.000
Stress level at work		
Very stressful**	0.005	0.586
Stressful*	0.000	0.541
Slightly stressful**	0.020	0.707
Not at all stressful (reference)	0.002	1.000
Gender		
Male*	0.001	0.707
Female (reference)	0.000	1.000

Continued

Table A.24 Continued

	Significance level	Odds ratio
Whether enjoys good relationships with colleagues		
Strongly agree (reference)	0.003	1.000
Agree slightly*	0.001	0.581
Neither agree nor disagree**	0.019	0.422
Disagree slightly	0.968	0.981
Strongly disagree	0.682	0.800
Age		
16 to 24 (reference)	0.018	1.000
25 to 34**	0.007	0.608
35 to 49**	0.005	0.604
50 to 59**	0.011	0.621
60 to 65	0.507	0.850
Over 65	0.527	1.254
Constant	0.317	0.605

Base: employees with a health condition or employees absent from work in previous year.
SPSS forward stepwise logistic regression.

Dependent variable was 'satisfaction with life nowadays' (with a scale of 0 to 10 with nought being 'not at all satisfied' and ten being 'completely satisfied').

Variables entered into the model but found not to be significant:

DEMOGRAPHIC – ethnicity, country

EMPLOYMENT – SIC2007, SOC2010, location of work, size of organisation, type of employment contract, length of employment

EMPLOYER CULTURE/ADJUSTMENTS – control over pace of work, rewards for work, level of accomplishment, unmet needs.

Odds ratios of greater than one indicate relatively higher odds of having an excellent relationship than the reference category in that variable; less than one indicate relatively lower odds.

A significance level of 0.05 was used, indicating a statistically significant impact of that variable on the dependent variable (at the five per cent level).

** Indicates a statistically significant difference in the odds ratio compared to the reference category or for the variable in the case of continuous variables – 0.05 level.

* Indicates a statistically significant difference in the odds ratio – 0.1 level.

Table A.25 Logistic regression of receiving helpful adjustments

	Significance level	Odds ratio
Supportiveness of employer in discussing health condition		
Very supportive (reference)	0.000	1.000
Fairly supportive*	0.074	0.612
Slightly**	0.000	0.159
Not supportive at all**	0.000	0.240
Not discussed**	0.000	0.153
Whether employee would feel comfortable discussing mental health condition with employer		
Yes (reference)	0.001	1.000
No**	0.000	0.445
Depends**	0.044	0.503
Extent of employer provided health and wellbeing policies		
None	0.814	0.767
Basic provision**	0.005	0.348
Comprehensive provision	0.731	0.889
Full provision (reference)	0.000	1.000
Size of organisation		
Small: 1 to 50 employees	0.015	1.837
Medium: 50 to 249 employees	0.874	0.958
Large: 250 or more employees (reference)	0.034	1.000
Type of health conditions		
Physical health condition only (reference)	0.023	1.000
Mental health condition only**	0.002	0.505
Both a mental and physical health condition	0.394	0.791
No health condition	0.701	0.748
Constant	0.006	3.303

Base: employees with a health condition or employees absent from work in previous year for 2 weeks. SPSS forward stepwise logistic regression.

Dependent variable was the helpfulness of adjustments (0=No, 1=Yes).

Variables entered into the model but found not to be significant:

DEMOGRAPHIC – age group, gender, presence/age of children, ethnicity, annual household income

HEALTH – Effect of health condition in work

EMPLOYMENT – SIC2007, location of work, unsociable hours

EMPLOYER CULTURE/ADJUSTMENTS – stress at home, stress at work, control over work and pace of work, relationship with colleagues, rewards for work, level of accomplishment, how comfortable would feel talking about mental health and work related stress with employer, unmet needs.

Odds ratios of greater than one indicate relatively higher odds of having an excellent relationship than the reference category in that variable; less than one indicate relatively lower odds.

A significance level of 0.05 was used, indicating a statistically significant impact of that variable on the dependent variable (at the five per cent level).

** Indicates a statistically significant difference in the odds ratio compared to the reference category or for the variable in the case of continuous variables – 0.05 level.

* Indicates a statistically significant difference in the odds ratio – 0.1 level.

Table A.26 Logistic regression of being off sick for more than two weeks

	Significance level	Odds ratio
Size of organisation		
Small: 1 to 50 employees	0.001	0.377
Medium: 50 to 249 employees	0.005	0.369
Large: 250 or more employees (reference)		1.000
Gender		
Male**	0.003	0.528
Female (reference)		1.000
Adjustments made		
Yes**	0.020	1.821
No (reference)		1.000
General supportiveness of employer in relation to discussions of health		
Very supportive (reference)		1.000
Fairly supportive	0.160	1.510
Slightly	0.183	1.688
Not supportive at all**	0.019	2.488
Not discussed	0.318	0.752
Country		
Scotland (reference)		1.000
England	0.643	0.851
Wales*	0.073	2.270
Constant	0.003	0.288

Base: employees with a health condition.

SPSS forward stepwise logistic regression.

Dependent variable was whether had more than two weeks off sick in last 12 months (0=No, 1=Yes)

Variables entered into the model but found not to be significant:

DEMOGRAPHIC/HEALTH – age group, presence/age of children, ethnicity, type of health condition

EMPLOYMENT – SOC2010, SIC2007, length of time with employer, type of contract, location of work, unsociable hours, hours per week worked

EMPLOYER CULTURE/ADJUSTMENTS – stress at home, stress at work, control over work and pace of work, relationship with colleagues, rewards for work, how comfortable talking about health at work, health and wellbeing policies in place, unmet needs.

Odds ratios of greater than one indicate relatively higher odds of having an excellent relationship than the reference category in that variable; less than one indicate relatively lower odds

A significance level of 0.05 was used, indicating a statistically significant impact of that variable on the dependent variable (at the five per cent level)

** Indicates a statistically significant difference in the odds ratio compared to the reference category or for the variable in the case of continuous variables – 0.05 level

* Indicates a statistically significant difference in the odds ratio – 0.1 level.

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Table A.27 Perceived usefulness of Fit for Work, by employer characteristics

	Usefulness of Fit for Work				Row percentages
	Very useful %	Quite useful %	Not very useful %	Not at all useful %	<i>Unweighted base</i>
Size of organisation					
Small: 1 to 50 employees	35	43	12	9	492
Medium: 51 to 249 employees	37	44	13	6	273
Large: 250 or more employees	47	41	6	6	1,500
Industry					
Agriculture, forestry and fishing	42	20	23	14	10
Energy and Water	46	37	13	4	58
Manufacturing	36	45	11	8	226
Construction	35	43	9	13	67
Distribution, hotels and restaurants	38	46	9	7	384
Transport and communications	42	41	10	7	201
Banking and Finance	45	41	8	6	360
Public admin, education and health	50	37	6	7	874
Other services	27	55	11	7	97
Occupation					
Managers, Directors and Senior Officials	42	39	7	11	163
Professional Occupations	46	38	9	6	484
Associate Professional and Technical Occupations	40	46	7	7	319
Administrative and Secretarial Occupations	43	45	8	5	288
Skilled Trades Occupations	31	42	14	13	172
Caring Leisure and Other Service Occupations	46	44	5	4	263
Sales and Customer Service Occupations	47	42	7	4	218
Process, Plant and Machine Operatives	41	39	10	10	148
Elementary Occupations	45	40	11	4	235
Total	43	42	9	7	2,294

Base: all employees.

Table A.28 Reported likelihood of using Fit for Work, by employer characteristics

	<i>Row percentages</i>				
	Very likely %	Fairly likely %	Not very likely %	Not at all likely %	<i>Unweighted base</i>
Size of organisation					
Small: 1 to 50 employees	25	39	18	18	496
Medium: 51 to 249 employees	28	39	20	13	278
Large: 250 or more employees	34	33	18	15	1,491
Industry					
Agriculture, forestry and fishing	26	8	42	24	11
Energy and Water	28	41	13	18	56
Manufacturing	35	33	16	16	225
Construction	22	33	24	21	66
Distribution, hotels and restaurants	32	36	17	14	388
Transport and communications	25	38	21	16	208
Banking and Finance	29	38	19	14	359
Public admin, education and health	36	35	16	14	873
Other services	17	35	30	18	91
Occupation					
Managers, Directors and Senior Officials	27	30	20	23	162
Professional Occupations	29	34	25	12	488
Associate Professional and Technical Occupations	29	37	19	15	318
Administrative and Secretarial Occupations	35	37	14	13	283
Skilled Trades Occupations	34	24	23	19	175
Caring Leisure and Other Service Occupations	36	39	16	9	265
Sales and Customer Service Occupations	34	43	10	13	217
Process, Plant and Machine Operatives	32	34	15	20	151
Elementary Occupations	31	41	17	11	232
Total	31	36	18	15	2,295

Base: all employees.

Appendix B

Methodology

Questionnaire development

The 2014 questionnaire was aimed at providing measures to support current policy concerns whilst also maintaining some links with the 2011 survey of employees. The main aims of the 2014 survey were to provide insight into patterns of sickness absence and factors that were important for a return to work and managing health conditions.

Questions were developed in consultation with the DWP research team and their steering group, with new questions cognitively tested by NatCen's Questionnaire Design and Testing Hub. This testing used 10 telephone interviews with employees to mimic the mode of interview in the main survey. Interviews were recorded and summarised in a matrix for review by the research team and recommendations for question amendments made in a separate report. Recommendations covered areas including:

- Employer policies and support
- Employer attitudes to sickness absence
- Adjustments to work
- Discussions about health and work with the employer
- Sickness absence patterns
- Views on Fit for Work
- Factors that contribute to sick leave

The time available for the development phase meant that a full pilot had to be carried out alongside the cognitive testing. A total of 30 interviews were carried out in November 2013. In addition to questionnaire testing (wording, length and flow), the pilot also tested the approach to the screening and to achieving co-operation.

Sampling

The sampling had two aims:

- Provide a nationally representative sample of employees aged 16 and over in Great Britain
- Ensure a sufficient base for analysis of employees who had been off work for more than two weeks in the previous year

Eligibility for the survey:

- Those aged 16 or over in Great Britain who had done any paid work as an employee for seven hours or more in any week in the last month
- Employees were defined as those working for organisations of two or more people. Consultants were not included, but casual staff and those on temporary contracts were.

Those on maternity leave or sick leave who had a contract of employment were also included.

There were two separate approaches to the survey sampling. The representative sample of employees was achieved through Random Digit Dialling (RDD). Landline and mobile numbers were generated at random from starting point lists, pinged to remove business lines and non-working lines and provided to NatCen's Telephone Unit. The inclusion of mobile numbers in this process ensured that the 15 per cent of households that are mobile only had a chance of selection.

