



Chartered Institute
of Personnel and
Development

Recovery, rehabilitation and retention Maintaining a productive workforce

a guide

Recovery, rehabilitation and retention: maintaining a productive workforce

– A CIPD Guide for personnel professionals to help them support employees suffering from stress and other mental health problems.

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Introduction

This Guide looks at different aspects of supporting employees who are experiencing difficulties in their personal or working lives. These include the need to support employees who:

- remain at work while trying to cope with a problem affecting themselves or a dependant
- have been off work for longer than a month
- have an illness or disability requiring adjustments to be made to their work role or conditions.

Despite the enormous cost that mental health and other problems cause the employee and employer, helping employees to recover, be rehabilitated or retained in the place of work has tended to be neglected by HR professionals, as is illustrated in the following findings:

- A European Community survey of its members identified the UK as having the second highest number of workers suffering from long-term sickness. The UK level was 27.2 per cent compared with the EU average of 16.4 per cent (*People Management* 2004).
- The estimated total cost of mental illness in England at 96/97 prices is £32.1 billion, that's £11.8 billion in lost employment, £7.6 billion in social security payments and £4.1 billion in NHS payments (Patel and Knapp 1998).
- In 2000, over 2.25 million people claimed incapacity benefit and employers paid out £750 million in compensation under employer's liability insurance schemes (Employee Health Bulletin 2001).
- The director general of the Association of British Insurers has described Britain's rehabilitation services as unhealthy, with the current system failing workers and their families (Francis 2002).
- Only a quarter of employers offer any form of rehabilitation (Employee Health Bulletin 2002). This situation is unlikely to improve unless there is a greater availability of helpful guidance and support for those involved in the rehabilitation of employees in the workplace.
- The process of rehabilitation is not helped by the lack of an agreed process of rehabilitation. The term is used to describe a wide variety of work-based initiatives, policies and practices designed to get people back to work. Even the members of the Faculty of Occupational Medicine have difficulty in agreeing a definition (Faculty of Occupational Medicine 2000).
- The World Health Organisation (2001) has changed its emphasis on rehabilitation. The International Classification of Functioning looks at the person including any impairment and restrictions, as well as their personality, history and social context.
- There are interactions between physical, psychological and social well-being. The bio-psycho-social approach recognises the necessity to adopt a holistic approach in rehabilitation (Gilbert 2002)

The aim of this Guide is to create a framework to help personnel professionals and others to:

- Support the recovery of employees who are experiencing psychological or social problems that prevent them from working normally.
- Rehabilitate employees who have been off work for some time with stress and other mental health problems.
- Retain employees who have a disability that requires adjustments to be made to the working systems, processes or tasks in order that the disabled employee can make their full contribution.

The Guide has been written to give people management specialists the guidance and tools they need to help them to:

- Develop effective recovery, rehabilitation and retention policies.
- Introduce policies, processes and procedures into the workplace.
- Train HR and managers in employee support skills.
- Deal with the common objections to programmes of recovery, rehabilitation and retention.
- Introduce tools to evaluate the operation and effectiveness of the workplace recovery, rehabilitation and retention policies and procedures.

Part 1 What are the problems?

In 2002, a survey by the Occupational Health Review found that mental ill health and stress were the biggest causes of long-term sickness absence. This survey, which was undertaken in 171 companies, showed that there was a huge variation in employers' practice on rehabilitation. While some organisations regarded return-to-work programmes as invaluable, others had no clearly defined or structured approach to rehabilitation.

People may have long-term sickness absences because of a variety of physical, psychological and social issues. Although this Guide is concerned with supporting and rehabilitating employees with psychological and social problems, it's not unusual to find that an employee who has a problem in one area can have problems in other areas of their lives (see Table 1).

Table 1: The links between psychological, physical and social problems

Area	Examples of problems
Psychological	<ul style="list-style-type: none"> • Anxiety • Depression • Panic attacks • Schizophrenia • Post-Traumatic Stress Disorder (PTSD). • Phobias • Obsessions • Personality disorders • Psychosis • Stress/burnout.
Examples of psycho/social interactions	<p>An employee who is suffering from PTSD may develop marital problems. An employee who is being bullied may become anxious and depressed.</p>
Social	<ul style="list-style-type: none"> • Bullying • Substance abuse • Debt • Marital problems • Unemployment. • Bereavement • Robbery • Child care • Loneliness • Relocation.
Examples of socio/physical interactions	<p>An alcoholic employee may develop liver failure. A road crash victim may get into debt and have marital problems. A victim of AIDS may be harassed.</p>
Physical	<ul style="list-style-type: none"> • Heart attack • Cancer • Diabetes • Back problems • Pregnancy/miscarriage. • Accidents/injuries • High blood pressure • Stroke • Aids • Parkinson's Disease.
Examples of psycho/physical interactions	<p>An employee with cancer may feel anxious and have panic attacks. An employee who is experiencing burnout may develop high blood pressure.</p>

Key point

There are relationships between physical, psychological and social health. Up to two-thirds of employees who have been off work for six months with a physical condition are likely to be suffering from anxiety and depression (Ford 2001). At least 15 per cent of people with a mental health problem have a physical problem (Labour Force Survey 2002).

