



*Health & Safety Organiser* goes out to UNISON's health and safety reps and officers every two months, helping them to campaign and organise around safety in the workplace.

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# Sicknote Britain or Workplace Sickness?

**Whilst a Government Task Force aims to reduce sickness absence, the TUC finds that it's not that high, and academic research identifies workplace problems as the main cause.**

A joint review of the management of public sector sickness absence has been conducted by a Ministerial Task Force of the Department of Work and Pensions, the Cabinet Office, and the Health and Safety Executive (HSE). The review (1) brings together the work on *Revitalising Health and Safety* which aims for a 30% reduction in lost working days by 2010, and a review of self-certification of sickness absence in the civil service.

According to Government statistics, civil servants take an average 10 days per year as sickness absence, costing £375 million. Similar levels are quoted for the whole public sector, at a cost of £900,000 million. Managing this sickness absence, the review suggests, will lead to more resources for essential services, benefiting both workers and the public. It goes on to say that organisations must do more: to prevent work related ill-health, to get those off sick back to work sooner, and to discourage the abuse of sickness absence.

The failure of previous efforts in the public sector to tackle sickness absence was found to be due to senior management's focus on this issue dissipating, and because line managers were not given the tools to do the job.

**The review found that:**

- overall sickness absence is higher in the public than the private sector;
- staff on lower grades take more sick leave, and this increases with age;
- women take more sick leave “due in part to their role as carers, and possibly lower average grades;” and
- sickness absence is lower in the UK than in many EU countries.

### **The review concludes that three key changes are needed:**

- 1) Departmental and agency boards must see absence management as one of their functions, and establish and oversee strategies for dealing with it. They should be required to report to the centre through existing structures and via a dedicated annual written statement to Parliament. To assist boards, the Task Force, assisted by the Work Foundation, will produce a clear profile for the well managed organisation.
- 2) Management information systems need to provide real time information. This will enable managers to take action and initiate support at agreed trigger points, and Human Resources (HR) to ensure that procedures are adhered to.
- 3) Managers must be formally trained in the system, procedures, and skills required to deal with case management, referral, and return to work discussions. This should be complemented by central HR support so that the public sector can integrate absence and performance management (just as the private sector has done). The experiences of successful public sector bodies and those willing to pilot new approaches will be built upon.

### **Approaches to be piloted include:**

#### **The Short Term -**

- action for persistent short-term and Monday or Friday absences;
- involving occupational health (OH) for absences above a certain yearly threshold – to pick up early signs of longer term problems and issues;
- formal audits linked to triggers;
- requiring daily phone calls when unexpectedly off for short periods;
- challenging staff who self-certificate for more than five continuous working days;
- more flexibility around special leave and short-term flexi-days – complementing the wider agenda on work life balance; and
- sector specific solutions.

#### **The Long Term -**

- where absences are related to work – changing workplace practice, job design, ergonomics, and dealing with flexibility and motivational problems;
- the role of non-GP OH services;
- encouraging intensive studies of long term cases to assess the potential for returning to work, termination of contract, or medical retirement;
- reviewing the tax treatment of OH and rehabilitation services; and
- the HSE working jointly with the public sector on preventing ill- health.

**The Task Forces' aim** is to ensure that the public sector meets the 2010 *Revitalising* target. The Task Force will remain in place for two years to ensure that the recommendations are delivered.

### **Dispelling the Myth**

A report by the TUC however, seeks to dispel the myths: that workers in the UK, especially those in the public sector, are always taking sick leave; that stress is not a serious illness; and that a solution to sickness absence is to cutback on the numbers receiving Incapacity Benefit.

*Sicknote Britain?* (2) shows that rather than a nation of malingerers, workers in Britain are less likely to take short term sick leave than in any other European country except Denmark; and only Austria, Germany, and Ireland lose less working time due to long term absence. And contrary to the common perception, public sector employees are off sick less than private sector workers.

