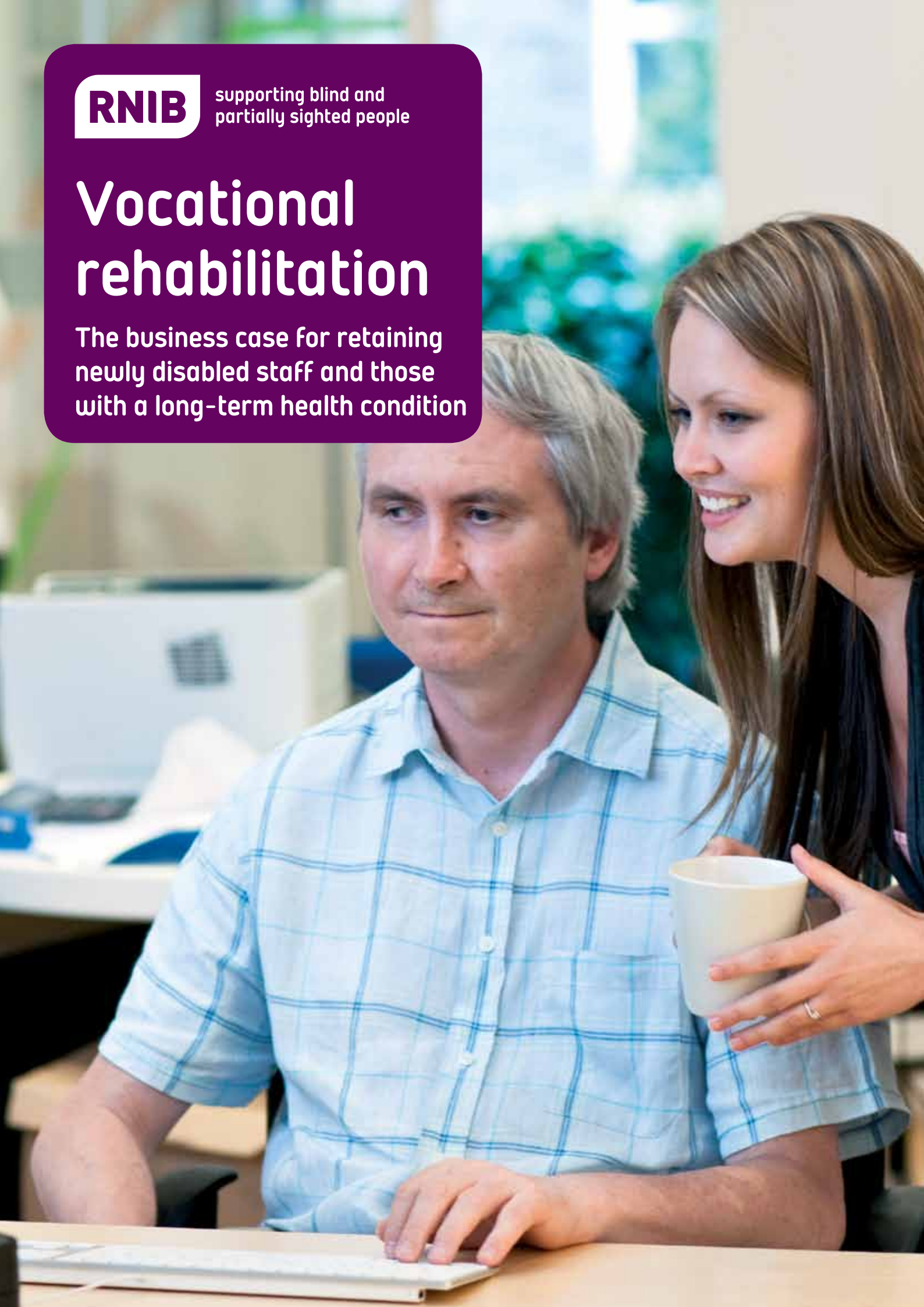
RNIB supporting blind and partially sighted people

Vocational rehabilitation

The business case for retaining newly disabled staff and those with a long-term health condition



Preface

I'm pleased to write this introduction to an important report on vocational rehabilitation in the workplace by Philip Connolly of RNIB.

ACAS firmly supports measures to retain employees who acquire health issues or long term impairments; there are strong business reasons for doing so and this report makes the case convincingly and clearly by setting out the costs balanced by the potential savings that can be realised by a policy of vocational rehabilitation.

This hard evidence should persuade all Boards of the importance and organisational benefits of vocational rehabilitation. This is a policy that will have a growing impact on your company. Our aging workforce, the removal of mandatory retirement and a clear correlation between wellbeing at work and business success are just three reasons why your workforce would benefit from such an approach in the future.

However, I'm clear in my mind that for these benefits to be realised there must be buy-in at all levels within organisations, especially by senior management who set the strategic direction for rehabilitation and equally by first line managers – as these are the very colleagues who will deal directly with employees who may be newly disabled.

The importance of getting that first contact right is crucial not only to the person concerned but to his or her colleagues to ensure the workplace remains constructive, productive and free from prejudice. To support this report, we have produced a podcast that gives tips on how to manage these important conversations. Visit www.acas.org.uk

John Taylor, CCMI
Chief Executive, ACAS

It is in employers interests to make sure they make their best efforts to recruit and retain talent from the widest possible pools. Even in today's tough economic climate, the evidence shows that getting people with the right skills, ability and potential is a serious challenge. Increasingly, organisations are adopting smarter recruitment and retention policies that stop hidden barriers and unfair employment practices getting in the way. They do so because it makes business sense to do so. The guide suggests why and how employers can move forward.