When to intervene

Work is good for you

As long as work is managed safely and effectively, it is good for our health and well-being. People in work have been found to be physically, psychologically and socially healthier than people who are unemployed (Becker et al 1999). The inactivity and isolation that normally accompany long-term absences from work have a negative impact on our physical, psychological and social health and well-being and a well-managed return to work helps employees to manage their symptoms or reduce their impact (Warner 1994).

For most employees, work is more than a way to earn money. It also provides them with a sense of belonging, social contact, a purpose and self-esteem (Schneid and Anderson 1995). Therefore, the best approach to helping employees is to enable them to remain in the workplace. This may require adjustments to their working hours or conditions but the benefits to the employee and the organisation can be immense.

Recovery, retention or rehabilitation defined

Wherever possible, the best approach to supporting employees is to help them to remain in work. This may require some adjustments to their working conditions.

Key point

It is generally easier to keep an employee in work through proactive recovery or retention schemes than by waiting for the employee to become long-term sick. Being proactive in identifying employees who are experiencing problems means helping them obtain support and assistance and this can prevent or limit the need for a period of sickness absence.

The impact of long-term absence on the rehabilitation process

The length of time off work has been shown to have a strong relationship to the likelihood of returning to work. The British Society for Rehabilitation Medicine (2001) has found that after six months' absence there is only a 50 per cent likelihood of the employee returning to work. At 12 months this falls to 25 per cent and after two years, the chance of a return is practically nil. These findings have been supported by findings from the Faculty of Occupational Medicine (2000). These findings emphasise the importance of beginning the process of rehabilitation as soon as possible after the commencement of the period of absence. In most cases, employers shouldn't delay the process for more than a month after the commencement of the period of absence.

Key point

For practical purposes, the term 'long-term sickness' is used here to describe absences lasting longer than four weeks. But this doesn't mean that nothing should be done before four weeks is over, particularly when it's obvious from contact with the employee or from the doctor's certificate that the absence is likely to last for some time.

Part 2 Policies and procedures

The starting point for any organisation wishing to introduce effective recovery, retention and rehabilitation approaches is to develop a policy. Recovery, retention and rehabilitation policies are unlikely to stand alone and should be part of an integrated employee well-being or occupational health policy. You need to be familiar with all the policies and procedures that may have an impact on helping the employee to remain in work or to return following a period of absence. This is illustrated in the examples below.

Examples

a An employee's wife was killed in a car crash. The employee has three young children to care for on his own. He is not coping and is having flashbacks of the crash. He may need support in one or more of the following areas:

- post-trauma assessment and support
- equal opportunities
- employee counselling
- flexible working arrangements
- special leave.

b An employee has gone off work complaining of being bullied. One or more of the following policies or procedures may be required:

- employee satisfaction (is there a history of problems?)
- equal opportunities
- employee counselling
- training (for managers in handling bullying at work)
- communications
- conduct code
- absence management
- bullying and harassment.

Generally, policies that form part of the integrated approach include:

- absence management
- accident investigation and reporting
- bullying and harassment
- business continuity
- communications
- conduct code
- crisis management/disaster plan
- data protection
- disability support
- employee satisfaction surveys
- employee counselling services
- equal opportunities
- flexible working
- health education
- health and safety
- medical retirement
- post-incident/trauma support
- risk assessment and management
- sick pay
- special leave
- substance abuse
- training and development.

Your policy should:

- Include a clear statement on the benefits to the employees and the organisation of a recovery, retention and rehabilitation policy.
- Describe the recovery, retention and rehabilitation processes and procedures as they apply to all employees.
- Be consistent and integrated with all other personnel-related policies and procedures.

- Include provisions for training HR, line managers and union representatives.
- Describe the communications process to be used to ensure the awareness of the entire workforce.
- Have a named senior manager responsible for ensuring the effective working of the recovery, retention and rehabilitation policies and procedures.
- Define case management responsibilities (this may involve the employee's line manager and HR manager in a smaller organisations. In large organisations there may be a team including representatives from HR, an occupational health doctor and psychologist together with someone representing business management).

Key point

HR professionals need to be supported by senior management when introducing recovery, retention and rehabilitation policies and procedures. Without it, little can be achieved. Before you move forward, make sure you have the support and resources from senior managers. Ideally, the policy should be 'owned' by a director or a board member.

An example of a recovery, retention and rehabilitation policy

Statement

[Our organisation] is working towards creating a working environment that promotes the health and well-being of the organisation and its employees. Where employees experience problems that affect their health or well-being, the organisation will try to support them so that they can continue working or, if they need time away from work, to support their rehabilitation back to work.

The key aims of the recovery, retention and rehabilitation policy are:

- to maximise the physical, psychological and social health and well-being of all our employees
- to create a healthy working environment in which employees and managers are proactive in identifying any situations or factors that have an impact on the employee's ability to work
- to provide active support for all employees returning to the workplace.

Benefits

The recovery, retention and rehabilitation programme reduces the cost of long-term sickness absence by:

- proactively identifying actions that will reduce the need for an employee to take time off work
- facilitating a more speedy recovery and rehabilitation of those who need a period of rest and recovery
- enabling employees with a longer-term condition to be retained as productive members of the workforce.

This approach benefits the organisation and the employee by reducing the financial and personal costs of illness and disability.

