

# Health in the workplace – patterns of sickness absence, employer support and employment retention

One-off

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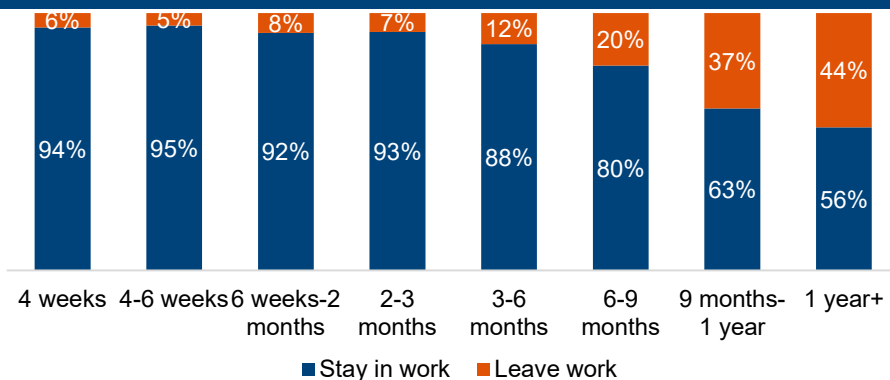
This publication contributes to the comprehensive evidence base supporting the Work and Health consultation “Health is everyone’s business: proposals to reduce ill-health related job loss”<sup>1</sup>. This publication provides detailed analysis of:

- the characteristics of people experiencing long-term sickness absence (LTSA) (sickness absence lasting more than 4 weeks),
- the difference in employment retention rates experienced by disabled and non-disabled people and how these vary by employer an individual works for and the type of work they do, and;
- how the provision of sick pay and occupational health vary according to the employer an individual works for and the type of job they do

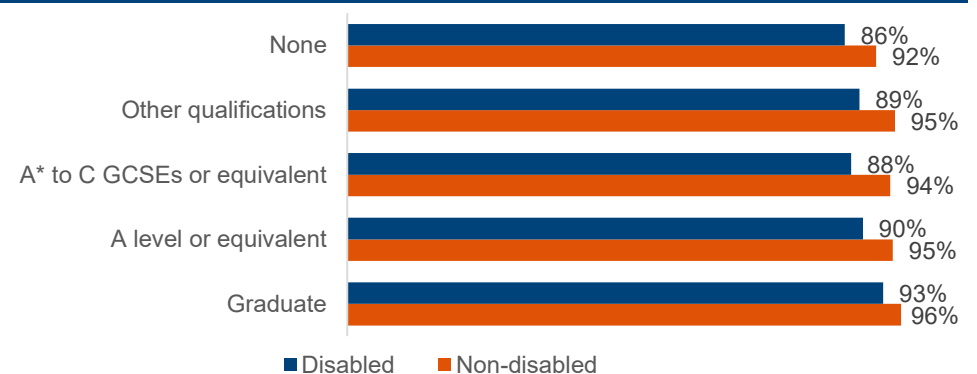
## Main stories

- Over 100,000 people leave work following a spell of LTSA each year. The longer a LTSA persists the greater the likelihood an individual does not return to work following their absence.
- Disabled people face greater challenges maintaining employment than non-disabled people. Disabled people with graduate level qualifications and above are only slightly more likely to maintain employment than non-disabled people without qualifications.
- Employees likelihood of having above the statutory minimum sick pay and/or access to occupational health (OH) services are correlated with their type of work and the employer they work for. Those that are in skilled occupations, full-time, with permanent contracts and working for larger employers are more likely to receive above the statutory minimum sick pay and have access to OH services.

**The likelihood of falling out of work increased as the duration of LTSA increased**



**Disabled graduates are only slightly more likely to maintain employment than non-disabled people without qualifications.**



<sup>1</sup> DWP/DHSC, 2019, [Health is everyone’s business: proposals to reduce ill-health related job loss](#)

## At a glance

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## What you need to know

### The figures

The figures in this publication come from a range of data sources referenced throughout this pack:

1. 'Long-term sickness absence' uses the cross-sectional Annual Population Survey (APS) January 2018 – December 2018.
2. 'Variations in employment retention rates for disabled people' uses the longitudinal APS (January - December 2016 and January – December 2017) merged with the cross-sectional APS (January – December 2016 and January – December 2017)

These chapters cover individuals of working age (16 – 64 years old) living in the UK.

3. 'Employer provisions of support' uses the DWP survey "Health at work: A survey of employees" 2014

This chapter covers employees of Great Britain (GB) as of 2013/14.

For more detail, please see the methodology document.

Unless otherwise stated, differences between groups noted in the report are statistically significant at the 95 per cent level.

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Comments? Feedback is welcome

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# Definitions and terminology within the statistics

## Chapter 1 and 2 definitions

**Disability:** The Government Statistical Service (GSS) Harmonised Standard Definition of disability is used. In summary the core definition covers people who report: (current) physical or mental health condition(s) or illnesses lasting or expected to last 12 months or more; and the condition(s) or illness (es) reduce their ability to carry out day-to-day activities.

**In employment:** people of working age who either: did paid work in the reference week (as an employee or self-employed); had a job that they were temporarily away from; were placed with employers on government-supported training and employment programmes; or doing unpaid family work.

**Left work following a LTSA:** “leaving work for now”, “early retirement” or “doing something else”.

**Longitudinal surveys:** repeated observations of the same variable over a period of time interviewing the same cohort of people.

**Long-term health condition (LTHC):** an individual reported having a physical or mental health condition or illness that lasts, or is expected to last, 12 months or more.

**Long-term sickness absence (LTSA):** a period of four weeks or more where an employed individual is prevented from working due to illness or injury.

**Mental health (MH) condition:** include stress depression and anxiety (common mental health problems) and manic depression, schizophrenia and other serious mental health problems.

**Musculoskeletal (MSK) condition:** includes back pain, neck and upper limb problems and other musculoskeletal problems.

**Other condition:** includes Other respiratory conditions (e.g. asthma, Chronic Obstructive Pulmonary Disease [COPD], bronchitis, pneumonia), Other gastrointestinal problems (e.g. irritable bowel syndrome [IBS], piles, bowel cancer, stomach ulcer), Headaches and migraines, Genito-urinary; to include urine infections, menstrual problems, pregnancy problems, Heart, blood pressure & circulation problems, Eye, ear, nose & mouth/dental; to include sinusitis and toothache, Diabetes and Other (accidents, poisonings, infectious diseases, skin disorders and anything else not covered above).

**Other employment:** an individual was on a “government training scheme” or were an “unpaid family worker”.

**Retention rate:** the percentage of people who are in employment at year one and year two interviews.

**Stayed in work following a LTSA:** for employees at the time of the LTSA this was; “returned to work for the same employer with adjustments”, “returned to work for the same employer without adjustments”, “returned to work for a different employer” or “became self-employed”. For the self-employed at the time of their LTSA, “returned to work for the same employer with adjustments”, “returned to work for the same employer without adjustments” or “went to work for an employer”.

**Working-age:** Respondents aged between 16 and 64 years old.

**Workplace:** The office or site which an individual works, not just the department. A small branch (less than 50 employees) of a large company (250+ employees) will be classified as a small workplace.

**Workplace size:** the total number of employees at the respondent’s workplace, not just the particular section/department. People employed by employment services who may work during the course of a week at a number of locations are required to refer to the place where they worked the longest number of hours during the reference week.

**Small workplace:** 1 – 49 employees at workplace.

**Medium workplace:** 50 – 249 employees at workplace.

**Large workplace:** 250+ employees at workplace.

## Chapter 3 definitions

**Above statutory sick pay (SSP):** employer provides amounts or durations of sick pay above the statutory minimum either “company sick pay” or “both” (SSP and company sick pay).

**Blue Collar:** employment involving manual labour.

**Full-time:** employee works 30 or more hours per week.

**Occupational health (OH):** occupational health services provide advice and practical support about how to stay healthy in the workplace and how to manage health conditions. For example, access to health care professionals, or support or advice for making workplace adjustments.

**Occupational Sick Pay (OSP) or Company Sick Pay:** Employers may choose to pay more than statutory sick pay. Employees can potentially receive both types of pay at different times: employers may offer OSP at first and then begin paying SSP.

**Organisation size:** the amount of people that work for the organisation that pays your wages at all of its sites or offices in the UK.

**Small Organisation:** 2 – 49 employees at organisation.

**Medium Organisation:** 50 – 249 employees at organisation.

**Large Organisation:** 250+ employees at organisation.

**Part-time:** employee works less than 30 hours per week.

**Sick Pay:** A payment in the event an individual is too ill to work. There are two types of sick pay which may be provided to employees: Statutory Sick Pay (SSP) and Occupational Sick Pay (also known as Company Sick Pay).

**Statutory Sick Pay (SSP):** is the legal minimum qualifying employees are entitled to when they are unable to work due to ill health. At the time of the survey, employers were obligated to pay £87.55 per week, for up to 28 weeks. The first qualifying condition for SSP is an individual must be absent from work for four or more days in a row (including non-working days).

**White Collar:** a person who performs professional, managerial, or administrative work.

## Additional tables and data

All the data presented in this report are available in [Excel format](#).



Department  
for Work &  
Pensions

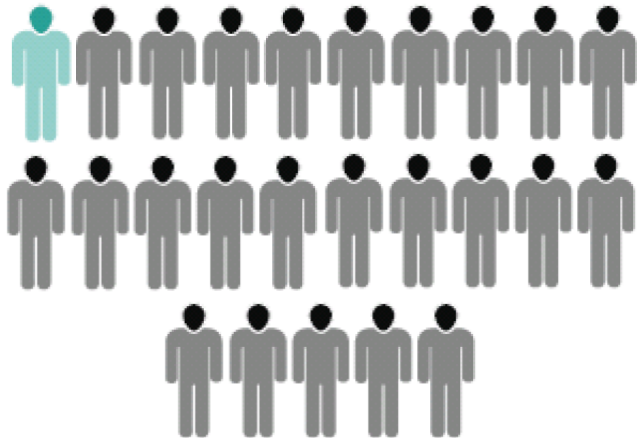


Department  
of Health &  
Social Care

# 1. Long-term sickness absence (LTSA)

In the last 12 months, 1.4m working-age people had a total of 1.8m spells of LTSA.

Chart 1.1 Rates of long-term sickness absence

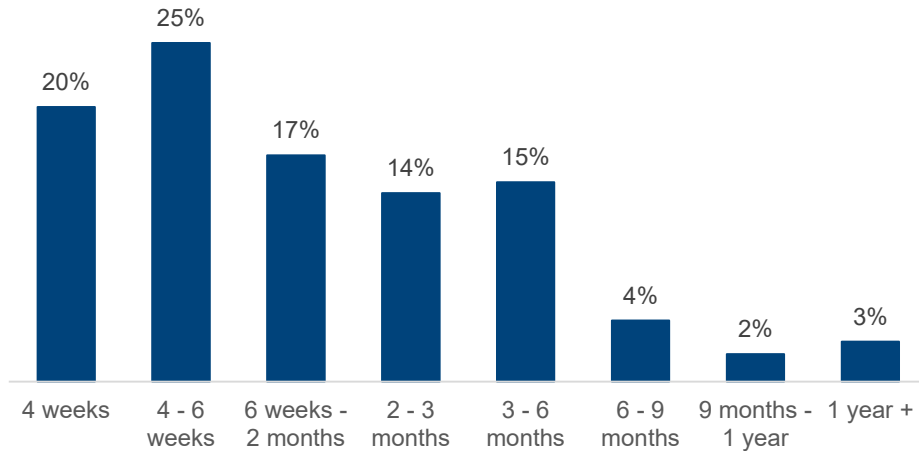


**1 in 25** of the people employed or were employed within the last 12 months had a spell of long-term sickness absence.

See **Table 1a** for full data.