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Introduction

Dame Carol Black's review "Working for a healthier tomorrow" (2008) confirms the benefits to the UK economy from managing the health of the working-age population. The review highlighted that the average UK employee is absent from work due to sickness for 6 days per year. The figure varies from one workplace to another but it adds up to an estimated annual cost of £598 per employer. The estimated cost to the UK economy is £10 billion annually.

6 days per year
Average sickness absence of UK workers

Estimates vary of the numbers of people relinquishing their employment status as a result of the onset of disability or long-term sickness. One study (Meager et al, 1998) estimated that every year about three per cent of the working age population become impaired and within a year one in six of these people will lose their jobs – about 35,000 people. The National Institute for Health and Clinical Excellence (NICE) and the Chartered Institute of Personnel and Development (CIPD) collectively suggest that around one in a hundred people are off work at any one time through long-term sickness and around a sixth of these people have an impairment – around 48,000 people. In all likelihood this group of people will go on to claim out-of-work benefits.

This report seeks to empower both the employer and the employee. Whereas previous work has looked at the benefits for the UK economy or an individual business, this report aims to additionally establish the business case for retaining a single employee.

£10 billion a year
Cost of sickness absence to UK economy

The RNIB group of charities provides a retention service that helps some 750 blind and partially sighted people each year to stay in work, but this is likely to be only a handful of those that need that support. Research for the Government report "Ready for Work" (DWP, 2007) found that a third of the survey's respondents had left employment because of their disability or impairment. Some 92 per cent of these people felt that they could have stayed in their job had interventions been made but they were not offered any adaptations, aids or adjustments.

The case for employment retention

"Work is good for health"

The Government's welfare to work policies are based upon the central premise that work is good for health. This premise is based upon a literature review of some four hundred studies in "Vocational Rehabilitation: What Works, For Whom and When" by Waddell, Burton and Kendall, 2008. That same report found, "there is strong evidence that proactive company approaches to sickness together with temporary provision of modified work and accommodation are effective and cost effective."

Vocational rehabilitation

Vocational rehabilitation is whatever helps someone with a health problem to stay at or return to and remain in work. It is an idea or an approach as much as an intervention. But any idea requires translation if it is to become practical.

Employment retention

Employment retention is the process whereby a newly disabled employee or one with a long-term health condition benefits from an assessment to determine their capacity to work and interventions in or out of the workplace that may be needed to enable them to adapt to their impairment or health condition within the work context.

During this period of rehabilitation, they would agree a plan, setting out in-work or out-of-workplace support, enabling them to adjust to their new life circumstances and acquire any disability skills that would enable them to return to work. The plan would be to return to either their old job or one where some tasks have been given to other people and new ones to them.

The policy is distinct from sick leave in that it is aimed at contracted employees who, with the right interventions and support, are capable of work but who require further assessment, treatment and/or rehabilitation. The assessment is key and should ideally be carried out within two to four weeks of the person becoming disabled or a health condition likely to have a long-term impact. Any period of rehabilitation agreed would be subject to a test of reasonableness; account would be taken of the employee's duties, the resources available to the employer and the employee's prognosis.

The elements of an effective employment retention policy are:

- senior management engagement
- joint labour-management cooperation
- line managers playing a key role
- monitoring and information systems
- early regular and sensitive contact with workers
- formal return to work plans and processes
- fast tracking healthcare (if required)
- provision of modified arrangement or adjustments (if required)
- use of case management (if required)
- use of structured vocational rehabilitation programmes (for small minority of workers who need them)
- treating the employee the same regardless of whether the injury or sickness began at work or elsewhere.

Resources to support employers

Resources are available to support employers in establishing best practice. A guide from the Health and Safety Executive on "Managing Sickness Absence" and a ready

reckoner guide to assess when to intervene can be downloaded at www.hse.gov.uk. ACAS has produced a guide on "Managing Attendance and Employee Turnover" and this can be obtained at www.acas.org.uk. NICE has produced guidance on managing long-term sickness and incapacity for work and this can be downloaded at www.nice.org.uk/PH19/. On page 22 of the guidance a flow chart can be found that sets out the pathway for managing the process. In addition, an excellent series of guides for line managers working with disabled colleagues can be purchased from the Employers Forum on Disabilities.

Dealing with retention in the absence of a policy or HR specialist

Many small organisations have no HR specialist nor have they had any previous experience of dealing with a newly disabled employee or one with a long-term health condition. Understandably many managers are worried about being unintentionally discriminatory or the relationship with the employee breaking down and even the possibility of a tribunal. However, good communication between the manager and employee can help manage even the most challenging situations effectively. In Appendix 2 of this report is a model conversation between Susan, a manager of a small office cleaning company that employs seven people, and Adam, the leading salesman who has just been diagnosed with Crohns disease.

"Good communication between managers and workers is key"

ACAS have similar model conversations to this one on their own website as podcasts and these can be downloaded at Equality http://www.acas.org.uk/index.aspx?articleid=1363 and at Disability http://www.acas.org.uk/index.aspx?articleid=1859

Evidence that vocational rehabilitation is cost-effective

The report "Vocational Rehabilitation: What Works, For Whom and When" (Waddell et al, 2008) found: "There is strong evidence and considerable UK business experience that sickness absence and disability management is cost effective and may reduce sickness absence between 20 per cent and 60 per cent."