The report also notes that the majority of employers accept that most staff take time off sick because of genuine illness. It shows that a bigger problem is the high number (75%) who confess to having struggled into work when they were too ill to do so; and also shows that rather than spiralling out of control, the number claiming Incapacity Benefit is actually on the decrease.

### **The report concludes that:**

- Britain actually has a problem with sickness presence;
- bad jobs and inequality cause more absences than “swinging the lead;”
- the public sectors’ overall higher sickness absence is due to long term absence, which is probably caused by the sectors difficult and stressful jobs;
- short term absence (the main target for improved management) is worse in the private sectors;
- an increasing number of workers saying they suffer from work-related stress is not exceptional to the UK - it is an international trend;
- medical research shows that stress has serious health consequences; and
- claimants for Incapacity Benefit are decreasing following current Government action and further action would unfairly cut the benefits to those with genuine and serious health or disability-related obstacles to employment.

### **However, the TUC is in favour of a number of positive proposal including:**

- the Pathways to Work project, which helps people on Incapacity Benefit to return to work;
- the Governments’ efforts to end child poverty, thereby promoting greater income equality and reducing chronic ill-health and disease; and
- the recognition of unions and workers contribution to: promoting fairness, healthy working environments, and the success of organisations.

**The report concludes** that it isn’t just a matter of *what*, it’s also a matter of *how*. All workplace stakeholders – employers, unions, OH specialists, insurers, and disabled workers – must be involved. Where a worker becomes ill or injured, the first objective should be getting them quickly back to health, by speedy referrals for treatment, and the preferred aim of a return to work. The Government needs to provide incentives for the stakeholders to work towards this end. And only the Government can build the rehabilitation infrastructure that would buttress such an approach.

### **Bad Jobs make for Bad Health**

There is a wealth of research that supports the TUC’s belief that bad jobs cause ill-health and sickness absence. A new study by the University of Manchester Institute of Science and Technology (UMIST) (3) has confirmed that poor mental and physical health have an “immensely strong relationship” to poor job satisfaction. The link with mental health (burnout, lowered self-esteem, anxiety, and depression) was particularly strong; confirming that dissatisfaction at work can be hazardous.

The review of 485 studies covered almost 268,000 individuals. **It concluded that** risk assessments of stress in the workplace must try to pinpoint those work aspects which cause the most dissatisfaction, and after meaningful consultation with employees, work practices should be changed as appropriate. As with all risk assessments, the impact of any steps taken must be reviewed for their effect, in this case on stress and job satisfaction.

At a recent seminar, *Work and Health Inequalities*, held by the Work Foundation and the London Health Commission, Professor Sir Michael Marmott, principal investigator in the Whitehall II Study, explained very clearly the link between work circumstances and ill-health. The first Whitehall Study (established in 1967) found that men in the lowest employment grades were much more likely to die prematurely than men in highest grades. The Whitehall II Study (ongoing) aims to look at the causes and to include women within the study.

The study clearly establishes that the higher up you are in the workplace hierarchy, the less likely you are to become ill, take sick leave, and die early. Being higher up in a workplace hierarchy, means for example, that you have more control over your work, and are therefore less likely to experience stress when faced with high demands.

**The study concludes** that to reduce ill-health and sickness absence, employers should provide workers with:

- more control over their work,
- information and support at work,
- appropriate levels of reward for their effort,
- properly managed organisational change,
- job security and minimisation of any insecurity in duration and by providing information, and
- encouragement for healthy lifestyles and work-life balance.