The boost of employees who were off sick for more than two weeks in the previous 12 months was initially expected to be achieved via follow-up interviews with respondents to the Health Survey for England, the Scottish Health Survey and Welsh Health – all high quality probability samples carried out by NatCen. Whilst length of sickness absence was not established in those surveys, it was hoped that by identifying those who had a long-term health condition and who were either in paid work as an employee, actively looking for work or in education, the required boost sample could be screened for efficiently.

However, the numbers of employees eligible for the boost was not as large as had been hoped, and another source of sample was sought. The consumer panel Panelbase was commissioned to screen its members with the survey criteria and pass leads to NatCen. NatCen then made contact, confirmed eligibility and conducted the interviews.

Fieldwork approach

Fieldwork was conducted in NatCen's Telephone Unit using Computer Assisted Telephone Interviewing. Fieldwork took place between January and April 2014.

There were different rules for selection of cases between the different samples.

- For the RDD landline sample, interviewers were guided by the CATI programme through a selection process: for those households with more than one eligible employee, a 'next birthday' selection approach was applied
- For the RDD mobile sample, interviewers asked for the main user of the mobile before establishing their eligibility. There was no household selection process.
- For the health survey and panel samples that were aimed to boost those who had more than two weeks off work, named individuals were screened to ensure their eligibility and this sickness absence requirement

The interview lasted 20 minutes on average – interviews were longer for those who had been off work sick for a period.

Response

The response table from the main body of the report is provided here for convenience (Table B.1).

The overall response rate for the RDD sample was 25 per cent. This takes account of 'unknown eligibles' – those cases that cannot be resolved during fieldwork, either due to non-contact or refusal before eligibility can be established. The eligibility rate of cases where eligibility was established was applied to this unknown group to provide the response rate.

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The co-operation rate for the RDD sample was 41 per cent. Whilst this may appear low compared with named telephone samples (for the boost follow-up the co-operation rate was 60 per cent), it is comparable to rates achieved in other good quality RDD surveys.

An indicator of likely sample quality is the effort that has been expended in trying to convert cases. Excluding numbers that were unobtainable, the average number of calls made per case was 12 for the RDD sample. For non-contact cases, the level would have been considerably higher than this. These calls were spread across different days of the week (including weekends) and at different times of day for each case.

For the follow-up boost sample there was a relatively low eligibility rate (though higher than the natural prevalence in the employee population). A further issue was the quality of the contact information, which was two years old by the time of fieldwork.

Table B.1 Response rate to the survey

	Landline	Mobile	RDD total	Boost – follow-up	Boost – panel	Grand total
<i>a Issued</i>	14,150	9,920	24,070	3,200	244	27,514
<i>b Confirmed ineligible</i>	6,223	3,656	9,879	1,554	48	11,481
(b/a)	44%	37%	41%	49%	20%	42%
<i>c Confirmed eligible</i>	2,654	2,273	4,926	368	154	5,447
(c/a)	19%	23%	20%	11%	63%	20%
<i>d Refusal</i>	1,409	1,286	2,694	119	14	2,826
(d/c)	53%	57%	55%	32%	9%	52%
<i>e Productive</i>	1,145	868	2,013	219	139	2,371
Co-operation rate (e/c)	43%	38%	41%	60%	91%	44%
<i>f Eligibility rate (c/(b+c))</i>	30%	38%	33%	19%	76%	32%
<i>g Number of unknown eligibles</i>	5,274	3,992	9,265	1,279	43	10,586
Response rate (e/(c + f * g))	27%	23%	25%	36%	75%	27%

Weighting

Weighting was applied to the combined RDD and boost data to achieve a representative sample of employees in Great Britain. The weights were generated using calibration weighting methods, a technique that creates weights which, when applied to survey data, give survey estimates that match the population estimates for certain key variables. It corrects for bias due to random chance in the selection process, non-contacts, refusals and other non-response. The sample was calibrated to Labour Force Survey estimates for employees in relation to age, sex, region, SIC, SOC and hours worked. The LFS is a large-scale robust survey used to provide national statistics about the workforce and the best source of information to which to calibrate this survey. The boost sample was weighted back to the level found in the RDD sample, this being the best available estimate of the prevalence of sickness absence for more than two weeks.

Table B.2 provides a comparison of the RDD sample before and after weighting was applied. This provides an indication of the quality of the sample achieved on key characteristics. As is common to most surveys, younger age groups were under-represented in the unweighted sample and needed to be weighted up by a factor of two. There was a similar under-representation of those in the most senior occupational grouping. Beyond this, however, the RDD sample that was achieved matched the LFS estimates on key variables quite closely.

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Table B.2 Effect of weighting

Variable	Category	Unweighted RDD estimate	Weighted RDD estimate	Difference	
Age group	16-17	.3	.5	- 0.3	
	25-34	5.9	12.0	- 6.1	
	35-49	16.2	24.0	- 7.8	
	50-59	36.0	35.1	0.9	
	60-65	37.9	25.8	12.1	
	Over 65	3.7	2.5	1.2	
Number of hours worked each week	0-14	5.9	6.7	- 0.8	
	15-29	20.7	18.3	2.4	
	30-44	50.0	52.4	- 2.4	
	45-59	19.0	18.9	0.1	
	60+	4.4	3.7	0.7	
Occupation	Managers, Directors and Senior Officials	7.1	13.8	- 6.7	
	Professional Occupations	21.4	15.0	6.4	
	Associate Professional and Technical Occupations	14.2	15.1	- 0.9	
	Administrative and Secretarial Occupations	11.5	11.6	- 0.1	
	Skilled Trades Occupations	8.0	7.7	0.2	
	Caring Leisure and Other Service Occupations	11.3	9.9	1.4	
	Sales and Customer Service Occupations	9.3	8.6	0.7	
	Process, Plant and Machine Operatives	6.9	6.4	0.5	
	Elementary Occupations	10.4	12.0	- 1.6	
	Industry	Agriculture, forestry and fishing	.6	.6	
		Energy and Water	2.8	1.9	0.9
Manufacturing		10.4	10.6	- 0.2	
Construction		3.3	4.6	- 1.3	
Distribution, hotels and restaurants		17.1	19.9	- 2.8	
Transport and communications		9.2	8.7	0.5	
Banking and Finance		16.2	15.7	0.5	
Public admin, education and health		36.1	33.4	2.7	
Other services		4.3	4.4	- 0.1	
Region		North East	3.1	3.6	- 0.5
	North West	11.6	11.3	0.3	
	East Midlands	8.5	7.8	0.7	
	West Midlands	7.8	8.6	- 0.8	
	East	11.7	10.5	1.2	
	London	10.0	13.1	- 3.1	
	South East	17.5	14.7	2.8	
	South West	8.6	8.1	0.5	
	Wales	4.5	4.7	- 0.2	
Scotland or Yorkshire and Humber	16.7	17.6	- 1.0		

Appendix C

Questionnaire

Health and Wellbeing at Work Questionnaire

1. Introduction and screening
2. About your employer [Previously organisation characteristics]
3. Employer policies and support [Previously objective measures of support]
 - Holiday
 - SSP/OSP
 - Health insurance
 - Work assessments and injury prevention
 - OHS
 - Stress management and Employee Assistance Programme
4. Employer support
 - Comfort talking to employer about health, work related stress, work bullying etc
5. Health conditions
6. Sickness absence in last 12 months [Previously in 'Health']
 - Amount of time off [Number of occasions, longest continuous absence and total number of days]
 - Any sanctions/needing to make time up
 - Presenteeism
 - Sick pay received
7. Other factors that contribute to sick leave
8. Adjustments
 - Discussions with employer
 - Fit notes
 - Adjustments [for those currently working]
 - Return to work discussions [For those who have returned to work after 2+ weeks off]
 - Return to work discussions/adjustments offered [For those who are currently on sick leave]
 - Previous employer
9. Views on Health and Work service

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10. General wellbeing and engagement at work [Formally from self-completion]
11. Future plans [Previously 'retention']
12. About you [Demographics from personal circumstances]

The source of each measure is indicated on the questionnaire. Please note unprompted 'Don't Know' and 'Refusal' codes will be available for all questions that are not required for routing or text-fills.

1. Introduction and screening

SCREENING FOR RDD SAMPLE

Intro [Source=New]:

- a. Good morning/afternoon/evening, my name is.... I'm calling from NatCen Social Research. We are an independent research organisation....
- b. We have been asked to carry out a survey on behalf of the Department for Work and Pensions about people's experiences of health and wellbeing at work.
- c. (The information we collect will help the government plan the services they provide in the future.
- d. Any information you provide will be held in the strictest of confidence. Taking part is entirely voluntary.
- e. The research findings will not identify you.)

ADD IF NECESSARY: Although the Department for Work and Pensions have asked us to carry out this research, I am working for a research institute that is completely separate from the Government.

The interview varies in length depending on your answers to certain questions. For most people it will take 20-30 minutes. You can skip any question you prefer not to answer.

{ASK MOBILE SAMPLE ONLY}

MobChk

Can I just check that you are the main user of this mobile phone?

1. Yes
2. No → SEEK TO SPEAK TO OWNER OF MOBILE. IF NOT AVAILABLE CALL BACK LATER

{ASK ALL RDD}

AgeChk1 [Source=New]

Can I please just check that you are aged 16 or older?

1. Yes
2. No [IF MOBILE THANK AND CLOSE].

{Ask if AgeChk1=No and LANDLINE SAMPLE}

AgeChk2 [Source=New]

Is someone who is aged 16 or over available to speak to in the household?

1. Yes → Speak to adult. Repeat Intro.
2. No → Unfortunately we are only able to speak to people who are aged 16 or over. IF LANDLINE ARRANGE CALLBACK AT TIME WHEN AN ADULT IS AVAILABLE. IF MOBILE THANK AND CLOSE.

{ASK ALL RDD}

EmpChk1 [Source=New]

Are you currently employed?

INTERVIEWER: RESPONDENT IS ELIGIBLE FOR INTERVIEW IF THEY HAVE WORKED :

- 7 HOURS OR MORE IN ONE WEEK
- IN ANY WEEK IN LAST MONTH

ALSO INCLUDES THOSE OFF SICK FROM WORK, ON MATERNITY LEAVE ETC WHERE THEY HAVE A JOB TO GO BACK TO

1. Yes
2. No [IF MOBILE THANK AND CLOSE].

{ASK IF EmpChk1=Yes}

EmpChk2 [Source=New]

Are you employed by an employer or are you self-employed?