Key principles

[Our organisation] will:

- 1 Commit to maximising the health and well-being of all its employees.
- 2 Co-ordinate its policies and procedures so that that they are consistent with the effective recovery, retention and rehabilitation of distressed and disabled employees.
- 3 Ensure that it has appropriate procedures, systems and campaigns in place to promote employee recovery, retention and rehabilitation issues.
- 4 Constantly review the key employee recovery, retention and rehabilitation indicators to identify which should be targeted for special attention.
- 5 Provide effective ways of offering sound advice and support to enhance employee recovery, retention and rehabilitation.
- 6 Collect and make available essential recovery, retention and rehabilitation information to managers and employees.
- 7 Raise awareness of the employee recovery, retention and rehabilitation policy and procedures, making training and education available to everyone in the organisation.
- 8 Develop systems to assess the effectiveness of actions and interventions.

Part 3 The recovery, retention and rehabilitation process

Background

This guidance recognises the benefits of taking a proactive approach to supporting employees experiencing physical, psychological or social problems. Organisations have a duty of care to reduce, as far as is reasonably practicable, the physical, psychological and social hazards that have an impact on the health and well-being of their workforce. However, employees may become unable to work as a result of physical, psychological or social conditions that are personal and not related to the workplace.

Key point

Organisations must recognise that a hazard or condition may have nothing to do with an employee's work or working environment. If an employee is incapacitated, the organisation should consider what can be done to support the employee. This is particularly true when the employee is suffering from a physical or mental health disability. In such cases, the organisation has a statutory duty to ensure that reasonable adjustments are made to support the employee.

This model has been written to assist the recovery, retention and rehabilitation of employees experiencing psychosocial or mental health problems that may or may not be associated with a physical ailment or illness. There are a number of distinct stages to the programme. The process begins with an employee being identified as experiencing difficulties in their work and ends with the employee working normally in their existing/new role or with the employment being terminated through medical retirement, resignation or dismissal. However, to work properly, it's essential that the process is managed effectively (see Figure 1, page 19).

Case management

The importance of effective case management for employees who require retention and rehabilitation support can't be over-emphasised. In other countries, where it's common to have a dedicated case manager or rehabilitation co-ordinator, there is a much lower level of long-term sickness and disability than is found in the UK. It's not always possible in small organisations to have a dedicated person with the time and skills to undertake this work, but it is important to make sure that someone is responsible for the case management process.

Key point

Some organisations have outsourced their long-term sickness absence management and payments to a permanent health insurance (PHI) provider. Schemes will pay up to 75 per cent of salary until the employee is able to return to work, retires or dies. Although there are some advantages to this approach, there is a tendency for organisations to forget about employees once they are on these schemes, with the result that few employees ever return to work.

The problem facing employees and organisations is the number of people who may be involved in the treatment and recovery of an employee. It's not unusual for up to 30 medical and non-medical practitioners to be involved in helping an employee back to work (Edwards 2002). Therefore, having someone to act as a case manager to co-ordinate the support and to represent the needs of the employee and the organisation is beneficial. An occupational health doctor or nurse may carry out the case manager role where there is an occupational health department. The case management role involves becoming aware of the needs of the employee either by undertaking an assessment or by seeking advice from a suitably qualified professional. The role is necessarily complex and involves a range of skills (see Table 2), but there is no reason why an HR manager or line manager shouldn't be the case manager, provided they're given information and support from the appropriate professional (eg an external occupational health provider, GP, occupational psychologist, disability adviser).

The next stage is to develop a plan to maximise the likelihood of recovery and a return to work. Where appropriate, this might mean considering the provision of private treatment where the necessary NHS resources are limited or non-existent. The case manager should also be involved in designing or approving the actual return-to-work programme. This will need to take account of the capabilities of the employee and the requirements of the job. In many cases, the employee will return to their old job but this may require adjustments to be made to fit the employee's current capabilities. The adjustments may be for a short time or may need to be permanent. Ideally, the case manager should keep in touch with the employee and manager for around three months to make sure the programme is working and fully supported.

Table 2: The role and skills of a rehabilitation co-ordinator or case manager (National Occupational Health and Safety Commission 1998)

<ul style="list-style-type: none">• Inform the employee of their entitlements to support• Liaise with their GP to establish the diagnosis and prognosis• Liaise with the line manager regarding suitable work• Communicate with stakeholders regarding the rehabilitation programme	<ul style="list-style-type: none">• Identify suitable duties• Review the progress of the plan• Review and update the rehabilitation policies and procedures• Develop education packages• Co-ordinate rehabilitation programmes• Maintain confidential records
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The process

Stage 1: Supporting the troubled employee in the workplace

Self-referral

An employee is experiencing difficulties in undertaking their work. The employee may speak to their line manager or HR professional about their physical, psychological or social problem and ask for help or support. The line manager or HR professional should be in a position to undertake a simple risk assessment and identify what can be done to support the employee and manage the situation.

Key point

The employee well-being risk assessment should look at a number of factors, including:

- the nature of the job, the way the job is organised and managed and the impact of the work environment and culture on the employee
- the employee's physical, psychological and social well-being and how that affects their ability to do their job
- the resources, training and workplace adjustments that can be provided to support the employee.

Following the risk assessment, an action plan should be drawn up to deal with any risks or opportunities that have been identified. The action plan should have clear milestones, which should take the form of regular review meetings between the line manager and employee.

Addressing underperformance

Where an employee is working or performing their job at a level that is unacceptable or below the requirements of their role, it's important that the line manager deals with the situation. The line manager should arrange a meeting with the employee to discuss their performance. The meeting should begin with a clear description of the performance deficit and then explore the reasons for the change in performance.