### Further Information

- 1) For the Task Forces' report, *Managing Sickness Absence in the Public Sector*, go to:  
<http://www.hse.gov.uk/gse/sickness.pdf>
- 2) For the TUC report, *Sicknote Britain?* go to: - <http://www.tuc.org.uk/welfare/tuc-9208-f0.cfm>
- 3) The UMIST study, *The relationship between job satisfaction and health: a meta-analysis*, is available online at: <http://oem.bmjournals.com/cgi/content/abstract/62/2/105?etoc> (but note that there is a subscription charge).
- 4) *Work, Stress, and Health –The Whitehall II Study*, a very reader friendly summary, including the main evidence, conclusions, and recommendations, is at:  
<http://www.ucl.ac.uk/whitehallII/Whitehallbooklet.pdf>

- *Control or Management?* (stock no. 1450) is UNISON's activists guide on sickness absence policies. *An Unhealthy Attitude* (stock no. 1561) is a UNISON pamphlet for members. See the section titled "Ordering Materials" for how to order. UNISON plans to survey branches during 2005 to identify best practice on sickness absence and use this to develop a toolkit for branch use.
- The internationally acclaimed *Hazards Magazine* sickness absence pages at:  
<http://www.hazards.org/sickness>
- The HSE website sickness absence pages at: <http://www.hse.gov.uk/sicknessabsence/index.htm>

## Fifth TUC Safety Reps Survey

Stress, repetitive strain injuries (RSI), and back strains are the top three health hazards facing UK workers. And according to *Focus on union safety reps*, the report from the fifth biennial TUC survey of safety, the problems are getting worse. In the 2002 survey, the top three hazards were exactly the same, but two years on, and the incidence of stress is up 2% to 58%, RSI is up 3% to 40%, and back strain is up 4% to 35%. Employers are still failing to protect their staff from ill health or serious injury.

Whilst more than half of employers (53%) are carrying out adequate risk assessments, only 44% of safety reps are involved, and 8% said that their employer had never risk assessed. The top five workplace hazards (which include slips and trips and display screen equipment) are all easily preventable, yet too few employers are preventing accidents and ill health via risk assessing and consulting union safety reps, both contrary to health and safety law.

The survey highlights the worrying lack of inspections by the enforcing authorities, with 39% of reps saying that their workplace had never been inspected. Whereas what is actually needed is tougher action against negligent employers who are reckless with their workers safety and well-being.

The survey also found that where employers are providing occupational health services, these are more about sickness monitoring and disciplinary assessments, than health promotion and accident prevention. And although safety reps are legally entitled to time off to attend training, 30% of those unable to attend courses said that it was because they were too busy; whereas 38% said that it was because their managers had refused them the time off to attend.

For further details, go to: [http://www.tuc.org.uk/h\\_and\\_s/tuc-9059-f0.cfm](http://www.tuc.org.uk/h_and_s/tuc-9059-f0.cfm)

# RSI Day

This year International Repetitive Strain Injury (RSI) Awareness Day falls on the 28 February. Last year, the TUC called for workers who used a keyboard regularly to be trained to type properly to avoid RSI. Untrained people are far more likely to develop RSI because they repeatedly use the same fingers and use the mouse too much.

The fifth TUC survey of safety reps (above) clearly shows that RSI is still a major workplace hazard. UNISON's information sheet on RSI will be of use to branches and activists negotiating with their employer on the issue. For a copy go to the UNISON website or contact the Health and Safety Unit.

For further information on RSI visit: the TUC website at:

[http://www.tuc.org.uk/h\\_and\\_s/index.cfm?mins=264](http://www.tuc.org.uk/h_and_s/index.cfm?mins=264);

the Worksmart website at:

<http://www.worksmart.org.uk>, or the HSE website at: <http://www.hse.gov.uk/msd/index.htm>

# Workers Guide

A two page HSE/TUC guide on workplace health and safety rights covers the right: to safe work, to join a union, to be a safety rep, to know about risks, to training, and to information. It also identifies sources of further information, is easy to photocopy, and is available in 22 languages (see Web Links just below). Download the English version at: <http://www.hse.gov.uk/pubns/hse27.pdf>

# HIV and AIDS

Figures from the Health Protection Agency show that 53,000 people in Britain are living with HIV. Most are of working age and improvements in drugs and therapies mean they are able to live and work much longer than ever before. Discrimination and prejudice however, means that many are reluctant to disclose their HIV status.

