Managing Attendance Guidance for Principal

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Introduction

The Managing Attendance Policy and Procedure outlines the aims and principles in managing attendance. This document provides more detailed guidance on the steps and considerations which should be taken in fulfilling those aims and principles. The Guidance will be supported by a series of template documents which support the key stages of the process that can be accessed via HR.

Staff involved with managing any elements of the sickness absence procedure should take advice from HR with regards to any sensitive or complex issues.

All formal Stage procedures must be managed in conjunction with HR.

Guidance 1: Occupational Sick Pay Entitlements

Employees are entitled to receive sick pay in accordance with the Managing Attendance Policy and Procedure and in keeping with current National and Local Agreements, except as may be set out elsewhere.

Support Staff

Basic entitlement is as follows for employees employed on National Joint Council for Local Government Services Agreement on Pay and Conditions of Service Local Government Conditions (which includes Chief Officers and Soulbury Conditions)

a) During 1st year of service	1 Months Full Pay (and after completing 4 months service) 2 Months Half Pay
b) During 2nd year of service	2 Months Full Pay and 2 Months Half Pay
c) During 3rd year of service	4 Months Full Pay and 4 Months Half Pay
d) During 4th and 5th Year of Service	5 Months Full Pay and 5 Months Half Pay
e) After 5 years' service	6 Months Full Pay and 6 Months Half Pay

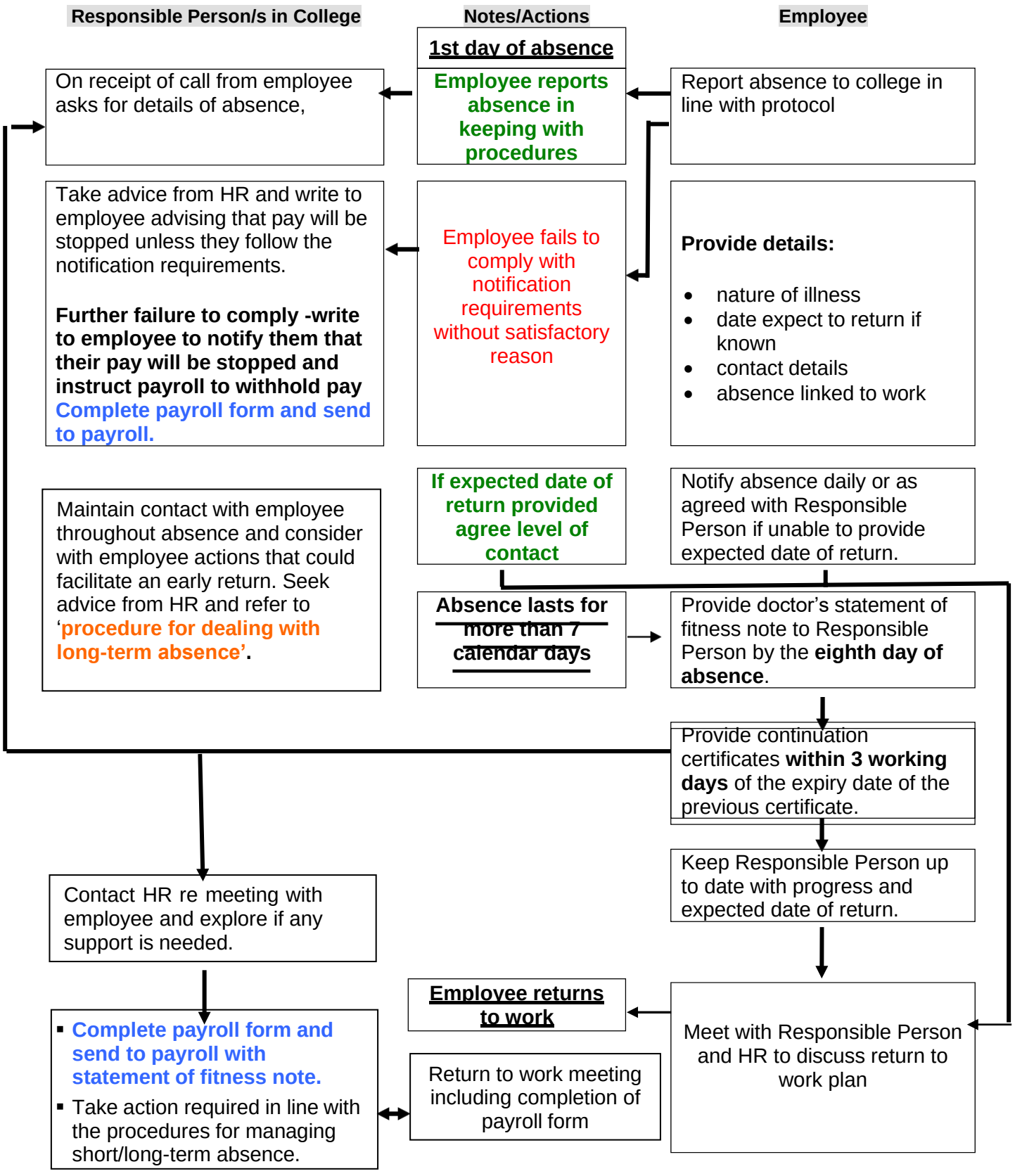
The period during which sickness is calculated for payment purposes and the rate at which it is paid is based on the periods of absence in the 12 months preceding the first day of the current absence.

Teachers

For employees employed on Teachers Pay and Conditions the entitlement is as follows:

During the first year of service	full pay for 25 working days (after completing four calendar months' service), half pay for 50 Working days
During the second year of service	full pay for 50 working days and then half pay for 50 working days
During the third year of service	full pay for 75 working days and half pay for 75 working days
During fourth and Subsequent years	full pay for 100 working days and half pay for 100 working days

Guidance 2: Notification of Sickness Absence and Return to Work



Guidance 3: Conducting Return To Work Meetings

The return to work discussion should be a brief 5 – 10-minute chat. It should take place with all employees returning from sickness and wherever possible should be conducted in a private area. The purpose of such a discussion is to show employees that they are missed, to encourage a culture of good attendance and highlight any potential problems or difficulties. The discussion should take place as soon after return to work as is possible. It is important that this is carried out for all employees to ensure consistency and to avoid accusations of harassment or discrimination.

The discussion should follow a consistent format considering the following areas;

- reason for the absence and confirm how they are feeling now and whether they are fit to be back at work;
- has the absence had any effect on the individual's ability to perform 100% of their duties and / or if there is any aspect of their duties which may contribute to a recurrence of the reason for the absence;
- is the illness likely to recur? Is there any underlying problem?
- does the employee require any time off from work in the future for any medical treatment/ hospital appointments etc;
- was the absence linked to any issues at work or home which might be affecting the employee's health?
- Is there anything the ENLUTC can do to support the them in order to sustain an acceptable level of attendance at work;
- what has happened at work whilst they have been away;
- discuss any patterns or trends if appropriate;
- explain that it is also the employee's responsibility to improve their attendance;
- if they did not follow the notification procedure, discuss this and the implications with the employee;
- their value and importance to the team and how they have been missed;
- briefly outline the managing attendance procedure and explain the next stage of the procedure if the employee is close to or has exceeded the trigger levels for Stage 1.

ACTIONS FOLLOWING THE MEETING

- Liaise with HR to arrange a Stage 1 meeting as outlined in the Managing Attendance Policy if the employee has reached any of the trigger points.
- Liaise with HR re identifying and arranging for any support that may be needed e.g. counselling, workplace risk assessment or Occupational Health.
- Completion of Sickness Notification form
- Ensure a copy of the meeting notes is retained.

Guidance 4: Return To Work Meetings Frequently Asked Questions

Advice should be taken from HR regarding any complex or sensitive issues.

What if the person refuses to attend a return to work meeting?

Employees are required to attend return to work meetings as they are form part of the Managing Attendance Policy and Procedure. However, if someone is reluctant, attempt to discover why, explain the purpose of the meeting and that it is in their best interests. If they still refuse, complete the Sickness Notification Form but note that they did not attend and if possible get them to sign acknowledgement of this on the form. Explain to the employee this may be a disciplinary matter as they have refused a reasonable management instruction and you will seek further advice from HR about whether the issue should be referred to the Disciplinary Procedure.

Do I have to meet with an employee after every period of sickness absence?

Yes, wherever possible.

How much do I ask about their illness?