Where the reason for the performance deficit is a well-being problem, the employee should be offered an employee well-being risk assessment.

Key point

Addressing performance deficits using this firm but constructive approach provides an opportunity for the employee and manager to talk about ways to improve performance through the recognition of personal and workplace difficulties. Where there is objective evidence of malingering, consideration should be given to undertaking a capability appraisal or disciplinary action.

Stage 2: Supporting the troubled employee on sick leave

Employees who take time off work should contact their manager to give the reason for their absence and the expected length of the absence. Where appropriate, the manager should establish if the absence is due to a workplace accident or injury.

Key point

Some illnesses are clearly not related to work or the working environment. But you must find out whether work may have been involved in either causing the illness or making an existing illness worse. In such cases, the causes of the problem need to be established so that action can be taken to either remove the problem or reduce its impact.

While the employee is off work, the line manager should make sure that the employee is contacted regularly and offered support. The contact may be made by the line manager or a friend or colleague of the employee. The employee should be reminded of the support available from the organisation, for example, counselling from an employee assistance programme and other services that may be available within the community. Contact can be by telephone or home visit.

Home visits can cause anxiety to the employee and the visitor so careful preparation is crucial. This must include agreeing a date, time and purpose for the visit. Spend time considering the range of responses that you may encounter during the visit and how these can be handled. Be prepared to listen to the employee as well as communicating information. Allow enough time for the visit. Recognise that you're in the employee's home. You may have to deal with the family cat jumping on your lap or interruptions from children or other family members. Also, remember personal security – avoid parking your car in an isolated or badly lit area and maintain contact with the office.

Do	Don't
<ul style="list-style-type: none"> • Be flexible, treating each employee on a fair and consistent basis • Discuss with the employee the need for contact and how that can be best achieved • Consider asking a friend or colleague of the employee to be the main contact point • Send staff information, newsletters etc to the employee • Encourage a visit back to work to meet with colleagues before a return to work. 	<ul style="list-style-type: none"> • Wait until the employee is due to go on the long-term absence scheme before making contact • Put pressure on the employee to discuss returning to work until an assessment has been undertaken • Tell the employee how their work is piling up and their colleagues are exhausted • Forget that people are individuals and a flexible approach may help recovery • Break promises on making contact or sending information.

Stage 3: Recording and identifying cases

Sickness absence information should be collected and recorded weekly. In larger organisations this may involve a central HR team with responsibility for ensuring that the appropriate documentation, individual absence statements and medical certificates are received, recorded and, where necessary, followed up. The information must be checked for consistency and so that any differences or changes to the identified reason for the absence can be recorded. Most absences are for less than five days (Emmott 2003). Where an

employee has a poor absence history, the line manager should investigate and, where appropriate, undertake an employee well-being risk assessment.

Absences of four weeks or more account for around 20 per cent of time lost. Management reports must identify employees who have been off work for more than four weeks. These cases need special action, as do absences that are reported as being due to work or work-related activities. Absence records (see Table 3) should be reviewed regularly and often by managers and HR.

Table 3: Minimum information required to manage employee absence

- | | |
|---|------------------------------|
| • Name and contact details of employee | • Working days absent |
| • Date of first day of absence | • Dates of contact |
| • Cause of absence | • Expected length of absence |
| • Whether the injury or illness is work-related | • Return-to-work date |

Stage 4: Referring for assessment

In large organisations where the organisation has a case manager or case management panel, they have the role of co-ordinating the recovery, rehabilitation and retention support. However, case management can be undertaken by an HR professional or a line manager. The process should involve examining the sickness information and any additional background information. After full consideration, a decision should be made on the most appropriate action. In some cases, the response may be a telephone call to the employee offering advice and support, such as the availability of the employee assistance programme or the provision of stress education materials. However, where there is a clear mental or physical health problem, there may be a need to request a GP or consultant's report to find out the best way to help the employee's recovery. Where beneficial, the case manager may decide to organise a private medical, occupational health, or psychological rehabilitation assessment. The goal at this stage is to identify a rehabilitation programme that can help the employee recover, or, where recovery is not possible, to get an indication of what action the organisation should consider, including a possible referral for medical retirement.

Stage 5: Supporting the programme

Where the rehabilitation assessment suggests that rehabilitation is appropriate, the case manager or member of the case management panel will liaise with the medical and psychological assessors, HR, line managers and employee providing direction, guidance and support for the implementation of the rehabilitation programme. The case manager or panel member should receive a copy of the assessment and rehabilitation report.

