

APPENDIX 1 BIBLIOGRAPHY

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APPENDIX 2 SUMMARY OF MEASURES

Table A2.1 Measures to support attendance

| Measures to support attendance | Description | Comment on effectiveness |
|------------------------------------|---|---|
| Good communication of policy | Clear launch of policy with support of senior management, top down dissemination, training of managers and guidance available on paper and intranet. | Best practice guidelines stress the importance of all these actions in introducing and establishing an effective absence policy. |
| Health promotion | Comprises three types of activity: raising awareness of health issues, lifestyle change interventions and sustaining a healthy work environment | Difficult to prove that these activities are successful as there are other influences on employee health. Complements attendance and rehabilitation policies and demonstrate the employer's concern for the well-being of their staff. Such actions contribute positively to the 'employer brand' as perceived by current and future employees. Higher engagement levels are experienced by organisations which demonstrate a concern for employees' welfare. |
| Occupational Health Services (OHS) | OHS consists of occupational health practitioners including physicians, hygienists, psychologists, ergonomic experts and occupational health professionals who can evaluate reasons for absence, conduct health assessments, assist in planning returns to work and promoting good health. Services can be provided in house or externally depending on size of organisation. | Assessed to be one of the leading means of reducing absence, particularly effective in managing long-term sickness. |
| Employee Assistance Programmes | External EAP providers supply a range of services to organisations, central ones being counselling, other forms of assistance, advice and information to employees | Have been shown to reduce sickness levels and to be cost effective. |
| Flexible working | Flexible working includes flexible start and finish times, job-sharing, term-time contracts, annualised hours, moving from full to part time working. | Enables employees to better manage work life balance. Reduction in days lost to sickness often attributed to introduction of flexible working by HR professionals. |
| Financially rewarding attendance | Employees with good attendance records are rewarded with bonuses or become eligible for other prizes. | Shown to motivate those with good attendance, but not chronic absentees. Penalises those who are genuinely sick, but once threshold is reached incentive effect becomes lost. Major disadvantage is that schemes encourage those who are ill to come to work and infect others. |

| Measures to support attendance | Description | Comment on effectiveness |
|--------------------------------|--|--|
| Recognising good attendance | Good personal attendance is recognised by senior management in personal letters, staff magazines or briefings. | Shown to be effective. |
| Duvet days | Days that can be taken by phoning in on the day when individual feels they cannot face work but are not ill enough to merit a sick day. Usual for employees to have a limited number of such days available and often line manager's approval is needed. Not treated as sick leave, but frequently deducted from annual leave. | No research available on duvet days but give staff flexibility and ensure absence figures are more likely to be genuine. Only appropriate in organisations which can cope with unexpected absence at short notice. Unless days are deducted from annual leave, become a sick leave allowance which is costly and promotes the acceptance of absence. |
| Medical services on site | The provision in workplace of services such as occupational health nurses, counselling, physiotherapists, health checks, back pain clinics and 'flu vaccinations. | Evidence exists that services are effective in reducing absence as staff do not have to wait for treatment or take time off to go to external providers. An expensive approach but shown to be cost effective. |
| Private medical treatment | Organisations either offer private healthcare as a benefit to all staff or pay for treatment. | Evidence that reduces time away from work and makes return easier. Costs and benefits need to be considered when individual cases are considered. |
| Disability case management | In cases of long-term absence, all individuals who can contribute to a plan for rehabilitation are brought together. | Shown to clearly aid the return to work of long-term sick employees. |

Source: NAO, 2004

Table A2.2 Measures to reduce absence

| Measures to reduce absence | Description | Comment on effectiveness |
|---|---|--|
| Line manager responsible for absence management | Line managers are primarily responsible for handling the absence of staff on a day to day basis and sometimes through to dismissal. | Evidence shows line manager is less successful in managing absence than HR or senior managers. Training for managers in addressing absence and support is essential. |
| Role clarity in handling absence | The roles and responsibilities of line managers, senior managers, HR, OHS and EAPs are defined and known in an absence policy. | Evidence shows that role clarity contributes positively to the management of absence, particularly long-term absence. This prevents cases becoming 'lost' between professionals. |
| Measuring absence | Provision of accurate, timely and accessible information on absence and its causes. | Measurement of absence is cornerstone of a successful policy. Enables the understanding of the causes and characteristics of absence. Active monitoring shown to demonstrate to employees that the issue is taken seriously. |
| Return to work interviews | Involves line manager holding interviews with staff on the day they return to work after every period of sickness. Purpose is to welcome individual back, check they are recovered, review absence record and provide opportunity to discuss any underlying problems contributing to absence. | Recognised as the most powerful tool in managing absence. Gives the opportunity to show individual they were missed. To be effective must be handled sympathetically and require managers to be trained. |
| Use of trigger points | Defined level of absence at which a personal absence review becomes essential and possible disciplinary action considered. | Regarded as one of the most effective tools in managing absence. Provides a common understanding within an organisation of the level of absence that is unacceptable. Trigger points need to be used with discretion and take into account individual circumstances. Danger that they can be used too rigidly and unreasonably. Effective use depends on managerial training and confidence. |
| Procedures for short-term absence | Short-term absence is usually regarded as less than four weeks and has a defined approach. | Having clear procedures for the notification of absence by employees and the resulting managerial actions clearly contribute to reducing absence. |
| Procedures for long-term absence | Long-term absence is usually defined as absences of four weeks and over. | Research shows that this absence needs clear proactive approach. Staged procedures allow employees time to recover, provides targets to be met, enables medical evidence to be collected and allows dialogue about rehabilitation. |

| Measures to reduce absence | Description | Comment on effectiveness |
|--|--|--|
| No pay for initial sick days | Removal of pay for the first two or three days to reduce short-term absence. | No evidence for the efficacy of policy. Some evidence that it results in longer absences as employees take extra days to demonstrate they were seriously unwell. |
| Sick notes for all absence | Sick note from a doctor required for all absences no matter how short. | No evidence found to support this measure. Some evidence that leads to increased absence as more sick days taken to demonstrate seriousness of condition. |
| Attendance criteria used for selection | Screening of potential recruits' past attendance records before offering employment. | Shown to reduce overall absence. Care needs to be taken over the causes of absence where a disability may be involved. |

Source: NAO, 2004

APPENDIX 3 INTERVIEW GUIDES: POLICE ABSENCE REVIEW

SENIOR MANAGERS INTERVIEW GUIDE

INTRODUCTION

- Thank you for agreeing to be interviewed.
- Introduce self and IES: IES is an independent, not for profit research and consultancy organisation and has been a leading centre for applied research in human resource management for over 30 years. IES has a considerable track record in working with the police and helping organisations understand and reduce absence.
- Purpose of review: The Home Office and the Health and Safety Executive (HSE) are working together to further reduce the number of working days lost to ill health and/or injury across the police service and have commissioned IES to conduct a review of how police forces in England and Wales currently manage sickness absence. Over the next six weeks researchers from IES will be running a series of exploratory interviews and focus groups to gather views on absence management and responses to current policy and practice.
- Interview to last no longer than one hour.
- Ask for agreement to tape the interview as this saves having to take notes and enables thorough analysis. Also quicker. If meet with objections, will have to take notes instead.
- Assure interviewee of confidentiality and anonymity. No one from the Home Office or HSE will have access to the detailed interview notes or tapes at any time. Study not about individuals but concerned with the force's approach to absence. No individuals or forces will be identified in any reports.
- Any questions?

A. EMPLOYMENT DETAILS

- What is your job role?
- What responsibility do you have for managing force absence?
- How much of your time is spent in managing absence and attendance issues?

B. FORCE ABSENCE

- Do you regard absence as high or low in the force? How do you determine this?
- How has absence changed over the past two years? What do you see as the reasons for these trends?
- What do you see as the main causes of absence? (probe for more than just sickness, eg work pressure, accidents at work, types of conditions). Does this vary by staff group? Reasons?
- Do you regard non-genuine absence as a problem? What do you define as non-genuine absence? Does this vary by staff group?
- Which do you regard as more important for the force, managing long or short-term absence? Why do you say that?