If an employee wants you to help them or take particular action, then they will need to give you the necessary information about their illness to enable you to do this. However, this can be a difficult so you should concentrate on asking about how their condition affects their ability to attend work/do their job and how you can support them in this rather than discussing the specifics of an individual's condition. Quite often, where there are underlying problems these will be drawn out through a number of meetings.

What if the person refuses to discuss their health with me?

If the person prefers not to discuss their medical condition with you because of the personal or private nature of their illness they may be referred to a more appropriate person or to HR. There does however need to be a justifiable reason for refusing to speak to you. Most commonly this will apply if someone wants to speak to a person of the same gender.

What if the person tells me things I am not equipped to deal with, for example they appear to have an alcohol problem or self-harm?

Where the concern relates to alcohol you should refer the matter to HR who will provide advice in line with the Code of Conduct. If an employee tells you about activities which are illegal, in breach of contract or affect the health or safety of others you need to make sure they are aware that you will not be able to maintain confidentiality. You may also need to advise them that you can only help them in some circumstances if they agree to share certain confidential information with others.

Further details on employee assistance support groups and numbers are located in Appendix 1.

What if I think the person is not fit for work?

If you feel they are not fit for work and may be putting themselves or colleagues at risk you must speak to HR. You may have to consider medical suspension pending advice from HR.

If there are adjustments that can be made to the employee's role which will allow a return to work this should be given serious consideration.

What if the return to work meeting leads me to suspect abuse of the sickness scheme?

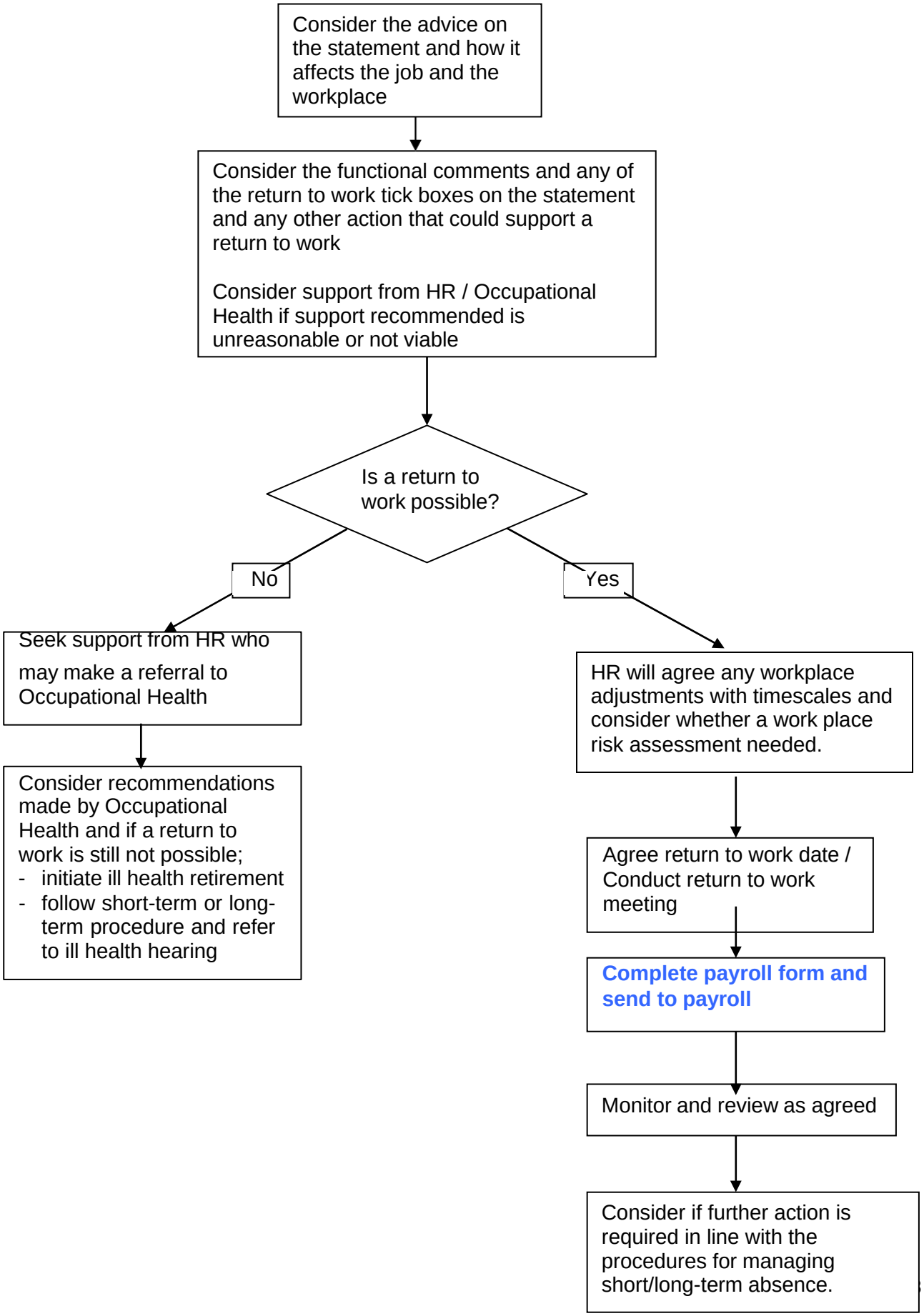
This may be a disciplinary matter and therefore conclude the discussion and speak to HR about whether the issue should be referred to the Disciplinary Procedure.

Do I have to meet with someone if they are already going through the formal monitoring stages?

Yes. Return to work meetings must take place alongside all other stages of the procedure. They are integral to the monitoring process and have been shown to be one of the most effective tools in managing attendance.

Guidance 5: Statement of Fitness Note Flow Chart

This flow chart shows the process for managing receipt of a statement of fitness note. HR should be contacted in relation to any specific advice from the doctor.



Guidance 6: Statement of Fitness 'Fit to Work' Notes

Advice may be taken from HR regarding reasonable adjustments.

Under the Managing Attendance Policy and Procedure, the types of considerations that commonly form part of the Fit Note should already be taking place when taking into account an employee returning to work following a period of sickness absence. The difference is that these discussions can now take place sooner to enable an earlier return to work.

The doctor has two options on the Fit Note form:

a) 'not fit for work' means the medical opinion is that the employee should refrain from work (just like the old sick note).

b) the new fit note will allow doctors to indicate if a person can do certain work under a new option that the employee 'may be fit for work taking account of the following advice'.

The aim of the fit note is to provide employers with greater flexibility in managing sickness absence. The doctor can suggest changes in the workplace that could enable an earlier return to work. These include:

- **Phased return:** this may be suggested if the doctor feels the employee will benefit from a gradual increase in their duties and/or hours. For example, an employee with a back or shoulder problem whose job involves lifting, could gradually increase their hours or intensity helping them return to work earlier and gradually rebuilding their capacity for physical work.

- **Altered Hours:** A doctor may recommend this if they feel the employee will benefit from a change to the hours they normally work, in order for them to return to work. This does not necessarily mean fewer hours. For example, allowing more flexible hours to support someone who is still receiving treatment to return to work and attend treatment sessions or allowing a later start or earlier finish for an employee experiencing fatigue related to their illness.

- **Amended duties:** A doctor may recommend this if they feel the employee could return to work if some temporary amendments could be made to their normal duties. For example, removing contact with the public initially for an individual returning after an absence with anxiety or depression or swapping some duties of the post with other team members temporarily to enable the individual to return to work earlier

- **Workplace adaptations**: A doctor may suggest this if they felt an earlier return to work could be facilitated by adapting the workplace. For example, arranging for a temporary ground floor work location for an employee with reduced mobility post-surgery.

If you receive a fit to work note you need to have a discussion with your employee as soon as possible. Ideally this would be prior to the employee returning to the workplace in order that you can consider any adjustments suggested by the doctor to facilitate the return. Alternatively, you could look at the options as part of the return to work interview.

If an employee is returning to work earlier than expected and/or temporary adjustments are being made, HR may undertake a risk assessment. This assessment will identify any potential risks so not to place the employee or others in any danger.

If it is not possible to provide the support for an employee to return to work, after consideration of all possibilities, the statement will need to be treated as if the doctor had advised as ‘not fit to work’.

Important Note: The Fit Note is advisory only, any adjustments to the employee’s substantive post to enable an earlier return to work are usually temporary measures and it is important to try and clarify timelines.