## The majority of people with a LTSA had an absence that lasted less than 6 months

Chart 1.2 The duration of LTSA spells

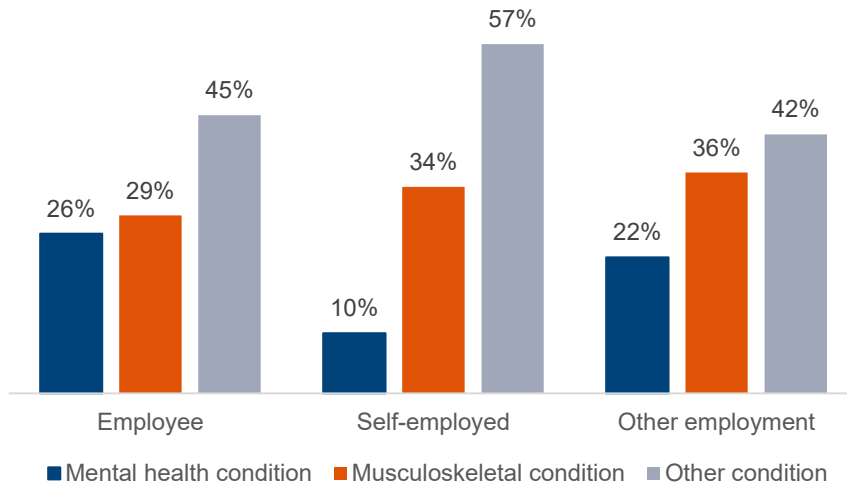


Of those who had ended their LTSA, 91% had a spell that lasted less than 6 months. This includes individuals that returned to work and those who left work.

If someone had more than one LTSA spell in the last 12 months, the respondent reports the duration of their longest spell.

See **Table 1b** for full data.

Chart 1.3 The main health condition causing LTSA by type of employment<sup>2</sup>



Of the working-age people who had a LTSA, 89% were employees, 10% were self-employed and 1% were in other employment at the time of their LTSA.

Apart from “Other”, “Stress, depression and anxiety” and “Other MSK problems” are the two most commonly reported main condition for the LTSA.

Employees were over twice as likely to have a LTSA with a reported main condition of mental health compared to those who are self-employed. However, those who are self-employed were more likely to report MSK as the main cause of their LTSA than employees.

See **Table 1c** for full data.

<sup>2</sup> Sample: Other employment 80

## Characteristics of those who had at least one spell of LTSA

### Gender

5.2% of women had at least one spell of LTSA in the last 12 months, compared to 3.7% of men.

### Age

The likelihood of having at least one spell of LTSA every year increases with age. People aged 55-64 were over 3 times as likely (7%) to have at least one spell of LTSA compared to those under 25 (2%) every year.

### Ethnicity

Those who identified as either 'White' or of a 'Mixed' ethnic group were most likely to have at least one spell of LTSA every year (5%) compared to other ethnic groups. Those who identify as 'Asian' were least likely to have a spell of LTSA with only 3% having had one in the last 12 months.

### Marital status

Those who were either 'Married' or in a 'Civil partnership' were most likely to have a spell of LTSA (4.6%) compared to those who were 'Single', 'Separated', 'Widowed' or 'Divorced' (4.3%).

### Highest qualification

Graduates were the least likely to have a spell of LTSA in the last 12 months. 3.7% of graduates have at least one spell of LTSA in the last 12 months, compared to 5.4% of those who have no qualifications.

### Disability status

Disabled people were 5 times more likely to have a spell of LTSA than non-disabled people. 15% of disabled people had at least one spell of LTSA in the last 12 months, compared to 3% of those who are not disabled.

See **Table 1d** for full data.

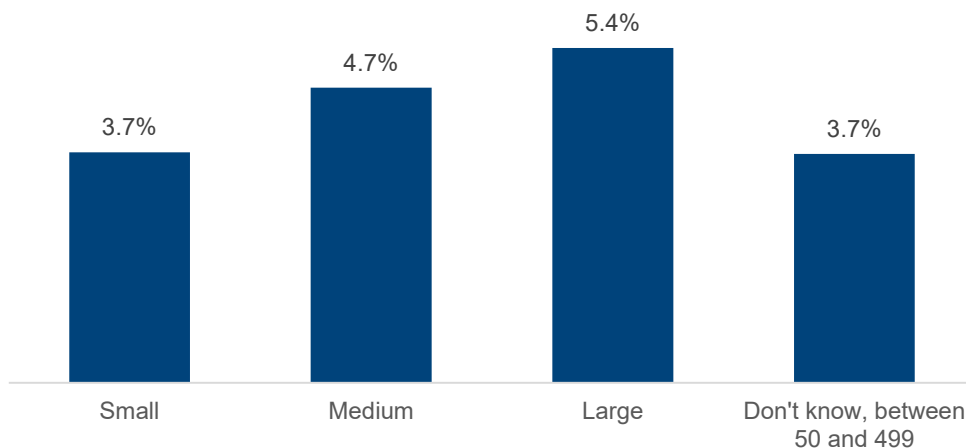
## The occurrence of LTSA varied by a range of workplace characteristics

Of those in employment at the time of the questionnaire, employees were more likely to have a LTSA compared to those that were self-employed with respective proportions of 4% and 3%. 5% of people that were on a government training scheme or were an unpaid family worker<sup>3</sup> had a spell of LTSA over the last 12 months, however this is not statistically different to employees or those who were self-employed. See **Table 1e** for full data.

Individuals were asked their employment status, including the characteristics of their role and employer, at the time of the questionnaire. Therefore, we now only consider those who were employees the time of the interview and the characteristics of their employer.

## Employees of large workplaces were more likely to have at least one spell of LTSA

Chart 1.4 Likelihood of having at least one spell of LTSA by workplace size



Employees that were working for large workplaces were 1.5 times more likely to have a LTSA compared to those in small workplaces.

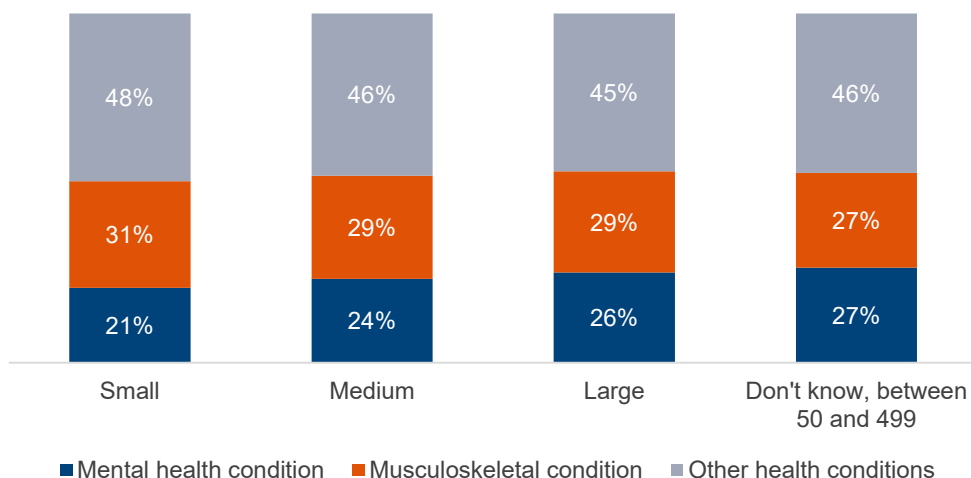
Note: that workplace size is based on the total number of employees at the respondent's workplace, not just the particular section/department.

See **Table 1f** for full data.

<sup>3</sup> Sample: 80



**Chart 1.5 The main condition which caused the LTSA by workplace size**



Mental health conditions were 4 percentage points more likely to be the main cause of the LTSA amongst employees in large workplaces compared to employees of small workplaces.

MSK conditions were 2 percentage points more likely to be the main cause of LTSA amongst employees that were working for small workplaces compared to employees of large workplaces, however this difference is not significant.

Workplace size had no significant difference on the proportion of employees who returned to work for the same employer with adjustments.

See **Tables 1g and 1h** for full data.

## Employees working for the public sector were more likely to have at least one spell of LTSA than the private sector

### Sector

Employees working for the public sector were over 1.5 times more likely to have a spell of LTSA compared to employees working for the private sector. See **Tables 1f** for full data.

### Sector and main health condition

Employees in the private sector were less likely to report mental health condition as the main cause of their LTSA (21%) compared to those in the public sector (28%). However, employees in the private sector and public sector who had a LTSA were as likely to report a MSK condition as the main cause of their absence. See **Tables 1g** for full data.

### Sector and workplace size

The size of the workplace had no significant difference on the likelihood of having a LTSA for those who were working in the public sector. However, for those who were working in the private sector, the larger the workplace, the more likely an employee is to have a LTSA. See **Tables 1i** for full data.

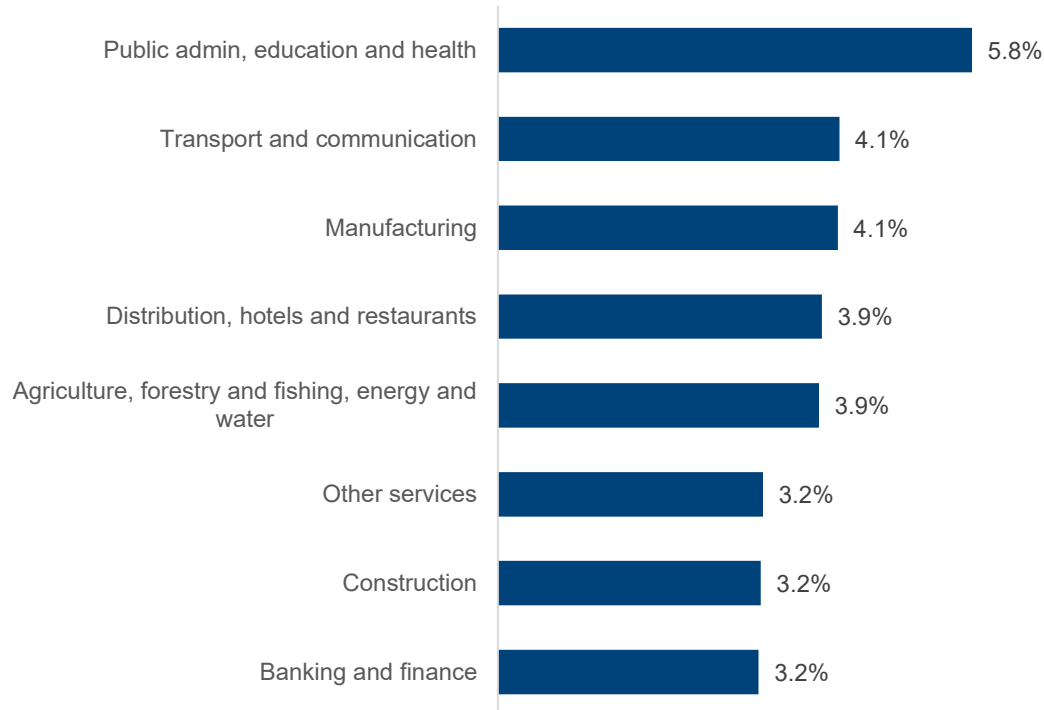
### Sector and returning to the same employer with adjustments

There is no significant difference in the proportion of those who returned to work for the same employer with adjustments by sector.