INTERVIEWER: IF THEY ARE SOLE-EMPLOYEE WITHIN A COMPANY OF ONE PERSON TREAT THEM AS SELF-EMPLOYED AND SCREEN OUT.

1. Employed by an employer or
2. Self-employed [IF MOBILE THANK AND CLOSE].

{ASK IF EmpChk1=No OR EmpChk2=Self-employed AND Landline sample}

EmpChk3 [Source=New]

We are looking to talk to people who are employed by an employer. Is there anyone like this living in this household?

1. Yes
2. No → THANK AND CLOSE.

{ASK ALL RDD SAMPLE [LANDLINE AND MOBILE]}

EmpNo [Source=New]

How many people in this household are employed by an employer?

INTERVIEWER: RESPONDENT IS ELIGIBLE FOR INTERVIEW IF THEY HAVE WORKED:

- 7 HOURS OR MORE IN ONE WEEK
- IN ANY WEEK IN LAST MONTH

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ALSO INCLUDES THOSE OFF SICK FROM WORK, ON MATERNITY LEAVE ETC WHERE THEY HAVE A JOB TO GO BACK TO.

ENTER NUMBER:

{ASK IF EmpNo>1 AND RDD=LANDLINE}

LastB [Source=New]

We would like to speak to a random selection of people who are employed by employers and not just the person who is most likely to pick up the phone. Therefore, I would like to ask you a simple question to help us pick a person in your household to interview.

Thinking of the [INSERT NO] people who are employed by an employer, who most recently had a birthday?

INTERVIEWER PROMPT AND CODE

1. Current adult being spoken to
2. Someone else [SEEK TO SPEAK TO ELIGIBLE PERSON WHO LAST HAD A BIRTHDAY. REPEAT INTRO. IF NOT AVAILABLE ARRANGE A CALL BACK LATER.

SCREENING FOR BOOST SAMPLE CASES:

IntroB [Source=New]:

- a. Good morning/afternoon/evening, my name is.... I'm calling from NatCen Social Research. We are an independent research organisation....
- b. Can I check that I am talking to [NAMED SAMPLE MEMBER]
- c. You may remember you helped us before by taking part in [the Health Survey for England/Welsh Health Survey/Scottish Health Survey]. You very kindly agreed that we could contact you about future studies.
- d. We have been asked to carry out a survey on behalf of the Department for Work and Pensions about people's experiences of health and wellbeing at work.
- e. (The information we collect will help the government plan the services they provide in the future. Taking part is entirely voluntary.
- f. Any information you provide will be held in the strictest of confidence.
- g. The research findings will not identify you.)

ADD IF NECESSARY: Although the Department for Work and Pensions have asked us to carry out this research, I am working for a research institute that is completely separate from the Government.

The interview varies in length depending on your answers to certain questions. For most people it will take 20-30 minutes. You can skip any question you would prefer not to answer.

{ASK ALL BOOST}

EmpChkB1 [Source=New]

Can I check are you currently employed?

INTERVIEWER: ELIGIBLE FOR INTERVIEW IF HAVE WORKED:

7 HOURS OR MORE IN ONE WEEK. IN ANY WEEK IN LAST MONTH

ALSO INCLUDES THOSE OFF SICK FROM WORK, ON MATERNITY LEAVE ETC WHERE THEY HAVE A JOB TO GO BACK TO

1. Yes
2. No

{ASK IF EmpBChk1=Yes}

EmpChkB2 [Source=New]

Are you employed by an employer or are you self-employed?

INTERVIEWER: IF THEY ARE SOLE-EMPLOYEE WITHIN A COMPANY OF ONE PERSON TREAT THEM AS SELF-EMPLOYED AND SCREEN OUT.

1. Employed by an employer or
2. Self-employed

[ASK IF EmpChkB1 = No or EmpChkB2 = No]

EmpChkh

Is there anyone in the household who is an employee?

1. Yes
2. No [THANK AND CLOSE].

[ASK IF EmpChkh = Yes]

EmpChkhb

INTERVIEWER: ASK TO SPEAK WITH THIS EMPLOYEE.

IF THERE IS MORE THAN ONE, TRY TO ESTABLISH WHO WOULD BE MORE LIKELY TO HAVE HAD TIME OFF SICK FROM WORK IN THE PREVIOUS 12 MONTHS: We are hoping to speak to people who have had experience of taking time off work due to a physical or mental health condition, illness, injury or disability. Is there an employee in the household who may have had this experience in the last 12 months?

1. Continue [RETURN TO EmpChkB1]

{IF 'Yes' at EmpChkB1 THEN}

LvAnyB

In the last 12 months, that is since [MONTH AND YEAR FROM 12 MONTHS AGO] have you taken any time off work because of sickness, a health condition, an injury or a disability?

1. Yes

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2. No

{IF 'Yes' at LVAnyB}

PerSick

And in the last 12 months, thinking of the periods when you have been off sick, have any of these been for a continuous period of more than 2 weeks?

INTERVIEWER: REFERS TO THE PERIOD OF TIME THEY WERE NOT ABLE TO WORK INCLUDING WEEKENDS – DO **NOT** TAKE ACCOUNT OF HOW MANY DAYS A WEEK THEY WORK

1. Yes, two weeks or more

2. No, all periods less than 2 weeks

IF PerSick= 2 OR LvAnyB=2 THEN

Sickelse

INTERVIEWER: ESTABLISH WHETHER THERE IS ANYONE ELSE IN THE HOUSEHOLD WHO MAY BE AN EMPLOYEE WHO HAS HAD MORE THAN 2 WEEKS OFF SICK IN LAST 12 MONTHS

1. Yes – can be interviewed now

2. Yes – make appointment to call back

3. No – no eligible household members [move to the Thank and Close hard check]

PANEL CASE BOOST

SCREENING FOR BOOST SAMPLE CASES:

IntroB [Source=New]:

INTERVIEWER: ASK FOR NAMED SAMPLE MEMBER ONLY.

Good morning/afternoon/evening, my name is XXX. I'm calling from NatCen Social Research. We were passed your contact details by Panelbase. I understand that you gave your consent for us to receive your contact details to be interviewed as part of the Health and Wellbeing Study that we are conducting on behalf of DWP.

- a. We have been asked to carry out a survey on behalf of the Department for Work and Pensions about people's experiences of health and wellbeing at work.
- b. (The information we collect will help the government plan the services they provide in the future. Taking part is entirely voluntary.
- c. Any information you provide will be held in the strictest of confidence.
- d. The research findings will not identify you.)

ADD IF NECESSARY: Although the Department for Work and Pensions have asked us to carry out this research, I am working for a research institute that is completely separate from the Government.

The interview varies in length depending on your answers to certain questions. For most people it will take 20-30 minutes. You can skip any question you would prefer not to answer.

{ASK ALL PANEL BOOST}

EmpChkP1 [Source=New]

Can I check are you currently employed?

INTERVIEWER: ELIGIBLE FOR INTERVIEW IF HAVE WORKED:

7 HOURS OR MORE IN ONE WEEK. IN ANY WEEK IN LAST MONTH

ALSO INCLUDES THOSE OFF SICK FROM WORK, ON MATERNITY LEAVE ETC WHERE THEY HAVE A JOB TO GO BACK TO

1. Yes
2. No [THANK AND CLOSE]

{ASK IF EmpPChk1=Yes}

EmpChkP2 [Source=New]

Are you employed by an employer or are you self-employed?

INTERVIEWER: IF THEY ARE SOLE-EMPLOYEE WITHIN A COMPANY OF ONE PERSON TREAT THEM AS SELF-EMPLOYED AND SCREEN OUT.

1. Employed by an employer or
2. Self-employed [THANK AND CLOSE]

LvAnyBP

In the last 12 months, that is since [MONTH AND YEAR FROM 12 MONTHS AGO] have you taken any time off work because of sickness, a health condition, an injury or a disability?

1. Yes
2. No [THANK AND CLOSE]

{IF 'Yes' at LVAnyB}

PerSickP

And in the last 12 months, thinking of the periods when you have been off sick, have any of these been for a continuous period of more than 2 weeks?

INTERVIEWER: REFERS TO THE PERIOD OF TIME THEY WERE NOT ABLE TO WORK INCLUDING WEEKENDS – DO **NOT** TAKE ACCOUNT OF HOW MANY DAYS A WEEK THEY WORK

1. Yes, two weeks or more
2. No, all periods less than 2 weeks [THANK AND CLOSE]

{IF 'Yes' at PerSickP}

Payment

Thank you. You are eligible for the survey. If you would like to continue with the questionnaire we will confirm with Panelbase that you have participated and they will arrange the payment that they agreed with you.

1. Continue

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{ALL ELIGIBLE/SCREENED IN – BOOST AND RDD}

Consent [Source=New]

Are you happy to continue?

1. Yes, continue now
2. No [THANK AND CLOSE].

{ALL ELIGIBLE/SCREENED IN – BOOST AND RDD}

RespNam

Could I take your name for the purposes of the interview?

IF NECESSARY: This is so I know how you would like to be addressed during the interview. It will also be useful in case we get cut off and I need to call back.

INTERVIEWER: IT IS NOT ESSENTIAL TO RECORD THE RESPONDENT'S NAME

RECORD TITLE AND FULL NAME IF PROVIDED

STRING 100

SUBSEQUENT SECTIONS ASKED OF BOTH RDD AND BOOST SAMPLES

2. About your employer [Previously organisation characteristics]

INTRO: First I would like to talk to you about your place of work and your employer (that is, the organisation that pays your wages).

{ASK ALL}

EmpNo [Source = A1 HandWbW]

Can I just check, do you have more than one paid job?

1. Yes
2. No

{IF EmpNo=Yes}

EmpNoY [Source = A1 HandWbW]

READ OUT: As you have more than one job, throughout the survey I'd like you to only think about your main job. This will be the job in which you receive a wage or salary from an organisation and you work the most hours in over the course of a month.

IF NECESSARY If your hours in each job are equal, please think about the job that you last worked at.

{ASK ALL}

EmpLng [Source = A2 HandWbW]

How long have you been with your current employer?

PROMPT AND CODE ONE.

1. Less than 1 year
2. 1 to less than 2 years
3. 2 to less than 5 years
4. 5 to less than 10 years
5. 10 years or more

{ASK IF EMPLANG=Less than one year}

PreEmp [Source= New]

And in the last 12 months have you worked for another employer?

1. Yes
2. No

{ASK IF EMPLANG= Less than one year}

EmpWhY [Source= New]

In which month did you start working for your current employer?

INTERVIEWER: CODE MONTH AT THIS QUESTION AND YEAR AT NEXT

PROBE FOR BEST ESTIMATE

MONTH JAN-DEC

{ASK IF EMPLANG= Less than one year}

INTERVIEWER: CODE YEAR WORK STARTED

{ASK ALL}

EmpCon [Source = Adapted A3 HandWbW]

Does your job have a permanent or temporary contract?