"Sickness absence could be reduced by up to 60 per cent"

The literature on vocational rehabilitation includes several references to the cost benefits of the policy (Marsden et al, 2004). One example is provided by a study (Hunter et al, 2006) of 89 people with lower back pain (working for a water utility company). Each was given a functional restorative programme (FRP), including aerobic exercise, graded flexibility and strength training, work conditioning, education and job specific training to facilitate self-management and safe working practices. The mean cost per employee for sickness absence in the twenty-four months pre-programme was £1,988. In the 24 months post programme this reduced to £618. Amongst the findings the study reported: "The average cost of the functional restoration programme (FRP) for each participant was £917 per person. Assuming sickness absence would have continued or increased over time without active intervention, there appears to be a cost saving to the company."

There is also official guidance in support of our business case. In 2009 NICE produced a "Costing Report" for implementing their guidance. They concluded that, where the cost attributable to each sick day was greater than £63.36, it was reasonable to assume that implementing the guidance would save money (section 3.1.18).

Case studies

College of Occupational Therapists

Further indication of the relatively low cost of interventions to achieve employment retention has been obtained through two case studies from the College of Occupational Therapists. In the first, an office worker (on a salary of £25,000) with rheumatoid arthritis, suffering from pains and limited movement in the finger and hand joints, was able to remain in work following a mere £101.94 spent on professional occupational therapist time and treatment. In the second case, a person making cardboard boxes on a salary of £15,000 incurred osteoarthritis in her carpometacarpal joint of her thumb on her left hand and carpal tunnel syndrome in her right hand. She was able to resume her duties following £145.87 being spent on professional therapist time and splints. In both instances the employee was supported to remove their need for going off sick and requiring sickness pay.

On occasion more intensive interventions are required and case studies bear out the value for money or business case from investing in vocational rehabilitation.

"Rolls Royce saved £11 million by reducing sickness absence"

Port of London Authority

One example of a UK business benefiting from the introduction of a sickness absence management programme is that of the Port of London Authority (PLA). The PLA improved their occupational health services and trained their line managers on the causes of absence and return to work plans. The business benefits included a 70 per cent drop in staff sickness absence with a comparable reduction in long-term absence too. The gain was the equivalent of having an extra 30 people at work at any one time.

Rolls Royce

Rolls Royce implemented a sickness absence management system and early intervention of rehabilitation. Anyone off work for more than four weeks was provided with a return-to-work action plan by their line manager and occupational health support. This support included early access to in house physiotherapy. Rolls Royce invested in an IT monitoring system, staff and line managers training and some staff time in consulting on the formation of the policy. At the time of monitoring the benefits of the policy Rolls Royce were able to identify a reduction of 28,500 work days in sickness absence from a baseline of 191,000. This reduction represented a saving or some £11 million.

British Polythene Industries

British Polythene Industries Plc documented the cost benefit ratio from investing in a "Musculoskeletal Injury Management System" (MIMS) provided by Osteopaths for Industry. MIMS was a service that treated injuries within 24 to 48 hours, oversaw each absence and provided a company-wide view on injuries. The service started with an initial assessment and each referral typically received three treatments. Three quarters of employees returned to work whilst undergoing treatment. For the year for which the monitoring was conducted, the company spent £16,000 on the service and estimated the annual saving on staff absence as being £192,000. A cost benefit ratio of 12:1.

Royal Mail

Royal Mail introduced a strategy to address musculo-skeletal diseases, the largest cause of sickness absence. Their strategy was based upon a rehabilitation psycho-social model. The intervention resulted in 70 per cent of people coming back to their normal duties (sometimes part-time). Royal Mail also reported a return on their investment of £2.50 for every £1 invested.

West Suffolk Hospital NHS Trust

The Boorman review of the NHS documented the case of West Suffolk Hospital NHS Trust. The trust introduced a system of priority treatment referrals to a local physiotherapist for injured staff. In the first nine months of operating the system, 104 staff were referred, the number of days lost to sickness absence was reduced by 40 per cent and the direct costs of musculoskeletal injuries to the Trust were reduced by more than £170,000. This was done at a cost of £21,000.

How the benefits outweigh the costs

£160,000 per worker

Cost to the Post Office of early retirement on health grounds

Some businesses have insured against the costs of the intervention measures and any period away from work that may be required. A study produced by the Association of British Insurers (Wright et al, 2004) pointed out that the ratio of benefits to costs were greater for employers than insurers due to the gains in workplace productivity. Their report concluded: "So taking the mid points in the ranges for liability claims costs savings (insurers) and employers costs, the benefits ratio between claims costs savings (insurers) and employers uninsured costs would be around 1:9. In other words the likely reduction in employers uninsured costs are likely to significantly outweigh any reduction in costs to employer's liability."

Published case studies such as those cited above have demonstrated the value of occupational health and early intervention.

Direct benefits arise from:

- reduced insurance premiums
- reduced litigation costs
- reduced sick pay costs
- improved productivity
- lower accident costs/production delays
- reduced product and material damage.

Indirect benefits arise from:

- reduced absenteeism
- reduced staff turnover
- improved corporate image
- improved chance of winning contracts
- improved job satisfaction/morale.

All of these benefits have a financial implication. The loss of trained and experienced staff prematurely moving onto benefits and pensions is expensive. The UK Post Office has estimated that each early retirement on health grounds costs in the region of £160,000 (CSR Europe, 2007).