See **Tables 1h** for full data.

**Employees in the public admin, education and health industry were nearly twice as likely to have a LTSA than an individual in the construction industry.**

**Chart 1.6 Likelihood of having at least one spell of LTSA by industry**

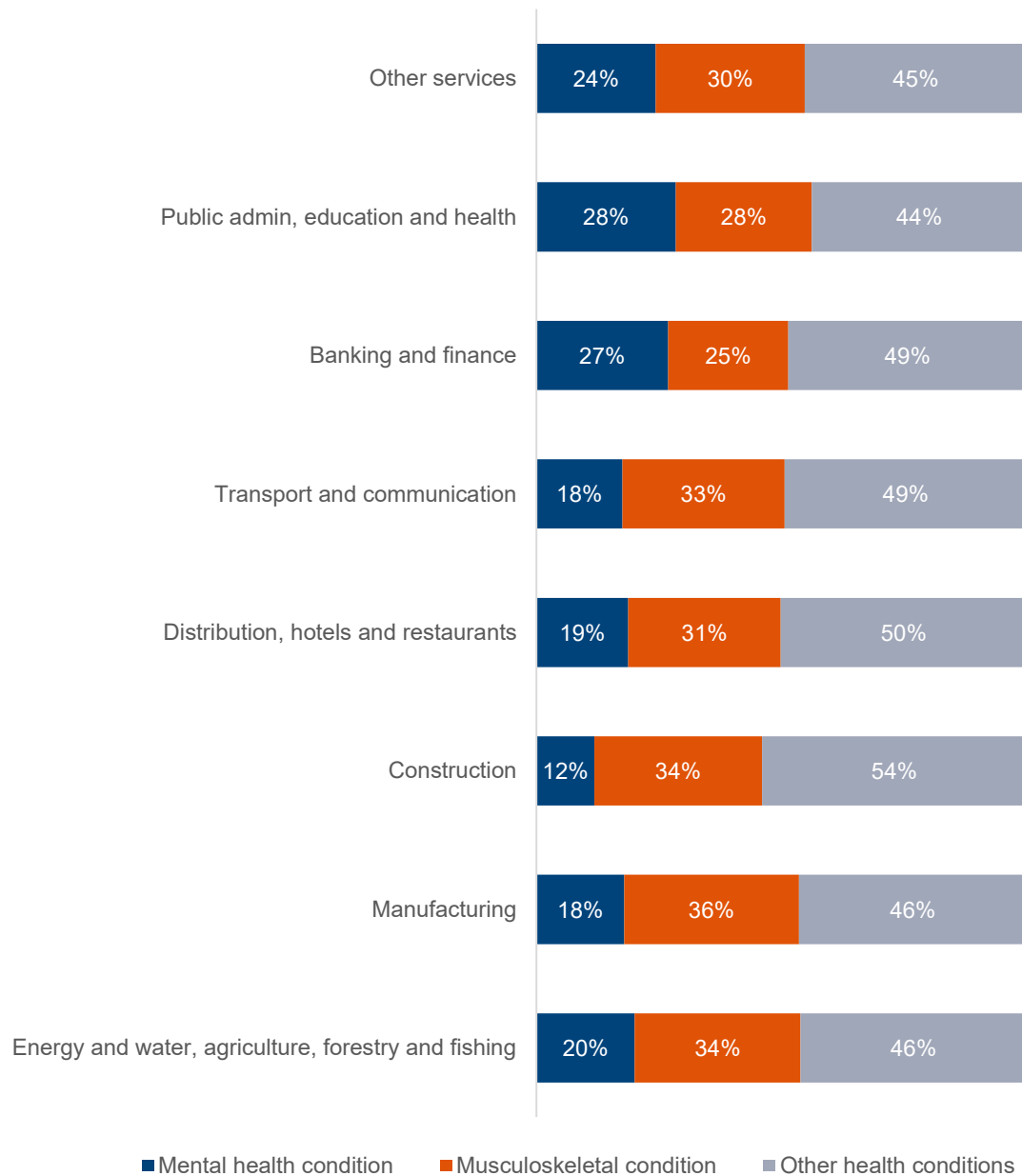


Employees that were working in Public Admin, Education and Health were most likely to have a spell of LTSA compared to employees in other industries. Employees that were working in Banking and Finance and Construction were least likely to have a LTSA.

Across the industries, LTSA prevalence was typically higher in large workplace.

See **Tables 1f and 1i** for full data.

**Chart 1.7 The main condition which caused the LTSA by industry**



Employees that were working in ‘Public Admin, Education and Health’ were most likely to have a spell of LTSA caused by a mental health (MH) condition, this is a statistically significant difference compared to all other industries except ‘Banking and Finance’ and ‘Other Services’.

Employees in ‘Construction’ were least likely report a mental health condition as the main cause of their LTSA spell, this is a statistically significant compared to all industries except ‘Transport and Communication’.

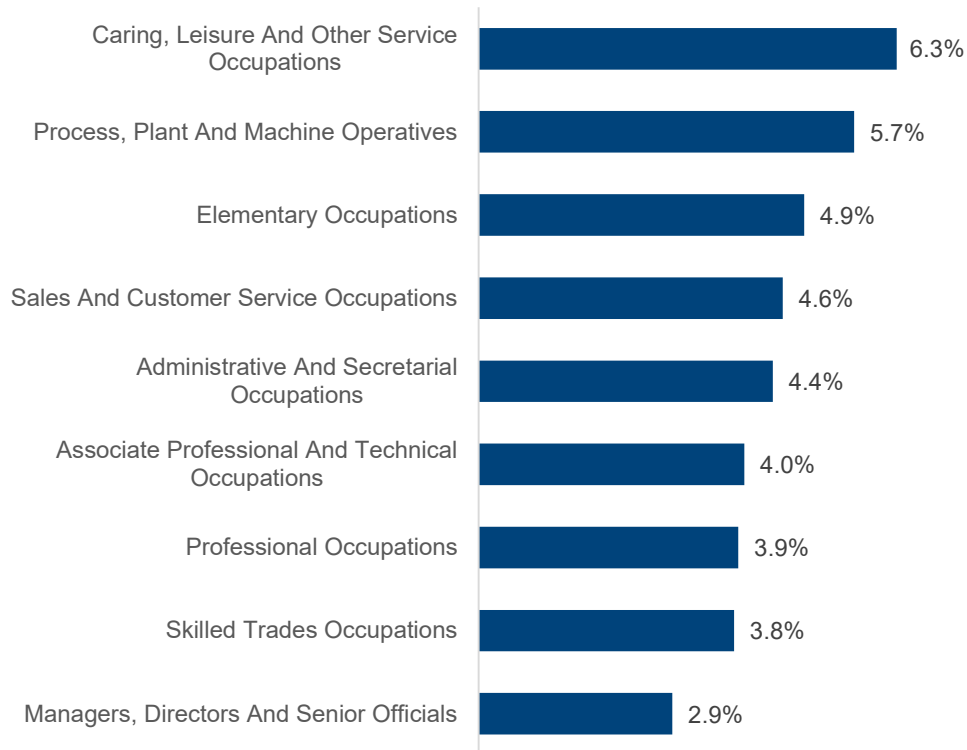
Employees that were working in ‘Manufacturing’ were the most likely to report a MSK condition as the main cause of their LTSA spell, this is only statistically significant compared to ‘Public Admin, Education and Health’ and ‘Banking and Finance’. Those in Banking and Finance were least likely to report a MSK condition as the main condition of their LTSA spell, this is a statistically significant difference compared to all industries except ‘Public Admin, Education and Health’ and ‘Other Services’.

Generally, those in labour-intensive industries were more likely to report an MSK condition as their main cause of their LTSA spell compared to other industries, and least likely to report a MH condition as the main cause of their LTSA.

See **Table 1g** for full data.

## Employees in low-skilled occupations were more likely to have a spell of LTSA

Chart 1.8 Likelihood of having at least one spell of LTSA by occupation



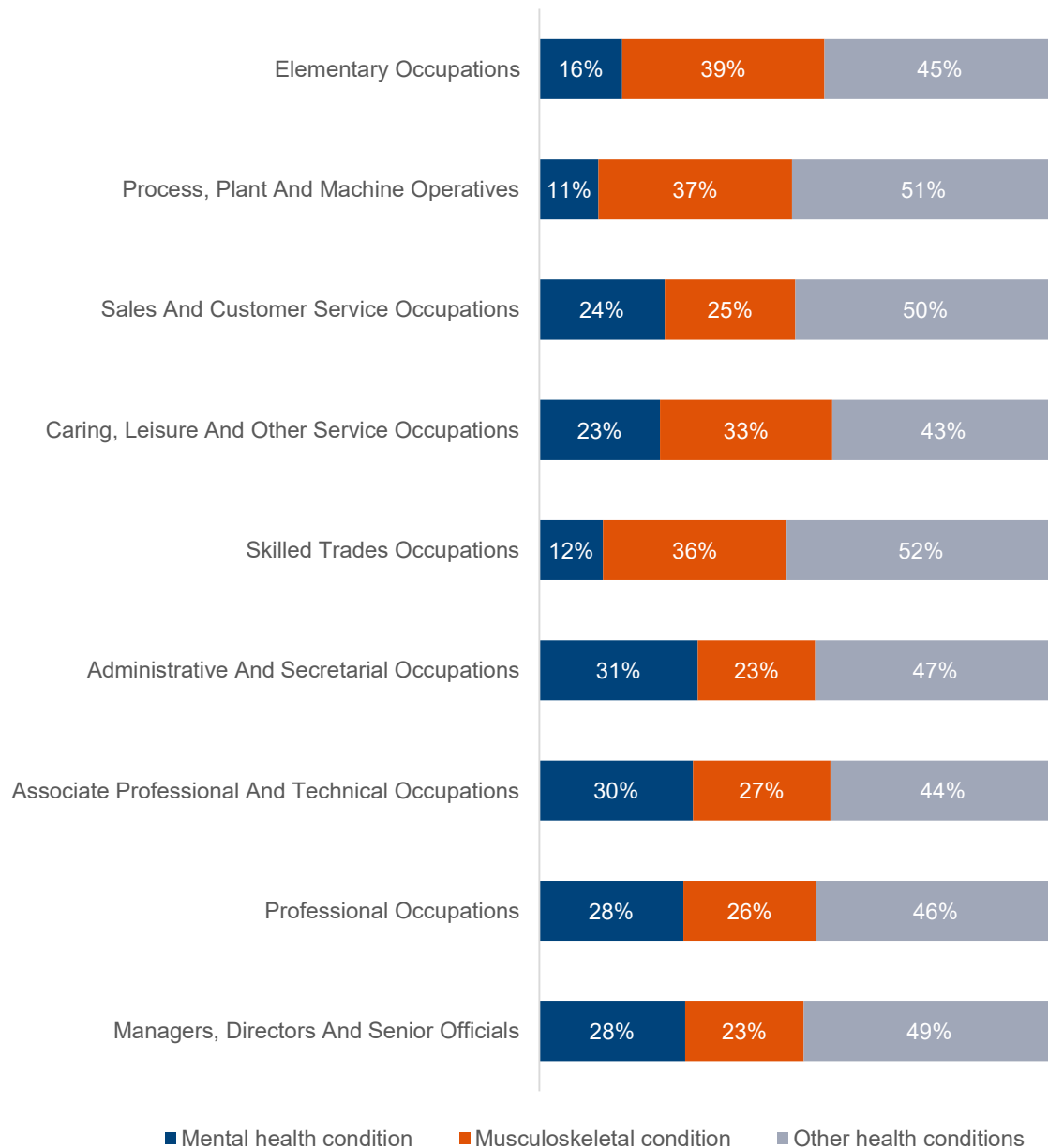
Employees in the Caring, Leisure and Other Service occupations were more likely to have a LTSA than other occupations. Those who were managers, directors and senior officials were least likely to have a LTSA.