- Do you benchmark against other forces' absence data? If yes, what use do you make of this data?

C. ABSENCE MANAGEMENT

- Is managing absence seen as a priority at senior management level? How is this integrated into performance management at a force level? Are targets set? Is managing sickness absence part of line management performance assessment?
- Do you feel that you have sufficient and reliable information with which to understand absence in the force? What do you do with the information? Could any improvements be made in the collection of this data? Would any other information be useful to you?
- Do you know what sickness absence costs the force? How is this estimated?
- What do you see as the roles and responsibilities of the following in managing absence: line managers, senior managers, HR, Occupational Health, Staff Welfare Officer and trade unions.
- Do you, in your role, feel supported in managing absence by other parts of the force? *ie (as appropriate) senior management, HR, Occupational Health, Staff Welfare Officer and trades unions* If not, what could be improved?

D. ROLE OF MANAGERS

- How are managers supported in managing absence? Could any improvements be made here? What training do they receive?
- Do managers follow reporting policies and procedures when employees are absent?
- Do you feel that managers comply with procedures to manage absence? eg return to work interviews, staying in contact with absent staff, using trigger points
- When do managers refer staff to Occupational Health? What support do they usually need?
- When do managers use HR as support? What help do they usually need?
- When do managers refer staff to counselling services? Do you collect any information about referrals and the outcomes for staff?

E. STAFF ASPECTS

- How do you think absence is regarded by those in the force? Do you think that staff understand the force's policy on absence? What measures have been taken to communicate the importance of attendance to all staff?
- Do staff generally follow the requirements of the absence policy? *ie notifying appropriate people and completing absence forms*
- How is the availability of support such as Occupational Health and counselling communicated to staff?
- What support is available to prevent ill health and injury at work? How does the role of the Staff Welfare Officer/Health and Safety Officer contribute to this?

F. LONG-TERM ABSENCE AND REHABILITATION

- How is long-term absence defined in the force?
- Who is responsible for managing cases of long-term absence?

- Do you think that long-term absence is well managed in the force?
- Is an occupational health assessment offered to long-term absentees?
- In what cases are return to work plans used? What would these usually include? (*changes in role, hours, responsibilities, equipment*)
- Which aspects of long-term absence management could be improved?

G. HEALTH PROMOTION

- Has the force undertaken any initiatives to improve staff health and to promote healthy lifestyles? What were they? Who led the initiatives?
- Has the force undertaken any initiatives to reduce workplace accidents and injuries? What were they? Who led the initiatives?
- Has the force undertaken any initiatives to prevent work-related ill-health? What were they? Who led the initiatives?
- Has any evaluation of the effectiveness of these initiatives been undertaken? If yes, what were they and what did they show?
- Which initiatives appeared to be the most successful in involving staff? Why were they successful?
- Which initiatives appeared to be less effective in involving staff? Why were they unsuccessful?
- IF NOT MENTIONED: Has the force received any funding under the Strategy for Healthy Police? If so, how was this used? How successful has the intervention been? Have you formally assessed it in any way?

H. CONCLUDING VIEWS

- Overall, what do you see as the barriers to managing absence more effectively in the force?
- Overall, what do you see as the most effective methods for managing absence in the force? How do these vary by types of absence?
- Has our discussion overlooked any important issues in managing absence?

DATA MANAGER INTERVIEW GUIDE

NOTE TO CASE STUDY MANAGER:

Before interviewing the absence data manager, ask to be sent copies of the following for desk review in advance:

- absence reporting sheet completed by line manager
- absence reports routinely prepared for senior managers
- absence reports routinely given to line managers

INTRODUCTION

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- Purpose of review: The Home Office and the Health and Safety Executive (HSE) are working together to further reduce the number of working days lost to ill health and/or injury across the police service and have commissioned the IES to conduct a review of how police forces in England and Wales currently manage sickness absence. Over the next six weeks researchers from IES will be running a series of exploratory interviews and focus groups to gather views on absence management and responses to current policy and practice.
- Interview to last no longer than one hour.
- Ask for agreement to tape the interview as this saves having to take notes and enables thorough analysis. Also quicker. If meet with objections, will have to take notes instead.
- Assure interviewee of confidentiality and anonymity. No one from the Home Office or HSE will have access to the detailed interview notes or tapes at any time. Study not about individuals but concerned with the force's approach to absence. No individual or force will be mentioned in any report.
- Any questions?

A. EMPLOYMENT DETAILS

- What is your job role?
- What responsibility do you have for managing force absence?
- How much of your time is spent in dealing with absence and attendance issues?

B. FORCE ABSENCE

- Do you regard absence as high or low in the force? How do you determine this?
- How has absence changed over the past two years? What do you see as the reasons for these trends?
- What do you see as the main causes of absence? (probe for more than just sickness, eg work pressure, accidents at work, types of conditions). Does this vary by staff group? Reasons?

- Do you regard non-genuine absence as a problem? How would you define this? Does it vary by staff group?
- Which do you regard as more important for the force, managing long or short-term absence? Why do you say that?
- Do you benchmark against other forces' absence data?
- What software do you use to collect and analyse absence data? Standard package or own system?
- Is time lost to absence calculated in terms of hours or shift days lost? Is this consistent throughout all absence reports, including those made to the Home Office?
- Do you routinely calculate what sickness absence costs the force? If yes-how is this done? Are staff hours or number of shifts lost used? Are basic salary costs other costs included? If yes, what else is considered? (NI and pension, overtime of colleagues to cover, cost of managing absence).
- Could we have a copy of a costing report to understand the method used?

C. ABSENCE MANAGEMENT DATA

Using the reports sent in advance.

Discuss the line manager's absence report for the individual:

- Is this absence information linked to the individual's contracted or shift hours? (*to enable accurate time lost calculations to be made*)
- Is this data linked to an individual's personal attendance record? (to enable a view overtime to be made of the individual's attendance record)
- How are the reasons for absence entered into the database? (*summarised into categories or verbatim*) How useful are the categories used? Do they reflect the real reasons for absence? Can changes in the reason for absence be recorded during a spell of sickness? Is it possible to record multiple reasons for absence?
- Do the reports given to managers contain automatic alerts for action, such as when trigger points are crossed, OH referral, disciplinary action?
- To what extent is the absence data management system automated?
- How difficult would it be to create an automated system that collects the actual hours lost to absence for each individual?
- Do managers have any problems completing the forms?
- Do you think any improvement could be made to the individual reporting form?
- Discuss the absence report given to senior management:
- Is managing absence seen as a priority at senior management level? How is this integrated into performance management at a force level? Are targets set?
- How often are these absence reports given to senior management?
- How reliable do you feel the absence data is? Do you think it accurately reflects force absence? Does it provide enough detail?
- What use is made of the reports by senior management? Do they use it to identify hot spots? Prevent accidents and work-related absence? Inform policy and procedure changes?

- Who in the force receives absence data reports? How detailed are these? What are they used for?
- Discuss the absence report given to line managers:
- How often are these reports given to line managers? How reliable do you feel the absence data is? Does it provide enough detail?
- What use is made of the reports by line managers?
- Are trigger points for individual staff automatically identified in the reports?
- Do you work with line managers to ensure they understand the reports?
- Could the line manager's report be improved in any way? (better presentation, data presented more clearly)
- Is the data used to assess the effectiveness of line managers as part of their appraisal? Do line managers use it to assess the performance of their staff in appraisals?

D. LONG-TERM SICKNESS AND RETURN TO WORK

- In the case of those returning from long-term sickness, do you record the actions taken to enable their return? (*ie reduced hours and temporary changes in duties*)? Do you also record the time limits on these modifications? Review dates? Details of the actions to be taken? Do you record if these actions are delivered?
- How is the data on graduated return to work collected? Who is responsible for providing and updating it? How frequently? Are the changes of hours worked recorded? Are the time limits for these recorded?
- Do you record disability leave (ie absence for rehabilitation, assessment and treatment) separately from sickness absence or is it included? What details are recorded?
- Do you record separately disability related sickness (ie absence because of a condition which impairs activity and is likely to last for at least 12 months as defined by the DDA)? What details are recorded and how is this linked to return to work plans?
- If we could have examples of the above reports it would be very helpful.