This support can include:

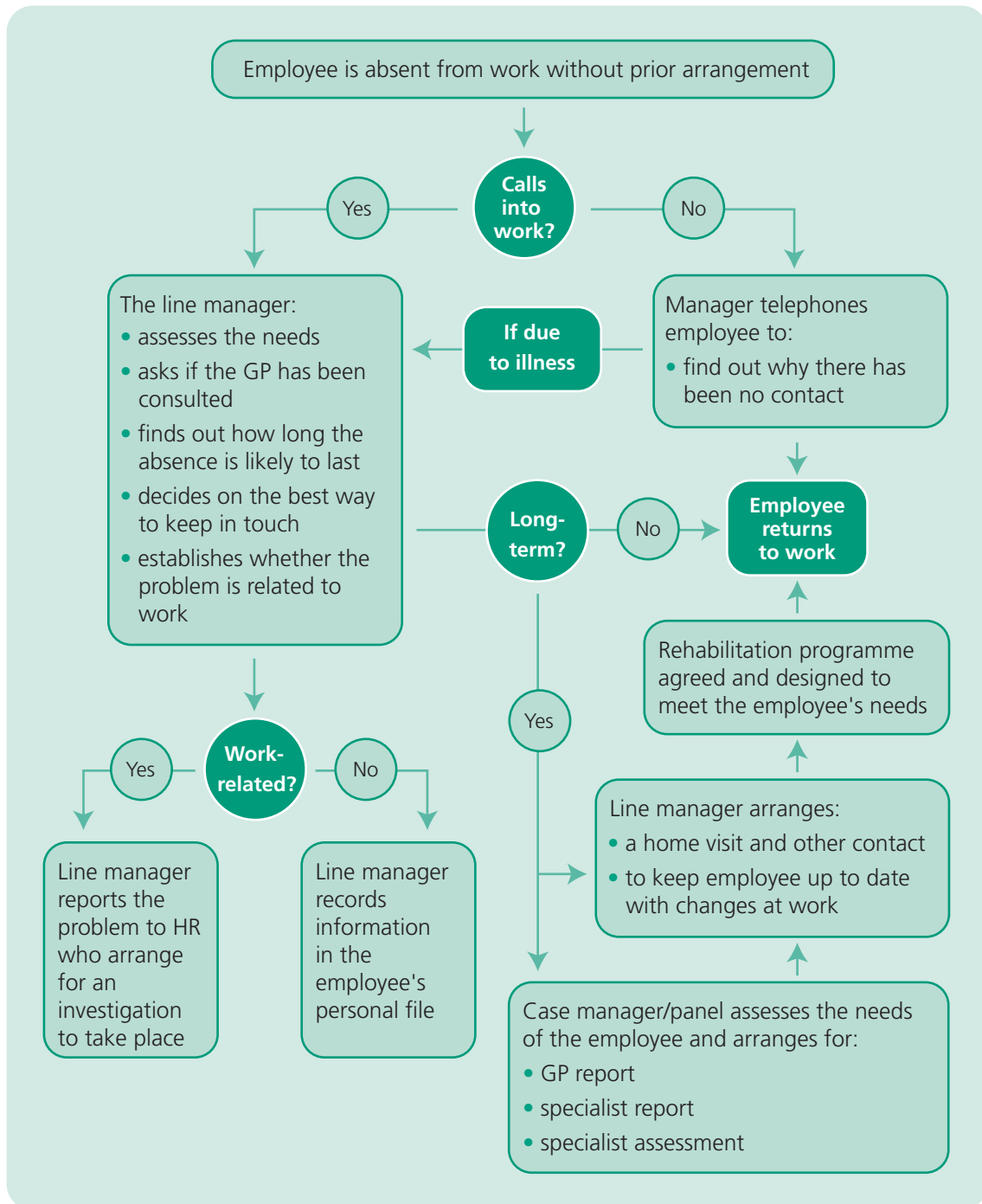
- keeping in touch with the employee on a regular basis
- receiving rehabilitation diaries from the employee and checking progress
- arranging contact with line managers and colleagues
- identifying additional support that may be available from the organisation or community
- recognising and rewarding progress
- encouraging and supporting the employee through difficult patches
- identifying mentors or buddies
- undertaking a return-to-work interview to identify the need for additional support or information.

This role may last for a week or two in simple cases to three months or longer in more serious cases.

Stage 6: Monitoring and evaluation

The retention and rehabilitation programmes should be monitored and evaluated to ensure that the costs and benefits of the scheme are recorded. Efforts should be made to identify improvements to the operation of the retention and rehabilitation scheme.

Figure 1: Brief outline of the absence management programme



Part 4 Elements of successful recovery, retention and rehabilitation

Attitudes to mental health

Attitudes to mental illness can have a significant impact on employees attempting to return to work. A study of 100 employers found that attitudes of managers were often discriminatory (Manning and White 1995). Another study (Diksa and Rogers 1996) found that employers were reluctant to hire and retain staff with a mental illness because they were concerned that the illness would have a negative impact on the individuals' work performance and ability to get on with their colleagues. Employees themselves may also find that their illness is viewed negatively, with some reporting that they had been dismissed, forced to resign, made redundant, sacked or their contract not renewed (Read and Baker 1996; Mental Health Foundation 2002).

Healthy workplaces

The concept of healthy workplaces relates to the nature of an organisation's structure, function, management systems and culture. A healthy workplace is one in which all employees can thrive and adapt to changing environments and needs. The Health and Safety Executive (HSE) (2003) has identified factors that, if addressed, can create healthy places to work. The HSE suggests a process for improving workplace health that requires the organisation to recognise the needs of the individual, the group and the organisation. The next stage is to ensure that the work's demands, level of control, availability of support, nature of relationships, roles and management of change are carefully balanced to meet the needs of all employees.

Risk assessments

Employee risk assessment

The employee well-being risk assessment is central to the recovery, retention and rehabilitation approach. There are two levels of assessment. First, the employee risk assessment and, second, the psychosocial risk assessment and rehabilitation management.