1. Permanent
2. Temporary
3. [No contract/INFORMAL/Casual]

{ASK ALL}

EmpHm [Source = Adapted A4 HandWbW]

Do you work mainly from home?

1. Yes
2. No
3. Equal time from home and on site
4. It varies from week to week

Health and wellbeing at work: a survey of employees, 2014

{ASK ALL}

Agency [Source= Adapted from ESA Employment status]

Are you...READ OUT

1. Employed directly by the organisation you work for
2. Employed via an agency, or
3. Are you doing casual or non-contracted work? (If required: Include non-contracted work done for family members)

{ASK ALL}

Jobtit [Source = Adapted A5 HandWbW]

What is your job title?

OPEN:

{ASK ALL}

JobDet [Source =LFS2012/OCCD]

What do you mainly do in this job?

INTERVIEWER: Get brief job description. Check if any special qualifications involved.

OPEN:

{ASK ALL}

Indcls [Source LFS 2012/INDD]

What does the organisation you work for mainly make or do (at the place where you work)?

INT: Describe fully – probe manufacturing or processing distribution etc. and main goods produced, materials used, wholesale or retail etc.

OPEN:

{ASK ALL}

PubPri [Source = Adapted A7 HandWbW]

Which of these best describes the organisation you work for?

READ OUT

1. A private sector business
2. A public sector organisation
3. A voluntary/not for profit sector organisation
4. [Other]

{ASK ALL}

Site [Source = A8 HandWbW]

Is your workplace...

1. ...the only site in the organisation, or
2. One of a number of sites within a larger organisation?

{ASK IF Site=2}

Empno [Source = Adapted A9 HandWbW]

Approximately how many people work for the organisation that pays your wages at all of its sites or offices in the UK?

PROMPT AS NECESSARY. CODE ONE.

1. 1-5
2. 6-10
3. 11-24
4. 25-50
5. 51-249
6. 250 – 499
7. 500+
8. *[Don't know]*

{ASK IF Empno=8. Don't know}

Empdk [Source = Adapted A9 HandWbW]

Is it...

1. under 50
2. Between 50 and 250
3. Or over 250?

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{ASK ALL}

Siteno [Source = Adapted A10 HandWbW]

How many people work for your employer at the office or site where you work?

PROMPT AS NECESSARY

1. 1-5
2. 6-10
3. 11-24
4. 25-50
5. 51-249
6. 250 – 499
7. 500+
8. *[Don't know]*

{ASK IF Siteno=8. Don't know}

Sitedk [Source = Adapted A10 HandWbW]

Is it...

READ OUT

1. under 50
2. Between 50 and 250
3. Or over 250?

{ASK ALL}

Hours [Source = A12 HandWbW]

How many hours, including overtime or extra hours, do you usually work in your job each week? Please exclude meal breaks and time taken to travel to work.

ENTER Hours per week (to nearest hour):

{ASK ALL}

Suprv [Source= LFS 2012/SUPVIS]

In your job do you have formal responsibility for supervising the work of other employees?

INTERVIEWER NOTE: Do not include people who only supervise:

- children, e.g. teachers, nannies, childminders*
- animals*
- security or buildings, e.g. caretakers, security guards*

1. Yes
2. No

{ASK ALL}

AnyMan [Source = A15 HandWbW]

Is there someone who manages or supervises you?

IF NECESSARY: This may be someone who gives you work, supervises your work or who is responsible for telling you how you are doing in your job.

1. Yes
2. No

{ASK ALL}

Night [Source = Adapted from ESS 2010 G15]

How often does your work involve working night shifts or anti-social hours?

READ OUT. CODE ONE.

1. Never
2. Less than once a month
3. Once a month
4. Several times a month
5. Several time a week

3. Employer policies

INTRO: I would now like to find out more about what your organisation offers its employees.

{ASK ALL}

Flexi [Source= Adapted from D2 HandWbW]

Does your organisation provide any flexible working practices? For example, flexi-time, working from home, job sharing, time-off in lieu, ability to change hours, working condensed hours or changeable working patterns?

1. Yes
2. No

{ASK IF FLEXI= Yes}

Flexiu [Source= NEW]

Do you personally use these flexible working practices? *(For example flexi-time, working from home, job sharing, time-off in lieu, ability to change hours, working condensed hours or changeable working patterns).*

1. Yes
2. No

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{ASK ALL}

SicPo [Source = ESA Policies]

Does your employer have written guidelines or policies on sick leave and sick pay?

1. Yes
2. No

{ASK IF SicPOL=Yes}

SicPoY [Source =Adapted from ESA Clarity of policies]

How clear are your employer's policies on how much sick leave and sick pay you are entitled to, are they...

READ OUT. CODE ONE.

1. Very clear
2. Fairly clear
3. Not that clear or
4. Not clear at all?
5. *[Spontaneous] Have not seen/read the policy*

{ASK ALL}

SPAny [Source= New]

Does your employer provide any form of sick pay, including statutory sick pay?

1. Yes
2. No
3. Don't know

{ASK IF SPAny= 1.Yes}

SPTYPE [Source =NEW/Definitions adapted from ESA]

Does your employer provide...

READ OUT. CODE ONE. REFERS TO WHAT RESPONDENT WOULD GET IF IT VARIES BY TYPES OF EMPLOYEE. PROVIDE ASSISTANCE FROM HELP SCREEN IF REQUIRED.

1. Statutory sick pay,
2. Company sick pay, or
3. Both? [Sometimes statutory sometimes occupational/company]?
4. *[Spontaneous] Don't know*

INTERVIEWER HELP:

Statutory sick pay is the **legal minimum** employees are entitled to.

It is currently about **£86 per week**. It would usually be paid by your employer in the same way as your normal wages (e.g. weekly or monthly) with tax and National Insurance deducted.

Company sick pay or Occupational sick pay is a sick pay scheme provided by your employer. It may be more than statutory sick pay.

People could potentially get both types of pay at different times. For example if employers offer company sick pay at first and then revert to statutory sick pay.

{ASK ALL}

HoINew [Source= New]

In the last 12 months, that is since [month/year from a year ago], did you take all the paid holiday you were entitled to?

1. Yes
2. No
3. [Does not apply to respondent]

{ASK ALL}

HChk [Source= New/Adapted from D3 HandWbW]

Does your employer arrange health screening or health checks for employees, such as blood pressure or cholesterol checks? READ OUT: Do not include eye tests.

Int: Code 'Yes' if this is provided to some employees and not others. Checks could be offered on site or elsewhere.

1. Yes
2. No
3. Don't know

{ASK IF HChk=Yes}

HChkY [Source= Adapted from D5 HandWbW]

Have you personally used this service in the last 12 months?

INTERVIEWER: IF YES ASK: And was this in the last 12 months?

1. Yes- In last 12 months
2. Yes- Longer than 12 months ago
3. No

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{ASK ALL}

InjPre [Source= New/Adapted from D3 HandWbW]

Does your employer provide training in injury prevention for example manual handling or lifting?

INTERVIEWER: CODE 'Yes' IF THIS IS PROVIDED TO SOME EMPLOYEES AND NOT OTHERS

1. Yes
2. No
3. Don't know

{ASK IF InjPre=Yes}

InjPreY [Source= New/Adapted from D5 HandWbW]

In your current job, have you personally had training in injury prevention?

INTERVIEWER: IF YES ASK:

And was this in the last 12 months?

1. Yes- In last 12 months
2. Yes- Longer than 12 months ago
3. No

{ASK ALL}

Wrkinj [Source= C12 HandWbW]

And while in your present job have you had any of the following at work [in the last 12 months/since you started your job]... READ OUT

CODE ALL THAT APPLY

1. An incident where you were injured
2. A 'near miss' where you were nearly injured
3. None of these

{ASK ALL}

OCH [Source= Adapted from ESA Occupational Health Employer]

An occupational health service provides advice and practical support about how to stay healthy in the workplace and how to manage health conditions. To the best of your knowledge do you have access to an occupational health service through your employer?

1. Yes
2. No
3. Don't know

{ASK IF OCH=Yes}

OCHY [Source= Adapted from D5 HandWbW]

Have you personally used this service?

INTERVIEWER: IF YES ASK: And was this in the last 12 months?

1. Yes- In last 12 months
2. Yes- Longer than 12 months ago
3. No

{ASK ALL}

StrsM [Source= New/Adapted from D3 HandWbW]

Does your employer provide stress management training, this could include resilience training, stress recognition training or techniques on how to manage stress?

Int.: Code 'Yes' if this is provided to some employees and not others

1. Yes
2. No
3. Don't know

{ASK IF StrsM=Yes}

StrsMY [Source= Adapted from D5 HandWbW]

Have you personally received any stress management training from your employer?

INTERVIEWER: IF YES ASK: And was this in the last 12 months?

1. Yes- In last 12 months
2. Yes- Longer than 12 months ago
3. No

{ASK ALL}

EAP [Source= ESA Employee Assistance Programme]

Do you have access to an independent counselling or advice service through your employer?

1. Yes
2. No
3. Don't know

{If EAP=Yes}

EAPY [Source=Adapted from ESA Whether Employee Assistance Programme used]

Have you personally used this service?

INTERVIEWER: IF YES ASK:And was this in the last 12 months?

1. Yes- In last 12 months
2. Yes- Longer than 12 months ago
3. No

{ASK ALL}

Pension [Source=new]

Are you currently a member of your employer's pension scheme?

1. Yes
2. No

{ASK IF Pension=No}

PensWhy [Source=new]

Is that because...READ OUT

1. You decided not to become a member, that is you opted out
2. You are not entitled or not eligible to become a member
3. Your employer does not currently have a pension scheme
4. Or another reason?

4. Employer support

{ASK ALL}

CmHPMn [Source= New]

The next questions are about how comfortable you would feel talking to your employer about any problems you might have. By this we mean is there any manager or HR representative you would feel comfortable talking to.

If you needed to, would you feel comfortable discussing physical health problems with your employer?

1. Yes
2. No
3. [SPONTANEOUS: It depends]

{ASK ALL}

CmHMMn [Source= New]

If you needed to, would you feel comfortable discussing mental health problems with your employer?

1. Yes
2. No
3. [SPONTANEOUS: It depends]

{ASK ALL}

CmSMan [Source= New]

If you needed to, would you feel comfortable discussing **work-related stress** with your employer?