For example, a teacher whose fit note suggests a return to work on condition that no teaching duties are undertaken for a month. It is recommended that the Principal or nominated person try and facilitate an earlier return to work based on the medical advice on the fit note and consider alternative duties. Where this is not possible, the employee would be deemed as being unfit for work. The reasons why the adjustments cannot be made should be made clear to the employee. The employee is not required to return to their doctor to confirm this. Advice from HR should be sought in relation to such cases.

Guidance 7: Statement of Fitness Notes Frequently Asked Questions

Advice may be taken from HR regarding reasonable adjustments.

What should you do if you do not understand the advice on the Fit Note?

Firstly, you should discuss the advice with the employee. They may be able to provide more information on the context of the advice. If still unsure seek advice from HR.

Is the doctor's advice about temporary adaptations in a 'may be fit for work' statement binding?

The doctor's advice is intended to give employers and employees greater flexibility and better information to manage sickness absence. You have an obligation to **consider** temporary adaptations or reasonable adjustments where appropriate. Employers ultimately have the discretion to choose whether and how to act on the doctor's advice and recommendations in these circumstances.

If the doctor advises that an employee is 'not fit for work', does this mean that the employee has to stay off work?

Sometimes the employee will be able to return to work when the doctor has advised that they are not fit for work. This may be because the employee has recovered faster than the doctor expected, or the doctor did not know of aspects of the work or the support that the employer can provide. Contact HR if you are I any doubt about whether the employee may return to work.

Can I request a statement advising that the employee has become 'fit for work'?

No. The statement does not include an option for doctor to advise patients that they have become fit for work. It is a myth that an employee needs to be 'signed back' to work by a doctor, and that employees need to be fully fit to return to work. Where an employee decides to return to work but you have significant concerns about their readiness to do so, you should seek advice from HR who may make a referral to Occupational Health for a detailed assessment and advice.

What if temporary adaptations cannot be implemented or immediately implemented?

If the doctor has given a 'may be fit for work' statement, but the temporary adaptations to facilitate a return to work cannot be implemented, or immediately implemented, then the statement has the same function as if the doctor had advised 'not fit for work' and the employee will revert to sick leave. The employee does not need to go back to their doctor for a statement signing them 'not fit for work'.

What should the Principal or nominated person do if the employee declines the offer ofsupport to return to work?

If the Principal or nominated person believes that, on the basis of the statement and their knowledge of the job, that they can support the employee's to return to work but the employee disagrees, they must first discuss the issues with the employee to establish precisely why they believe they cannot return to work. There may be aspects of their condition or the workplace that has not been considered, or they may simply be anxious

about the consequences of returning to work. If no agreement can be reached on the employee's fitness for work, the Principal or nominated person should refer to HR who may seek advice from the Occupational Health for more detailed assessment and advice.

How will the Principal or nominated person know that returning to work won't make the employee worse?

In the past too much emphasis was put on the sick note and not enough emphasis on what the employee felt they were capable of doing to remain in work. The Principal or nominated person needs to informally assess the employee's fitness for work based on the evidence from the doctor, what the employee says they feel capable of doing, knowledge of the workand workplace, and temporary workplace adaptations that might be implemented.

For more information on fitness to work **https://www.gov.uk/government/publications/fit-note-guidance-for-employers-and-line-managers**

Guidance 8: Management of Short Term Sickness Absence Flowchart

Any period of employee sickness absence

Informal return to work meeting

4 separate absences within 12 rolling months

12 self-certified days within 12 rolling months

Unacceptable pattern of sickness identified

- HR collates sickness absence record
- College notifies employee of formal meeting providing **5 working days notice and representation right**

Further unsatisfactory attendance

Formal Stage 1 Meeting (with HR, union/colleague representation)
- HR/Principal/Nominated Person produces evidence of poor attendance
- Discussion re reasons and impact
- Agree action / support
- Agree specified monitoring period (e.g. 3 months)
- Ensure discussion is documented and confirms meeting notes in writing to

End of review period Confirm satisfactory improvement in writing **(remove from monitoring)***

End of review period - Confirm unsatisfactory improvement in writing and convenes a **formal Stage 2** meeting *NB:* this meeting can form part of the same meeting as the Stage 1 review.
5 working days' notice and representation right

Further unsatisfactory attendance

Formal Stage 2 Meeting (with HR, union/colleague representation)
- HR/Principal/Nominated Person produces evidence of poor attendance
- Discussion re reasons and impact
- Agree action / support
- Agree monitoring period (e.g. 3 months)
- HT ensures discussion is documented and confirms meeting notes in writing

End of review period Confirm satisfactory improvement in writing **(remove from monitoring)***

End of review period - Confirm unsatisfactory improvement in writing and informs employee of progression to **Ill-Health Capability Hearing**

Arrange **IHC hearing with Governor Panel**
- Send notification letters and information to be considered **(at least 7 working days' notice)**
- Chair ensures meeting is minuted

NB: Employee can submit additional information ***up to 3 working days before***

No formal action but specify period for review	Require doctor's statements to cover all absences	Defer decision pending medical report or investigation	Consider redeployment to an alternative post within college is available due to OH factors	Terminate contract of employment

Send letter confirming action to employee **(within 5 working days)**

Final Stage: Right of appeal to HR **within 10 working days** held within 20 working days of request **Provide 5 working days' notice.** Chair sends outcome letter within **5 working days**

Guidance 9: Meetings Under the Short Term Absence Procedure

HR will be present in all formal Stage meetings.

Any meeting relating to sickness absence should be held in an environment which supports an honest, open and non-threatening discussion and respect privacy. The employee is entitled to have a trade union representative or colleague present at any formal meeting.

The purpose of the meeting is to:

i) Explain the problem regarding sickness absence i.e. that their level or pattern of absence is unacceptable and the reasons why it is unacceptable;

ii) Provide the monitoring information, which supports the identification of the problem;

iii) Ask them to respond to this and explain the situation from their perspective;

iv) Establish whether there is any support which management can provide to resolve the problem;

v) Establish a course of action to remedy the problem.

The employee must be reminded at which stage of the procedure they have reached and the possible outcomes of the meeting as described in the Managing Attendance Policy and Procedure.

Whilst the meeting is formal, it should not be dealt with in an excessively formal manner which could be construed as threatening or intimidating. There is no reason why the meeting should be particularly lengthy. The employee should be advised of the purpose of the meeting and its possible outcomes. But emphasis should be placed upon the paramount reason for the meeting, which is to establish a solution to sickness absence problem and improve attendance levels.

At the conclusion of the meeting the Principal or nominated person should clearly indicate the course of action which is proposed including any need for review meetings. The outcome of the meeting will be confirmed in writing and the employee will be advised when a review will take place.

Guidance 10: Short Term Absence Procedure Frequently Asked Questions

HR will be present in all formal Stage meetings.

What do I ask at the Stage 1 meeting?

Similar questions to those asked at return to work meetings. However, you must ensure that the employee is fully aware that they are at Stage 1 of the formal procedure and the implications for their future employment if their attendance does not improve.

Sickness is a very sensitive issue – how far should I probe with questions?

You need to get sufficient information on which to base your decision as to what further advice and/or action to take while avoiding applying unreasonable pressure. Plan the interview in advance and anticipate possible responses to your questions. It will also be helpful to think through your reactions to the answers you might get and how you will deal with them.

How long should the review period be?

The review period should be long enough for an improvement in attendance to be achieved and maintained. 12 working weeks is the normal review period but a shorter or longer period may be appropriate. If the employee's attendance does not improve during the review period, you must meet with them to discuss the reasons. You do not need to wait until the end of the review period to move the employee into the next stage of the procedure if further absences occur and they are clearly not meeting the targeted improvement.

Can I give a second review period in Stage 1 or Stage 2?

Only in exceptional circumstances where you can justify the reasons why. These must be fully documented.

Is it necessary to have a Stage 1 review meeting and a separate Stage 2 meeting?

Although the policy sets out 2 separate meetings, the Stage 1 review and Stage 2 meeting can be combined with employee's agreement. The main reason for arranging separate meetings is to allow the employee to arrange trade union representation as quite often at stage 1 the employee will not bring representation but will want representation at Stage 2.

What if an employee hits the formal triggers and has a disability?

It should be distinguished whether or not the absences relate specifically to the disability, if that is not the case then the employee should be put into formal procedures. If the absences relate to the disability you may wish to consider amending the trigger points to take account of this however this is not automatic. Advice will be provided by HR and Occupational Health on the appropriateness of this in managing the employee's attendance.

What can I do during the review period to help the employee improve their attendance?