Studies of rehabilitation programmes in Australia provide cost benefit analysis calculations (Kenyon, 2003). The study analysed 16,348 clients who received vocational rehabilitation over an 18 month period to December 2002. The average client had approximately 30 hours contact with CRS Australia (the leading provider of disability employment services and part of the Australian Government's Department of Human Resources). Of which 4.5 hours were spent in pre-programme activities including referral and initial assessment. The total Social Benefit per client associated with participation in a CRS Australia programme is $133,389 (£86,867). Since the average cost per CRS Australia client is equal to $4,398 (£2,864), which includes costs from assessment, referral and external costs as well as the programme costs, the Net Social Benefit is $128,991 (£84,021), with a benefit to cost ratio of 30.33 to 1.

Is there anyone whose condition puts them beyond cost effective reach or help?

At present there is no ready answer to this question but what is apparent is that people whose conditions previously meant that they were considered difficult to retain in work are in fact receptive to help (Burton et al, 2008). There is strong evidence, (mainly for musculoskeletal conditions) that workplace based health interventions are cost effective. Good quality research also demonstrates that disease management programmes for people with depression are also cost effective and result in employees being significantly more likely to hold down their jobs.

"Costs are within the scope of other widely accepted public health improvements."

Neumeyer-Gronen et al, 2002, p2011

How to identify the costs and savings

Costs of sickness absence

The costs to employers will naturally vary from one individual to another but costs can be identified in the following areas:

- redundancy pay
- total cost of medical pension up to retirement age (compared to what would have been paid had the employee left the business)
- reduction in employees contribution to overheads whilst they are absent
- loss of investment in training of the employee who has left the business
- salary paid whilst staff are on sickness leave
- costs of making adjustments, though these are likely to be a one-off cost and may be offset up to 80 per cent by Access to Work funding – (for information on this Government programme see the appendix on sources of additional information).
- employer's National Insurance contributions paid whilst the employee is on leave or absent for rehabilitation and retraining
- loss of productivity whilst a new recruit or replacement worker attains the normal or appropriate level of productivity.

Savings from having a policy of employment retention

The principal benefit of employment retention is that it allows the employer to retain the employee's accumulated skills and experience. The savings as per the costs vary from one individual to another. Savings can be identified in the following areas:

- avoidance of redundancy pay or the costs associated with performance dismissal
- no pay in lieu of notice (assuming the retention leave is successful)
- reduced salary while on reduced pay (assuming that employment retention leave pay is less than "normal" salary)
- reduced employer's National Insurance contributions while on reduced pay (assuming that employment retention leave pay is less than "normal" salary)
- reduced statutory sick pay while on employment retention leave – but this is potentially offset by the cost of employment retention leave which might be the same as Statutory Sick Pay – so cancelling one another out
- saving on the additional costs of recruitment and induction training for replacement staff
- avoidance of any possible tribunal costs from a claim arising from potentially costly disability discrimination cases
- avoidance of costs occurred in recruiting a replacement if employee is not retained – includes staff advertising and other recruitment and induction costs
- intangible savings arising from increased staff loyalty, improved staff morale and dividends from a workforce more representative of its customers and its community.

Net savings to employers

The Employers Forum on Disability has produced an estimator tool for HR professionals. The degree of any financial gain will vary depending upon numerous factors, key to which are the following: the employee's age and number of years to normal retirement, their length of service and their subsequent salary.

The case studies which follow are illustrative of what the cost and benefits to employers might be. They are indicative and not necessarily typical.

A study of US companies with "skill retention policies" that incorporated protection of staff who became disabled suggested an "average return on investment" of $30 for every dollar spent (cited at CSR Europe, 2007).

Calculating the figures

If any redundancy sum is payable the sum can be established via a link to a ready-reckoner based upon UK redundancy legislation.
www.direct.gov.uk/redundancy.dsb

It may be that your own organisation operates an enhanced redundancy package.

The level of Employer National Insurance contributions can also be found from similar tables. www.hmrc.gov.uk/rates/nic.htm

Training investment may be derived from dividing the annual corporate training budget by the number of employees and then multiplying the answer by the number of years of service of the employee.

Recruitment costs may be approximated to percentages of employee's salaries and listed as a one off cost item. Acceptable approximations may be taken to be 10 per cent for secretarial and administrative staff, 15 per cent for middle ranking management and 20 per cent to 25 per cent for senior management.

Statutory Sick Pay entitlement may be obtained from tables via the revenue and customs section of the HMRC website.
www.hmrc.gov.uk/manuals/spmmanual/spm10710.htm

Productivity losses are highly subjective. The induction period whilst a new member of staff comes up to speed may be taken to be the probation period. A replacement worker may be assumed to operate at 80 per cent of the productivity efficiency of the person they replace.

Case study 1

This case study is based upon disabled employees at junior, middle and senior ranking grades in Lloyds TSB bank branches.

Costs	Clerical staff	Senior clerical staff	Manager
Typical salary - Fulltime employee	£14,000	£20,000	£35,000
Annual hours worked - fulltime employee	1,820	1,820	1,820
Hourly rate (salary/1820)	£7.69	£10.99	£19.23
Cost of sickness			
Higher average sickness absence (see Note 1)	£504	£720	£1,260
Cost of providing reasonable adjustments			
Occupational health case management	£260	£260	£260
Equipment	£1,000	£1,000	£1,000
Management time	£250	£500	£1,000
Support functions time (HR, IT, etc)	£1,000	£1,000	£1,000
Total cost	**£3,014**	**£3,480**	**£4,520**
Cost of replacement			
Recruitment admin	£246	£246	£500
Business disruption (see Note 2)	£1,615	£2,308	£4,038
Induction training	£500	£750	£1,000
Sub total	£2,361	£3,304	£5,038
Cost of termination			
Termination costs (see Note 3)	£3,230	£4,616	£8,077
Total cost of replacement	**£5,591**	**£7,920**	**£13,615**
Retention benefit	**£2,577**	**£4,440**	**£9,095**

Whilst the savings to employers increase with the status of the employee, it is striking that clerical staff covered by the bank's policy also deliver a net saving.