1. Yes
2. No
3. [SPONTANEOUS: It depends]

{ASK ALL}

CmPMan [Source= New]

If you needed to, would you feel comfortable discussing stress **outside of work or personal problems** your employer, this may include debt, bereavement or problems with relationships?

1. Yes
2. No
3. [SPONTANEOUS: It depends]

5. Health conditions

Intro: I would now like to talk to you about your health.

{ASK ALL}

HealChk

Can I check, do you have any long-term physical or mental health condition, illness, injury or disability?

1. Yes
2. No

{ASK ALL}

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Heal1 [Source= NEW]

In the last 12 months did you have a physical or mental health condition, illness, injury or disability that affected the amount or type of work you could do?

INTERVIEWER: IF ASKED, EXCLUDE COUGHS AND COLDS.

1. Yes
2. No

{ASK if Heal1=Yes}

Heal2 [Source= Adapted from ESA 2011]

And do you **currently** have a physical or mental health condition, illness, injury or disability that affects the **amount** or **type** of work you can do?

Interviewer: If asked exclude coughs and colds

1. Yes
2. No

{ASK IF Heal1 =Yes or HealChk= Yes}

Cond [Source= Adapted from ESA main health condition]

What [is/was] the name of your health condition, illness injury or disability?

If you have more than one health condition please let me know about them all.

INTERVIEWER: PROBE FOR WHAT THE RESPONDENT'S DOCTOR CALLS IT – GET FULL NAME OR DESCRIPTION.

OPEN RESPONSE

{ASK IF Heal1 =Yes or HealChk= Yes}

HCde [Source= Codeframe adapted from Pathways to work/ESA 2011]

INTERVIEWER: CODE NATURE OF THE CONDITION TO EXTENT YOU CAN BUT DO NOT ASK RESPONDENT. CODE ALL THAT APPLY

Mental health conditions

1. Stress, anxiety or depression
2. Concentration or memory problems
3. Schizophrenia or psychosis
4. Other mental health conditions

Learning or socialisation difficulties

5. Learning difficulties including dyslexia
6. Aspergers syndrome or autism

Conditions related to muscles, bones or joints (include physical injury and arthritis/rheumatism)

7. Problems with back, neck or shoulders
8. Problems with arms or hands
9. Problems with hips, legs or feet
10. Other physical injury (include recovering from surgery)

Long-term conditions that affect major organs

11. Cancer
12. Heart or circulatory problems (e.g. high blood pressure, angina, heart attacks, strokes)
13. Chest or breathing problems (e.g. asthma, emphysema)
14. Problems with stomach, liver, bowel or digestive system
15. Problems with kidneys, bladder or reproductive organs
16. Skin conditions or allergies
17. Conditions of the nervous system (e.g. multiple sclerosis, Parkinsons)

Other condition or disability

18. Diabetes
19. Epilepsy
20. Migraine
21. Difficulty in seeing
22. Difficulty in hearing
23. Other dizziness or balance problems
24. Problems due to alcohol dependency
25. Problems due to drug dependency
26. Other health problem or disability/unable to code
27. Prefer not to say/Refusal

{Ask if no mental health conditions are coded at HCde}

MenH [Source=Adapted from ESA mental health condition check]

Can I just check, in the past 12 months have you experienced, or are you currently experiencing, any mental health conditions such as depression or anxiety?

1. Yes, currently experiencing
2. Yes, experienced in last 12 months but not now
2. No, not experienced

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{Ask MenH=Yes (codes 1 or 2)}

MenCon [Source= ESA mental health condition check]

Can you tell me what mental health condition you had/have?

INTERVIEWER: ENTER OTHER HEALTH CONDITIONS OR DISABILITIES.

PROBE FOR WHAT THE RESPONDENT'S DOCTOR CALLS THEM.

OPEN:

{Ask MenH= Yes}

MenCod [Source=Pathways to work/Gimp2/Codeframe adapted from ESA 2011]

CODE NATURE OF THE CONDITION TO EXTENT YOU CAN. CODE ALL THAT APPLY.

1. Stress, anxiety or depression
2. Concentration or memory problems
3. Schizophrenia or psychosis
4. Problems due to alcohol dependency
5. Problems due to drug dependency
6. Other mental health conditions
7. [Prefer not to say]

{ASK IF has had a health condition (Heal1=Yes or HealChk=Yes or MenH=Yes (codes 1 or 2))}

Affect [Source=Adapted from C11 HandWbW]

[Thinking about all your health conditions] In the last 12 months to what extent did your health affect the **amount** or **type** of work you could do in your current job...

READ OUT.

1. A great deal
2. To some extent
3. Not very much
4. Not at all?

{ASK IF MULTIPLE HEALTH CONDITIONS CODED AT HCode or MenCod}

MAINCON [Source=New]

You mentioned that you have been affected by a number of different health issues. What would you say is your main health condition that is the condition that affects/affected your day-to-day activities the most?

CODE ONE ONLY.

Mental health conditions

1. Stress, anxiety or depression
2. Concentration or memory problems
3. Schizophrenia or psychosis
4. Other mental health conditions

Learning or socialisation difficulties

5. Learning difficulties including dyslexia
6. Aspergers syndrome or autism

Conditions related to muscles, bones or joints (include physical injury and arthritis/rheumatism)

7. Problems with back, neck or shoulders
8. Problems with arms or hands
9. Problems with hips, legs or feet
10. Other physical injury (include recovering from surgery)

Long-term conditions that affect major organs

11. Cancer
12. Heart or circulatory problems (e.g. high blood pressure, angina, heart attacks, strokes)
13. Chest or breathing problems (e.g. asthma, emphysema)
14. Problems with stomach, liver, bowel or digestive system
15. Problems with kidneys, bladder or reproductive organs
16. Skin conditions or allergies
17. Conditions of the nervous system (e.g. multiple sclerosis, Parkinsons)

Other condition or disability

18. Diabetes
19. Epilepsy
20. Migraine
21. Difficulty in seeing
22. Difficulty in hearing
23. Other dizziness or balance problems
24. Problems due to alcohol dependency
25. Problems due drug dependency
26. Other health problem or disability/unable to code
27. Prefer not to say/Refusal

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{ASK IF has had a health condition (Heal1 =Yes or HealChk= 1 Yes or MenH=Yes (codes 1 or 2))}

Onset [Source = adapted from ESA 2011/Q37)

Approximately when did your main health condition (or injury) start?

INSERT MONTH [if known]:

INSERT YEAR:

Or code 'From birth'

{ASK IF or HealChk= Yes or Heal1 =Yes or MenH=Yes. Exclude if onset =From birth}

Start [Source= Adapted from ESA 2011/Q37)

Did your (main) health condition (or injury) occur suddenly or did it come on over time?
SINGLE CODE ONLY

1. Occurred suddenly
2. Came on over time

ASK IF has had a health condition (Heal1=Yes or HealChk= Yes or MenH=Yes (codes 1 or 2))}

WrkWrs [Source=Adapted from ESA Did work affect health condition]

Do you think your health condition [or injury] was made worse by the job you were doing, was it made better, or did your work make no difference?

CODE ONE.

1. Worse
2. Better
3. No difference

{ASK IF WrWrs=Worse or Better}

CauJb [Source= New]

Can I check was your health condition made [worse/better] by your current job or a previous job?

CODE ALL THAT APPLY

1. Current job
2. Previous job

6. Sickness absence

{ASK ALL}

LvAny [Source =Adapted from ESA]

In the last 12 months, that is since [MONTH AND YEAR FROM 12 MONTHS AGO] have you taken any time off work because of a health condition, illness, an injury or a disability? READ OUT: Include days off for colds and flu.

1. Yes
2. No

{Ask if Heal1=Yes or HealChk= Yes or MenH=Yes (codes 1 or 2) and LvAny=Yes}

LvChk [Source=New]

Can I check did you take time-off because of the health condition[s] you described to me earlier?

1. Yes
2. No

{ASK IF started current job less than a year ago and has been off sick in last 12 months (Emplng= 1 AND LvAny=Yes)}

LvCur [Source= New]

And since you started your current job [in MONTH and YEAR] have you taken any time off work because of a health condition, illness, injury or a disability?

Interviewer prompt if asked: Include days off for colds and flu.

1. Yes
2. No

{ASK IF any sickness in last 12 months (LvAny=Yes)}

OffWk [Source=Adapted from C13 HandWbW]

May I just check, are you off work at the moment?

PROMPT AND CODE

1. Yes – off work on paid sick leave
2. Yes- off work on unpaid sick leave
3. Yes – off work for another reason
4. No

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{ASK IF any sickness in last 12 months (LVAny=Yes)}

LvONo [Source= New]

On how many **separate occasions** have you taken time off work due to, a health condition, illness, injury or a disability in the last 12 months?

INTERVIEWER: ENCOURAGE RESPONDENT TO GIVE THEIR BEST ESTIMATE IF THEY ARE UNSURE.

ENTER NUMBER OF OCCASIONS

{ASK IF any sickness in last 12 months (LvAny=Yes)}

Con12 [Source=Adapted from C15 HandWbW]

What was your longest continuous period of sick leave in the last 12 months?.. Was it...

READ OUT AND RECORD FIRST OPTION SELECTED.

INTERVIEWER HELP: PLEASE NOTE WE ARE INTERESTED IN 'WORKING WEEKS' THE RESPONDENT HAS HAD OFF E.G. A RESPONDENT WHO WORKS ONE DAY PER WEEK, AND WHO WAS OFF FOR 4 WEEKS RUNNING SHOULD BE RECORDED AS HAVING 4 WEEKS OFF. PLEASE CLARIFY THIS IF REQUIRED.

1. One or two days
2. More than two days and up to a week
3. More than 1 week and up to 2 weeks
4. More than 2 weeks and up to 4 weeks
5. More than 4 weeks and up to 6 weeks
6. More than 6 weeks and up to 8 weeks
7. More than 8 weeks and up to 3 months
8. More than 3 months and up to 6 months
9. Or longer than 6 months?

{ASK IF started current job less than a year ago and has been off sick in last 12 months (Emplng= 1 and LvAny=Yes) and LVCur=Yes}

ContCurr [Source=New]

Was this longest period taken off whilst in your current job?

1. Yes
2. No

{ASK IF not current job (ContCurr=No)}

Con12Cur [Source=Adapted from C15 HandWbW]

What was your longest continuous period of sick leave in the last 12 months whilst in your current job? Was it...

READ OUT AND RECORD FIRST OPTION SELECTED.

INTERVIEWER HELP: PLEASE NOTE WE ARE INTERESTED IN 'WORKING WEEKS' THE RESPONDENT HAS HAD OFF E.G. A RESPONDENT WHO WORKS ONE DAY PER WEEK, AND WHO WAS OFF FOR 4 WEEKS RUNNING SHOULD BE RECORDED AS HAVING 4 WEEKS OFF. PLEASE CLARIFY THIS IF REQUIRED.