E. HEALTH PROMOTION

- Has the force undertaken any initiatives to improve staff health and to promote healthy lifestyles? If yes, has any evaluation of the effectiveness of these initiatives been undertaken? If yes, what were they and what did they show? How was the data on staff involvement recorded?
- IF NOT MENTIONED: Has the force received any funding under the Strategy for Healthy Police? If so, how was this used? How successful has the intervention been? Have you formally assessed it in any way?

F. OTHER ISSUES?

- Has our discussion overlooked any important issues in the collection and use of data to monitor and manage absence?

APPENDIX 4 DISCUSSION GUIDES: POLICE ABSENCE REVIEW

DISCUSSION GUIDE FOR LINE MANAGER FOCUS GROUPS

INTRODUCTION

- Thank you for coming to meeting
- Introduce self and IES: IES is an independent, not for profit research and consultancy organisation and has been a leading centre for applied research in human resource management for over 30 years. IES has a considerable track record in working with the police and helping organisations understand and reduce absence.
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- Session to last no longer than an hour. Will involve completion of questionnaire followed by discussion of absence in the force.
- Ask for agreement to tape the discussions as this saves having to take notes and enables thorough analysis. Also quicker. If meet with objections will have to take notes instead.
- Assure participants of confidentiality and anonymity. No one from the Home Office or HSE will have access to the detailed interview notes or tapes at any time. Study not about individuals but concerned with the force's approach to absence.
- Any questions?

COMPLETION OF QUESTIONNAIRE

- Hand round questionnaires
- Purpose:

In order to understand more about your own backgrounds and views we would like you to complete this questionnaire. Responses will remain confidential and no one will be identified in any analysis. The questionnaires will not be seen by anyone from the home Office or HSE.
- The questionnaire will take about ten minutes to complete.
- Any questions?

GROUP DISCUSSION

INTRODUCTIONS ROUND TABLE

Participants to give their names and role.

Introduce discussion: Aware that repeats some of the topics from the questionnaire but would like to explore the issues behind the bare facts.

DISCUSSION GUIDE

A. Levels of absence

1. Do you regard absence as high or low in your team?
2. How has absence changed over the past two years? What do you see as the reasons for these trends?

B. Causes of absence

1. What do you see as the main causes of absence? (Probe for more than just sickness) Does this vary by staff group? Reasons?
2. How do you think your staff view absence?

C. Absence policy

1. Do you feel that you understand the force's absence policy?
2. Do you think your staff understand the policy on absence? What do you do to help them understand?
4. Do you always follow the absence policy for your unit? If not, why not? Which elements do you tend not to follow? Why is this?

D. Absence management

1. Are you confident that you know how to handle absence? (*limits to discretion, given sufficient information, training*)
2. Do you feel that you have sufficient information available to manage the absence of your staff? Do you feel the absence information is reliable? What use do you make of the absence information you receive? Could the information be improved in any way to help you manage absence better?
3. Do you have access to absence information for other parts of the force? How useful is this information?
3. How do you view absence management in relation to other management tasks? (*eg performance management, achieving targets, staff development*) Do you have the time to handle absence effectively?
4. Which is the greater problem-long or short-term absence? Why is this? What do you define as long-term absence? Do you manage short and long-term absence differently?
5. Do you feel supported in managing absence by other parts of the force *ie* senior management, HR, HR Business Partner, Staff Welfare Officer, and Occupational Health? Could this support be improved in any way? How?

E. Models and approaches to absence

1. Can you give examples of where you have successfully managed absence?
2. Can you give examples of where you have difficulty in handling absence? Can anyone offer an approach to this that has worked for them?

F. Prevention of absence/encouraging attendance

1. What is currently effective in the force to encourage attendance? Could anything else be done to improve attendance?
2. What is currently effective in preventing absence? Could anything else be done to prevent absence?
3. Are you aware of any initiatives to reduce work-related ill-health and injury? How effective have these been? Could anything further be done?
4. Does the force have any health promotion activities? Do you regard them as successful in helping staff to be healthier? What else could be done to promote health?

G. Other Issues?

1. Has our discussion over looked any issues that are important in handling absence?

GUIDE FOR POLICE STAFF AND OFFICER FOCUS GROUPS

INTRODUCTION

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GROUP DISCUSSION

INTRODUCTIONS ROUND TABLE

Participants to give their names and role.

Introduce discussion: Aware that discussion repeats some of the topics from the questionnaire but would like to explore the issues behind the bare facts.

DISCUSSION GUIDE

A. Background

(This is a general exploration of commitment and motivation to put absence issues into perspective)

1. How do you feel about working for X police force?
2. What are the good things about working for X police force?
3. What are the less satisfactory aspects of working for X force?

B. Levels of absence

1. Do you regard absence as high or low in your team?
2. How has absence changed over the past two years? What do you see as the reasons for these trends?
3. Do you think the level of absence in your team is a problem? If yes, why?
4. What do you think are the major causes of absence in the force?
5. Which causes the team most problems-long or short-term absence? What would you define as long-term absence?

C. Absence policy

1. Do you know what you should do if you are absent? Do always follow the absence procedures? If not, why not?
2. Do you feel that the force takes absence seriously? How is this communicated to you?
3. Do you think that your line manager takes absence seriously? How do they show this?

D. Management of absence

1. What do you think are the major causes of absence in your unit?
2. What could be done to reduce these absences? (If necessary, prompt: health promotion and support, flexible hours, counselling support through Employee Assistance Provider (EAP))
3. What do you think works well in this force to encourage people to return to work after absences of a few days? Probe trigger points.
3. What hinders people from returning to work after an absence of a few days? What could be done to improve this?
4. What do you think works well in this force to encourage people to return to work after a long absence of a few weeks? Probe occupational health, line manager action, rehabilitation policy.
5. What discourages people from returning to work after a long absence of a few weeks? What could be done to improve this?

E. Personal absence

1. How do you feel about taking sick leave? (*guilty, entitlement, no choice as carer, need to get away from job*)
2. Do you always feel able to tell your manager the real reasons why you cannot get into work? In what circumstances do you have difficulty in letting your manager know why you are really away? What could be done to help you in this situation? (*flexible hours, special leave, working from home*)
3. Does your manager contact you when you are off sick? In what circumstances? How do you feel about this?
4. Does your manager see you when you return from sick leave to talk about your absence? Does this happen after every absence? Do you find return to work interviews helpful?
5. What could the force do to help you personally reduce the number of days you are away sick?
6. If you have been away from work with a long-term sickness, how did you feel this was managed? What helped you to get back to work? Would anything have helped you to return to work earlier?

F. Prevention of absence/encouraging attendance

1. What is currently effective in the force to encourage attendance? Could anything else be done to improve attendance?
2. What is currently effective in preventing absence in the force? Could anything else be done to prevent absence?
3. Are you aware of any initiatives to reduce work-related ill-health and injury? How effective have these been? Could anything further be done?
4. Does the force have any health promotion activities? Have you been involved in any way? What did you think of them? Did they help you to be healthier? What else could the force do to promote health?

G. Other Issues?

1. Has our discussion overlooked any issues that are important in managing absence?

GUIDE FOR TRADE UNION FOCUS GROUP

INTRODUCTION

- Thank you for coming to meeting
- Introduce self and IES: IES is an independent, not for profit research and consultancy organisation and has been a leading centre for applied research in human resource management for over 30 years. IES has a considerable track record in working with the police and helping organisations understand and reduce absence.
- Purpose of review: The Home Office and the Health and Safety Executive (HSE) are working together to further reduce the number of working days lost to ill health and/or injury across the police service and have commissioned the IES to conduct a review of how police forces in England and Wales currently manage sickness absence. Over the next six weeks researchers from IES will be running a series of exploratory interviews and focus groups to gather views on absence management and responses to current policy and practice.
- Session to last no longer than an hour and will be a discussion of absence in the force.
- Ask for agreement to tape the discussions as this saves having to take notes and enables thorough analysis. Also quicker. If meet with objections will have to take notes instead.
- Assure participants of confidentiality and anonymity. No one from the Home Office or HSE will have access to the detailed interview notes or tapes at any time. Study not about individuals but concerned with the force's approach to absence. No individual or force will be identified in any report.
- Any questions?