Case study 2

This case study is based upon a 48-year-old employee with a hearing impairment who required a cochlea implant to sustain her in employment with the Institution of Occupational Safety and Health.

Costs	
Salary of the fulltime employee	£24,000
Annual hours worked	1,820
Salary per hour	£15.56
Cost of sickness	
Higher average sickness absence (see Note 1)	£1,019
Cost of providing reasonable adjustments	
Occupational health case management	£150
Equipment	£1,000
Management time	£500
Support functions time (HR, IT etc)	£1,000
Total cost	**£2,650**
Costs of replacement	
Recruitment administration	£246
Business disruption (see Note 2)	£3,268
Induction and training	£750
Sub total	£4,264
Costs of termination	
Termination costs (see Note 3)	£6,535
Total cost of replacement	**£10,799**
Retention benefit	**£8,148**

Notes

Note 1: This is based on an average sickness absence rate of 7.2 per cent for disabled employees compared to 3 per cent (131 x hourly rate divided by 2 as full pay not paid for all sick leave)

Note 2: Business disruption is calculated as six weeks salary, ie the time it might take to typically replace the employee

Note 3: Termination costs are estimated at 12 weeks notice.

Case study 3

This case study is based upon a person with a fluctuating mental health condition working for a top 50 technology company based in Northern Ireland. It should be noted that this is for an IT post that carries significant investment in training and induction and in the event of failure to retain an employee – recruitment costs. There would also be a significant loss of skills from the workforce.

Costs	
Annual salary	£27,000
Employers National Insurance (12.2%)*	
Allocated overheads as a percentage of salary*	
Direct costs relating to redundancy	£18,693
Medical retirement pension costs*	
Wasted investment in training	£7,500
Impact on health premiums*	
Productivity loss during sickness	0.04
Productivity loss during training replacement	0.58
Training charges	£600
Direct costs of recruiting	£5,257
Total direct costs including pension payments	**£32,050**

*Not applicable in this case study

Northern Ireland recruitment can be more costly due to different legislation.

The case study illustrates that with sufficient co-operation between the employer and the employee people with a fluctuating medical condition may also be beneficiaries of the policy and deliver savings to their employer.

What is the extent of the regulatory burden for business?

The experience of organisations such as Lloyds TSB who have voluntarily implemented an employment retention policy is that there is no difference between the performance of disabled staff and their able bodied counterparts. The experience of the Republic of Ireland where there is an Employment Retention Grant Scheme is that demand from staff exercising the right would be easily managed by HR departments. The CBI views the policy as being definitely good practice (CBI, 2000). In addition the CBI are expecting that many of their members will adopt it and they would encourage others to do so.

Why everyone benefits

The value of retaining experienced staff

Firstly, it is important to consider the type of worker who might benefit from employment retention. Newly disabled workers are first of all workers already and thus people already versed in the norms of working life. This means that they are likely to be people with good habits in punctuality, team working, respecting and enacting instructions from management, being accountable for their performance in a workplace and so on. Employers understand the importance of retaining reliable staff with these attributes. The CBI and Harvey Nash surveyed employment trends in the current recession (Bookless and Digby, 2009). Their research highlighted that, though the economy had contracted more than it had in the recession of the early nineties, unemployment didn't reach the levels forecast because businesses had sought to retain valued staff so that they could emerge more quickly from the downturn. Retaining skilled and experienced staff provides business with the capacity to respond more readily to increasing customer demand. In contrast recruitment creates delay and uncertainty over the calibre and ease of accommodation of the new staff.

A good return on investment

The research and case studies presented here reveal that the cost benefit ratio of the case studies was never less than 2.5:1. This in itself is a substantial return. Many Government and private sector projects are sponsored on the basis of much smaller returns on investment.

Though this report doesn't call for regulation, the ratio of 2.5:1 is also comparable with the cost benefit ratio for UK regulation estimated by the neoliberal Open Europe think tank at 2.35:1 (Gaskell and Persson, 2010).

The emphasis on employment retention has previously dwelt upon the retention of highly skilled employees but the Lloyds TSB case study suggests that the financial benefits to employers may also accrue to them from extending the policy to clerical staff too.

The findings illustrate that a policy of employment retention would deliver financial benefits to the economy, to employers and to employees. The benefits depend upon the status and skill level of the employee and the severity of their disability but not the type of their impairment.

Though the case studies focus upon large employers there is nothing in the report to suggest that smaller employers would not also enjoy these benefits too. Small businesses may lack HR professionals able to address the employees' needs and oversee the implementation of the policy but they also tend to have a closer relationship with their staff and this may help to make earlier interventions that would facilitate successful retention.

Welfare to work

Lord Freud in his 2007 report put the value to the treasury of getting a person off Incapacity Benefit and into work at £9,000 annually (both direct and indirect costs). Unsurprisingly the present Government adopted his recommendations and incentivised employment retention in both the Work Choice Programme and the Work Programme. Under the Work Programme in addition to a job outcome there are minimum acceptable levels of employment retention which will range from a year for young former Job Seeker Allowance claimants and two years for ex Incapacity Benefit claimants. In all cases over half the payment is premised upon achieving the minimum retention period. Providers delivering the Work Programme will need to borrow against these outcomes to finance their operating costs and avoid a cash flow problem. Each unnecessary exit from the labour market carries a cost to the Government and a risk to the performance of employment support providers who are paid by results. Success therefore is clearly not just about getting disabled people into work but keeping them there too.