There are many options, support policies and procedures to help you. Occupational Health will provide medical advice and HR will have suggestions. Be open minded and aware that sometimes the simplest initiatives are the most effective. Remember, also ask and make the employee aware that they are responsible to improve their own health and attendance. Do not take on responsibility for sorting out all the employee's problems as you may not have the expertise or authority. You should also be mindful of any work related issues that come to light which you should investigate and attempt to resolve.

Can I meet with the employee if they haven't been off work?

Yes, it might be a good idea to see the employee and offer praise and encouragement if their attendance is improving, although this does not have to be a formal meeting.

How do I decide to move the employee to Stage 2?

If during the Stage 1 review period, there has been no satisfactory improvement in the employee's attendance or if improvements have not been maintained they should be moved to Stage 2.

What is the difference between Stage 1 and Stage 2?

Moving to Stage 2 makes it clear to the employee that their attendance at work remains unacceptable and, unless an improvement is made, one of the outcomes of the next stage of the procedure may result in them losing their job. It is important at the Stage 2 meeting to specifically explain to the employee their employment could be at risk. During the review period within Stage 2 you should continue to work closely with the employee in order to improve and maintain their attendance. The format of the meeting will remain similar to that of stage 1 meeting. At Stage 2 Occupational Health advice may be sought if it has not been already.

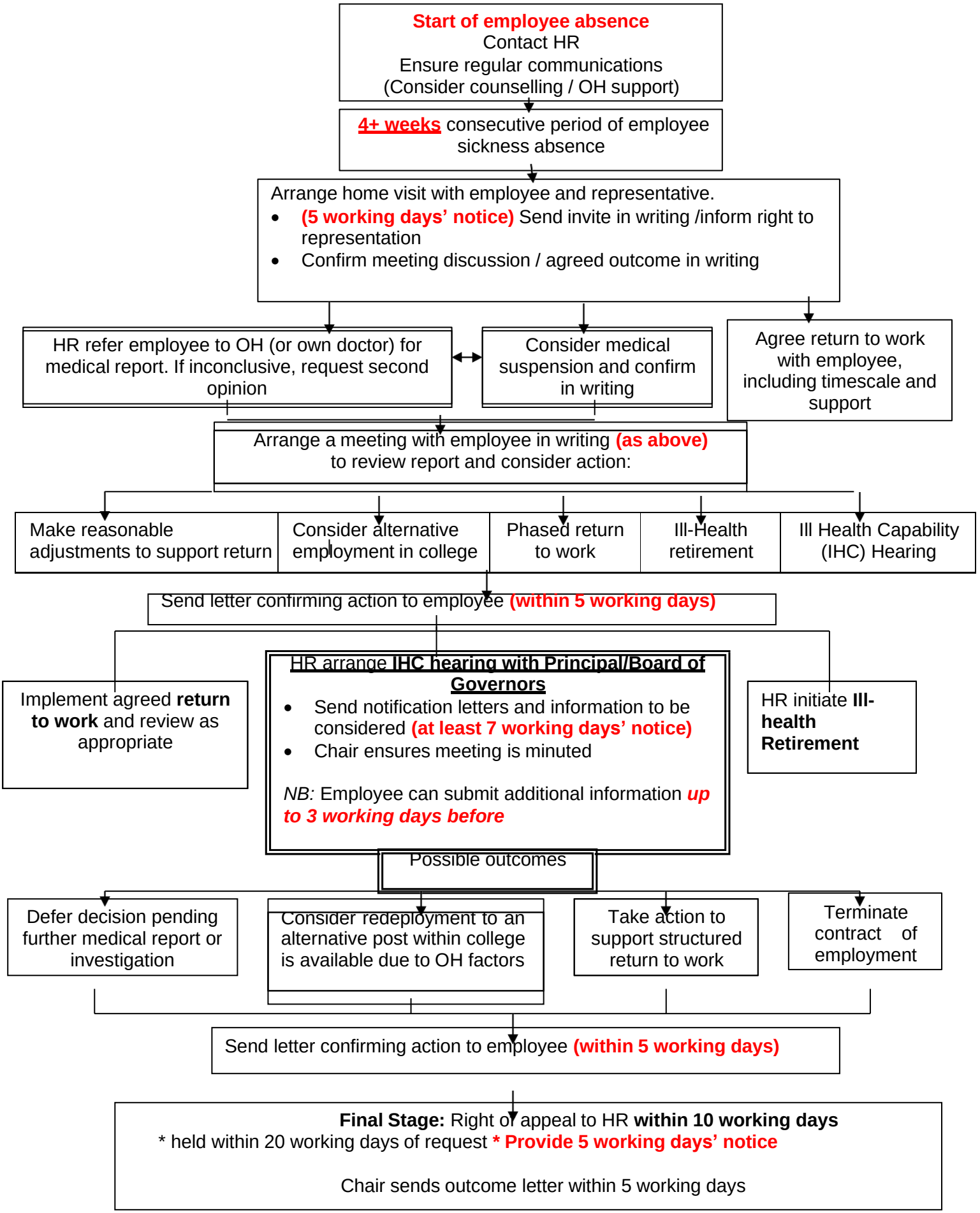
What options do I have in Stages 1 and 2 of the procedure?

Options include, but are not limited to;

- referral via HR to counselling;
- conducting a work place risk assessment;
- consideration of other procedures e.g. flexible working policy;
- access to work where the employee has a disability and requires adjustments;
- referral to Occupational Health;
- Health and Safety advice.

Remember throughout the procedure there are recognised processes to go through and places to get help. However sometimes the smallest things can support someone to improve their attendance so be creative, your own solution or the employee's may be as effective.

Guidance 11: Management of Long Term Sickness Absence Flowchart



Guidance 12: Long Term Absence Procedure

HR will be present in all formal Stage meetings.

Conducting a Long Term Absence Meeting (Home Visits)

The employee can be invited into the college for this meeting or if they prefer a home visit can be made. If the employee is uncomfortable with this option, you could agree a suitable alternative venue.

Home visits must be undertaken in a supportive context and should not be regarded in any way as threatening or 'policing' the situation. Information regarding changes in work practice, developments in college or news bulletins should be given to keep the employee up to date and involved with the work situation. The value is in encouraging employees to think positively about a future return to work and any special arrangements that might need to be made.

The Principal or nominated person should contact the absent employee either in writing or by telephone, (where the contact is by phone any arrangements should be confirmed in writing) to propose a convenient date and time for a home visit and giving them the opportunity to have, if they wish, a colleague, trade union or other representative present.

It may be appropriate that either the line manager of the employee accompanies the nominated person on the visit. The nominated person should address the following issues:

- medical evidence/background
- any adjustments that can be made to facilitate an early return to work
- making arrangements for medical assessment, if appropriate
- booking diary appointments for subsequent visits

The discussions of the meeting should be followed up in writing to the employee.

Guidance 13: Long Term Absence Procedure Frequently Asked Questions

HR will provide advice in relation to the management of all long term absence issues.

When do I involve Occupational Health?

A referral can be made to Occupational Health by HR after four weeks' continuous absence unless the prognosis and expected date of return are very clear then an Occupational Health referral is probably not necessary. However, there are circumstances when earlier referral has been shown to be beneficial in facilitating an early return to work.

What if the illness results in a disability?

If the employee is unable to return to their normal job or hours, you must examine the possibility of making reasonable adjustments to enable them to return. This could include redeployment to an alternative job where one is available, but only if this would resolve the absence problem.

When a disabled person is off sick and it is related to their impairment, do I separate this out and not count it as sickness absence?

No, the absence should be managed in the usual way. However, you do need to consider whether or not you need to make reasonable adjustments for the person. A reasonable adjustment might mean changing the job content to exclude things which may be affecting the person's impairment and causing sickness absences; or it might mean providing equipment which enables the person to carry out their job better. It might also mean that you accept a higher level of sickness absence for a disabled person based on the nature of their impairment and known facts.

Where can I get help and support?

You will always be able to discuss issues with HR and you should contact them first. There are also many organisations that can advise you on practical issues. See the useful contact information can be found in Appendix 1.

What do I do if someone is diagnosed as being seriously or terminally ill?

Regrettably there will be situations which are very difficult and sensitive, in these situations you must talk to HR as there will be issues relating to pension benefits that you will need answers to. You and other employees may also need support to cope with this situation.

Guidance 14: Occupational Health

All OH referrals will be made by HR.