Employees that were working in the Caring, Leisure and Other Service occupations were more than twice as likely to have at least one spell of LTSA compared to managers, directors and senior officials.

Across the occupation categories, the likelihood of having a spell of LTSA is higher for employees of large workplaces.

See **Tables 1f and 1i** for full data.

**Chart 1.9 Occupation by the main health condition causing LTSA**



'Administrative and Secretarial' occupations were most likely to report a mental health condition as their main cause of their LTSA spell. This is a statistically significant difference compared to all occupations except 'Managers, Directors and Senior Officials', 'Professional' and 'Associate Professional' occupations.

Those in Process, Plant and Machine Operatives' occupations were least likely to report a mental health condition as the main cause of their LTSA spell. This is a statistically significant difference compared to all occupations except 'Skilled Trade occupations'.

Those in 'Elementary' occupations were most likely to report a MSK condition as their main cause of their LTSA spell. This is a statistically significant difference compared to all occupations except "Process, Plant and Machine Operatives' and 'Skilled Trades occupations'.

Generally, those in manual occupations were more likely to report a MSK condition as the main cause of their LTSA compared to other occupations, and least likely report a MH condition as the main cause of their LTSA.

See **Table 1g** for full data.

## The majority of people returned to work following their LTSA. The likelihood of falling out of work increased as the duration of LTSA increases

Chart 1.10 Employment outcome by duration of LTSA

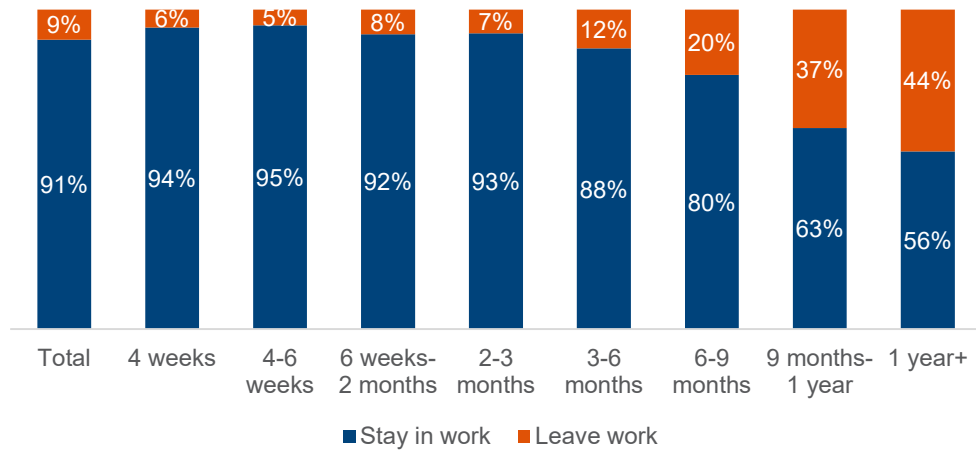


Chart 1.2 showed the durations of LTSA spells, the longer the duration of the LTSA the greater the likelihood an individual falls out of work.

Of those who had ended their LTSA, 91% of people returned to work following their LTSA. 86% of individuals returned to work for the same employer following their LTSA, 4% returned to work for a different employer and just under 0.5% became self-employed. 104,000 people left work following a LTSA spell in the 12-month period. 91,000 of these were employees.

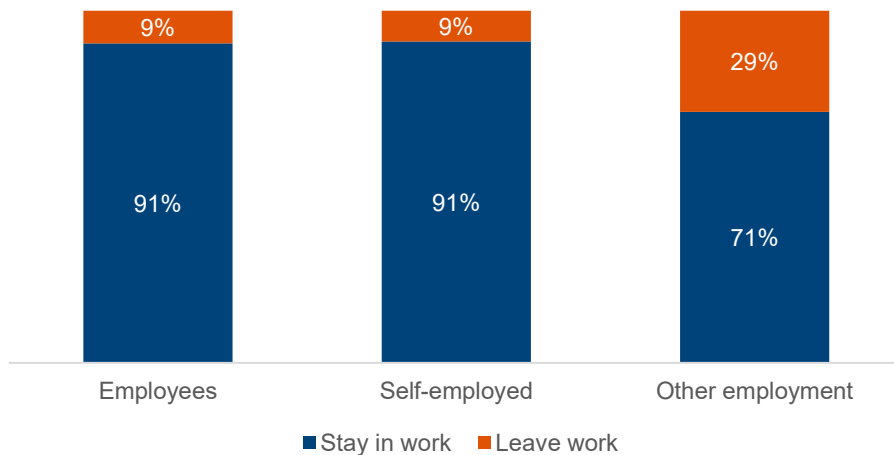
The proportion of those that stayed in work following their LTSA (or longest LTSA) decreased as the duration of their LTSA increased. People whose LTSA spell lasted for 1 year or more, were 8 times more likely to leave work following their LTSA than those with a 4-week duration.

93% of people who returned to work following their LTSA had an absence lasting 6 months or less.

See **Tables 1j** and **1k** for full data.

The analysis now considers all of the respondents to the LTSA questions.

Chart 1.11 Percentage of those who returned to work by employment type <sup>4</sup>



There was no significant difference between the likelihood of an employee or self-employed person returning to work following their LTSA.

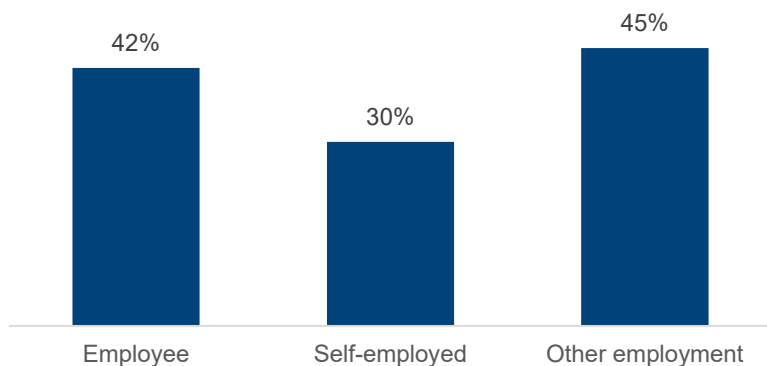
Employment type is at the time of the respondents LTSA.

See **Tables 1j** for full data.

<sup>4</sup> Sample: Other employment 80

## Employees were more likely than the self-employed to return to work with adjustments

Chart 1.12 Percentage of those who returned to the same employer with an adjustment following their LTSA by employment type<sup>5</sup>



Of those employees that returned to the same employer following their LTSA, 42% had an adjustment made by their employer, 58% returned without any adjustments. Of those who were self-employed and remained self-employed, 30% returned to work with an adjustment, 70% returned without any adjustments.

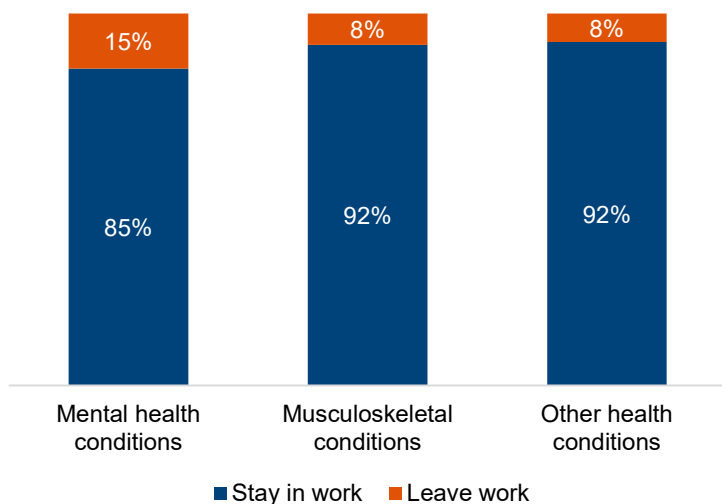
Of employees who returned to the same employer, the proportion that returned with adjustments increased as the duration of their LTSA increased. People whose LTSA spell lasted for 6-9 months were almost twice as likely to have returned to work with adjustments (66%), compared to those with a 4-week duration (35%).

Employment type is at the time of the respondents LTSA.

See **Table 1k** for full data.

## Spells of LTSA with the main condition reported as a mental health condition were more likely to result in an individual leaving work

Chart 1.13 Employment outcome by the main health condition causing the LTSA



Of those who were not currently on a LTSA, 85% of people who had a LTSA with the main condition reported as a mental health condition stayed in work following it, compared to 92% of people with a musculoskeletal condition.

See **Table 1j** for full data.

<sup>5</sup> Sample: Other employment 80

## Characteristics of those who left work following a LTSA

The remainder of this chapter focuses on the respondents reported characteristics as of the time of the interview.

The likelihood of having a LTSA and subsequently leaving work following it varies by characteristics of the person. Leaving work following a LTSA is defined as “leaving work for now, early retirement or doing something else”.

0.34% of working-age people who were working or left work in the last 12 months had a LTSA absence and left work following it. This equates to 104,000 people each year.

### Gender

Women were more likely to have a LTSA and leave work following it compared to men. 0.41% of women left work following a LTSA, compared to 0.29% of men.