Benefits over time

Adoption of employment retention is likely to become more important with time. The Government is raising the retirement age for entitlement for the state pension and an older workforce will mean that there will be more disabled workers too, since disability is correlated with advancing age.

Finally, economic recovery is linked to more people being economically active in the UK. This requires a blurring of the distinction between not being able to work and being able to work. Measures, such as workplace health interventions that respect people's need for treatment and adjustment to their new life circumstances but maintains their link to work, will be vital to expanding the numbers of both producers and consumers in the economy.

Recommendations

1. Businesses should adopt an employment retention policy in line with current best practice and guidance. RNIB asks that they signal this by signing the employment retention charter and returning this to us so that we can monitor the impact of this report, see Appendix 4.

The Employment Retention Charter
In our role as employers we are committed to those early intervention measures that aid the retention of staff who become disabled or develop a disabling illness.

We recognise that work can often be an important part of treatment and recovery after accident or the onset of an impairment.

We endorse the principle of employment retention and welcome its potential for strengthening the bond between employers and employees and for its contribution to our organisation's efforts to reflect the diversity of our customers and the community in which we reside.

We invite all stakeholders to join us in making the vision of employment retention a reality for all.

2. The Government should add its own support to the voluntary adoption of the policy of employment retention. Pending a satisfactory evaluation of the "Fit for Work" pilots, the Government should manifest its support through a national vocation rehabilitation programme.

3. The policy of employment retention should be more widely understood and promoted amongst employers and those they employ specialising in human resources. The relevant professional bodies should contribute to this greater awareness and understanding through the following methods:

   - training HR professionals in the business case for employment retention and the use of sickness absence monitoring tools
   - adding cost benefit tools to accountancy packages such as Sage that are used for the financial oversight of small businesses
   - publicising existing Government support programmes such as "Access to Work Programme".

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Appendix 1: Additional sources of information

ACAS (The Advisory, Conciliation and Arbitration Service)

ACAS aims to improve organisations and working life through better employment relations. It helps with employment relations by supplying up-to-date information, independent advice and high quality training, and working with employers and employees to solve problems and improve performance.

Although largely funded by the Department for Business Innovation and Skills (BIS), ACAS is a non-departmental body, governed by an independent Council. This allows it to be independent, impartial and confidential.

Contact: Helpline on 08457 47 47 47
www.acas.org.uk

Access to Work

Access to Work is a Government programme that provides direct support to employer and employees that covers the additional costs of employing disabled people. It may potentially cover up to 80 per cent of the costs of any reasonable adjustments that may be required.

www.direct.gov.uk/en/DisabledPeople/Employmentsupport/WorkSchemesAndProgrammes/DG_4000347

Chartered Institute of Personnel and Development (CPID)

CIPD is Europe's largest HR and development professional body with over 135,000 members, supporting and developing those responsible for the management and development of people within organisations.

Tel: 020 8612 6201
www.cipd.co.uk

Chartered Society of Physiotherapy (CSP)

The CSP represents 50,000 physiotherapists, physiotherapy students and assistants in the UK. Physiotherapists use their distinctive blend of knowledge, understanding and skills to help restore movement and function when someone is affected by injury, illness or disability. Physiotherapists deliver services to individuals, groups and organisations related to an individuals' employment or particular work activity. They are involved in the rehabilitation of employees with a wide range of conditions, with a view to restoring a person's fitness and capability to meet the demands of their job.

Contact: Leonie Dawson Professional Adviser
Tel: 020 7306 6615
Email: dawsonl@csp.org.uk

College of Occupational Therapists

The College represents occupational therapy staff nationally and internationally. The College sets the professional and educational standards for occupational therapy, providing leadership, guidance and information. Occupational therapists are experts in occupation and have the unique knowledge and skills needed to help people maintain employment, to provide vocational rehabilitation and to achieve good physical and psychological health and wellbeing.

Contact: Peggy Frost, Head of Professional Practice
Tel: 020 7450 2333
Email: peggy.frost@cot.co.uk

Department for Work and Pensions

Occupational health advice services

Occupational health advice services for small and medium-sized businesses operates across Great Britain. Employers can access tailored, professional and confidential health and well-being at work advice and support to help them retain the services of an employee experiencing health at work issues, or support an employee to return to work following a period of health-related absence.

England: Health for Work Adviceline
Tel: 0800 0 77 88 44
www.health4work.nhs.uk

Scotland: Healthy Working Lives Adviceline
Tel: 0800 019 2211
www.healthyworkinglives.com

Wales: Health at Work Advice Line Wales
Tel: 0800 107 0900
www.healthyworkingwales.com

Government Health and Well-being Agenda

Progress in tracking the recommendations from the dame Carol Black led review of the health of the working-age population can be viewed at www.dwp.gov.uk/health-work-and-well-being/our-work/

Email: health.work@dwp.gsi.gov.uk

Employment Related Services Association (ERSA)

ERSA is the trade body for the welfare-to-work industry. It exists to help its members achieve their shared goal: to help people achieve sustainable work. Members deliver a range of specialist support services to people who have barriers to employment, including those who have disabilities.