The employee risk assessment can be undertaken to support employees who:

- are in work and need support to recover from a temporary problem or complaint
- are off work and need a programme of rehabilitation
- have a disability and require longer-term support to enable them to be retained in the workforce.

A line manager or personnel professional can undertake this assessment but they will need to be trained in listening and responding skills. This assessment should be carried out as soon as possible after the line manager becomes aware of an employee experiencing problems or underperforming. It can also be used when an employee informs their manager that they are experiencing problems.

The assessment is made up five stages:

- introduction
- problem assessment
- wishes and goals
- action planning
- close.

Table 4, on page 24, takes you through each stage in more detail.

Psychosocial risk assessment and rehabilitation management

Qualified and experienced psychologists are able to undertake psychosocial risk assessment. This detailed assessment will only be required for a small number of difficult cases. The assessment should use a combination of clinical and occupational questionnaires, structured interviews and professional judgement to form opinions on the best approach to rehabilitation. At the end of the assessment process, the psychologist will agree with the employee the best way of returning to work and will identify support that may be available to make a return to work easier.

Key point

Some large organisations and private healthcare providers employ occupational, counselling, clinical and health psychologists who will be able to undertake an assessment. However, in smaller organisations it may be necessary to identify a suitable psychologist from the British Psychology Society Directory of Chartered Psychologists (www.bps.org.uk).

Before the assessment and rehabilitation report is sent to the organisation, the employee should be given an opportunity to read it to check that the factual details are complete and accurate. The employee will be given the opportunity to withhold personal information. However, the psychologist will make it clear to the employee that they will be expected to take an active role in their recovery and rehabilitation, and that the

results of the clinical and occupational questionnaire and the opinions will be passed to the case manager or case management panel member responsible. The report will cover:

- the employee's current psychosocial state
- the potential reasons for their current state
- the actions the organisation can take to help the employee
- recommendations and timescales for rehabilitation or other outcomes.

The report should be written in a way that enables the case manager and the line manager to support the employee's return to work or other recommendations. Typically, the report will include recommendations for improving the general health and well-being of the employee by ensuring that they have:

- a healthy lifestyle
- a wide range of coping skills
- support in dealing with underlying psychological problems
- support in dealing with underlying social problems
- the skills and training to undertake their role at work
- support from their line manager and peers
- a tailored return-to-work programme and timetable.

In cases where an employee has been away from work for a long time, it may be necessary to begin the rehabilitation programme with a period in which the employee builds their strength and becomes used to being in social groups or settings again. Some employees benefit from spending some time working for a charity or as a volunteer. This involvement helps them return to a routine of working. Programmes may last for as little as a couple of weeks or up to several months.

Supportive managers and colleagues

Whether an employee is recovering or being rehabilitated, their recovery can be made easier with the support of their manager and colleagues. One of the strongest factors in a successful outcome is the active involvement of a supervisor or manager in the process. The manager should be involved in the process from the beginning and should identify how the employee can be supported, which work would be most appropriate and any other changes to the work or role that would be possible. It's often helpful for the employee to select or be provided with a peer or mentor who can be available to provide support on a daily basis. The mentor needs to understand the support programme and what their role might entail. Where possible, the mentor will meet with the employee and the manager to agree the scope of the mentoring programme.

The first day back to work after a sickness absence of several weeks or months can be a big hurdle to the returning employee. They will need someone to welcome them back and to ensure that their workplace is ready for them.

Other support

It's common to find that employees who have experienced psychological difficulties have a range of needs. Frequently the support that is needed can be provided or facilitated by the organisation. For example, employees may benefit from:

- skills training in
 - assertiveness
 - stress management
 - time planning
 - relaxation
 - problem-solving

- experience in
 - running meetings
 - teambuilding
 - project management
 - making presentations
 - preparing a budget.

Key point

A small investment in support can make the difference between success and failure. Knowing that there is someone who will be there when a problem arises increases confidence.

Table 4: Employee risk assessment checklist

Introduction	
Have you...	<ul style="list-style-type: none"> Explained the organisation's approach to employee care? Described the purpose of the session? Assured the employee that personal information will be confidential? Asked the employee to define the problem?
Problem identification	
Have you explored...	<ul style="list-style-type: none"> Physical problems? Psychological problems? Social problems? Work-related problems? The times that the problems occur and when they don't happen? Their impact?
Valued outcomes	
Have you helped the employee to...	<ul style="list-style-type: none"> Define what they would like to happen, making sure that their outcome is: <ul style="list-style-type: none"> specific? stated in positive language? within their own control? measurable and achievable? future-orientated? worthwhile?
Action planning	
Have you helped the employee to...	<ul style="list-style-type: none"> Develop strategies? Formulate plans? Set realistic targets? Identify available resources/support? Build in rewards/recognition? (personal treats, non-financial recognition) Establish timescales?
Closing the session	
Have you...	<ul style="list-style-type: none"> Closed the risk assessment appropriately? Allowed yourself recovery time?
Next three months	
Have you...	<ul style="list-style-type: none"> Checked how the plan is progressing? Offered support in setting new targets? Rewarded progress/addressed deficits? Undertaken a final review at the end of the programme?

Part 5 Skills in handling rehabilitation programmes

Once a programme has been agreed, it must be handled appropriately. Everyone is an individual and sometimes the programme will have to be adjusted to meet the needs of the employee.