### Age

People between 55 and 64 years old were over twice as likely to have a spell of LTSA and leave work (0.63%) compared to those under the age of 25 (0.26%).

### Ethnicity

Those who identified as ‘White’ were twice as likely to have LTSA and leave work after it (0.36%) compared to those who identified as ‘Black’ (0.17%).

### Marital status

Single, ‘Divorced’, Widowed’ or ‘Separated’ people were more likely to have a spell of LTSA and leave work after it (0.38%), compared to those who were ‘Married’ or in a ‘Civil partnership’ (0.31%).

### Highest qualification

People with no qualifications were twice as likely to have a LTSA and leave work following it (0.55%) compared to those who were graduates (0.26%).

### Disability status

Disabled people were 10 times more likely to have a spell of LTSA and leave work following it than non-disabled people. 1.56% of disabled people had at least one spell of LTSA and left work, compared to 0.15% of non-disabled people.

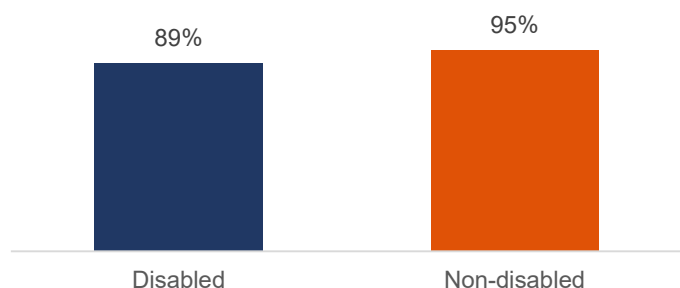
See **Table 1d** for full data.



## 2. Variations in employment retention rates for disabled people

Disabled people were more likely to leave employment than non-disabled people. Only 89% of disabled people were still in work one year later compared to 95% of non-disabled people.

Chart 2.1 Retention rates by disability status



The retention rate of disabled people was significantly lower than that of non-disabled people.

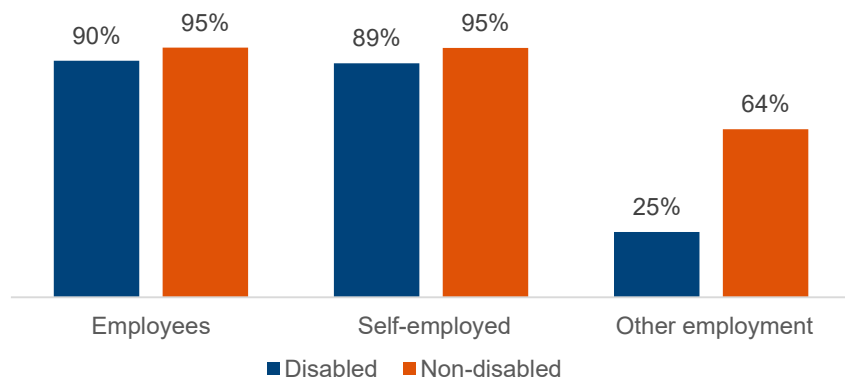
Disabled people were over twice as likely to leave employment one year later compared to non-disabled people (11% compared to 5%).

See **Table 2a** for full data.

The characteristics analysed in the remainder of this chapter are as the respondent reported in the first time period.

**The difference in retention rates between disabled and non-disabled people was similar for those who were employees and those who are self-employed**

Chart 2.2 Retention rates by employment type and disability status<sup>6</sup>



Disabled employees and self-employed disabled people are both less likely to retain employment compared to their non-disabled equivalents.

For both disabled and non-disabled people, there is no statistically significant difference in retention rates between employees and the self-employed.

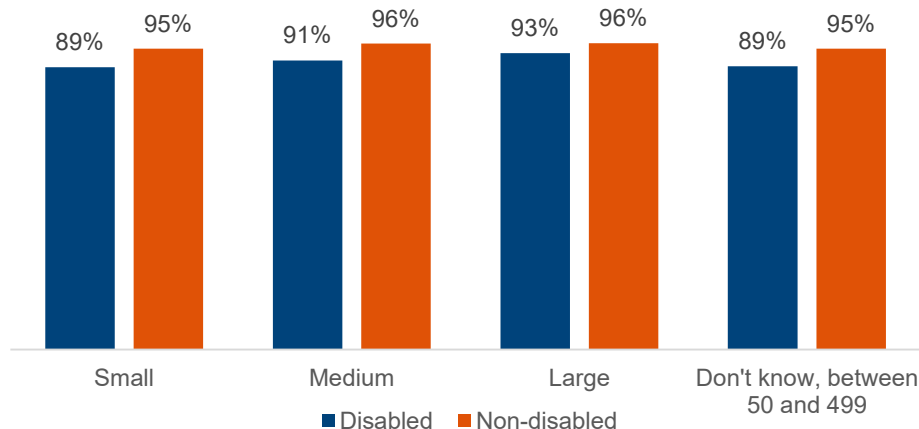
See **Table 2a** for full data.

<sup>6</sup>Sample: Other employment: 183

## Employees of small workplaces had lower retention rates than employees of large workplaces

To focus on the differences in employment outcomes based on the individual characteristics and that of their employer, the remainder of this chapter focuses on employees only.

**Chart 2.3 Employee retention rates by workplace size and disability status**



Disabled employees working for small workplaces were over 1.5 times more likely to fall out of work compared to disabled employees working for large workplaces.

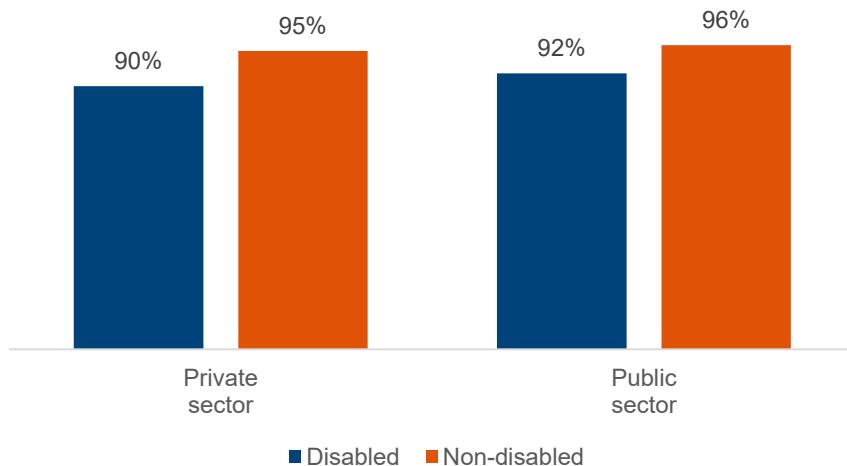
The retention rate of disabled employees working for small workplaces (89%) was 6 percentage points lower than for non-disabled employees (95%). However, for large employers, the gap between disabled and non-disabled employees is smaller at 3 percentage points, 93% and 96% respectively.

Note: that workplace size is based on the total number of employees at the respondent's workplace, not just the particular section/department.

See **Table 2b** for full data.

## The difference in retention rates for disabled and non-disabled employees was similar regardless of the sector they worked for

**Chart 2.4 Employee retention rates by sector and disability status**



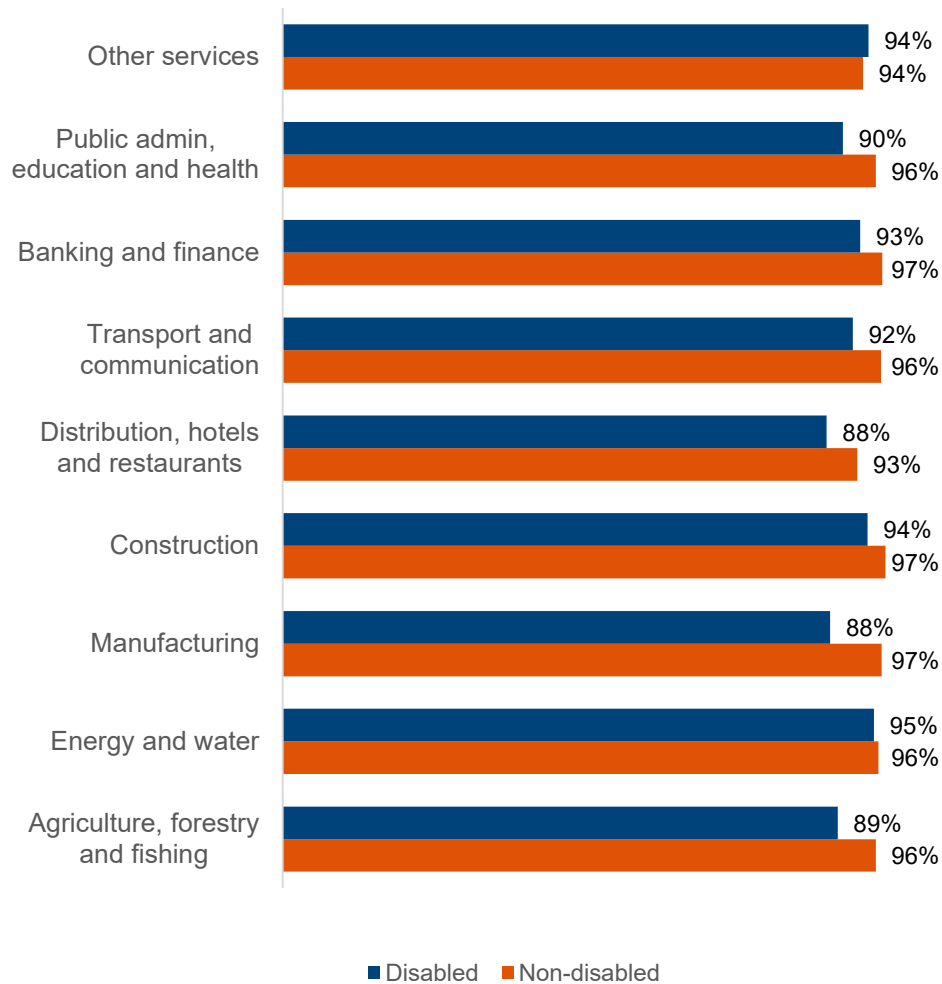
Regardless of an individual's disability status, individuals working for the public sector have higher retention rates than those working for the private sector. However, the difference in retention rates between disabled people in the private and public sector is not statistically significant.

Disabled people experienced worse employment outcomes compared to non-disabled people regardless of the sector they work for.

See **Table 2b** for full data.

## For most industries, disabled employees had lower retention rates than non-disabled employees

Chart 2.5 Retention rates by industry and disability status



With the exception of the 'energy and water' and 'other services' industries, in all other industries disabled people had significantly lower retention rates than their non-disabled counterparts.