Contact: Philip Curry, Policy and Communications Manager
Tel: 020 7960 6317
Email: Philip.curry@ersa.org.uk
www.ersa.org.uk

Health and Safety Executive

www.hse.gov.uk/ill_health_costs/

Institution of Occupational Safety and Health

IOSH is the Chartered body for health and safety professionals. With more than 38,000 members, it's the world's biggest professional health and safety organisation. It sets standards, and supports, develops and connects its members with resources, guidance, events and training. It's the voice of the profession, and campaign on issues that affect millions of working people.

Contact: Jill Joyce, Senior Policy and Technical Adviser
Tel: 0116 257 3236
Email: jill.joyce@iosh.co.uk

Microlink Disability and Reasonable Adjustment Service (MiDRAS)

MiDRAS give organisations an end-to-end fully managed process for disability management in the work place. MiDRAS can be fully integrated with the Access to Work government-funded scheme. This outsourced solution is not only beneficial to the effectiveness of the employee, but is also a cost effective route for the employer.

Contact: Jonathan Rouse BA (Hons) MNADP, National Account Manager
Tel: 02380 24 03 75
Email: jonathan.rouse@microlinkpc.com

Remploy

Remploy's mission is to transform the lives of disabled people and those experiencing complex barriers to work by providing sustainable employment opportunities.

For further information about Remploy's Vocational Rehabilitation Service, please contact us on:

Tel: 0845 146 0501
Email: vocationalrehabilitation@remploy.co.uk
Visit: www.vr.remploy.co.uk

RNIB

The RNIB group of charities provides an innovative and comprehensive work-based assessment solution for employers and occupational health providers. An assessment by one of our employment or access technology specialists results in a detailed assessment report that identifies the work-related issues that an employee is facing as a result of their vision impairment. The report will normally recommend a set of practical solutions, such as: recommendations for specialist, access technology equipment and software, as well as other workplace adaptations such as office lighting, task lighting, workstation ergonomics, signage, and the use of human support where necessary. Many of the recommendations made are normally eligible for Access to Work grant funding.

Contact: Andy White, RNIB Employment and Working Age Manager
Tel: 0117 934 1717
Email: andy.white@rnib.org.uk
www.rnib.org.uk

Royal College of General Practitioners

In April 2010, the new Healthy Working UK website was launched in collaboration with the Faculty and Society of Occupational Medicine to support GPs with their daily practice of health and work – available via www.healthyworkinguk.co.uk

This support also includes two new and free web-based learning resources called Health e-Working for primary and secondary care which each offer six interactive e-learning sessions providing practical examples and guidance, available via www.healthyworkinguk.co.uk/learningresource

Contact: Dr John Chisholm CBE FRCGP
Tel: 020 8778 2550
Email: john.chisholm@concordiahealth.co.uk

Society of Occupational Medicine (SOM)

The Society is the UK organisation for all doctors working in occupational health. It is concerned with the protection of the health of people in the workplace and the prevention of occupational injuries and disease. The Society also provides information and support for businesses that are looking to get occupational health support – including a list of occupational health doctors in their area who are willing to take on work.

Email admin@som.org.uk
www.som.org.uk

UK Rehabilitation Council (UKRC)

The UKRC is a community of rehabilitation associations, rehabilitation providers, clients and other stakeholder groups. Its goals are to ensure access to high quality medical and vocational rehabilitation services in the UK. The UKRC has developed its own Rehabilitation Standards together with a straightforward guide for best practice in sickness absence management, called "the 10 Hallmarks of a Good Employer".

Contact: Susan Berdo, Interim Chief Executive
Email: susan.berdo@rehabcouncil.org.uk
Website: www.rehabcouncil.org.uk

Vocational Rehabilitation Association (VRA)

The VRA represents all those working at the interface between employment and disability/health, helping them to develop their professional skills and maintaining their continued professional development CPD. You can obtain the VRA Standards of Practice via www.vra-uk.org

Contact: Ceri Goodrum
Email: admin@vra-uk.org

Appendix 2: Model conversation for line managers

This is a model conversation between Susan, a manager of a small office cleaning company that employs seven people, and Adam, the leading salesman who has just been diagnosed with Crohns disease.

Susan: "Adam, thanks for coming in to see me, I am concerned that you have had a lot of time off work recently. You are an important member of staff, you've brought us a lot of sales and you know our business. However we need all the staff we have to be involved in the work. So I need to ask you is there anything seriously wrong that I need to know about so that I can deal with it to everyone's benefit?"

Adam: "As you know I have been in hospital for a disease that affects my bowels. Although I am on medicine I cannot be cured."

Susan: "I'm sorry to hear that. Do you want to tell me how the disease affects you? I can assure you that I shall treat anything you want me to in confidence."

Adam: "Well there is no way I am going to be able to keep it secret. My disease leaves me with serious diarrhoea, especially in the mornings. Sometimes I'm so tired I just want to sleep."

Susan: "Has the medical staff advised you to stop work?"

Adam: "At the hospital yes, but it seems that my doctor was one of the 3,200 GP's who has been trained by his faculty to increase his knowledge, skills and confidence in dealing with clinical issues relating to work and health. My GP thinks I could work and I want to."

Susan: "Well I don't want to treat you worse than anyone else because of your illness but how can we work round your condition so that you can still carry on contributing to our success?"

Adam: "Is there any way I can work more flexibly?"

Susan: "Well yes, but we are a small business and I could only agree to this if you can make the time up in the periods when you are feeling better."

Adam: "I could do that if you would allow me to work from home some mornings and sending emails in the evenings or weekends especially on Saturdays when many of our customers are still around."