Occupational Health aims to provide Principals and line managers with guidance on employee health issues regarding short and long term absences where there is concern about an underlying health problem or health related disability which is affecting work.

Occupational Health is not intended to be a substitute for an individual's doctor and they are unable to deal with requests for treatment or other forms of medical intervention which would usually be supplied by their doctor.

What do Occupational Health do?

Occupational Health provide specialist, clear, actionable advice on issues which impact or have the potential to impact on the employees' health and wellbeing;

- general health promotion and education to raise awareness within the workforce of the control they have over achieving their own optimum health and wellbeing and the support available to assist them in doing this e.g. smoking cessation, diet and exercise advice, improving their mechanisms for coping with increased stress;
- working with health and safety professionals to identify potential hazards within the work environments and providing support and advice to minimise the potential harm from the hazard e.g. problems associated with posture and musculo-skeletal disorders;
- where hazards cannot be completely eliminated, providing advice and carrying out any regular surveillance required to ensure the hazard is not causing harm to employee's health;
- general advice to employers and employees regarding health issues encountered at work e.g. exposure to potential infectious diseases;
- pre-employment assessments to help identify health needs;
- problems may be more prevalent and working with members of the organisation to reduce the impact of these health issues through hazard identification and risk management;
- immunisation programmes;
- advice required with regard to specific age, gender or disability related conditions;
- reactive services to address ill health issues amongst the workforce;
- general assessment and advice to management regarding the employee's ill health. This will include, where possible, advice on the likely length of the absence and the impact the employee's health issues are likely to have on their ability to perform in their substantive post in the short and long term;
- Rehabilitation advice to support employees back to work;
- Advice on reasonable adjustments for the employee in the workplace as appropriate;
- Support required with regard to employees with terminal illnesses.

An early, pro-active use of Occupational Health is encouraged.

It is important that employees are encouraged to attend appointments with Occupational Health to ensure that line managers receive relevant information about their ability to undertake their duties and what adjustments may be necessary. If an employee declines to attend an Occupational Health assessment, the Principal or nominated

person may need to take decisions without Occupational Health input. Where an employee misses two appointments, no further appointments will be booked.

Who should be referred to the Occupational Health Service?

You should consider referring an employee to Occupational Health for an assessment where;

- the employee has had several episodes of short term absence, and, following RTW discussions, you have concerns that the absences are related to an underlying health condition;
- the employee has a short term absence citing stress, work related back or upper limb disorders;
- there is a long term or continuous absence (more than four weeks and there is no prospective return date);
- there may be a health aspect contributing to issues with work performance;
- there is a concern that there may be a work related health problem or that an existing health problem is being exacerbated by the employee's work;
- the employee is due to return to work following a period of sickness absence and you as the Principal or nominated person, are seeking advice on adjustment and phased hours;
- the employee has a long term health problem which is affecting aspects of work and you need advice regarding any workplace modification / safe systems of work.

It is important that you pro-actively manage the health of employees and prevent absence, wherever possible, by identifying support mechanisms for individuals.

Making a referral

All referrals must be made through HR. Before making a referral you should liaise with the employee to discuss the reasons for referral. If the employee is absent from work, then you should discuss referral during regular contact. In some instances, it may be necessary to meet with an absent employee to ensure that you have sufficient details about their ill-health before making a referral. The information in the referral, including the reason for referral and the nature of advice sought, should be discussed with the employee prior to making the referral.

TIP: In order to obtain all relevant information for inclusion in the referral, when meeting with the employee **you may want to ask:**

- Have they been to see their doctor to discuss their health issue? If so, what were they advised?
- Have they been prescribed any medication? If so, is it short or long term?
- Are they receiving, or do they need, any other support, e.g. Counselling?
- Have they been referred to, or have they been seen by, a specialist? If so, what have they advised or when will they get an appointment?
- If absent, have they discussed their return to work with their doctor and have they given any indication of when they will be fit to return to work or what they might be able to do if they were to return earlier?
- Are their health issues likely to be ongoing?
- Have they had similar health issues in the past? If so when?

Guidance 15: Return to Work Options Following Long-Term Absence

HR will advise on all the options available following long-term absence from work.

There are various options that can be put in place to support employees to return to work following a sustained period of absence this include but are not limited to:

Reduction in hours

Where an employee has been absent from work on a long term basis you may consider facilitating a return to work on a part-time basis where this would facilitate an earlier return to work than would have otherwise been the case. It is not appropriate in every case and is at the discretion of the ENLUTC.

- Reduction in hours (i.e. to reduce to 2 days) can be done on a long-term temporary basis (up to 12 months).
- Days to be worked may be arranged to supports the employee's needs e.g. they could work Wed and Fri rather than Mon and Tues to split the week up.
- Pay is reduced to reflect hours being worked if the reduction is required long term.

Phased return

It may be appropriate to seek guidance from Occupational Health as to whether or not a phased return would be beneficial. A phased return in most cases should only be agreed where the employee's doctor has indicated that it is appropriate.

Common timetables for phased returns include:

Week 1 - 1 days work	Week 1 - 5 Mornings
Week 2 - 2 days work	Week 2 - 3 Mornings 2 until Lunch
Week 3 - 3 days work	Week 3 – 5 until Lunch
Week 4 - 4 days work	Week 4 – 5 until afternoon break

The days/times would need to be agreed with the ENLUTC taking into account timetabling arrangements.

- Phased returns are usually accommodated over a 4 week period unless there are exceptional circumstances.
- ENLUTC should follow Occupational Health advice where reasonably possible.

Employees will receive normal pay during the four weeks of a phased return to work although the hours they work are reduced. As there is a cost to the ENLUTC it is expected that the employee will gradually increase their hours each week. Only, in exceptional circumstances would it be agreed to extend a phased return beyond four weeks.

During a period of phased return, time not worked should be regarded as authorised absence rather than sickness absence. The employee is not required to be covered by a statement of fitness note.

Positive or Therapeutic Rehabilitation

Positive or therapeutic rehabilitation is a means of facilitating a return to work for employees who have been absent from work long term. The purpose is to facilitate a return to work by easing the employee back into the working environment and allow them

to get used to being at work without the requirement to undertake their normal duties and responsibilities.

Under this intervention;

- the employee can attend for a maximum of 16 hours each week;
- the employee remains on sick pay/benefits during the period and must submit a medical certificate to cover the period of the therapeutic rehabilitation;
- the employee cannot undertake teaching duties i.e. be responsible for a class;
- the employee can use time to catch up with what's been happening in college, read minutes, bulletins, documents, catch up with paperwork etc.

Examples of duties that can be carried out include;

- read/listen to readers;
- sorting working space;
- sorting files;
- getting up to date with things missed during absence.

It is advisable that the employee seeks advice from their doctor before entering into positive rehabilitation and provide this to the ENLUTC. Positive rehabilitation does not constitute a return to work and the employee is treated as being signed off from work.

Positive rehabilitation would normally be for approximately two weeks and is at the discretion of the ENLUTC i.e. the college must agree it can be accommodated. The hours the employee works are flexibly arranged between college and employee. The Principal or nominated person is encouraged to give serious consideration to requests for positive rehabilitation as it allows the college to determine whether or not the employee is fit to return to work before they are signed as fit.

If appropriate, an employee can complete both a therapeutic and phased return. For instance, they could complete a therapeutic return whilst covered by a medical certificate and then a phased return for 4 weeks.

Guidance 16: Sickness Absence And Disability

HR will provide advice with regards to any staff who may be affected by a disability.

Disabled employees should not be treated less favourably than other employees. Should an employee consider that they are affected by a disability or any medical condition which affects their ability to undertake a return to work or ability to undertake their job role fully the principal or nominated person or HR should be informed.

Who is classed as disabled?

A disabled person, for the purposes of this procedure, is someone who;

- says they are disabled and this is accepted by management;
- meets the Equality Act 2010 definition of a disabled person;
- you can reasonably assume they are a disabled person from evidence available whether or not they have said they are disabled themselves.

The Equality Act 2010 definition of disability

The definition focuses more on the individual person rather than disabling barriers. The Act defines disability as:

"A physical or mental impairment which has a substantial and long term effect on a person's ability to carry out normal day to day activities"

This includes people with mobility, visual or hearing impairment and people with learning difficulties. People with, for example, heart disease, disfigurement, speech impairment, diabetes, epilepsy, a mental illness or progressive conditions such as cancer, multiple sclerosis, HIV, are also included. It should be noted that people with HIV, cancer and Multiple Sclerosis will be deemed to be covered by the Act effectively from the point of diagnosis, rather than the point when the condition has some adverse effect on their ability to carry out normal day-to-day activities.