Setting realistic targets

When going through a recovery or rehabilitation programme, some employees will want to go quickly and others slowly. Setting realistic targets is an essential skill (see Table 5). It's important to gain the commitment of the employee to any target and therefore a useful starting point is to identify what the employee believes they could do. The goals should be broken down into smaller tasks and these should be checked to ensure that they are well formed and therefore more likely to be achieved.

Table 5: Framework for agreeing return to work targets

<p>In a Context</p> <p>When, where, what, with whom do you want it? When, where, what, with whom do you not want it?</p>	<p>Concrete</p> <p>How will you know when you have what you want? How will you be feeling? What will you be thinking? What will you be doing?</p>
<p>Where else do you want it?</p> <p>Stated in the positive What do you want? What will that do for you?</p>	<p>In own control</p> <p>Is that something that you can make happen? What could get in the way of you doing that?</p>
<p>Worthwhile</p> <p>What will it take to get it? How will it feel if you get it?</p>	<p>Gains and Losses</p> <p>If you get what you want, will you lose anything?</p>

Consulting the employee

A lot of problems can be avoided if the employee is consulted about their rehabilitation or recovery programme. Presenting a fully developed programme can be daunting, whereas a discussion of options and possibilities can provide a much more acceptable and helpful approach. For example, if the employee is nervous about returning to their workplace, asking them if it would help to meet some of their colleagues for coffee before they return to work may make the first day less daunting.

Building confidence

The process of recovery and rehabilitation can have setbacks. The focus should be on the positive achievements rather than the failures. For example, if an employee has achieved two targets and failed to achieve a third target, the emphasis should be on the successes. Time should be spent on how these targets were achieved and what has been learned that might be applied to other targets. And if something didn't go particularly well, look for the positive – even where that is just to recognise what has been learned from the experience.

Convincing line managers

There are lots of barriers to the introduction of a recovery, rehabilitation and retention programme. These barriers include:

- persuading line managers that it's worth the effort ('Why can't we just get rid of them?')
- the time taken by management and HR to successfully manage the process
- the limited capacity of the NHS to provide access to therapeutic interventions from clinical or counselling psychologists
- employee resistance in cases where the return to work has no obvious financial benefit or where there is a desire to seek compensation
- a lack of dedicated case managers
- a lack of recognition of recovery, rehabilitation and retention as a personal or business objective.

Faced with these barriers, it's critical that the benefits of this approach are highlighted.

The benefits

Helping an employee back into productive working may take some time, but there's growing evidence that managing the recovery, rehabilitation and retention of employees is beneficial. It's difficult to quantify these benefits financially, but where cost–benefit analysis has been undertaken, the savings on sickness absence payments, replacement staff and recruitment costs have more than covered the cost of the interventions. In addition, there is the added benefit of the interventions themselves on the morale and image of the organisations.

Part 6 The legal requirements

Organisations have legal responsibilities for providing an appropriate level of support to their employees.

The Health and Safety at Work Act 1974 requires all employers to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all their employees. In the case of employees who are returning to work after sick leave or who have ongoing health problems, employers need to:

- Make sure their employees' health is not made worse by their work.
- Take steps to prevent or control risks to which those employees may be exposed due to the lasting symptoms, or effects of an injury, illness or disability.

The Management of Health and Safety at Work Regulations (1999) require employers to:

- Undertake assessments of the risks to the health and safety of employees and to introduce protective measures to control the risks.
- Review the assessment following changes (eg after a period of illness or injury that makes the employee more vulnerable).
- Undertake monitoring of the ongoing health and well-being of employees.

When an employee has suffered an injury or illness, it's necessary to revisit the risk assessments to check that the employee is adequately protected from being harmed. If the illness, injury or disability is work-related, there is a requirement to prevent or control the risks that could lead to more cases of injury, illness or disability or the worsening of existing ones.

The Disability Discrimination Act (1995) sets out the meaning of disability and makes it unlawful for employers to discriminate against disabled people in terms of employment, opportunities and treatment. Employers are also expected to make reasonable adjustments to the workplace or working arrangements so that the disabled person is not at any substantial disadvantage compared with a non-disabled person.

Examples of reasonable adjustments would include:

- making adjustments to premises
- allocating some of the disabled person's duties to another person
- arranging a transfer to a more suitable role
- altering their working hours

- allowing time off work to undertake rehabilitation activities
- additional training
- acquiring new, or modifying existing, equipment
- modifying instructions and procedures
- providing supervision or support.

Part 7 Monitoring and evaluation

In order to ensure that the rehabilitation programme meets the employee's and the organisation's needs, there has to be an evaluation of the effectiveness of the programme. Without evaluation, it's impossible for organisations to be sure they're benefiting from the rehabilitation process. Organisations need:

- a simple process for monitoring and evaluating the effectiveness of workplace rehabilitation
- data on the costs and benefits of introducing a co-ordinated rehabilitation programme
- recommendations on how the management of long-term sickness absence can be improved.

What to measure

A number of indicators can be used to measure the effectiveness of the recovery, rehabilitation and retention programmes. These include:

- monitoring levels of long-term sickness absence
- employee satisfaction questionnaires
- manager satisfaction questionnaires
- HR satisfaction questionnaires
- clinical questionnaires
- monitoring the associated financial costs and benefits of the rehabilitation project.