1. One or two days
2. More than two days and up to a week
3. More than 1 week and up to 2 weeks
4. More than 2 weeks and up to 4 weeks
5. More than 4 weeks and up to 6 weeks
6. More than 6 weeks and up to 8 weeks
7. More than 8 weeks and up to 3 months
8. More than 3 months and up to 6 months
9. Or longer than 6 months?

{ASK IF any sickness in 12 months (LvAny=Yes) AND number of occasions is greater than one (LvONo>1) AND Con12 > 2 (longest period off is more than a week)}

LvDTyp

Thinking about the periods of time you have had off sick in the last 12 months, how long have they generally been for? Would you say...

READ OUT AND RECORD FIRST OPTION SELECTED.

INTERVIEWER HELP: PLEASE NOTE WE ARE INTERESTED IN 'WORKING WEEKS' THE RESPONDENT HAS HAD OFF E.G. A RESPONDENT WHO WORKS ONE DAY PER WEEK, AND WHO WAS OFF FOR 4 WEEKS RUNNING SHOULD BE RECORDED AS HAVING 4 WEEKS OFF. PLEASE CLARIFY THIS IF REQUIRED.

1. One or two days
2. More than two days and up to a week
3. More than 1 week and up to 2 weeks
4. More than 2 weeks and up to 4 weeks
5. More than 4 weeks and up to 6 weeks
6. More than 6 weeks and up to 8 weeks
7. More than 8 weeks and up to 3 months
8. More than 3 months and up to 6 months
9. Or longer than 6 months?
10. NOT READ OUT: Varies too much to say

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{ASK IF any sickness in current job e.g. LvAny=1 AND LvCur=Yes OR Not applicable}

Sanc [Source =Adapted ESA Any sanctions/warnings]

[In the last 12 months] have you had any warnings or sanctions from your [current] employer because of the amount of time you took off work?

1. Yes
2. No

{ASK IF any sickness in current job e.g. LvAny=1 AND LvCur=Yes OR Not applicable}

MakUp [Source = ESA Make up hours]

Did your current employer ever ask you to make up for the time you had off sick, for example by working on a different day or doing an additional shift?

1. Yes
2. No

{ASK IF any sickness in current job e.g. LvAny=1 AND LvCur=Yes OR Not applicable}

MS12P [Source= Adapted from ESA Any sick pay]

Did you receive sick pay from your employer on any of the days you had off sick in the last 12 months/since you started your current job in MONTH YEAR]? Sick pay would include just continuing to be paid as normal while you were off sick from work.

INTERVIEWER: INCLUDE STATUTORY SICK PAY

1. Yes
2. No

{ASK IF 12MSP=Yes}

SPAll [Source= ESA Always received sick pay]

Did you get sick pay for all of the days you had off [in the last 12 months/since you started your current job in MONTH YEAR]?

PROMPT AND CODE ONE.

1. Yes- Received sick pay for all of the days
2. No- Only received sick pay on some of the days

{ASK IF 12MSP=No OR SPAll= No}

12MSPn [Source= Why did not receive sick pay]

Why did you not [always] receive sick pay from your employer?

PLEASE SAY YES AND NO TO EACH OF THE FOLLOWING STATEMENTS. Was it because...READ OUT

1. You did not tell your employer you were sick?
2. You took annual leave and got paid for that instead?
3. You did not want to put your employer out?

4. You did not want to put your job at risk?
5. Your employer did not provide any form of sick pay?
6. You were told you were not entitled to sick pay?
7. NOT READ OUT: None of these

{Ask if 12MSPn = 6. You were told you were not entitled to sick pay}

NotEnt [Source= ESA Why not entitled to sick pay]

Why were you told you were not entitled to sick pay?

NOT READ OUT. CODE ALL THAT APPLY

1. You did not provide a sick note in time?
2. You used up all the paid sick days you were entitled to?
3. You worked variable or part time hours?
4. Your earnings were too low?
5. You were involved in a trade dispute?
6. You were working outside of the country?
7. You were not entitled for another reason

{ASK IF NotEnt=7}

NotEntO

INTERVIEWER: CODE OTHER REASON

OPEN

7. Other factors that contribute to sick leave
--

{ASK IF any sickness in current job e.g. LvAny=1 AND LvCur=Yes OR Not applicable}

OthSic INTRO [Source=New]

There are lots of different things that can influence whether people take time off sick from work. For each of the following, please tell me whether they contributed to you taking sick leave in the last 12 months/since you started your current job.

{ASK IF any sickness in current job e.g. LvAny=1 AND LvCur=Yes OR Not applicable}

OthStrW [Source=New]

(For each of the following, please tell me whether they contributed to you taking sick leave in the last 12 months/since you started your current job.)

Stress at work?

1. Yes
2. No
3. *[Spontaneous Maybe/undecided]*

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{ASK IF any sickness in current job e.g. LvAny=1 AND LvCur=Yes OR Not applicable}

OthStrM [Source=New]

(For each of the following, please tell me whether they contributed to you taking sick leave in the last 12 months/since you started your current job.)

Problems with your manager?

1. Yes
2. No
3. *[Spontaneous Maybe/undecided]*

{ASK IF any sickness in current job e.g. LvAny=1 AND LvCur=Yes OR Not applicable}

OthStrC[Source=New]

(For each of the following, please tell me whether they contributed to you taking sick leave in the last 12 months/since you started your current job.)

Problems with your colleagues?

1. Yes
2. No
3. *[Spontaneous Maybe/undecided]*

{ASK IF any sickness in current job e.g. LvAny=1 AND LvCur=Yes OR Not applicable}

OthStrH [Source=New]

(For each of the following, please tell me whether they contributed to you taking sick leave in the last 12 months/since you started your current job.)

Stress outside of work or personal problems?

1. Yes
2. No
3. *[Spontaneous Maybe/undecided]*

8. Adjustments and return to work

{ASK IF health condition mentioned or (Heal1=Yes OR or MenH=Yes OR HealChk=Yes) OR have taken more than 2 continuous weeks off sick (CON12 > 3)}

DiscussH [Source=new]

Have you discussed (or are you still discussing) your health condition, injury, illness or disability with your current employer?

1. Yes
2. No

{ASK IF have discussed health condition (DiscussH=Yes)}

WhnM [Source= Adapted from ESA WHEN first manager]

When did you first discuss your health condition[s] (or injury/illness/disability) with your employer, was it... READ ALL. CODE FIRST TO APPLY.

1. ...When you started the job,
2. ...As soon as your health condition (or illness or disability) started or your injury occurred
3. ... After your health problems started but before you had to take time off work, or
4. ... After you had to take time off work because of your health?

{ASK IF have discussed health condition (DiscussH=Yes)}

WhnAf [Source= Adapted from ESA When first manager 2]

When you first discussed your health with your employer, was your health...

READ OUT. CODE ONE.

- 1... Not affecting your work at all
- 2... Affecting your work a little,
3. .. Affecting your work a lot, OR
- 4... Were you no longer able to work because of your health?

{ASK IF have discussed health condition (DiscussH=Yes)}

GenSup [Source= ESA Support from employer]

How supportive do you feel your employer was about your health condition (or injury/illness/disability)? Would you say they were...READ OUT. CODE ONE.

1. Very supportive
2. Fairly supportive.
4. Slightly supportive, or
3. Not supportive at all

{ASK IF any sickness in current job e.g. LvAny=1 AND LvCur=Yes OR Not applicable AND took a continuous period of two weeks (Con12 > 3)}

FitNt [Source=ESA Fit notes]

Have you ever provided your employer with a 'fit note' saying you were able to work providing certain conditions were met?

1. Yes
2. No

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{ASK IF FitNt=Yes}

FitY [Source=ESA Who provided fit note]

Who provided you with this fit note?

1. A GP
2. Another doctor/consultant
3. Other

{ASK IF FitNt=Yes}

FitYH [Source=New]

How helpful were the recommendations in the fit note?

READ OUT

1. Very helpful
2. Fairly helpful
3. Not very helpful
4. Not at all helpful

ADJUSTMENTS FOR PEOPLE WHO ARE CURRENTLY WORKING

{ASK IF health condition mentioned or (Heal1=Yes OR or MenH=Yes OR HealChk=Yes) OR have taken more than 2 continuous weeks off sick (CON12 > 3) AND not currently on sick leave (Offwk=3-4)}

AdjWt [Source= Adapted from ESA Any adjustments made and C18 HandWbW]

Has your current employer done any of the following things to help you manage your health condition(s) or injury whilst working? Please say yes or no to each statement...Did they...

READ OUT. CODE ALL THAT APPLY.

1. Change the type of task you have to do?
2. (Did they) Reduce your overall workload?
3. (Did they) allow you to take extra breaks at work?
4. (Did they) Reduce the number of hours you work per week?
5. (Did they) Allow you to work flexible hours?
6. (Did they) Allow you to work from home?
7. (Did they) Change your working hours or shift pattern?
8. (Did they) Give permission to take time off at short notice for example to go to medical appointments?
9. (Did they) Provide equipment or make adaptations to your working environment?
10. (Did they) Provide you with access to physiotherapy?
11. (Did they) Provide you with access to a personal assistant, mentor or job coach?

12. (Did they) Direct you to sources of independent counselling or advice?
13. (Did they) Provide help getting to and from work?
14. [None of these]

{Ask if multiple responses coded at AdjWt. Show answers selected at AdjWt as code list for this question}

AdMHlp

Which of the adjustments made was the most helpful?

PROMPT IF REQUIRED AND CODE ONE.

1. Change in the type of task
2. Reduction of overall workload
3. Allowing extra breaks
4. Reduction of number of hours you work per week
5. Working flexible hours
6. Working from home
7. Changing working hours or shift pattern
8. Having permission to take time off at short notice
9. Providing equipment/adaptations to your working environment
10. Providing access to physiotherapy
11. Providing access to a personal assistant, mentor or job coach
12. Access to independent counselling or advice
13. Help getting to and from work

AdOth[Source=ESA Other adjustments made]

Did your employer help you in any other way because of your health?

1. Yes
2. No

{ASK IF AdOth=Yes }

AdOthY [Source=ESA What other adjustments made]

How did they help you?

OPEN

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{ASK IF health condition mentioned or (Heal1=Yes OR Heal2=Yes or MenH=Yes) OR have taken 2+ weeks off sick (CON12 = 3-4 weeks or longer) AND not currently on sick leave (Offwk=3-4)}

AdWnt [Source= New]

Were there any adjustments that would have been helpful to you that you did not get?