Susan: "That's fine as long as your colleagues can call and email you too and you log things for me. I could also monitor your targets over a month instead of weekly but this would still need to be kept under review. What about the days though when you would need to be visiting clients?"

Adam: "I work most with Keith and he does telesales."

Susan: "On days when you cannot go out I could ask Keith if he could do the calls and you set up the appointments, but of course I would need to ask you for approval to speak to Keith, because it means reallocating tasks."

Adam: "Keith, visited me in hospital, he's OK about that."

Susan: "Good, well let's see how that works. If I need to speak to Keith then it is not going to be long before everyone else knows."

Adam: "Will you let me tell everyone?"

Susan: "Yes, how would you like to talk to the staff. It might be the best idea if you would allow me to talk to them because I won't have any snide comments. I don't want any of the temporary staff we've taken on for the summer thinking they can harass you just because you need a lot of toilet breaks"

Adam: "Thanks that would be helpful and less embarrassing."

Susan: "Are there any other reasonable adjustments I could make?"

Adam: "Could I have Michelle's desk, the one nearest to the toilet?"

Susan: "I'm sure Michelle would be OK about that, I was thinking everything was going to cost us."

Adam: "Thanks, I wanted to work but I really thought you'd want to finish me."

Susan: "I can't say everything will work out for sure but I am prepared to try and see for the next nine months at least. I suggest we review this on a monthly basis. If I put these arrangements in writing will you be OK with that?"

Adam: "Yes, thank you very much."

ACAS have similar model conversations to this one on their own website as podcasts and these can be downloaded at Equality http://www.acas.org.uk/index.aspx?articleid=1363 and at Disability http://www.acas.org.uk/index.aspx?articleid=1859

Appendix 3: The role of technology in supporting people to retain employment

Assistive Technology has come a long ways in the past two decades, from smaller and more ergonomic braille displays to easy to use mind mapping software for individuals with dyslexia. In the context of advanced assistive technology, the cutting edge is constantly shifting and society as a whole is benefiting from the boom. As I deftly write this document using a pioneering mind-mapping program we take a look at other cutting edge assistive technology which assists productivity and employment retention.

Here are some top picks from the past few years:

- "I visualize myself as a hawk in flight – after being tethered to the confines in communication with the hearing world." This was from a recent review by Ashleigh Smith, a deaf user of an innovative communication device called the Ubi Duo. Simply put the Ubi Duo looks like two laptop keyboards with an easy to read screen and a start-up time of five seconds. With a recognised shortage of BSL interpreters in the UK the Ubi Duo has stepped in to fill the missing gap in communication.
- Big on the technology list is the advent of OLED and HD technology seen more and more in many video magnifiers. OLED allows viewing from more diverse angles than comparable LCD screen devices. Easy to use magnifiers like the HIMS SenseView LIGHT reduce visual strain for low-vision employees and actively reduce the stress associated with spot reading in the workplace.
- Advancements in software can be found in a program called Ginger, which provides a proofreading, spelling and grammar check in any application. This program uses sophisticated algorithms to correct a document from start to finish. For a more comprehensive dyslexia program workplaces are implementing Texthelp Read and Write Gold. This software offers an arsenal of tools to help dyslexic people in one program, from scan and read to word prediction, homophone and spell checking and many more.
- Also on the cutting edge is voice recognition giant Dragon Naturally Speaking, which allows employees to use their computer by voice alone. Dragon is quickly becoming a staple in the workplace with its near perfect accuracy and ability to solve most RSI impediments and address dyslexia head on.
- Lastly and the most noticeable emergence in the tech world is the advent of Microlink PC and Abilitynet's Disability and Reasonable Adjustment Service (MiDRAS) which has re-wrote the book on effective reasonable adjustment (see

page 25). Banding together resources from various organisations this successful program utilizes charities such as the British Dyslexia Association to provide full case management and resolution within 20 days of the employee stating his/her disability.

From where we stand today there can be a few safe assumptions about the natural progression of assistive technology and reasonable adjustment. The most noticeable in the future will be the advent of internet and mobile based services and the eventual adjustment of companies to allow such provisions to stream to them online. Braille technologies will drop significantly in price due to new innovations in braille cell production, and services like MiDRAS will allow employees instant access to a plethora of disability support options. The deaf community will continue to break down barriers using new communication technology and individuals suffering from dyslexia will be able to accurately correct their document with the push of a button. Assistive technology will continue to evolve into an unstoppable force enabling not just the disabled, but society as a whole to shape the workplace into a stress free productive environment.

"Limitations only go so far." Robert M Hensel

Dr Nasser Siabi
Chief Executive Microlink PC

Appendix 4: The Employment Retention Charter

In our role as employers we are committed to those early intervention measures that aid the retention of staff who become disabled or develop a disabling illness.

We recognise that work can often be an important part of treatment and recovery after accident or the onset of an impairment.

We endorse the principle of employment retention and welcome its potential for strengthening the bond between employers and employees and for its contribution to our organisation's efforts to reflect the diversity of our customers and the community in which we reside.

We invite all stakeholders to join us in making the vision of employment retention a reality for all.

Signed by:

Name:

Position:

Organisation:

Date:

Please return the signed form to:
Philip Connolly
Employment campaigns
RNIB
105 Judd Street
London WC1H 9NE
Email: philip.connolly@rnib.org.uk
Telephone 020 7391 3266
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RNIB would like to thank the following partner organisations for their help in compiling this report.

THE SOCIETY OF OCCUPATIONAL MEDICINE