A mental illness does not have to be 'clinically well recognised' before it can count as an impairment for the purposes of the Act. People with a mental illness will, however, still need to show that their impairment has a long term and substantial adverse effect on their ability to carry out normal day-to-day activities.

Some people might not meet this definition, but still consider themselves to be disabled because of the barriers or disadvantage they face. So you should not restrict yourself to thinking of disabled people only in terms of the legislation.

If you are, or the person is, in doubt you should take advice from HR. Ultimately the decision would be a legal one if a case goes to an employment tribunal.

The trigger points and formal interventions will apply to all employees including disabled employees. Any action taken under **Short-Term** or **Long-Term** procedures in relation to disabled employees should take account of the following;

- reasonable adjustments that could be made to the requirements of a job or other aspects of working arrangements that will provide support at work to improve attendance and/or assist a return to work;

- workplace risk assessments to identify any potential risk and support to help the employee improve their attendance;

- where a disabled employee's absence record is reviewed following reaching a trigger point, it should be clarified whether the time off was specifically attributable to the employee's disability. This information should be taken into account when deciding whether to instigate a Stage 1 Meeting or Long Term Sickness Absence Meeting in line with the Reasonable Adjustments Guidance;

- if any clarification is required to determine whether the absence is specifically related to disability, medical evidence may be required from either the employee's doctor or from Occupational Health. It is recommended that the college seeks advice from HR.

Guidance 17: Reasonable Adjustments

HR will provide advice to managers regarding reasonable adjustments.

Some disabled people or people who suffer from certain medical conditions may have sickness absence that is directly related to their impairment. The introduction of reasonable adjustments in many cases has meant the difference between them being able to come to work or having to take sick leave.

You may decide that it is reasonable to accept a higher level of sickness from a disabled employee by agreeing to a reasonable adjustment that adjusts the trigger levels to take account of the particular reasons for sickness absence. This means that if the person is absent because of disability related sickness, they will not be constantly in the sickness absence procedure. But if the person has periods of sickness that are not due to their impairment, they will hit the usual trigger points.

If you agree this option with a disabled employee, you will need to determine the reason for the absence at the return to work interview and liaise with HR to make sure that correct information is obtained and recorded.

Reasonable adjustments
When considering the adjustment, you must take into account practical issues such as cost, the workplace, the impact on other employees, and the impact on the service.

Common adjustments include (but are not limited to);

- alterations to premises;
- allocation of duties to another person;
- altering working hours;
- transfer to another location;
- modifying procedures for assessment or testing;
- acquiring or modifying equipment;
- providing a reader or sign language interpreter;
- redeployment/training.
- Time off for rehabilitation, assessment or treatment

Guidance 18: Pregnancy-Related Illness

HR will provide advice to managers regarding pregnancy-related illness.

Where an illness is attributable to pregnancy, sickness absence should not be counted towards the trigger levels of the management of sickness absence. Any absence related to the pregnancy should be managed in accordance with the sickness policy to facilitate a return to work as soon as possible with any necessary support or adjustment to duties as described above.

As required, under the management of Health and Safety at Work Regulations 1999, written risk assessments should be undertaken regularly throughout the pregnancy to help reduce the likelihood of absences. Further guidance can be obtained from the Work and Families Policy and through the HSE publications on New and Expectant Mothers at Work, which can be accessed online. It may also be appropriate in some circumstances to seek advice from Occupational Health Service.

Where a pregnant employee suffers from non-pregnancy related sickness absence, these absences will count towards the management of sickness absence as usual.

If an employee is on sick leave due to pregnancy related illness on or after the fourth week before the expected week of confinement, their ordinary maternity leave will commence the day after their first completed day of sickness absence.

Guidance 19: Absences other than Sickness

Paid time off due to sickness absence is only available to employees when they are unfit to attend work due to illness. Where an employee requires time off or flexible working arrangements due to other reasons such as emergency domestic leave/relative/spouse or child's illness or bereavement, please take advice from HR and refer to the Leave of Absence and Annual Leave Policy for further information.

Guidance 20: Ill Health Suspension

HR must be informed before any medical suspension is considered.

Where you are unsure of an employee's fitness to work you should encourage them to seek advice from their doctor pending an Occupational Health appointment. If the doctor refuses to sign the employee as unfit to work, it may be necessary to temporarily remove them from work.

For example, it may be necessary to temporarily remove an employee from work if;

- in the opinion of Occupational Health the employee is unfit for work, but is declaring themselves fit or being declared fit by their own doctor;
- if the individual employee is at work but are deemed to be a risk to themselves or to others because of their health, they may be given approved leave of absence pending an opinion from Occupational Health;
- if necessary aids or adaptations are not operating or in place.

An Occupational Health opinion may be sought prior to taking the action described above, but in all cases advice should be sought as soon as is practicable after suspension. Ill health suspension is a management decision, but due regard should be given to the information provided by the Occupational Health practitioner. If their opinion is not clear, or does not appear to correlate to the known facts, then you may refer back to Occupational Health for clarification or, in exceptional circumstances, seek a second opinion.

Suspension is without prejudice and is paid. It is important if it is appropriate to suspend an employee on the grounds of ill health that the reasons for the suspension are discussed and agreed with HR.

Guidance 21: Accidents At Work

Advice should be taken from HR and our Health and Safety support providers in relation staff absences due to accidents at work.

If an employee suffers an accident or injury at work an incident form (CF50) should be completed, normally by the injured person. The ENLUTC needs to ensure that arrangements are in place to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

Frequently Asked Questions

Does it make a difference if the employee is absent with an injury sustained at work?

Yes, they may qualify for a separate, but comparable, period of sick pay entitlement.

How will I know if it really has been sustained at work?

An incident report form (CF50) should be completed reporting the injury and investigating the validity of the incident. A copy of which should be sent to the HR and Health and Safety support providers.

What if someone claims it is an industrial injury when I meet with them?

There are timescales associated with injuries at work. Unless they have filled in an incident report form (CF50) they will have to provide proof that the injury was sustained at work.

Is it just injuries that should be reported?

No, some illnesses are defined as reportable e.g. TB, Salmonella, Typhoid. You would not be expected to know all of these. HR and Health and Safety support providers will be able to provide further advice.

So I don't have to do anything if it is an Industrial Injury?

You will need to investigate and control any risks presented by the work place, work methods or equipment used by the employee. Where necessary specialist advice is available from the Health and Safety support provider.

How is this absence treated in terms of the trigger levels and procedure?

The Managing Attendance Procedure remains the same. It is extremely important that employees have access to the correct support in these circumstances and that any improvement requested reflects the cause of the absence. It would be unreasonable to set stringent improvement targets i.e. above the normal triggers for the preceding 12 months where it can be established that the absence was due to an accident at work.

Guidance 22: Access To Work

Access to Work can help if an employee's health or disability affects the way they do their job. It gives employees and employer's advice and support with extra costs which may arise.

How to contact Access to Work

If the type of work the employee does is affected by a disability or health condition that is likely to last for 12 months or more, the regional Access to Work contact centre may be able to help or alternatively, employees can contact the Disability Employment Adviser (DEA) at their local Jobcentre about Access to Work.

Getting help - the process

If an employee is likely to be eligible for Access to Work, they will need to contact Access to Work who will send them an application form to fill in and send back. On receipt an Access to Work adviser will contact them. The adviser will usually speak to the employee and their employer to reach a decision about the best support available. In most cases, this can be done over the telephone, but a visit can be arranged if necessary. Sometimes specialist advice may be needed, which the Access to Work adviser will help to arrange. For example, they may be able arrange for a specialist organisation to complete an assessment and recommend appropriate support. In this case, a confidential written report will be sent to the Access to Work adviser, who will use this information to help them decide on the right level of support.

Employer's responsibilities

Once the adviser has decided on the package of support they feel is appropriate, they will seek formal approval of their recommendations from Jobcentre Plus. The employee and employer will then receive a letter advising of the approved level of support and the grant available.

It is the responsibility of the employer to arrange the agreed support and buy the necessary equipment. The employer can then claim repayment of the approved costs from Access to Work.

Access to work – Information

https://www.gov.uk/access-to-work

Telephone: 0800 121 7479

Guidance 23: Mental Health Illnesses

Guidance should be sought from HR in relation to staff suffering from mental health illnesses.

What are mental health problems?