1. Yes
2. No

{ASK IF AdWnt =Yes}

AdWntY [Source= New]

What adjustments would have been helpful?

PROMPT WHAT ELSE? CODE ALL THAT APPLY.

1. Change the type of task
2. Reduction of overall workload
3. Allowing extra breaks
4. Reduction of number of hours you work per week
5. Working flexible hours
6. Working from home
7. Changing working hours or shift pattern
8. Having permission to take time off at short notice
9. Providing equipment/adaptations to your working environment
10. Providing access to physiotherapy
11. Providing access to a personal assistant, mentor or job coach
12. Access to independent counselling or advice
13. Help getting to and from work
14. Other

{ASK IF AdWnty=Other}

AdWntyO

INTERVIEWER: RECORD OTHER ADJUSTMENT

OPEN

{ASK IF AdWnt =Yes}

WntWhy [Source= New]

Why didn't you get these adjustments? Was it because...

READ OUT

CODE ALL THAT APPLY

1. You did not feel comfortable asking for them or
2. You asked for them and your employer didn't provide them?
3. [Spontaneous] Other

{ASK IF any adjustments made (any mention at AdjWt OR AdOth=Yes)}

AdWhn [Source= Adapted from ESA When adjustments made]

When did your employer make adjustments for you because of your health condition or injury? Please say yes or no to each statement. READ ALL. CODE ALL THAT APPLY...

1. ...After they first came to know about your health condition?
2. ... After your condition started to affect your work?
3. ... After you took time off work?
4. ...When a change was recommended by your GP, doctor or consultant?
5. ...When a change was recommended by occupational health services?
6. ...After you spoke to your trade union?
7. [None of these/At some other time]

{ASK IF any adjustments made (any mention at AdjWt OR AdOth=Yes)}

Adhelp [Source=ESA Helpfulness of adjustments]

How helpful were the adjustments your employer made in helping you manage your health condition whilst working?

READ OUT

1. Very helpful
2. Fairly helpful
3. Not very helpful
4. Not at all helpful

RETURN TO WORK FOR THOSE OFF WORK FOR 2+ WEEKS AND WHO HAVE RETURNED TO WORK

{ASK IF took a continuous period of two weeks off sick from current employer in last 12 months (Con12>3) AND not currently on sick leave (Offwk=3-4)}

Meet [Source=NEW]

You mentioned that you had been off work for a period of more than two weeks [in the last 12 months/with your current employer].

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Did you have a meeting with your employer to discuss your return to work whilst you were off work?

1. Yes
2. No

{ASK IF took a continuous period of two weeks off sick from current employer in last 12 months (Con12>3) AND not currently on sick leave (Offwk=3-4)}

ReasNew

What was the main reason you decided to return to work?

INTERVIEWER: PROBE FULLY

OPEN ENDED

RETURN TO WORK FOR THOSE OFF WORK FOR 2+ WEEKS AND WHO HAVE NOT YET RETURNED TO WORK

{ASK IF (had a health condition or took a continuous period of more than two weeks off sick from current employer in last 12 months (Con12>3)) AND currently on sick leave (Offwk=1-2)}

Return

You mentioned that you are currently off work on sick leave. How likely are you to return to work in the next 3 months? Would you say...READ OUT

1. Very likely
2. Fairly likely
3. Not very likely
4. Not at all likely
5. SPONTANEOUS: Will not return to current work

{ASK IF (had a health condition or took a continuous period of more than two weeks off sick from current employer in last 12 months (Con12>3)) AND currently on sick leave (Offwk=1-2)}

OffAdj [Source= Adapted from ESA Any adjustments made and C18 HandWbW]

Has your current employer offered to do any of the following things to help you return to work? Please say yes or no to each statement...Have they...

READ OUT. CODE ALL THAT APPLY.

1. Offered to change the type of task you have to do?
2. (Have they offered to) reduce your overall workload?
3. (Have they offered to) let you take extra breaks at work
4. (Have they offered to) Reduce the number of hours you work per week?
5. (Have they offered to) Allow you to work flexible hours?
6. (Have they offered to) Allow you to work from home?
7. (Have they offered to) Change your working hours or shift pattern?

8. (Have they) Given you permission to take time off at short notice for example to go to medical appointments?
9. (Have they offered to) Provide equipment or make adaptations to your working environment?
10. (Have they offered to) Provide you with access to physiotherapy?
11. (Have they offered to) Provide you with access to a personal assistant, mentor or job coach?
12. (Have they)Directed you to sources of independent counselling or advice?
13. (Have they offered to) Provide help getting to and from work?
14. [None of these]

OffOth [Source=New]

Has your employer offered to help you in any other way because of your health?

1. Yes
2. No

{ASK IF OffOth=Yes }

OffOthY [Source=New]

How did they offer to help you?

OPEN

{ASK IF (had a health condition or took a continuous period of more than two weeks off sick from current employer in last 12 months (Con12>3)) AND currently on sick leave (Offwk=1-2)}

OffWnt [Source= New]

Are there any adjustments that would be helpful to you when you return to work that have not been offered by your employer?

1. Yes
2. No

{ASK IF OffWnt =Yes}

OAdWntY [Source= New]

What adjustments would be helpful?

PROMPT WHAT ELSE? CODE ALL THAT APPLY.

1. Change the type of task
2. Reduction of overall workload
3. Allowing extra breaks
4. Reduction of number of hours you work per week
5. Working flexible hours
6. Working from home

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7. Changing working hours or shift pattern
8. Having permission to take time off at short notice
9. Providing equipment/adaptations to your working environment
10. Providing access to physiotherapy
11. Providing access to a personal assistant, mentor or job coach
12. Access to independent counselling or advice
13. Help getting to and from work
14. Other

{ASK IF OAdWntY=Other}

OAdWntO

INTERVIEWER: RECORD OTHER ADJUSTMENT

OPEN

{ASK IF OffWnt =Yes}

WntWill [Source= New]

Do you think you will be able to get these other adjustments when you return to work?

1. Yes
2. No

LEAVING A PREVIOUS EMPLOYER

{ASK IF PreEmp= Yes}

PreEmpLv [Source= New]

You mentioned earlier that you had left a previous employer in the last 12 months. Did a health condition, injury or disability play any part in you leaving this employer?

IF MORE THAN ONE PREVIOUS EMPLOYER IN LAST 12 MONTHS, QUESTION REFERS TO LEAVING ANY OF THESE IN THAT PERIOD DUE TO HEALTH

1. Yes
2. No

{Ask if left employer due to health e.g. PreEmpLv=1.Yes}

PreJobtit [Source = Adapted A5 HandWbW]

What was your job title in that job?

OPEN:

{Ask if left employer due to health e.g. PreEmpLv=1.Yes}

PreJobDet [Source =LFS2012/OCCD]

What did you mainly do in this job?

INTERVIEWER: Get brief job description. Check if any special qualifications involved.

OPEN:

{Ask if left employer due to health e.g. PreEmpLv=1.Yes}

PreIndcls [Source LFS 2012/INDD]

What did the organisation you worked for mainly make or do (at the place where you worked)?

INT: Describe fully – probe manufacturing or processing distribution etc. and main goods produced, materials used, wholesale or retail etc.

OPEN:

{Ask if left employer due to health e.g. PreEmpLv=1.Yes}

HoursB [Source = A12 HandWbW]

How many hours, including overtime or extra hours, did you usually work in your job each week? Please exclude meal breaks and time taken to travel to work.

ENTER Hours per week (to nearest hour):

{Ask if left employer due to health e.g. PreEmpLv=1.Yes}

GenSupFm [Source= ESA Support from employer]

How supportive do you feel your employer was about your health condition or injury? Would you say they were...READ OUT. CODE ONE.

1. Very supportive
2. Fairly supportive.
4. Slightly supportive, or
3. Not supportive at all

9. Views on Health at Work Service

{ASK ALL}

IntroH [Source= New]

READ OUT: A new independent 'Health and Work' service is being developed for people who have been off sick from work for 4 weeks or more. An Occupational Health professional would assess the employee's situation to help identify obstacles to returning to work. They would provide recommendations about adjustments that could be made to assist the employee to return to work more quickly. To do this they will develop a Return to Work Plan. This plan could then be discussed with employers.

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1. Continue

{ASK ALL}

HWSuse [Source=NEW]

In your opinion, how useful do you think this service will be?

READ OUT

1. Very useful
2. Quite useful
3. Not very useful
4. Not at all useful

{ASK ALL}

HWSlike [Source=NEW]

How likely is it that you would choose to use this service in the future if you are off work sick for 4 weeks or more?

READ OUT

1. Very likely
2. Fairly likely
3. Not very likely
4. Not at all likely

{ASK IF not likely to take up service (HWSlike=3 or 4)}

HWSwhyn [Source=new]

Why would you be unlikely to use this service if you were off sick from work for 4 weeks or more? Please say yes or no to each of the following statements.

CODE ALL THAT APPLY

1. I would not feel comfortable talking to this service about my health
2. I would not feel comfortable involving my employer with this service
3. My employer would help me without us using this service
4. I may not like the advice provided by this service
5. I would prefer to go to someone else for advice
6. My organisation already has occupational health services
7. NOT READ OUT: None of these

{ASK IF not likely to take up service (HWSlike=3 or 4)}

HWSnOth [Source=new]

Are there any other reasons why you would not feel comfortable using this service?

1. Yes

2. No

{ASK IF HWSnOth=Yes}

HWSOthO

What are these reasons?

OPEN

{ASK ALL}

HWSrefer [Source=new]

Would you be more likely to use the service if your GP referred you to it or if your employer referred you or would it make no difference?

1. GP
2. Employer
3. Would make no difference

{ASK ALL}

HWSshare [Source=new]

If you used this new service the occupational health professional would provide you with a 'return to work' plan. This plan would outline all the obstacles preventing a return to work and any adjustments to help with returning to work. This plan would be developed with you. The plan would include information on any relevant work, health and non-health issues you have. How comfortable would you feel about sharing this plan with your current employer?

READ OUT

1. Very comfortable
2. Quite comfortable
3. Not very comfortable
4. Not at all comfortable

{ASK ALL}

Actlike [Source=NEW]

How likely do you think it is that your employer would act on the recommendations of a return to work plan suggested by this new service?

READ OUT

1. Very likely
2. Fairly likely
3. Not very likely
4. Not at all likely

10. General wellbeing and engagement at work [Formally from self-completion]

Stress in and out of work [2 items]

{ASK ALL}

INTROStr

Now I would like to ask you some more general questions about your wellbeing at work.

1. Continue

{ASK ALL}

WrkStr [Source=NEW]

In general, how stressful would you say that your WORK is, it is....