GROUP DISCUSSION

INTRODUCTIONS ROUND TABLE

Participants to give their names and role.

DISCUSSION GUIDE

A. Background

(This is a general exploration of commitment and motivation to put absence issues into perspective)

1. What are the good things about working for X police force?
2. What are the less satisfactory aspects of working for X force?

B. Levels of absence

1. Do you regard absence as high or low in the force?
2. How has absence changed over the past two years? What do you see as the reasons for these trends?
3. Do you think the level of absence in the force is a problem? If yes, why?
4. What do you think are the major causes of absence in the force?

5. Which causes the force most problems-long or short-term absence? What would you define as long-term absence?

C. Absence policy

1. Do staff know what they should do when they are absent? Do they have problems following the absence procedures?

2. Do you feel that the force takes absence seriously? How do they communicate this to staff?

3. Do you think that line managers take absence seriously? How do they show this?

D. Management of absence

1. What could the force do to help to help staff reduce the number of days they are away sick? (If necessary, prompt: health promotion, occupational health support, flexible hours, counselling support from Employee Assistance Provider (EAP))

2. What do you think works well in this force to encourage people to return to work after absences of a few days?

3. What hinders staff from returning to work after an absence of a few days? What could be done to improve this?

4. How well is long-term absence managed in the force? What helps staff get back to work? Probe occupational health, line manager action, rehabilitation policy.

5. What discourages people from returning to work after a long absence of a few weeks? What could be done to improve this?

E. Individual absence

1. How do staff generally feel about taking sick leave? (*guilty, entitlement, no choice as carer, need to get away from job*)

2. Do they feel able to tell their managers the real reasons why they cannot get into work? In what circumstances do they have difficulty in letting their managers know why they are really away? What could be done to help staff in this situation? (*flexible hours, special leave, working from home*)

3. Do managers contact staff when they are off sick? In what circumstances? How do staff feel about this?

4. Do managers usually see staff when they return from sick leave to talk about their absence? Are return to work interviews helpful?

F. Prevention of absence/encouraging attendance

1. What is currently effective in the force to encourage attendance? Could anything else be done to improve attendance?

2. What is currently effective in preventing absence in the force? Could anything else be done to prevent absence?

3. Are you aware of any initiatives to reduce work-related ill-health and injury? How effective have these been? Could anything further be done?

4. Does the force have any health promotion activities? What do staff think of these? Do you regard them as successful in helping staff to be healthier? What else could be done to promote health?

F. Other issues?

1. Has our discussion overlooked any issues that are important for managing absence?

DISCUSSION GUIDE FOR RETURNERS FROM LONG-TERM SICKNESS FOCUS GROUPS

INTRODUCTION

- Thank you for coming to meeting
- Introduce self and IES: IES is an independent, not for profit research and consultancy organisation and has been a leading centre for applied research in human resource management for over 30 years. IES has a considerable track record in working with the police and helping organisations understand and reduce absence.
- Purpose of review: The Home Office and the Health and Safety Executive (HSE) are working together to further reduce the number of working days lost to ill health and/or injury across the police service and have commissioned IES to conduct a review of how police forces in England and Wales currently manage sickness absence. Over the next six weeks researchers from IES will be running a series of exploratory interviews and focus groups to gather views on absence management and responses to current policy and practice. You have all been invited to attend this meeting as you have returned from long-term absences and I would like to discuss your experiences of how the force managed this.
- Session to last no longer than an hour. Will involve completion of questionnaire followed by discussion of absence in the force.
- Ask for agreement to tape the discussions as this saves having to take notes and enables thorough analysis. Also quicker. If meet with objections will have to take notes instead.
- Assure participants of confidentiality and anonymity. No one from the Home Office or HSE will have access to the detailed interview notes or tapes at any time. Study not about individuals but concerned with the force's approach to absence.
- Any questions?

COMPLETION OF QUESTIONNAIRE

- Hand round questionnaires
- Purpose:

In order to understand more about your own backgrounds and views we would like you to complete this questionnaire. Responses will remain confidential and no one will be identified in any analysis. The questionnaires will not be seen by anyone from the home Office or HSE.
- The questionnaire will take about ten minutes to complete.
- Any questions?

GROUP DISCUSSION

INTRODUCTIONS ROUND TABLE

Participants to give their names and role.

Introduce discussion: Aware that discussion repeats some of the topics from the questionnaire but would like to explore the issues behind the bare facts in greater depth.

DISCUSSION GUIDE

A. Background

(This is a general exploration of commitment and motivation to put absence issues into perspective)

Before looking at your experiences of returning to work after long-term absence I would like to ask you how you feel about working generally.

1. How do you feel about working for X police force?
2. What are the good things about working for X police force?
3. What are the aspects that you dislike about working for X force?

B. Personal absence

Participants to be asked to give **brief** details of when they returned from their last spell of long-term absence and how long they were away. Stress that we do not need to know their medical details in any depth but an indication of their condition would be useful. This is not necessary if any participant is uncomfortable in any way.

1. Before going off on your last episode of long-term sick leave was your ability to do your job affected by your condition?
2. Was your condition caused by work in any way?
3. Could anything have been done to prevent your absence? Did you speak to anyone about your health problem? Were any changes or adjustments offered to help you stay at work?
4. How did you feel about going off sick for a long time? (concerned about being away from work, impact on colleagues, getting back to work)
5. During your absence how frequently did you, yourself, make contact with the force?
6. What contact did the force make with you while you were away sick? (eg from line manager, colleagues, Occupational Health, HR, Welfare Officer or someone else?) How frequent was this contact?
7. Were you offered an occupational health assessment? If so, at what stage?
8. Did you feel pressured into returning to work?
9. What helped you return to work?
10. What hindered your return to work?
11. Did you have a rehabilitation plan? Has it been followed?
12. Were you offered a phased return to work? (changes in role, hours, responsibilities, equipment, etc.)
13. Have you returned to the role you had before your sick leave? If not, how does your new role compare? How long do you expect to be in this role?
14. How are you coping now that you are back at work?
15. Does your condition affect the work you can do?
16. Does the work you are now doing affect your condition in any way?
17. Could anything further have been done to aid your return to work?

18. Do you feel satisfied with the support given to get you back to work by your line manager, HR, Occupational Health and the Welfare Officer?
19. How satisfied do you now feel with your job?
20. What are your intentions for the future?

C. Other issues?

1. Has our discussion overlooked any issues that are important in managing long-term absence?

APPENDIX 5 TELEPHONE INTERVIEW GUIDE: POLICE ABSENCE REVIEW

TELEPHONE INTERVIEW GUIDE FOR THOSE AWAY ON LONG-TERM SICKNESS

INTRODUCTION

- Introduce self and IES: IES is an independent, not for profit research and consultancy organisation and has been a leading centre for applied research in human resource management for over 30 years. IES has a considerable track record in working with the police and helping organisations understand and reduce absence.
- Purpose of review: The Home Office and the Health and Safety Executive (HSE) are working together to further reduce the number of working days lost to ill health and/or injury across the police service and have commissioned IES to conduct a review of how police forces in England and Wales currently manage sickness absence. Over the next six weeks researchers from IES will be running a series of exploratory interviews and focus groups to gather views on absence management and responses to current policy and practice. You have been invited to take part as you are away on long-term absence and your experience of how the force has managed this is an important part of the study.
- This is a confidential and anonymous interview. This means that what you say will not be read or heard by anyone outside the IES research team, and that any comments or extracts taken from this interview for the research report will not be associated with you in anyway, and all identifiable information will be removed.
- In order to be able to listen closely to your comments, I would like to record this interview. Again, no one outside of the IES research team will have access to the recordings. The interview will last about half an hour. You may terminate the interview at any stage and can withdraw your consent for the use of any information collected.
- During the interview you will be asked about your own experiences. You do not have to answer any question that you feel uncomfortable about. If however, you do feel upset during the interview, or at any point after the interview, you should speak to ****OHS/staff counsellor****.