UNISON's revised guide, *Working with HIV and AIDS* (stock no. 0866) explains what HIV and AIDS are, looks at issues around work and discrimination, considers employers policies, and gives links to further information and support. Copies of the guide were given to delegates following the first and successful seminar held by UNISON for public service unions in Southern Africa.

# **Remember the Dead, Fight for the Living**

# **Workers Memorial Day**

# **2005**

## **How Many More Must Suffer? How Many More Must Die?**

Another year, and another rise in workplace deaths and injury: 235 deaths; 3,100 seriously injured; and 130,000 off work due to injury for three or more days. Many thousands more are ill or dead from work related road accidents and ill-health. Over 23,000 deaths per year – go to:

<http://www.gmhazards.org.uk/2004fig.doc> for further information.

An overwhelming amount of research shows that the most effective way of improving workplace health and safety is to give more rights to safety reps and to punish employers that break the law.

- It's time for this killing to stop!
- It's time to hold those responsible, accountable!
- It's time to give safety reps the rights they need!
- It's time for a change in the law!

Remember the Dead and Fight for the Living! Join UNISON's campaign for safer, healthier jobs.

Workers Memorial Day (WMD) takes place all over the world on 28 April each year. Workers and their representatives participate so that those who have needlessly died because of their work are not forgotten, and so that those still at work are not silently left to the same fate.

Linking with the themes for the last two years, this year's theme is "prevention and employer accountability". Employers must do more to prevent work related injury, ill-health, and death. But where they fail to conduct risk assessments, where they fail to take appropriate preventative and controlling measures, where they are negligent or reckless with workers health and safety; then they must be held to account. When those who are responsible for workers health and safety are truly held to account, then we can expect a significant improvement in work health and safety.

## **How Can You Take Part?**

Make sure that workers at your workplace are not at risk. Use WMD locally to campaign and organise around, and negotiate for better workplace health and safety. Nationally, take part in organised campaigns: for better rights for safety reps including provisional improvement notices and roving reps; for more effective enforcement of current laws; for higher penalties; for more inspectors in the HSE and local authorities; for a law of corporate killing to make it easier to prosecute negligent employers (both organisations and individual bosses at the top); and for a legal health and safety duty on directors and their equivalents.

## **Wear the ribbon, put up posters, and plan an event!**

The familiar forget-me-not purple ribbon will be worn by workers across the world as a symbol of remembrance and solidarity. Check whether your branch is buying a bulk load of ribbons, and if not order yours from the Greater Manchester Hazards Centre. Email: [mail@gmhazards.org.uk](mailto:mail@gmhazards.org.uk) or tel: 0161 953 4037.

Prices are: 30p each plus a SAE, 30p each for 2 – 99 ribbons incl. p&p, or £25 per 100 incl. p&p

A copy of the revised UNISON poster for WMD 2005 (stock no. 1288), along with an order form has been sent to all branch health and safety officers. View it on the UNISON website. Order further copies from UNISON's Communications Unit (see page 4 for how or use the order form mentioned above).

#### **Suggested activities include:**

- displaying UNISON's poster;
- ordering and distributing the purple ribbons;
- writing a letter to the local press;
- organising a special meeting on health and safety and the need for more employer accountability;
- organising a safety reps inspection or carrying out some risk, hazard, or body-mapping;
- focusing on a particular issue of concern where you work, such as: occupational health, sickness absence policies, violence, or lone working;
- arranging an event such as planting a memorial tree in a public place, putting up a plaque, dedicating a sculpture, a piece of art, or a bench, to remember workers who have been killed at the workplace or in the community;
- asking local religious centres to include WMD in their worship during the Week;
- negotiating with your employer to allow some form of recognition of the day, such as a one minute silence to remember anyone who has died at your workplace or suffered a work-related illness;
- negotiating for any official flags on public buildings to be flown at half-mast on the day; and/or
- finding out what your branch/other branches/unions, your local Hazards group, or regional TUC or Trades Council are planning and taking part or organising a joint event.