READ OUT: CODE ONE

1. Very stressful
2. Stressful
3. Slightly stressful
4. Not at all stressful?

{ASK ALL}

HomStr [Source= Adapted from C36 HandWbW]

In general, how stressful would you say that your life OUTSIDE work is, it is....

READ OUT: CODE ONE

1. Very stressful
2. Stressful
3. Slightly stressful
4. Not at all stressful?

Control [3 items]

{ASK ALL}

ESSF27 [Source = Adapted from ESS 2010 F27]

On a scale of 0 to 10 how much control does the management at your work allow you to decide how your own daily work is organised, where 0 is no control and 10 is complete control?

ENTER NUMBER 0-10

{ASK ALL}

ESSF28 [Source = Adapted from ESS 2010 F28a]

On a scale of 0 to 10 how much control do you have to choose or change your pace of work (where 0 is no control and 10 is complete control)?

ENTER NUMBER 0-10

Relationships with colleagues [1 item]

{ASK ALL}

CoIRel [Source= Adapted from B8 HandWbW]

Please say whether you agree or disagree with the following statements.

I enjoy good relations with my work colleagues

READ OUT. CODE ONE.

1. Strongly disagree
2. Disagree slightly
3. Neither agree nor disagree
4. Agree slightly
5. Strongly agree

Effort and reward [2 items]

[Source = Adapted from ESS 2010 G45]

[Please say whether you agree or disagree with the following statement]

Considering all my efforts in my job, I feel I get rewarded appropriately

READ OUT. CODE ONE.

1. Strongly disagree
2. Disagree slightly
3. Neither agree nor disagree
4. Agree slightly
5. Strongly agree

{ASK ALL}

Accmp [Source= Adapted from C37 HandWbW]

How often do you feel you accomplish your best at work...

READ OUT CODE ONE.

1. Most days
2. Some days, or
3. Not very often?

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Wellbeing [ONS 4 items]

{ASK ALL}

GWell1 [Source=ONS WELLBEING]

The next few questions relate to how you are generally feeling these days.

For each of the following statements I would like you to give me a score on a scale of 0 to 10 with nought being 'not at all worthwhile' and ten being 'completely worthwhile'.

Overall, to what extent do you feel the things you do in your life are worthwhile?

ENTER:0–10

{ASK ALL}

GWell2 [Source=ONS WELLBEING]

Overall, how satisfied are you with your life nowadays?

Please give me a score on a scale of 0 to 10 with nought being 'not at all satisfied' and ten being 'completely satisfied'

ENTER:0–10

{ASK ALL}

GWell3 [Source=ONS WELLBEING]

Overall, how happy did you feel yesterday?

Please give me a score on a scale of 0 to 10 with nought being 'not at all happy' and ten being 'completely happy'

ENTER:0–10

{ASK ALL}

GWell4 [Source=ONS WELLBEING]

Overall, how anxious did you feel yesterday?

Please give me a score on a scale of 0 to 10 with nought being 'not at all anxious' and ten being 'completely anxious'

ENTER:0–10

11. Future plans [Previously 'retention']

{ASK IF Heal2=Yes or HealChk=Yes or MenH=Yes/Currently has a health condition }

RetAge [Source= C5 HandWbW]

Taking everything into account, do you think that your health condition will lead to you taking early retirement or leaving this job?

1. Yes
2. No

12. About you [From personal circumstances]

INTRO: Thank you. We are almost at the end of the interview.

IF NECESSARY: I would now like to ask you a few more quick questions about your background and circumstances. This information is important as we want to make sure we have spoken to a wide range of people.

{ASK ALL}

Sex

INT CODE OR CHECK AS REQUIRED

1. Male
2. Female

{ASK ALL}

Age

Could you please tell me how old you were on your last birthday?

ENTER AGE:

{AS IF AGE=Refused}

AgeGr

Which of these categories does your age fall into...

PREMOT AND CODE ONE

1. 16 -24
2. 25 -34
3. 35 -44
4. 45 -54
5. 55-59

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6. 60-65
7. Older than 65

{ASK ALL}

Marital Status

Are you ...

READ OUT. CODE FIRST THAT APPLIES.

1. Married?
2. In a civil partnership?
3. Living with partner?
4. Single (never married and not living with a partner as a couple)?
5. Widowed?
6. Divorced?
7. Separated?

{ASK ALL}

Any children

And can I just check do you have any dependent children aged under 16?

INTERVIEWER IF YES: How many? IF NO, CODE 0.

ENTER NUMBER:

{Ask if any children=Yes}

YngAge

How old is your youngest child?

ENTER NUMBER:

{Ask all}

Caring responsibilities

Do you provide care for a family member or friend because they have long-term health condition, disability or problems relating to old age?

If necessary: Please do not count anything you do as part of your paid employment.

1. Yes
2. No

{Ask all}

Ethnicity

To which of these groups do you consider you belong...READ OUT

1. ... White,
2. ...Mixed

3. ... Black,
4. ... Asian,
5. ... Or another group?
6. DO NOT READ OUT Prefer not to say

{If Ethnicity=White}

Do you consider yourself to be...READ OUT

1. ...White British [or English/Welsh/Scottish/Northern Irish]
2. White Irish
3. Gypsy or Irish traveller
4. Any other White background

{If Ethnicity=Mixed}

Do you consider yourself to be...READ OUT

1. ...Mixed white and Black Caribbean
2. Mixed white and Black African
3. Mixed white and Asian
4. Or other Mixed ethnic background

{If Ethnicity=Black}

Ethnicity_Black

Do you consider yourself to be...READ OUT

1. ...Black African,
2. Black Caribbean,
3. Or another group?
4. DO NOT READ OUT Prefer not to say

{If Ethnicity=Asian}

Ethnicity_Asian

Do you consider yourself to be...READ OUT

1. ...Bangladeshi,
2. Chinese,
3. Indian,
4. Pakistani,
5. Or another group?

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{Ask all}

Chief income earner

Are you the chief income earner in your household, that is the person with the largest income, whether from employment, pensions, state benefits, investments or any other source.

1. Yes
2. No

{Ask all}

Household income

What is your total household income? This is your [and your partner's] income from all source before deductions for tax and National Insurance.

INTERVIEWER NOTE: An estimate is acceptable.

ENTER AMOUNT AND TIMEFRAME [Weekly, monthly, annually]

{Ask if household income=refuse/don't know}

Banded income

We put answers into income bands. Would you tell me which band represents the total income of the household before all deductions. Is it...

PROMPT AND CODE

1. Less than £100 a week
2. £100 but less than £200 a week
3. £200 but less than £300 a week
4. £300 but less than £400 a week
5. £400 but less than £500 a week
6. £500 but less than £600 a week
7. £600 but less than £700 a week
8. £700 but less than £800 a week
9. £800 but less than £900 a week
10. £900 but less than £1000 a week
11. Over £1000 a week

County

In which county do you live?

ENGLAND

- 1 Avon
- 2 Bedfordshire
- 3 Berkshire
- 4 Buckinghamshire
- 5 Cambridgeshire
- 6 Cheshire
- 7 Cleveland
- 8 Cornwall
- 9 Cumbria
- 10 Derbyshire
- 11 Devon
- 12 Dorset
- 13 Durham
- 14 Essex
- 15 Gloucestershire
- 16 Greater Manchester (TAKES PRIORITY OVER LANCASHIRE)
- 17 Greater London (TAKES PRIORITY OVER ANY COUNTY)
- 18 Hampshire
- 19 Hereford and Worcester
- 20 Hertfordshire
- 21 Isle of Wight
- 22 Kent
- 23 Lancashire
- 24 Leicestershire
- 25 Lincolnshire
- 26 Merseyside
- 27 Northamptonshire
- 28 Northumberland
- 29 Norfolk
- 30 Nottinghamshire

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- 31 Oxfordshire
- 32 Shropshire
- 33 Somerset
- 34 Staffordshire
- 35 Suffolk
- 36 Surrey
- 37 Sussex
- 38 Tyne and Wear
- 39 Warwickshire
- 40 West Midlands
- 41 Wiltshire
- 42 Yorkshire and the Humber
- SCOTLAND
- 43 Aberdeen City
- 44 Aberdeenshire
- 45 Angus
- 46 Argyll and Bute
- 47 Clackmannanshire
- 48 Dumfries and Galloway
- 49 Dundee City
- 50 East Ayrshire
- 51 East Dunbartonshire
- 52 East Lothian
- 53 East Renfrewshire
- 54 Edinburgh, City of
- 55 Eilean Siar
- 56 Falkirk
- 57 Fife
- 58 Glasgow City
- 59 Highland
- 60 Inverclyde
- 61 Midlothian
- 62 Moray

- 63 North Ayrshire
- 64 North Lanarkshire
- 65 Orkney Islands
- 66 Perth and Kinross
- 67 Renfrewshire
- 68 Scottish Borders
- 69 Shetland Islands
- 70 South Ayrshire
- 71 South Lanarkshire
- 72 Stirling
- 73 West Dunbartonshire
- 74 West Lothian
- WALES
- 75 Blaenau Gwent
- 76 Bridgend
- 77 Caerphilly
- 78 Cardiff
- 79 Carmarthenshire
- 80 Ceredigion
- 81 Conwy
- 82 Denbighshire
- 83 Flintshire
- 84 Gwynedd
- 85 Isle of Anglesey
- 86 Merthyr Tydfil
- 87 Monmouthshire
- 88 Neath Port Talbot
- 89 Newport
- 90 Pembrokeshire
- 91 Powys
- 92 Rhondda Cynon Taf
- 93 Swansea
- 94 The Vale of Glamorgan

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95 Torfaen

96 Wrexham

97 Other

{ASK MOBILE SAMPLE ONLY}

LLAny

Do you have a **landline telephone** in your household?

1. Yes

2. No

{ASK ALL}

LLNo

How many landlines phone numbers do you have in your household?

Please say how many different landline phone numbers you have not the number of handsets.

ENTER NUMBER

{ASK LANDLINE SAMPLE ONLY}

MobAny

Do you personally have a mobile phone?

1. Yes

2. No

{ASK ALL}

MobNo

How many mobile phone numbers do you personally have?

Please say how many different mobile numbers you use rather than the number of handsets you have. Include work mobiles. Do not include mobile numbers you no longer use.

ENTER NUMBER

{ASK ALL}

Recon

Thank you for taking part in this study.

This research has been conducted by NatCen Social Research. We are an independent research company.

We are conducting this research on behalf of the Department for Work and Pensions (DWP). Would you be willing to be contacted by DWP or organisations working on their behalf to take part in future research in this area?

1. Yes

2. No

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