Thank you for volunteering to take part in this interview. Do you have any questions before we begin?

****The appropriate contact to be established with the force**

A. EMPLOYMENT DETAILS

Can you tell me about your role in X police force?

- What is your job role?
- How long have you been working there?
- What does your job involve?

B. YOUR HEALTH PROBLEM

1. Can you briefly describe the nature of your health problems?
2. When did your long-term absence start? Has there been more than one episode? If so, how many and for how long? Have they all related to the same condition?
3. Do you think work factors played any part in your health problems?
4. Was there anything that could have been done to prevent your absence? Were there any other factors involved?

CURRENT EPISODE OF LONG-TERM SICKNESS

The questions in this section refer only to your current spell of long-term absence.

21. Before going off on your current long-term sick leave, was your ability to do your job affected by your condition? If so, in what way?
22. Could anything have been done to prevent your absence? Did you speak to anyone about your health problem? Were any changes or adjustments offered to help you stay at work? Were there any other factors involved?
23. How do you feel about being away from work for a long time? (*concerned about losing touch, impact on colleagues, getting back to work*)
24. During your absence how frequently do you, yourself, make contact with the force? Who do you contact? Do you speak to your line manager, colleagues, Occupational Health, Welfare Officer or anyone else?
25. What contact has the force make with you while you are away sick? (*eg from line manager, occupational health, HR or someone else?*)
26. Have you been offered an occupational health assessment? If so, at what stage?
27. Do you feel pressured into returning to work? (*by force and personal circumstances*)
 - What factors are you considering in relation to deciding when you return to work? (no more symptoms, support from employer friends, colleagues, end of treatment, other factors)
28. What would help you return to work?
29. Is anything hindering your return to work?
30. Have you been offered a rehabilitation plan? (*changes in role, hours, responsibilities, equipment, etc.*)
31. Do you have a date to return to work? Do you think you will be back at work by then?
32. Would you like to return to the role you had before your sick leave? If not, what kind of role would you consider?
33. Could anything further be done to aid your return to work?
34. Do you feel satisfied with the support given to you by your line manager, HR, occupational health?
35. What are your intentions for the future?

C. Other issues?

1. Has our discussion overlooked any other issues that are important for you in managing your long-term absence?

FINISH

Thank and close. Reiterate confidentiality.

Ask them how they feel after the interview.

If participant is upset, or feels the need to talk through some of the issues discussed, provide contact details of the ****Occupational Health Service or Staff Counsellor****.



POLICE ABSENCE REVIEW 2007: LINE MANAGERS
Confidential

Please answer the following questions as fully as you are able by ticking the boxes or writing in the spaces provided. Your replies will remain anonymous and confidential. No member of staff from your force, the Home Office or HSE will have access to this questionnaire at any time.

Thank you for your co-operation.

A. About you

We would like to know something about you, in order to understand your views.

1. Which police force do you work for?
2. Are you: Police staff? Police Officer?
3. Do you work: Full time? Part time?
4. What is your typical working pattern? Days ¹ Shifts ² Variable ³
5. How long have you been a line manager in the police? yrs
6. How many whole time equivalent (WTE) police staff and officers are you in charge of (including those directly and indirectly under your supervision)? WTE
7. Are you Male? Female?
8. What was your age last birthday? yrs
9. Do you have any children aged under 16 living with you? yes no
10. Is there anyone in your family who is sick, disabled or elderly who you look after or give special help to? yes no
11. Have you been away from work because of your own sickness or injury during the last 12 months? yes no
- If yes, how many times in the past 12 months have you been away from work due to your own sickness or injury? times
- In the last 12 months approximately how many working days were you away from work in total because of your own sickness? days

B. Managing absence

12. Do you receive information on absence in your team? yes no
13. Do you know how this compares with other parts of the force? yes no

14. Approximately, what percentage of all incidents of absence were over 28 days in duration? %

15. How has absence changed in your team over the last two years:

Increased? ¹ Stayed the same? ² Decreased? ³

16. What actions could the force take to improve the attendance of your staff? (Please tick all the items that you think would be helpful to your staff)

- Encourage employees to spend time improving their health
- More health and safety training
- Communicate more openly with employees
- Counselling on personal, financial or other problems
- Workplace recreational or other facilities
- Weight-control programmes
- Stress management training
- Healthy eating options in staff restaurants/canteens
- Help to stop smoking
- Attendance bonuses
- Other (please specify)

17. The following questions ask how you feel about managing absence. There are no right or wrong answers. Please work through this section quickly and indicate how far you agree or disagree with each statement by circling the appropriate number. If a question does not apply to you please ignore it. (Please circle one number on each line)

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|---|-------------------|----------|----------------------------|-------|----------------|
| Absence policy | | | | | |
| Absence is an important issue within the force | 1 | 2 | 3 | 4 | 5 |
| I understand the force's absence policy | 1 | 2 | 3 | 4 | 5 |
| Trigger points are effective in reducing absence | 1 | 2 | 3 | 4 | 5 |
| I feel senior management take attendance management seriously | 1 | 2 | 3 | 4 | 5 |
| Absence information | | | | | |
| I do not feel that the absence data collected is reliable | 1 | 2 | 3 | 4 | 5 |
| I find the absence information I receive useful | 1 | 2 | 3 | 4 | 5 |
| I would like to have more frequent information on the absence of my staff | 1 | 2 | 3 | 4 | 5 |
| I would like to have more detailed information on the absence of my staff | 1 | 2 | 3 | 4 | 5 |
| I rely absence information to identify staff with attendance problems | 1 | 2 | 3 | 4 | 5 |
| I would like more information on the absence of staff elsewhere in the force | 1 | 2 | 3 | 4 | 5 |
| Absence management | | | | | |
| Absence targets are realistic for the force | 1 | 2 | 3 | 4 | 5 |
| Absence targets are realistic for my staff | 1 | 2 | 3 | 4 | 5 |
| Absence targets are achievable for the force | 1 | 2 | 3 | 4 | 5 |
| Absence targets are achievable for my team | 1 | 2 | 3 | 4 | 5 |
| For me managing short-term absence is a greater problem than long-term absence | 1 | 2 | 3 | 4 | 5 |
| It is helpful to have an attendance target for my staff | 1 | 2 | 3 | 4 | 5 |
| I feel it is unfair to compare absence in my unit with other parts of the force | 1 | 2 | 3 | 4 | 5 |

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|---|-------------------|----------|----------------------------|-------|----------------|
| Manager's role | | | | | |
| I feel confident in handling absence | 1 | 2 | 3 | 4 | 5 |
| I have been well trained in absence management | 1 | 2 | 3 | 4 | 5 |
| I feel I have little control over the absence of my staff | 1 | 2 | 3 | 4 | 5 |
| I am confident in my ability to manage the return to work of staff after long-term sickness | 1 | 2 | 3 | 4 | 5 |
| I would like more discretion in handling attendance issues | 1 | 2 | 3 | 4 | 5 |
| I would like clearer guidance on managing absence | 1 | 2 | 3 | 4 | 5 |
| I conduct return to work interviews after every period of absence | 1 | 2 | 3 | 4 | 5 |
| I feel well supported by HR in managing absence | 1 | 2 | 3 | 4 | 5 |
| I know when to involve HR in managing a case of absence | 1 | 2 | 3 | 4 | 5 |
| I feel well supported by Occupational Health Services in managing absence | 1 | 2 | 3 | 4 | 5 |
| I know when to involve Occupational Health Services in managing a case of absence | 1 | 2 | 3 | 4 | 5 |
| I feel confident about discussing the reasons for absence with my staff | 1 | 2 | 3 | 4 | 5 |
| I usually consider if work may be a factor in an individual's absence | 1 | 2 | 3 | 4 | 5 |
| I know when to use the Employee Assistance Provider (<i>if available</i>) | 1 | 2 | 3 | 4 | 5 |
| I consider attendance when reviewing staff performance | 1 | 2 | 3 | 4 | 5 |
| Staff absence | | | | | |
| My staff understand the requirements of the absence policy | 1 | 2 | 3 | 4 | 5 |
| Staff are usually absent due to genuine sickness | 1 | 2 | 3 | 4 | 5 |
| Frequent absences are frowned upon | 1 | 2 | 3 | 4 | 5 |
| My staff understand the importance of attendance | 1 | 2 | 3 | 4 | 5 |
| Flexible working has helped to reduce absence | 1 | 2 | 3 | 4 | 5 |
| My staff often come to work when they should be off sick | 1 | 2 | 3 | 4 | 5 |
| Some members of my staff regard sickness absence as an entitlement | 1 | 2 | 3 | 4 | 5 |
| I think performance discussions should include absence | 1 | 2 | 3 | 4 | 5 |
| I consider attendance when reviewing staff performance | 1 | 2 | 3 | 4 | 5 |
| Staff are sometimes absent because of the sickness of others | 1 | 2 | 3 | 4 | 5 |
| Working conditions | | | | | |
| My staff have adequate equipment to do their jobs | 1 | 2 | 3 | 4 | 5 |
| The office environment of my staff is pleasant | 1 | 2 | 3 | 4 | 5 |
| My staff do not have enough time to get everything done in their jobs | 1 | 2 | 3 | 4 | 5 |
| My staff do not have enough office space | 1 | 2 | 3 | 4 | 5 |
| My staff are under too much work pressure | 1 | 2 | 3 | 4 | 5 |
| My staff have been well trained | 1 | 2 | 3 | 4 | 5 |
| My line manager supports me | 1 | 2 | 3 | 4 | 5 |
| I am able to give my staff support when they need it | 1 | 2 | 3 | 4 | 5 |