Some mental health problems are described using words that are in everyday use; for example, ‘depression’ or ‘anxiety’. This can make them seem easier to understand, but can also mean people underestimate how serious they can be.

Mental ill health feels just as bad, as any other illness, only you cannot see it. Although mental health problems are very common affecting around one in four people in the UK stigma and discrimination towards people with mental health problems is still very common.

Common types of mental health illnesses include:

Depression
Depression lowers your mood, and can make you feel hopeless, worthless, unmotivated and exhausted. It can affect sleep, appetite, libido and self-esteem. It can also interfere with daily activities and, sometimes, your physical health. Depression is often associated with anxiety.

Anxiety
Anxiety can mean constant and unrealistic worry about any aspect of daily life. It may cause restlessness, sleeping problems and possibly physical symptoms; for example, an increased heart-beat, stomach upset, muscle tension or feeling shaky. Highly anxious people may also develop related problems, such as panic attacks, a phobia or obsessive compulsive disorder.

Bipolar disorder (formerly known as manic depression)
People with bipolar disorder will experience swings in mood. There are different types of bipolar disorder which depend on how often these swings in mood occur and how severe they are.

What causes mental health problems?

There are many opinions about what causes mental health problems. This is part of a wider debate about whether personality is shaped by life experiences, or determined by genes. The following are some of the factors that may play a role in the development of mental health problems; difficult family background, stressful life events, biochemistry, genes and physical health problems.

How are they diagnosed?

Medical diagnosis can be difficult because there is a lot of overlap between different conditions. For example, a change in sleeping pattern is a feature of both depression and anxiety. Therefore, for people who experience mental health problems this can mean that more than one diagnosis is made over a period of time.

What are the symptoms?

There are many symptoms associated with mental health illnesses. Symptoms may include; tiredness, being easily distracted, emotional, swearing, impatient, an untidy appearance, low motivation, change in personality and social withdrawal.

It is important to be aware that stress is not a mental health illness but a set of symptoms which may appear similar to those associated with mental health illnesses. For further advice on managing stress please see page 33.

Employers responsibility around mental health

Employers have a responsibility to be aware of the above symptoms and to discuss any observed concerns when they arise. These concerns should be discussed sensitively with employees and a reasonable level of support should be offered.

Raising awareness and tackling stigma around mental health problems in the workplace can enable the college to make a positive impact on the lives of people who are experiencing, or have experienced, mental illness and help improve attendance levels. Further advice and training on mental health is available from HR.

What support can I offer if an employee reveals they are experiencing symptoms associated with a mental health illness?

- Discuss with the employee the symptoms they are experiencing, the cause and what support they feel they need at work.
- Offer the employee access to counselling and provide details of useful contact links (Appendix 1)
- Contact HR and seek Occupational Health advice as soon as possible.
- Make arrangements for a stress risk assessment to be done, this can be done at home or somewhere neutral.
- Consider reasonable adjustments such as a flexible approach to start/finish times, shift patterns and job share.
- Allowing paid or unpaid leave for medical appointments.
- Offering a phased return to work if the employee has been absent for 4 weeks or more.
- Provide a quiet space for breaks.

Guidance 24: Wellbeing and Stress Management

Stress effects people in different ways, it can be an unnoticed and gradual build-up of the many pressures experienced in work, at home and in everyday life. Most people are able to cope with the big issues in life and can find them exciting but for some they are too demanding or combined with everyday life or other emotional pressures can become overwhelming, resulting in symptoms of stress.

It is important if an employee experiences symptoms of stress that they seek support from their doctor and that the college provides appropriate support and intervention where required.

Health and Safety Executive (HSE) guidance can help you prevent work related stress and comply with the law.

What are the Management Standards for work related stress?

The HSE website provides an overview of Management Standards which define the characteristics, or culture, of an organisation where the risks from work related stress are being effectively managed and controlled that help combat work related stress.

The Management Standards represent a set of conditions that, if present, reflect a high level of health well-being and organisational performance, promote active discussion and working in partnership with employees to help decide on practical improvements that can be made;

- Demands – this includes issues such as workload, work patterns and the work environment.
- Control – how much say the person has in the way they do their work.
- Support – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.
- Relationships – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour.
- Role – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles.
- Change – how organisational change (large or small) is managed and communicated in the organisation.

Where an employee presents with symptoms of stress and anxiety it is recommended that you meet with the employee and undertake a workplace stress risk assessment (which addresses the six areas above) in order to support the employee to proactively manage their stress. Evidence shows that staying in work can be of great benefit to those affected by stress.

The HR and Health and Safety support providers can provide further advice on undertakingwork place risk assessments as well as training on wellbeing and stress management.

Guidance 25: Ill Health Retirement (IHR)

HR will manage any ill health retirement applications.

Teachers' Pension Scheme (TPS)

Once ill health retirement has been identified as the appropriate option to pursue through the managing attendance policy the following process should be followed:

Step1: Completion of Forms

Print off Ill Health Medical Form and an Ill Health Application form from the Teacher's Pensions Scheme website (http://teacherspensions.co.uk). The employee is required to complete section A of the ill health retirement application form and return to HR. The employee will also be responsible for arranging for the ill health medical form to be completed by their doctor / consultant / specialist.

Step 2: Occupational Health Assessment

At this point the employee is required to contact the Principal or nominated person to advise that the appropriate forms have been completed and to request an Occupational Health appointment. It is essential that the employee brings the completed ill health medical form to the occupational health appointment. Failure to do so will delay the Ill health retirement process until this information has been received.

When a condition is severe enough to warrant ill health retirement, whether this is psychiatric or physical, it is not unreasonable to expect that the applicant will have had the benefit of a specialist opinion. It will greatly help in the consideration of the application, if the medical information is provided by a specialist. If this is not possible, or the applicant has not been referred to a specialist, then the form should be completed by the applicant's doctor or occupational health physician. Copies of all specialist reports or hospital correspondence relating to the present illness must be included. All applications for ill health retirement will be considered on the basis of the medical information submitted with the application.

Step 3: Outcome of Assessment

The Occupational Health Physician will then complete the remainder of the form and return to HR to complete the relevant sections. HR will then send both the ill health application and ill health medical form in a sealed envelope to the local authority Teachers Pensions department.

Teachers Pensions will inform the employee directly whether Ill Health Retirement has been granted. The decision lies solely with Teachers Pension.

Under the Teacher's Pension Scheme there are 2 tiers:

- Total incapacity benefit (TIB) for those incapable of any gainful employment*. This includes half prospective service enhancement to normal pension age.

- Partial incapacity benefit (PIB) for those permanently incapable** of teaching but capable of a range of other types of work. There would be no enhancement made

however there would be no reduction on account of early payment of accrued pension benefits.

If the teacher left pensionable employment more than 12 months ago. In those cases, the teacher should send the documents directly to Teachers Pensions.

Appeal of Decision if not granted

The teacher will be notified in writing if an application is accepted or not. Where the application has been accepted, and the teacher is still actively teaching they should cease with immediate effect. Teachers Pension's must be provided with details of the teacher's pensionable service and salary from the date of your last annual return to the last day of pensionable service.

Where the application is rejected, teachers have the right to appeal and should follow the appeal process, details of which will be sent to the teacher with the rejection letter.

Re-employment – Where an employee has been accepted as unfit for teaching and subsequently returns to teaching for even 1 day after the award of ill health benefits this will result in the immediate cessation of pension payments. The ENLUTC must be satisfied that a person who has retired for reasons of ill health is medically fit to resume teaching.

East Riding Pension Fund (ERPF) For Support Employees

Once ill health retirement has been identified as the appropriate option to pursue through the managing attendance policy the following process should be followed:

Step 1: Referral to Occupational Health

The Principal or nominated person should complete the Occupational Health referral form and send to their HR Adviser to process and send to Occupational Health.

The HR Adviser will also request the relevant LGPF IHR certificate, complete the appropriate section and forward to Occupational Health along with the referral form.

Only an approved Occupational Health Physician can determine whether a person meets the criteria for ill health retirement and this is facilitated by Occupational Health.

Step 2: Occupational Health Assessment

In normal circumstances Occupational Health will write to the employee directly to advise the date of the appointment and inform HR.

At least one third party report from the employee's doctor / consultant specialist will be required in all cases to confirm diagnosis, prognosis and that all treatment options have been explored other than in exceptional circumstances. This can take some weeks depending on how quickly Occupational Health receive the supporting medical documentation therefore if the employee has this available to them this should be brought to the Occupational Health appointment.