Some UNISON Regions/Regional Health and Safety Committees may also be organising events. Contact your region for further information.

#### **And Let Us Know!**

UNISON wants to know what you plan to carry out for WMD. So give us a call, send an email, or post a sample of whatever you produce to Vincent Borg at the address on page 1.

#### **Further Information**

Further information on WMD is available on the following websites:

- UNISON: <http://www.unison.org.uk/safety/index.asp>
- the TUC (soon to be updated): [http://www.tuc.org.uk/h\\_and\\_s/index.cfm?mins=293&minors=293](http://www.tuc.org.uk/h_and_s/index.cfm?mins=293&minors=293) (including the WMD Book of Remembrance, where you can add the names and details of colleagues, friends, or family members who have been killed by their work)
- *Hazards Magazine* (updated soon): <http://www.hazards.org/wmd/>
- the Greater Manchester Hazards Centre: <http://www.hazardscampaign.org.uk/current/wmd.htm>
- the London Hazards Centre: <http://www.lhc.org.uk/members/pubs/factsht/68fact.htm>

For more on employer accountability and greater rights for safety reps go to:

- the above websites, and
- the CCA's: <http://www.corporateaccountability.org/index.htm>

#### **WEB LINKS**

<http://www.whig.sohas.co.uk> – the Sheffield Occupational Health Advisory Service's (SOHAS) new interactive and user-friendly **occupational health website**. *The Work and Health Information Gateway (WHIG)* aims to be a central repository of useful information accessible by: industry, job, hazard, health problem or symptom. Users can also add their own resources and experiences.

<http://www.hse.gov.uk/languages/index.htm> – the **HSE** has now made a number of publications available in up to 22 languages plus English.

<http://www.hse.gov.uk/risk/index.htm> – a new **risk management** section “to ensure that people in control... manage the risks properly [by making] sound judgements about... the risk and... what more, if anything, they should do...” It includes practical guidance, case studies, and further links.

<http://www.hse.gov.uk/mothers/> - for **new and expectant mothers**, with guidance, FAQ's, a summary of the law, and links to further information.

[http://www.who.int/occupational\\_health/topics/en/](http://www.who.int/occupational_health/topics/en/) - new World Health Organisation (**WHO**) website on **occupational health**. Presently includes a limited amount of information in an A – Z format.

<http://www.ilo.org/encyclopaedia/>

– the International Labour Organisation's (ILO's) *Encyclopaedia of occupational health and safety* is now free on the web and covers: the body and health care; prevention, management and policy; tools and approaches; hazards; chemicals; industries and occupations; and indexes and guides. At

[http://www.ilo.org/dyn/cisdoc/index\\_html](http://www.ilo.org/dyn/cisdoc/index_html) is the ILO's CISDOC bibliographic database which summarises occupational safety and health literature worldwide.

## **H&S CONSULTATION**

UNISON has just replied to government consultation on the following:

- *Regulation and recognition, towards good performance in health and safety* (methods used by enforcing authorities to influence health and safety),
- draft guidance for civic amenity sites,
- proposals for first aid training, and
- draft regulations for work at height.

These can be found on the UNISON website. Guidance will be produced on confirmation of any of the proposals.

## **ORDERING MATERIALS**

**UNISON stock items** – (with a stock no.) can be downloaded from the web or ordered from: The Communications Unit, UNISON, 1 Mabledon Place, WC1H 9AJ. If you already order online or by phone, you may also use either of these two methods.

**HSE Books** – Tel: 01787 881165 or go to: <http://www.hsebooks.com/Books/>