18. Thinking of all the possible causes of absence, not just sickness, what do you think are the three leading reasons for absence in your unit?

First cause of absence:

.....

Second cause of absence:

Third cause of absence:

C. Other comments on attendance management

Please use the space below for any other comments you wish to make about how attendance could be improved.

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Thank you for completing this questionnaire
Please hand this questionnaire to the group facilitator.

POLICE ABSENCE REVIEW 2007

Confidential



Please answer the following questions as fully as you are able by ticking the boxes or writing in the spaces provided. Your replies will remain anonymous and confidential. No member of staff from your force, the Home Office or HSE will have access to this questionnaire at any time.

Thank you for your co-operation.

About you

We would like to know something about you, in order to understand your views.

1. Which police force do you work for?

2. Are you: Police staff? Police Officer?

3. Do you work: Full time? Part time?

4. What is your typical working pattern? Days ¹ Shifts ² Variable ³

5. Are you Male? Female?

6. What was your age last birthday? yrs

7. Do you have any children aged under 16 living with you? yes no

8. Is there anyone in your family who is sick, disabled or elderly who you look after or give special help to? yes no

9. Have you been away from work because of your own sickness or injury during the last 12 months? yes no

If yes, how many times in the past 12 months have you been away from work due to your own sickness or injury? times

In the last 12 months approximately how many working days were you away from work in total because of your own sickness or injury? days

10. In the last 12 months have you been away from work (exclude maternity/paternity leave) because of someone else's sickness or injury (that is through having to provide care for a child or relative)

yes no

If yes, how many days in total were you away for? days

11. What actions could the force take to improve your attendance? *(Please tick all the items that you think would be helpful to you)*

Encourage employees to spend time improving their health

More health and safety training

Communicate more openly with employees

Counselling on personal, financial or other problems

Workplace recreational or other facilities

Weight-control programmes

- Stress management training
- Healthy eating options in staff restaurants/canteens
- Help to stop smoking
- Train managers to be more sensitive to staff concerns
- Attendance bonuses
- Other (*please specify*)

12. The following questions ask how you feel about absence. There are no right or wrong answers. Please work through this section quickly and indicate how far you agree or disagree with each statement by circling the appropriate number. If a question does not apply to you please ignore it. (*Please circle one number on each line*)

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|--|-------------------|----------|----------------------------|-------|----------------|
| Absence policy | | | | | |
| Absence is an important issue within the force | 1 | 2 | 3 | 4 | 5 |
| I understand the force's absence policy | 1 | 2 | 3 | 4 | 5 |
| Trigger points are effective in reducing absence | 1 | 2 | 3 | 4 | 5 |
| I feel senior management take attendance seriously | 1 | 2 | 3 | 4 | 5 |
| Absence management | | | | | |
| My manager takes absence seriously | 1 | 2 | 3 | 4 | 5 |
| My manager conducts a return to work or welcome back interview after each of my absences | 1 | 2 | 3 | 4 | 5 |
| I find return to work interviews worthwhile | 1 | 2 | 3 | 4 | 5 |
| My manager is sympathetic if I am sick | 1 | 2 | 3 | 4 | 5 |
| The force is sympathetic to work-related illness | 1 | 2 | 3 | 4 | 5 |
| Absence in your team | | | | | |
| Staff in my team are usually absent due to genuine sickness | 1 | 2 | 3 | 4 | 5 |
| Absence is often work-related in my team | 1 | 2 | 3 | 4 | 5 |
| Attendance matters in my team | 1 | 2 | 3 | 4 | 5 |
| Frequent absences are frowned on by my colleagues | 1 | 2 | 3 | 4 | 5 |
| Short-term absence is a greater problem than long-term absence in my team | 1 | 2 | 3 | 4 | 5 |
| Personal Absence | | | | | |
| I understand the procedures to follow when I am away sick | 1 | 2 | 3 | 4 | 5 |
| I often come to work when I should be off sick | 1 | 2 | 3 | 4 | 5 |
| I feel entitled to take days off sick once in a while | 1 | 2 | 3 | 4 | 5 |
| I feel guilty about taking time off even when I am ill | 1 | 2 | 3 | 4 | 5 |
| Working conditions | | | | | |
| I have adequate equipment to do my job | 1 | 2 | 3 | 4 | 5 |
| My office environment is pleasant | 1 | 2 | 3 | 4 | 5 |
| I do not have enough time to get everything done in my job | 1 | 2 | 3 | 4 | 5 |
| I do not have enough office space | 1 | 2 | 3 | 4 | 5 |
| I am under too much work pressure | 1 | 2 | 3 | 4 | 5 |
| I have been well trained to do my job | 1 | 2 | 3 | 4 | 5 |
| My line manager supports me | 1 | 2 | 3 | 4 | 5 |
| I find working with the public difficult | 1 | 2 | 3 | 4 | 5 |
| I am concerned about the level of risk in my job | 1 | 2 | 3 | 4 | 5 |

13. Thinking of all the possible causes of absence, not just sickness, what do you think are the three leading reasons for absence in your unit?

First cause of absence:

.....

Second cause of absence:

.....

Third cause of absence:

.....

Other comments on attendance management

Please use the space below for any other comments you wish to make about how attendance could be improved.

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Thank you for completing this questionnaire
Please hand this questionnaire to the group facilitator.

APPENDIX 7 MANAGERS' VIEWS ON ABSENCE

Table A7.1 Managers' views on absence policies (%)

| | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neither agree nor disagree</i> | <i>Agree</i> | <i>Strongly agree</i> |
|---|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| Absence is an important issue within the force | 0 | 0 | 0.8 | 44.5 | 54.7 |
| I understand the force's absence policy | 0.8 | 2.3 | 5.5 | 64.1 | 27.3 |
| I feel senior management take attendance management seriously | 0.8 | 6.3 | 14.1 | 55.5 | 23.4 |

Table A7.2 Managers' views on monitoring absence (%)

| | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neither agree nor disagree</i> | <i>Agree</i> | <i>Strongly agree</i> |
|--|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| I feel that the absence data collected is reliable | 6.3 | 17.3 | 29.1 | 40.2 | 7.1 |
| I find the absence information I receive useful | 1.6 | 14.3 | 33.3 | 43.7 | 7.1 |
| I would like to have more frequent information on the absence of my staff | 3.3 | 28.5 | 31.7 | 26.8 | 9.8 |
| I would like to have more detailed information on the absence of my staff | 4 | 28 | 24 | 31.2 | 12.8 |
| I rely absence information to identify staff with attendance problems | 8.7 | 25.4 | 13.5 | 45.2 | 7.1 |
| I would like more information on the absence of the staff elsewhere in the force | 4.9 | 28.5 | 37.4 | 26.8 | 2.4 |