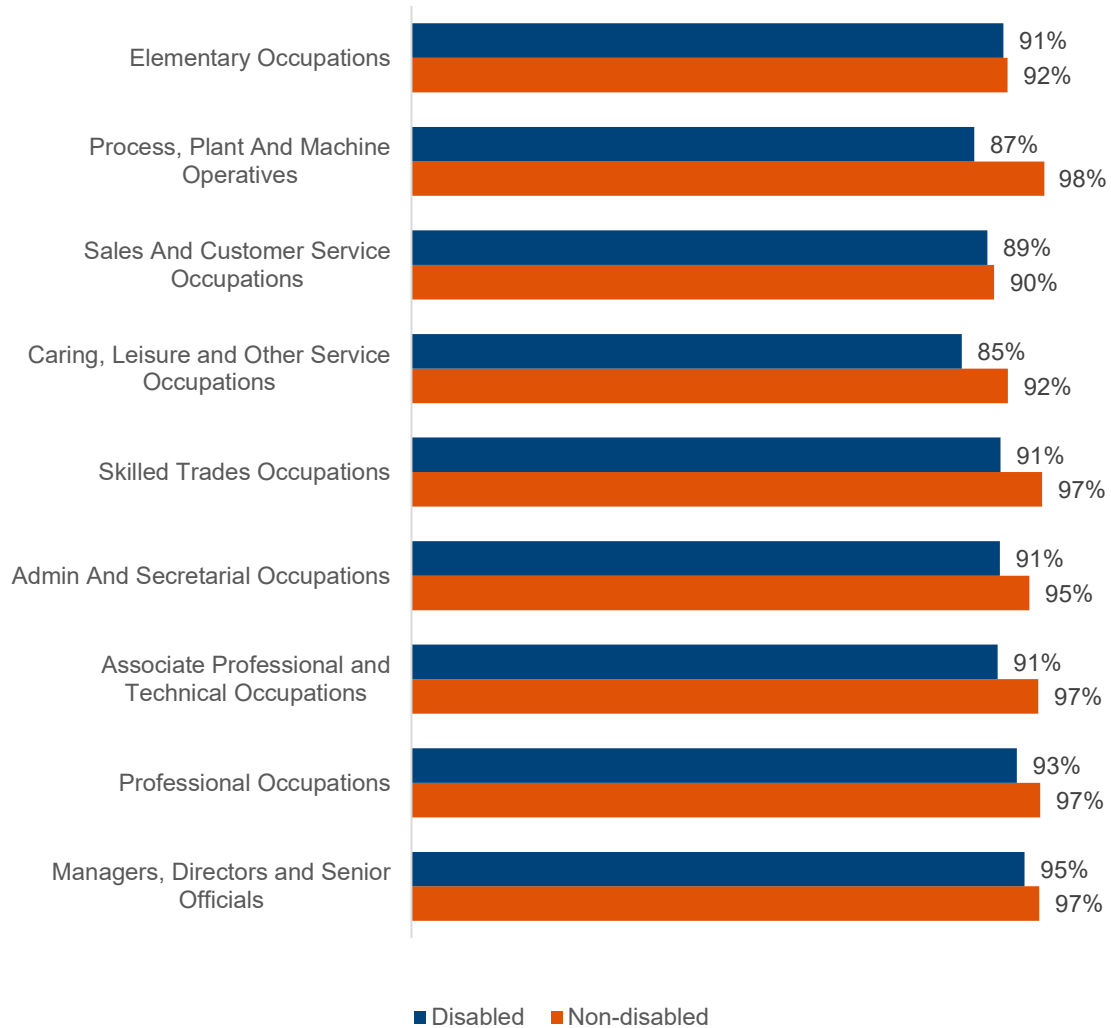
Disabled employees in the 'distribution, hotels and restaurants' industry were over 2.5 times more likely to have left employment than disabled employees working for the "energy and water" industry.

Disabled employees were over 3 times as likely to leave employment if they worked in the 'manufacturing' industry than non-disabled people.

See **Table 2b** for full data.

## Disabled employees working in ‘Process, plant and machine operatives’ are 6.5 times less likely to retain employment than non-disabled people in the same occupation

Chart 2.6 Retention rates by employee occupation and disability status



Retention rates vary by occupation for both disabled and non-disabled employees. For example, non-disabled employees working in ‘process, plant and machine operatives, occupation are nearly 4.5 times more likely to leave employment than non-disabled employees working in ‘sales and customer service’ occupations.

There was no significant difference in the retention rates between disabled and non-disabled employees working for ‘elementary’ and ‘sales and customer service’ occupations, both 1 percentage point differences. In all other occupations the retention rates were statistically significantly lower for disabled people.

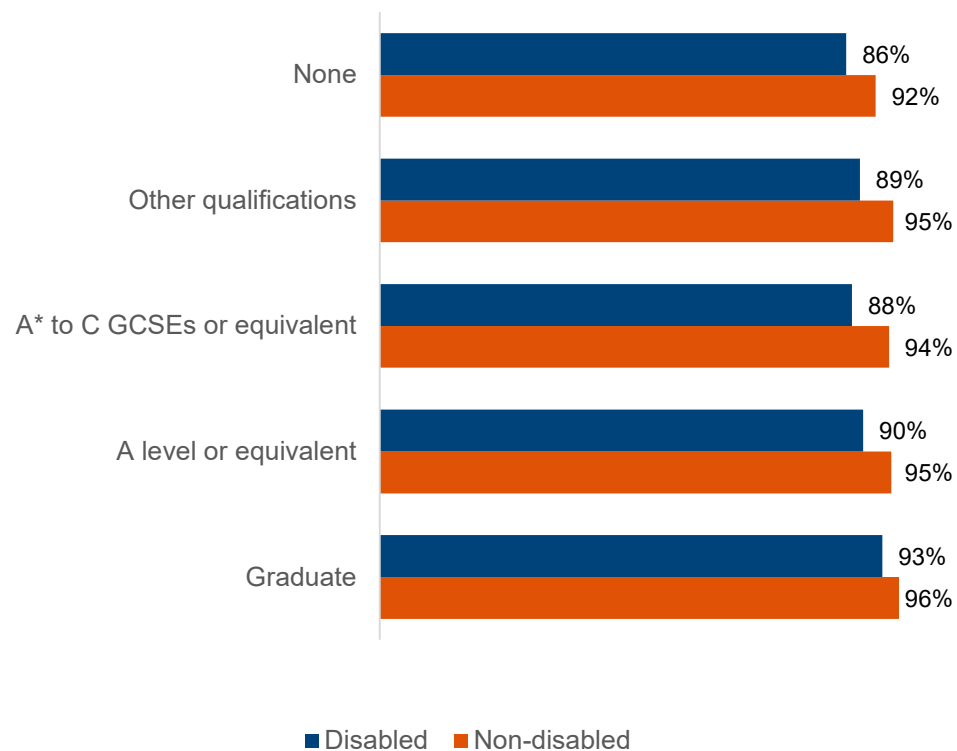
Disabled ‘managers, directors and senior officials’ were nearly 3 times more likely to leave employment compared to disabled people working for ‘caring, leisure, and other service’ occupations.

See **Table 2c** for full data.

## Employees with higher educational attainment were more likely to retain employment

### Disabled graduates were almost as likely to have left employment compared to non-disabled employees without qualifications

Chart 2.7 Retention rates by qualifications and disability status



The educational attainment of an employee had a larger effect on the retention rates experienced by disabled people (7 percentage points) than non-disabled people (4 percentage points).

Disabled employees without qualifications (86%) were 6 percentage points less likely to retain employment than non-disabled employees without qualifications (92%). However, this difference is not statistically significant.

Disabled graduates had retention rates (93%) 3 percentage points lower than non-disabled graduates (96%).

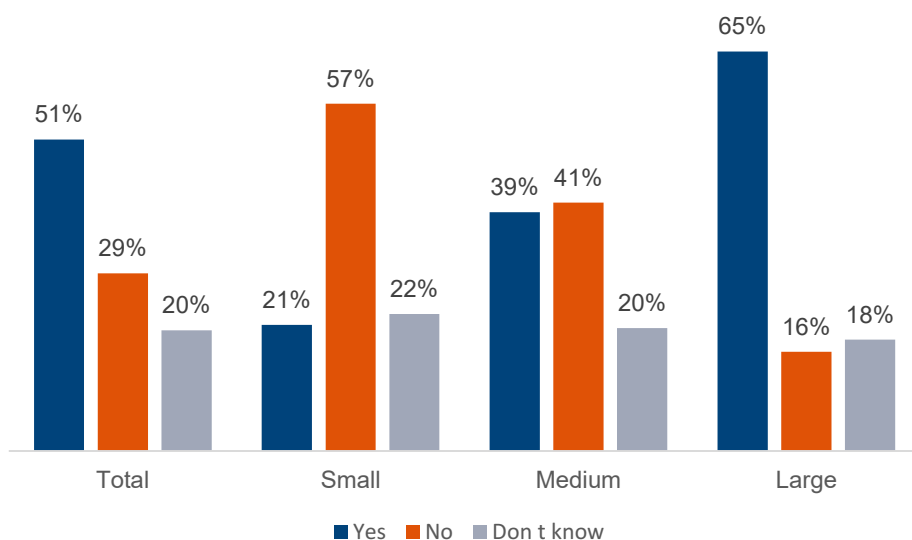
See **Table 2c** for full data.

## 3. Employer provision of support

### Occupational health (OH) services

51% of employees reported they had access to OH services through their employer. However, this varied according to the characteristics of an individual's role and the employer they worked for.

Chart 3.1 Proportion of employees with access to OH services by organisation size



#### Organisation size

Employees working for large organisations are over three times more likely to have access to OH services compared to those working for small organisations, 65% and 21% respectively.

#### Sector

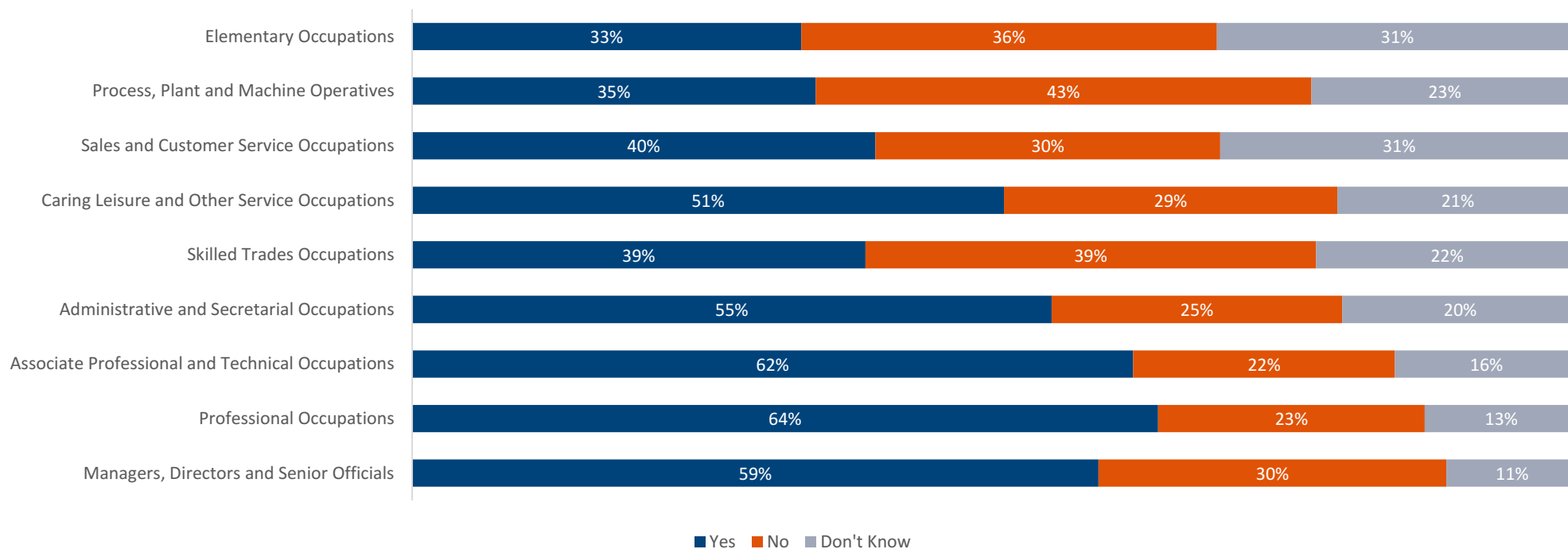
The sector an employee works for makes a significant difference to the likelihood of an employee having access to OH services. 72% of employees working in public sector organisations have access to OH services compared to 39% of those working for private sector organisations.