In exceptional circumstances a decision may be made without a face to face appointment where medical evidence is available to Occupational Health.

Step 3: Outcome of Assessment

After the relevant clinical information has been gathered from the employee's doctor / specialist and the Occupational Health physician has taken a full history to accompany this information they will complete the LGPF IHR certificate to advise on whether;

- the employee is suffering from a condition that renders him/ her permanently incapable of discharging efficiently the duties of the relevant employment because of ill health and that they have a reduced likelihood of obtaining any gainful employment before his/ her normal retirement age (age 65-67);

- where the answer to the above is 'no', the individual does not meet the criteria for IHR. The IHR certificate is signed and returned with an accompanying report;

- where the answer to the above is 'yes', the individual does meet the criteria for IHR. The physician will further advise on which tier of IHR has been agreed.

The Tiers of IHR are as follows:

IHR Tier 1

- there is no reasonable prospect of the employee obtaining gainful employment* before normal retirement age (65-67). The pensionable service achieved is enhancedup to age 65.

IHR Tier 2

- the employee will not be able to obtain gainful employment* within 3 years of leaving employment; it is likely that they will be able to obtain gainful employment before normal retirement age (65-67). The pensionable service achieved is enhancedby 25%

IHR Tier 3

- the employee will be able to obtain gainful employment* within 3 years of leaving employment. The service achieved is not enhanced and the pension will cease after 3 years or on commencement of other employment. The case will be reviewed after 18 months from date of leaving.

Step 4: Notifying the Individual and ENLUTC

The completed LGPF IHR certificate will be forwarded to HR who will inform the appropriate ENLUTC representative of the outcome. This will then be forwarded to LGPF for processing.

The college will need to make contact with the employee normally by letter to confirm the arrangements for Ill Health Retirement where appropriate. The letter will give the employee an opportunity to meet with the appropriate college representative to finalise arrangements where the employee feels it necessary. If regular communication has been maintained and the employee does not require a meeting the details can be finalised by telephone or email. The last working day where ill health retirement is awarded will be the date the IHR form is signed by the Occupational Health Physician or the date the employee is informed of the outcome whichever is latest.

Where IHR is Declined

Normally a meeting will take place with the employee, the Principal or nominated personand HR to discuss the Occupational Health report and explain the reasons why the IHR has been declined and discuss next steps under the managing attendance procedure. If regular communication has been maintained and the employee does not require a meeting the information can be finalised by telephone or email.

Employees may ask to appeal this decision; they can do this but only support one appeal claim. In such cases the normal pre-requisite is that more medical information will be needed for the decision to be different.

Employees who have left employment on the grounds of ill health may appeal against any decision not to grant Ill Health Retirement. The ENLUTC as the employer is ultimately responsible for making the decision on Ill Health Retirement, on the advice of the Approved Occupational Health Physician.

***Gainful Employment** - Paid employment for not less than 30 hours in each week for a period of not less than 12 months.

****Permanently Incapable** - Means that the employee will, more likely than not, be incapable until, at the earliest, his 65th – 67th birthday

Appendix 1. Links to Sources of Help and Information

Bereavement and Loss

Bereavement

- Cruse Bereavement Care

0333 257 8340

www.crusebereavementcare.org.uk

Miscarriage

- The Miscarriage Association is a charity providing support and information to people affected by miscarriage

01924 200799

www.miscarriageassociation.org.uk

Stillbirth and Neonatal Death

- Sands offers support to anyone affected by the death of a baby

0808 164 3332

www.uk-sands.org/

Psychological Health

British Association for Counselling and Psychotherapy

- Information to help you find a local registered practitioner
  www.bacp.co.uk

Bullying at work

- Andrea Adams trust – a charity dedicated to tackling workplace bullying
  www.andreaadamstrust.org

Depression

Mind

- Charity providing help, support and information on mental health for individuals, employers and their families. They have an excellent range of downloadable factsheets.

0208 519 2122

Info line 0845 766 0163

www.mind.org.uk

National Phobics Society

- A helpline for people affected by anxiety, phobias, compulsive disorders or panic attacks.

  www.phobics-society.org.uk

The Samaritans

- Freephone helpline for anyone who wants to talk anonymously to someone who will be supportive and non-judgemental.

116 123

www.samaritans.org.uk

Saneline

- A helpline offering information and advice on all aspects of mental health for individuals, family, friends and employers. Good selection of printable factsheets.

0300 304 7000

www.sane.org.uk

Information and leaflets about a number of mental health issues

- The Royal College of Psychiatrists provide a range of resources on their web site particularly about major psychological conditions. They also have information about anxiety and managing depression in the workplace.
  www.rcpsych.ac.uk/mentalhealthinformation.aspx

Stress

- International Stress Management Association

  A voluntary association that sets standards for trainers and promotes knowledge and awareness about stress management

  www.isma.org.uk

- Stress at work
  Health and Safety Executive
  www.hse.gov.uk/stress

Drugs and Addiction

Alcoholics Anonymous

- Support group for people with alcohol problems
  0800 917 7650
  www.alcoholics-anonymous.org.uk

Alcohol Concern

- Organisation offering information on alcohol and problem drinking. Downloadable factsheets

  0300 123 1110
  www.alcoholconcern.org.uk

Gamblers Anonymous

- Organisation to support individuals with gambling problems
  Offers helpline and information.
  0207 384 3040

Gamcare

- An organisation aimed at supporting problem gamblers.
  Offers helpline and support

  020 7801 7000
  www.gamcare.org.uk

Frank - National Drugs Helpline

- National drugs helpline. Includes website and 24/7 helpline offering advice, information and support to anyone concerned about drug and solvent / volatile substance misuse. Offers support to family and friends as well as individuals seeking help.
  0300 123 6600
  www.talktofrank.com

Citizens Advice Bureau

Leeds

0844 4774788 (advice line)

0113 281 6749 (Mincom)

Carers

- Carers line. A free phone helpline providing advice to carers about their legal rights and entitlements.
  020 7378 7986

Relate

- For relationship counselling for individuals and couples

0300 100 1234 (General)
01302 847 444
(Appointments Leeds)
www.relate.org.uk

Personal Safety

- Suzy Lamplugh Trust offers comprehensive information about personal safety.
www.suzylamplugh.org

0808 802 0300

Health, Wellbeing and illness
Back Pain

- Back Care is a charitable organisation providing information and support to help people to manage back pain. Comprehensive range of downloadable fact sheets including information on complimentary therapy and exercise. Also has links on how to get the best out of the NHS if you have back pain.

www.backpain.org

- The British Occupational Health Research Association produce a back care leaflet for people who work and their employers can be downloaded via the following link:
www.bohrf.org.uk/downloads/backleaf.pdf

British Heart Foundation

- The BHF is a charitable organisation offering help support and information about a number of heart related health issues. It offers a confidential heart information line for individuals to discuss any issues relating to stress and coronary heart disease. Can discuss making positive changes to lifestyle to combat stress.

  Large selection of downloadable leaflets relating to all aspects of health and wellbeing, including smoking, drinking, exercise and

  diet.

  (Heart help Information Line)
  0300 330 3311

  www.bhf.org.uk

Macmillan Cancer Support

- upport for people with cancer, their carers and families. Their helpline offers access to specialist nurses. Comprehensive factsheets on diseases, treatments and coping.

  0808 808 0000

Healthy diet

- British Dietetic Association
  Comprehensive advice on healthy eating and drinking.
  www.bda.uk.com/foodfacts/index.html

General Health

- NHS Direct
  Offers health advice, helpline, disease information factsheets

  www.nhsdirect.nhs.uk
  0845 4647

- NHS Choices
  www.nhs.uk/Pages/homepage.aspx

  Offers information (website only) on health and illness, local services, finding a doctor / dentist, local waiting lists for treatment, infection rates in local hospitals and some useful interactive tools on healthy eating, lifestyle and fitness. Also offers links to other government / healthcare resources.

Migraine

- The Migraine Trust is a charity which offers help and advice to people with migraine. Comprehensive information includes factsheets, information on treatment and self help and how to find a specialist NHS migraine clinic.
  www.migrainetrust.org

Smoking

- **NHS smoking helpline** has information and support to help people who want to stop smoking.
  www.nhs.uk/livewell/smoking

  Quit has information to help people stop smoking

  0800 00 22 00

  www.quit.org.uk

Voice Care

- Charity which devotes itself to helping people to keep their voices healthy.

  01926 864000
  www.voicecare.org.uk