Table A7.3 Managers' views on causes of absence (%)

| | <i>Strongly disagree</i> | <i>disagree</i> | <i>Neither agree nor disagree</i> | <i>Agree</i> | <i>Strongly agree</i> |
|---|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| My staff have adequate equipment to do their jobs | 0.8 | 10.2 | 10.2 | 65.4 | 13.4 |
| The office environment of my staff is pleasant | 4.7 | 20.5 | 12.6 | 48.8 | 13.4 |
| My staff do have enough time to get everything done in their jobs | 24.4 | 39.4 | 18.1 | 15 | 3.1 |
| My staff do have enough office space | 11.1 | 32.5 | 12.7 | 35.7 | 7.9 |
| My staff are not under too much work pressure | 18.1 | 29.9 | 26 | 25.2 | 0.8 |
| My staff have been well trained | 0.8 | 11.9 | 19 | 61.1 | 7.1 |

Table A7.4 Managers' views on managing absence (%)

| | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neither agree nor disagree</i> | <i>Agree</i> | <i>Strongly agree</i> |
|--|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| Absence targets are realistic for the force | 1.6 | 3.9 | 36.7 | 53.1 | 4.7 |
| Absence targets are realistic for my staff | 0.8 | 5.5 | 31.5 | 58.3 | 3.9 |
| Absence targets are achievable for the force | 1.6 | 6.3 | 36.7 | 52.3 | 3.1 |
| Absence targets are achievable for my team | 0.8 | 4.8 | 28.6 | 60.3 | 5.6 |
| For me managing short-term absence is a greater problem than long-term absence | 6.3 | 25.2 | 22.8 | 39.4 | 6.3 |
| It is helpful to have an attendance target for my staff | 3.1 | 16.5 | 33.1 | 43.3 | 3.9 |
| I feel it is fair to compare absence in my unit with other parts of the force | 1.6 | 30.2 | 34.9 | 28.6 | 4.8 |

Table A7.5 Managers' views on absence (%)

| | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neither agree nor disagree</i> | <i>Agree</i> | <i>Strongly agree</i> |
|---|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| My staff understand the requirements of the absence policy | 0 | 14.2 | 12.6 | 63 | 10.2 |
| Staff are usually absent due to genuine sickness | 0 | 3.9 | 16.5 | 63.8 | 15.7 |
| Frequent absences are frowned upon | 0 | 10.2 | 21.3 | 60.6 | 7.9 |
| My staff understand the importance of attendance | 0 | 2.4 | 5.5 | 15.6 | 16.5 |
| My staff often come to work when they should be off sick | 0.8 | 7.9 | 24.6 | 48.4 | 18.3 |
| No member of my staff regard sickness absence as an entitlement | 3.9 | 20.5 | 20.5 | 37 | 18.1 |
| Staff are sometimes absent because of the sickness of others | 5.6 | 27 | 24.6 | 38.9 | 4 |

Table A7.6 Managers' views on management of absence (%)

| | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neither agree nor disagree</i> | <i>Strongly agree</i> | <i>Agree</i> |
|---|--------------------------|-----------------|-----------------------------------|-----------------------|--------------|
| I feel confident in handling absence | 0.8 | 3.1 | 7.1 | 20.5 | 68.5 |
| I have been well trained in absence management | 6.3 | 29.1 | 29.9 | 11 | 23.6 |
| I feel I have little control over the absence of my staff | 3.2 | 27.8 | 29.4 | 4.8 | 34.9 |
| I am confident in my ability to manage the return to work of staff after long-term sickness | 0.8 | 5.5 | 7.1 | 15 | 71.7 |
| I would like more discretion in handling attendance issues | 1.6 | 21.3 | 34.6 | 5.5 | 37 |
| I would like clearer guidance on managing absence | 3.1 | 23.6 | 23.6 | 10.2 | 39.4 |
| I conduct return to work interviews after every period of absence | 0.8 | 4.9 | 2.4 | 35.8 | 56.1 |

| | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neither agree nor disagree</i> | <i>Strongly agree</i> | <i>Agree</i> |
|---|--------------------------|-----------------|-----------------------------------|-----------------------|--------------|
| I feel well supported by HR in managing absence | 2.5 | 23 | 24.6 | 13.1 | 36.9 |
| I know when to involve HR in managing a case of absence | 1.6 | 8.9 | 16.3 | 14.6 | 58.5 |
| I feel well supported by Occupational Health Services in managing absence | 2.4 | 33.1 | 16.5 | 8.7 | 39.4 |
| I know when to involve Occupational Health Services in managing a case of absence | 1.6 | 15.7 | 5.5 | 12.6 | 64.6 |
| I feel confident about discussing the reasons for absence with my staff | 0 | 3.2 | 4 | 18.3 | 74.6 |
| I usually consider if work may be a factor in an individual's absence | 0 | 1.6 | 2.4 | 22 | 74 |
| I know when to use the Employee Assistance Provider (if available) | 11.2 | 27 | 48.3 | 4.5 | 9 |
| I consider attendance when reviewing staff performance | 1.6 | 6.5 | 8.1 | 17.1 | 66.7 |
| My line manager supports me | 0.8 | 2.4 | 11.8 | 18.1 | 66.9 |
| I am able to give my staff support when they need it | 0 | 1.6 | 5.6 | 21.4 | 71.4 |
| Trigger points are effective in reducing absence | 0 | 10.4 | 29.6 | 13.6 | 46.4 |
| I think performance discussions should include absence | 0.8 | 8.7 | 11 | 12.6 | 66.9 |
| Flexible working has helped reduce absence | 0.8 | 8.1 | 41.9 | 14.5 | 34.7 |

APPENDIX 8 NON-MANAGERS' VIEWS ON ABSENCE

Table A8.1 Non-managers' views on absence policies (%)

| | <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Neither agree nor disagree</i> | <i>Agree</i> | <i>Strongly agree</i> |
|--|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| Absence is an important issue within the force | 0 | 0.6 | 5.8 | 50 | 43.5 |
| I understand the forces absence policy | 1.3 | 11.8 | 21.6 | 49 | 16.3 |
| I feel senior management take attendance seriously | 1.3 | 6.5 | 17 | 52.3 | 22.9 |
| The force is sympathetic to work related illness | 6 | 19.3 | 32.7 | 34 | 8 |

Table A8.2 Non-managers' views on absence (%)

| | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neither agree nor disagree</i> | <i>Agree</i> | <i>Strongly agree</i> |
|---|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| Staff in my team are usually absent due to genuine sickness | 1.3 | 3.9 | 20.4 | 43.4 | 30.9 |
| Absence is often work related in my team | 6.7 | 39.3 | 29.3 | 20 | 4.7 |
| Attendance matters in my team | 0.7 | 2 | 15 | 51.6 | 30.7 |
| Frequent absences are frowned on by my colleagues | 3.3 | 10.5 | 25.7 | 42.8 | 17.8 |
| Short-term absence is a greater problem than long-term absence in my team | 2 | 14.3 | 43.5 | 31.3 | 8.8 |
| I have adequate equipment to do my job | 1.3 | 12.6 | 16.6 | 53 | 16.6 |
| My office environment is pleasant | 1.9 | 17.5 | 20.1 | 46.8 | 13.6 |
| I do have enough time to get everything done in my job | 25.5 | 34 | 23.5 | 13.7 | 3.3 |
| I do have enough office space | 11.1 | 23.5 | 21.6 | 32.7 | 11.1 |

| | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neither agree nor disagree</i> | <i>Agree</i> | <i>Strongly agree</i> |
|--|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| I am not under too much work pressure | 9.8 | 23.5 | 39.2 | 22.9 | 4.6 |
| I have been well trained to do my job | 3.9 | 16.2 | 33.1 | 38.3 | 8.4 |
| My line manager supports me | 2 | 4 | 11.4 | 55.7 | 26.8 |
| I do not find working with the public difficult | 0.7 | 4.1 | 14.9 | 36.5 | 43.9 |
| I am not concerned about the level of risk in my job | 6.6 | 15.1 | 25.7 | 34.9 | 17.8 |