See **Table 3a** for full data.

Base: 2,370

## Employees working in lower skilled occupations were less likely to have reported access to OH services

Chart 3.2 Proportion of employees with access to OH services by occupation



Base: 2,370

### Occupation

Employees in senior positions are significantly more likely to have access to OH services. Employees in 'Professional occupations' were more likely to report access to OH services (64%) and were nearly twice as likely to have access to OH services compared to an individual working in 'Elementary occupations' (33%).

Respondent's awareness of having access to OH services varied depending on their occupation. Employees in 'Elementary occupations' were 20 percentage points more likely to report 'don't know' compared to 'Managers, Directors and Senior Officials'.

### White and blue collar employees

'White collar' employees were over 1.5 times more likely to report having access to OH services (55%) than 'blue collar' employees (34%).

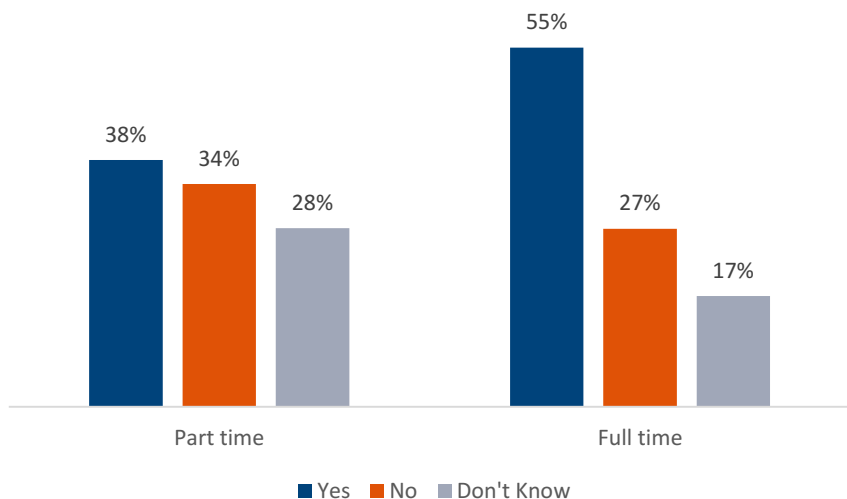
### Supervisory status

Employees with formal responsibility for supervising the work of other employees (61%) were almost 1.5 times more likely to report having access to OH services, compared to those without supervisory responsibility (43%).

See **Table 3a** for full data.

## Employees who work full-time or were on permanent contracts were more likely to have access to OH services.

Chart 3.3 Proportion of employees with access to OH services by hours worked



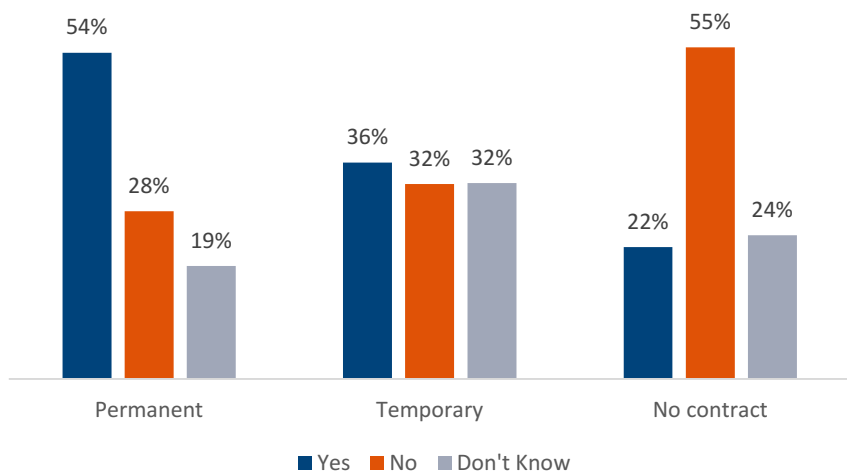
### Working pattern

Employees who work full-time were more likely to have access to OH services (55%) compared to those who work part-time (38%).

See **Table 3a** for full data.

Base: 2,370

Chart 3.4 Proportion of employees with access to OH services by contract type



### Contract type

54% of employees on a permanent contract have access to OH services compared to 36% of employees on a temporary contract.

See **Table 3a** for full data.

Employees that work full-time with a permanent contract were over twice as likely to have access to OH services (57%) compared to employees that work part-time with a temporary contract (28%).

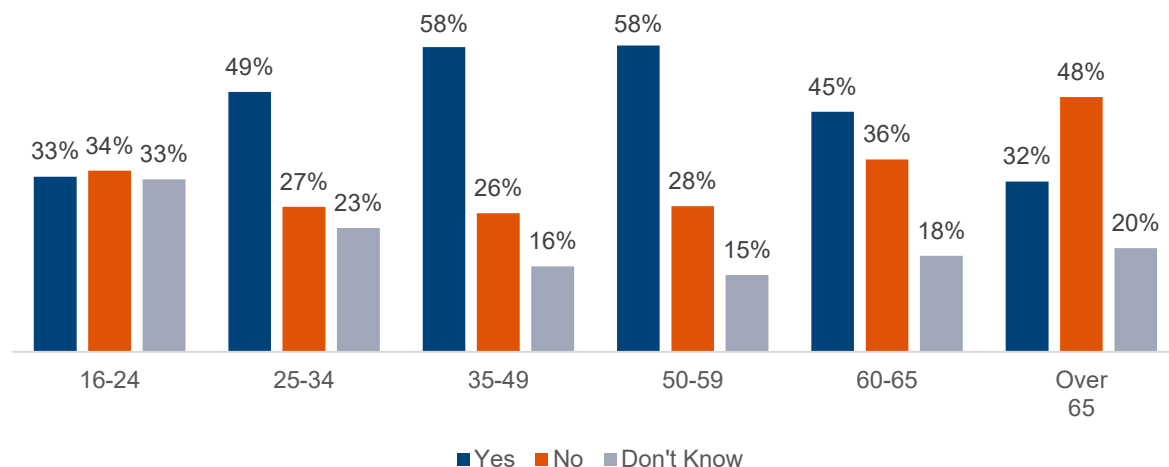
See **Table 3b** for full data.

Base: 2,370



## Older employees were least likely to have access to OH services.

Chart 3.5 Proportion of employees with access to OH services by age



### Age

Employees aged between 35 – 49 and 50 – 59 years old are most likely to have access to OH services (58%). Employees between the ages of 16 – 24 and over 65, are least likely to have access to OH services.

However, employees between the ages of 16 – 24 are more likely to report not knowing whether or not they have access to OH services.

Base: 2370. Over 65, sample size: <100.

### Ethnicity

Base: Other, sample size: <50. Mixed, sample size: <50.

There were no significant differences between ethnic groups with the exception of “Other” (66%) and “Mixed” (40%).

### Gender

Female employees are more likely to have access to OH services (52%) compared to men (50%), however this difference is not statistically significant.

### Employees with a long-term physical or mental health condition, illness, injury or disability

Employees with a long-term physical or mental health condition, illness, injury or disability were as likely to have access to OH services compared to an employee without a LTCH, illness, injury or disability, with 51% of both groups having access to OH services.

See **Table 3a** for full data.

# Sick Pay

## 86% of employees would receive sick pay from their employer for a period of sickness absence

14% of employees reported that they do not receive sick pay

Of the employees who had been off sick for any period in the previous 12 months and did not receive sick pay...

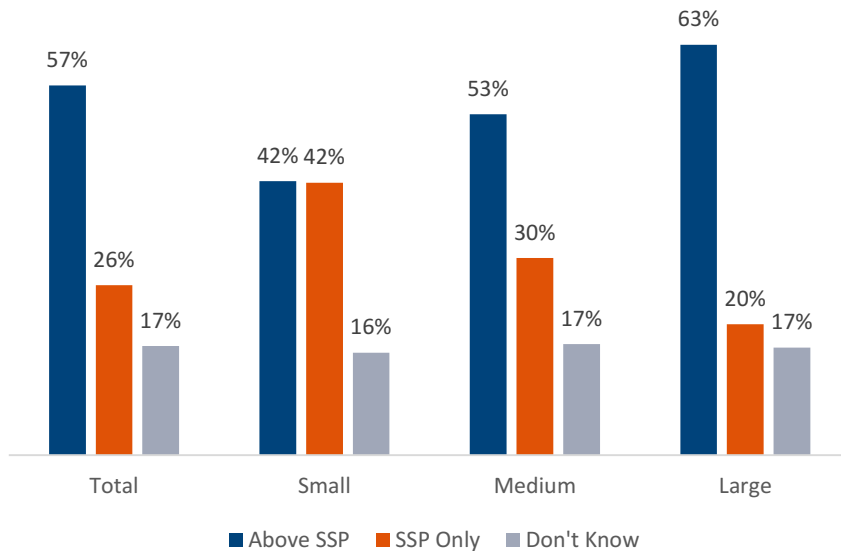
74% cited employer based reasons e.g. employer told them they were not entitled to it.

15% cited reasons related to themselves e.g. employee did not tell their employer they were sick.

11% cited a variety of other reasons.

Of the employees that were paid sick pay, 26% were paid the statutory minimum, 57% were paid above this and 17% did not know. However, this varied according to the characteristics of their role and the employer they worked for.

Chart 3.6 Employees sick pay arrangements by organisation size



### Organisation size

Employees that were working for large organisations were 1.5 times more likely to be paid above the statutory minimum (SSP) than those working for small organisations.