Key point

It's essential to gather evidence and evaluate it. Although there are difficulties in controlling all the variables, qualitative research, including case studies, provides an approach that can be effectively used to evaluate the benefits of the recovery, rehabilitation and retention approach (Robson 2001).

Appendix 1 Glossary

Case manager	A person appointed to co-ordinate the rehabilitation support for employees. This role may be filled by occupational health or HR professionals or by a suitably trained line manager
Clinical questionnaires	Questionnaires that have been developed to assess the level of psychological distress and functioning
Duty of care	The legal requirement for organisations and employees to protect their health and welfare
Employee assistance programme	A source of confidential counselling, information and support provided by employers for staff
Employee risk assessment	An assessment that identifies the organisational risks and hazards that could harm individual employees
Long-term absence	Any absence from work of longer than a month
Mentor/buddy	A colleague who provides personal support and encouragement to an employee returning to work
Occupational health professional	A doctor or nurse trained in dealing with physical or mental health problems that are caused by or have an impact on the employee's ability to work.
Permanent health insurance (PHI)	An insurance that provides employees with an income in the event of an illness that prevents them from working
Psychological risk assessment	An in-depth assessment of the psychological risks to the health and well-being of employees
Psychosocial risks	The risks associated with the psychological and social stressors present in the employee's personal and work life

Reasonable adjustments	Changes to the nature of work or the way it is performed that enable an employee to carry out a productive role
Recovery	When employees are recovering from a physical or psychological problem while still in work
Rehabilitation	A planned programme of support aimed at assisting an employee return to work
Retention	When employees with a physical or psychological illness are able to remain as a productive employee with the support of their employer
Risk assessment	A process that identifies and manages organisational risks to the health and well-being of employees

Appendix 2 Useful contacts

Knowing where to seek help in the community is important. Below is a list of some of the organisations and sources of information that may be helpful.

Addictions

Alcoholics Anonymous

Tel: 01904 644026

Website: www.alcoholics-anonymous.org.uk

Al-Anon

Tel: 020 7403 0888

Website: www.hexnet.co.uk/alanon

Email: alanouk@aol.com

Gamblers Anonymous

Tel: 020 7384 3040

Literature helpline: 076 2694 7800

Narcotics Anonymous

Tel: 020 7730 0009

Website: www.ukna.org

Bereavement

Compassionate Friends

Tel: 0117 953 9639

Cruse

Tel: 020 8331 7227

Still Birth and Neonatal Death Association

Tel: 020 7833 2851

Debt

Citizens Advice Bureaux

Website: www.cas.org.uk

National Debt Line

Tel: 0808 808 4000

Consumer Credit Counselling Service

Tel: 0800 138 1111

Disabilities

Disability on the Agenda

Website: www.disability.gov.uk

Disability Rights Commission

Tel: 08457 622 633

Website: www.drc-gb.com

Email: enquiries@drc-gb.org

Employer's Forum on Disability

Tel: 020 7403 3020

Website: www.employers-forum.co.uk

Employment Opportunities for People with Disabilities

Tel: 020 7418 2727

Website: www.opportunities.org.uk

National AIDS Helpline

Tel: 0800 567 123

National Health Information Line

Tel: 0800 665 544

Rehab UK

Tel: 020 8896 2333

Royal National Institute for the Blind

Tel: 020 7388 1266

Website: www.rnib.org.uk

Royal National Institute for Deaf People

Tel: 0808 808 0123

Email: informationline@rnid.org.uk

Royal Association for Disability and Rehabilitation (RADAR)

Tel: 0870 8505131

Website: www.radar.co.uk

Eating disorders**Anorexia Aid**

Tel: 01603 621414

Website: www.edauk.com

Gender Issues**Lesbian and Gay Switchboard**

Tel: 020 7837 7324

Mental health**Association for Post-Natal Illness**

Tel: 020 7386 0868

Fellowship of Depressives Anonymous

Tel: 01802 433 838

Manic Depression Fellowship

Tel: 020 8974 6550

Website: www.mdf.org.uk

Mind

Tel: 020 7802 0300

Email: contact@mind.org.uk

Mind out for Mental Health

Tel: 020 7403 2230

Email: info@mindout.net

Samaritans

Tel: 0845 7909090

Phobias**The Phobics Society**

Tel: 0870 7700 456

Email: nationalphobic@btconnect.com

Website: www.phobics-society.org.uk/

Professional bodies

Association of Chartered Physiotherapists in Occupational Health

Tel: 0196 453 4376

Email: Jslda@aol.com

British Association for Counselling

Tel: 01788 578 328

Website: www.bacp.org.uk

British Psychological Society

Tel: 0116 254 9568

Website: www.bps.org.uk

Chartered Society of Physiotherapy

Tel: 020 7306 666

Website: www.csp.org.uk

College of Occupational Therapists

Tel: 0141 810 3543

Email: moira@colvan24.freereserve.co.uk

Faculty of Occupational Medicine

Tel: 020 7317 5890

Website: www.facocmed.ac.uk

Institute of Occupational Medicine

Tel: 0870 850 5131

Website: www.iom-world.org

Society of Occupational Medicine

Tel: 020 7486 2641

Website: www.som.org.uk

Road crashes

RoadPeace

Tel: 020 8964 1021

Website: www.roadpeace.org.uk

Action point

Make sure that you have a list of local advice, help and counselling services in your area to give to the distressed employee. Information on local support is available from your Citizens Advice Bureau.

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