Table A8.3 Non-managers' views on management of absence (%)

| | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neither agree nor disagree</i> | <i>Agree</i> | <i>Strongly agree</i> |
|--|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| My manager takes absence seriously | 1.3 | 3.3 | 21.1 | 50 | 24.3 |
| My manager conducts a return to work or welcome back interview after each of my absences | 2 | 5.4 | 12.2 | 45.6 | 34.7 |
| I find return to work interviews worthwhile | 7.4 | 16.9 | 26.4 | 39.2 | 10.1 |
| My manager is sympathetic if I am sick | 3.4 | 7.6 | 23.4 | 39.3 | 16.2 |
| I understand the procedures to follow when I am away sick | 0.6 | 6.5 | 5.8 | 50.6 | 36.4 |
| Trigger points are effective in reducing absence | 0 | 11.6 | 47.6 | 36.7 | 4.1 |
| I often come to work when I should be off sick | 0 | 10.5 | 13.1 | 49.7 | 26.8 |
| I do not feel entitled to take days off sick once in a while | 0.7 | 7.2 | 15.7 | 30.1 | 46.4 |
| I feel guilty about taking time off when I am ill | 2 | 6.5 | 7.8 | 45.1 | 38.6 |

APPENDIX 9 MANAGER AND NON-MANAGER VIEWS COMPARED

Table A9.1 Views on absence policies (%)

| | <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Neither agree nor disagree</i> | <i>Agree</i> | <i>Strongly agree</i> |
|--|------------------------------|-----------------|---|--------------|---------------------------|
| <hr/> | | | | | |
| Absence is an important issue within the force | | | | | |
| Managers | 0 | 0 | 0.8 | 44.5 | 54.7 |
| Non-managers | 0 | 0.6 | 5.8 | 50 | 43.5 |
| <hr/> | | | | | |
| I understand the forces absence policy | | | | | |
| Managers | 0.8 | 2.3 | 5.5 | 64.1 | 27.3 |
| Non-managers | 1.3 | 11.8 | 21.6 | 49 | 16.3 |
| <hr/> | | | | | |
| I feel senior management take attendance seriously | | | | | |
| Managers | 0.8 | 6.3 | 14.1 | 55.5 | 23.4 |
| Non-managers | 1.3 | 6.5 | 17 | 52.3 | 22.9 |
| <hr/> | | | | | |

Table A9.2 Views on staff absence/personal absence (%)

| | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neither agree nor disagree</i> | <i>Agree</i> | <i>Strongly agree</i> |
|---|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| <hr/> | | | | | |
| My staff/I understand the requirements/procedures of the absence policy | | | | | |
| Managers | 0 | 14.2 | 12.6 | 63.0 | 10.2 |
| Non-managers | 0.6 | 6.5 | 5.8 | 50.6 | 36.4 |
| <hr/> | | | | | |
| Staff/staff in my team are usually absent due to genuine sickness | | | | | |
| Managers | 0 | 3.9 | 16.5 | 63.8 | 15.7 |
| Non-managers | 1.3 | 3.9 | 20.4 | 43.4 | 30.9 |
| <hr/> | | | | | |
| Frequent absences are frowned upon | | | | | |
| Managers | 0 | 10.2 | 21.3 | 60.6 | 7.9 |
| Non-managers | 3.3 | 10.5 | 25.7 | 42.8 | 17.8 |
| <hr/> | | | | | |
| My staff understand the importance of attendance/attendance matters in my team | | | | | |
| Managers | 0 | 2.4 | 5.5 | 15.6 | 16.5 |
| Non-managers | 0.7 | 2.0 | 15.0 | 51.6 | 30.7 |
| <hr/> | | | | | |
| My staff/I often come to work when they/I should be off sick | | | | | |
| Managers | 0.8 | 7.9 | 24.6 | 48.4 | 18.3 |
| Non-managers | 0 | 10.5 | 13.1 | 49.7 | 26.8 |
| <hr/> | | | | | |
| No members of my staff/I do not feel entitled to take days off sick once in a while | | | | | |
| Managers | 3.9 | 20.5 | 20.5 | 37.0 | 18.1 |
| Non-managers | 0.7 | 7.2 | 15.7 | 30.1 | 46.4 |
| <hr/> | | | | | |
| Managing/in my team short-term absence is a greater problem than long-term absence | | | | | |
| Managers | 6.3 | 25.2 | 22.8 | 39.4 | 6.3 |
| Non-Managers | 2.0 | 14.3 | 43.5 | 31.3 | 8.8 |
| <hr/> | | | | | |

| | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neither agree nor disagree</i> | <i>Agree</i> | <i>Strongly agree</i> |
|--|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| I conduct/my manager conducts a return to work interview after every period of absence | | | | | |
| Managers | 0.8 | 4.9 | 2.4 | 35.8 | 56.1 |
| Non-managers | 2.0 | 5.4 | 12.2 | 45.6 | 34.7 |
| Trigger points are effective in reducing absence | | | | | |
| Managers | 0 | 10.4 | 29.6 | 13.6 | 46.4 |
| Non-managers | 0 | 11.6 | 47.6 | 36.7 | 4.1 |

Table A9.3 Views on working conditions (%)

| | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neither agree nor disagree</i> | <i>Agree</i> | <i>Strongly agree</i> |
|--|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| My staff/ I have adequate equipment to do their jobs/my job | | | | | |
| Managers | 0.8 | 10.2 | 10.2 | 65.4 | 13.4 |
| Non-managers | 1.3 | 12.6 | 16.6 | 53.0 | 16.6 |
| The/my office environment is pleasant | | | | | |
| Managers | 4.7 | 20.5 | 12.6 | 48.8 | 13.4 |
| Non-managers | 1.9 | 17.5 | 20.1 | 46.8 | 13.6 |
| My staff/I do have enough time to get everything done in their/my jobs | | | | | |
| Managers | 24.4 | 39.4 | 18.1 | 15.0 | 3.1 |
| Non-managers | 25.5 | 34.0 | 23.5 | 13.7 | 3.3 |
| My staff/I do have enough office space | | | | | |
| Managers | 11.1 | 32.5 | 12.7 | 35.7 | 7.9 |
| Non-managers | 11.1 | 23.5 | 21.6 | 32.7 | 11.1 |
| My staff are not/ I am not under too much work pressure | | | | | |
| Managers | 18.1 | 29.9 | 26.0 | 25.2 | 0.8 |
| Non-managers | 9.8 | 23.5 | 39.2 | 22.9 | 4.6 |

| | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neither agree nor disagree</i> | <i>Agree</i> | <i>Strongly agree</i> |
|--|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| <hr/> | | | | | |
| My staff/ I have been well trained to do job | | | | | |
| Managers | 0.8 | 11.9 | 19.0 | 61.1 | 7.1 |
| Non-Managers | 3.9 | 16.2 | 33.1 | 38.3 | 8.4 |
| <hr/> | | | | | |
| I am able to give my staff support when they need it/my line manager supports me | | | | | |
| Managers | 0 | 1.6 | 5.6 | 21.4 | 71.4 |
| Non-Managers | 2.0 | 4.0 | 11.4 | 55.7 | 26.8 |
| <hr/> | | | | | |

Managing sickness absence in the police service

A review of current practices

The Home Office and the Health and Safety Executive (HSE) are working together to reduce the number of working days lost to ill health and/or injury in the police forces of England and Wales. They commissioned this review of absence policies and management in seven police forces to inform the process.

This review is intended to be used by the Home Office and HSE to develop measures to improve current practice in line with the Ministerial Task Force (MTF) on Health, Safety and Productivity aims and the drive to improve public sector efficiency. It presents an in-depth analysis of absence management in the case study forces and identifies the clear themes and issues which are vital for the effective management of absence.

This report and the work it describes were jointly funded by the Health and Safety Executive (HSE) and the Home Office. Its contents, including any opinions and/or conclusions expressed, are those of the authors alone and do not necessarily reflect HSE or Home Office views or their policies.