### Sector

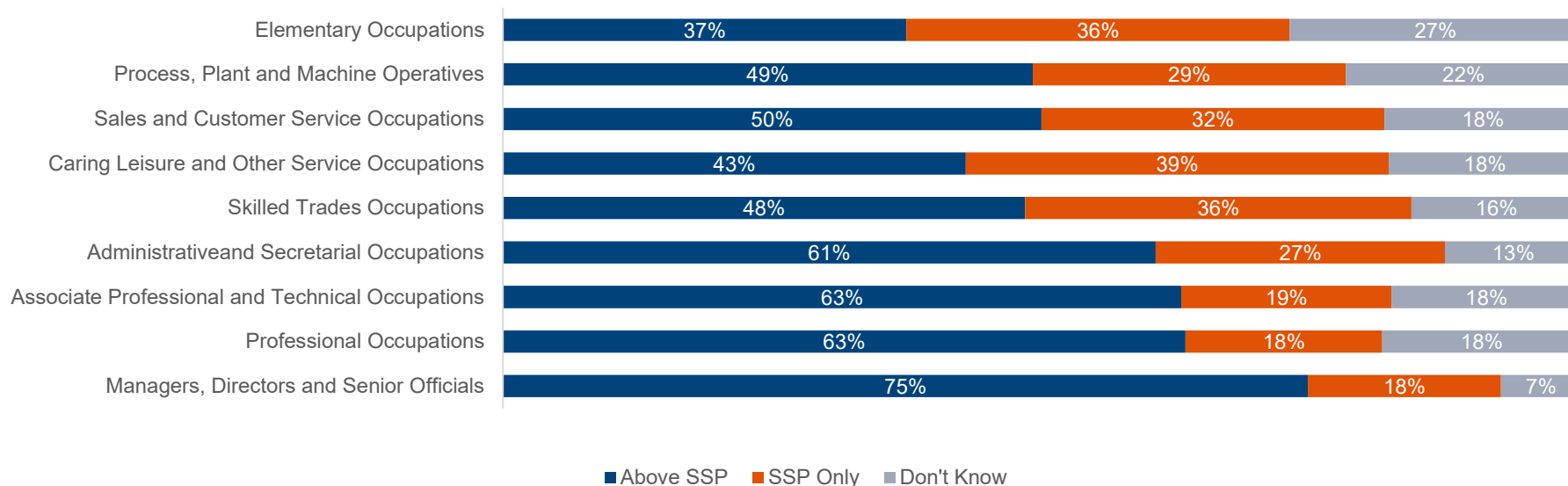
Employees that were working for a public sector or private sector organisation were as likely to receive above SSP.

See **Table 3c** for full data.

Base: 2084

## Employees in higher-skilled occupations were more likely to receive above SSP compared to those in low-skilled occupations.

Chart 3.7 Employees sick pay arrangements by occupation



Base: 2084

### Occupation

Managers, Directors and Senior Officials were the most likely to be paid above statutory minimum levels (75%) followed by Professional, Associate Professionals and Technical Occupations (63%).

Employees in lower skilled occupations were significantly more likely to be paid SSP only. 37% of employees working in elementary occupations were paid above SSP, they were around half as likely as the highest skilled professions to be paid above SSP.

### White and blue collar

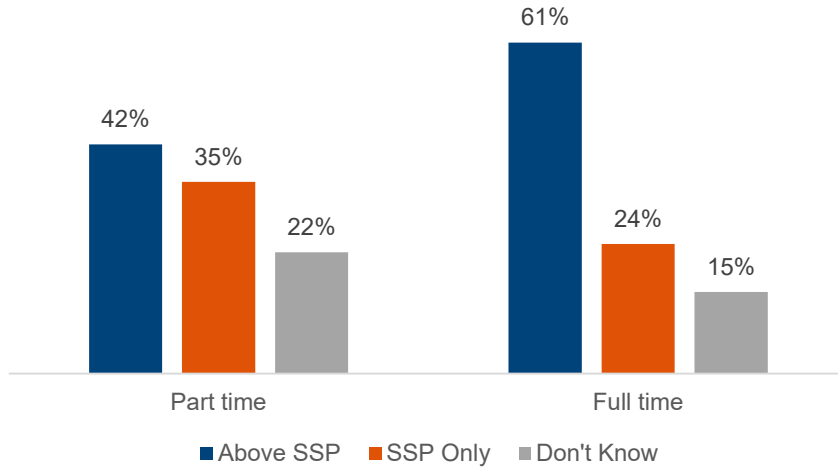
White collar employees were 20 percentage points more likely to be paid above SSP than blue collar employees.

### Supervisory status

Employees with responsibility for the supervising of other employees' work were 15 percentage points more likely to be paid above SSP. 65% of employees with supervisory status were paid above SSP, compared to 50% of those without supervisory responsibility.

See **Table 3c** for full data.

**Chart 3.8 Employees sick pay arrangements by hours worked**



**Working pattern**

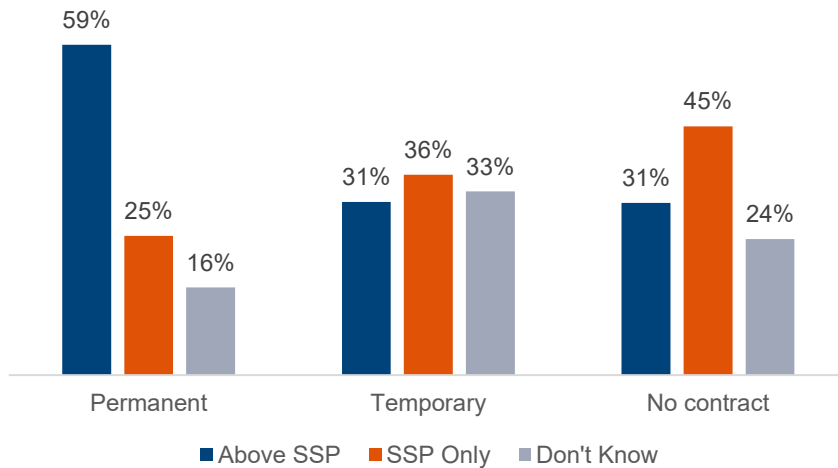
Employees working full-time were significantly more likely to be paid above SSP.

42% of part-time employees were paid above SSP compared to 61% of full-time employees.

See **Table 3c** for full data

Base: 2084

**Chart 3.9 Employees sick pay arrangements by contract type**



**Contract type**

Permanent employees were almost twice as likely to be paid above SSP compared to temporary employees. 59% of employees on a permanent contract were paid above SSP compared to 31% of employees on a temporary contract.

Respondent's awareness of their sick pay arrangements varied depending on their contract type. Employees that worked on 'permanent contracts' were 17 percentage points less likely to report 'don't know' compared to employees 'temporary contract.'

See **Table 3c** for full data

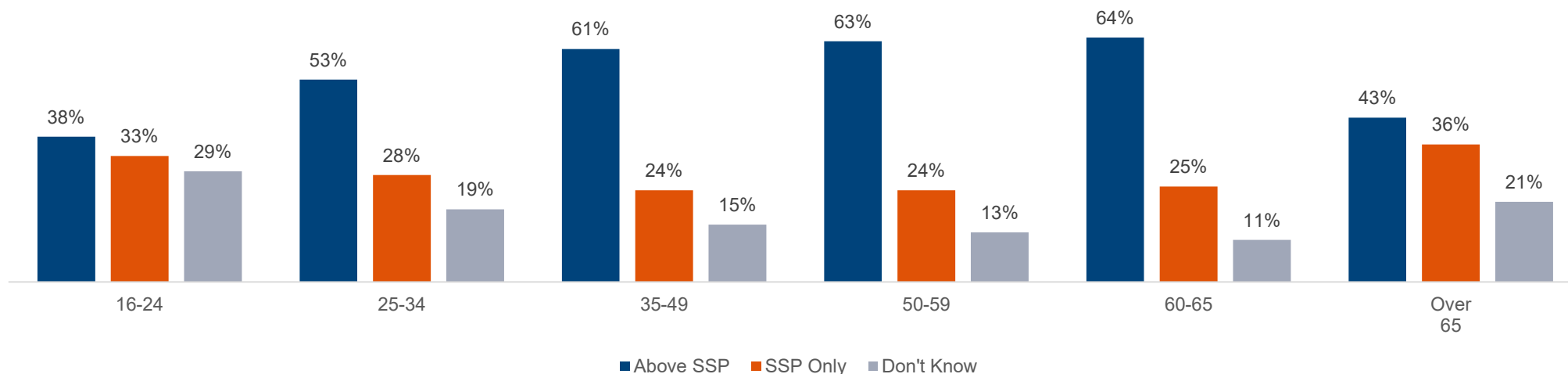
Those who work full-time and were on a permanent contract were most likely to be paid above SSP (63%) compared to those who work part-time and were on a temporary contract who were least likely to be paid above SSP (28%).

See **Table 3d** for full data.

Base: 2084

## Employees receiving above SSP tends to increase by age up to State Pension Age

Chart 3.10 Employees sick pay arrangements by age



Base: 2084. 16 – 24 sample size: <100. Over 65, sample size: <100.

### Age

The proportion of employees in receipt of sick pay above SSP generally increased with age, up until 60 – 65. Employees aged between 16 – 24 years olds were less likely to know the type of sick pay their employer pays.

### Ethnicity

Employees in the ethnic group 'Other' or 'Asian' were the most likely to receive sick pay above SSP. Employees of 'Asian' ethnicity were over 1.5 times more likely to receive above SSP for their sickness absence compared to employees of 'Mixed' ethnicity.

### Gender

Men (62%) were more likely to receive sick pay above SSP compared to women (52%).

### Employees with a long-term physical or mental health condition, illness, injury or disability

Employees without a LTHC, illness, injury or disability were 3 percentage points more likely to be paid above SSP sick pay compared to people with these health conditions or disabilities. However, this difference is not statistically significant.

See **Table 3c** for full data.

# About these statistics

## Statement of compliance with the Code of Practice for Statistics

The Code of Practice for Statistics (the Code) is built around three main concepts, or pillars: Trustworthiness, Quality and Value.

1. Trustworthiness – is about having confidence in the people and organisations that publish statistics.
2. Quality – is about using data and methods that produce assured statistics.
3. Value – is about publishing statistics that support society's needs for information.

The following explains how we have applied the pillars of the Code in a proportionate way.

### Trustworthiness

Annual Population Survey data have been produced in line with the Code and are used in highly-scrutinised National Statistics publications. The Annual Population Survey is produced by the Office for National Statistics

(<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/methodologies/labourforcesurveyuserguidance>)

“Health and wellbeing at work: a survey of employees, 2014” was commissioned to NatCen Social Research, an independent research organisation, and produced in line with Government Social Research (GSR) code.

([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/447127/rr901-health-and-wellbeing-at-work.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/447127/rr901-health-and-wellbeing-at-work.pdf))

### Quality

The data sources used in this release are already used for similar analyses in National Statistics and GSR publications. The specific analyses included here have been quality-assured, including through peer-review, plausibility checks and validation against other published sources.

### Value

This ad-hoc release identifies patterns in individuals LTSA, employment retention and employer support. This new evidence base helped to inform the proposals contained in the government consultation “Health is everyone’s business: proposals to reduce ill-health related job loss”.

Making this information accessible provides Ministers and stakeholders with an overview of health in the workplace and helps reduce the burden of answering Parliamentary Questions, Freedom of Information requests and ad-hoc queries.