Literature review

Guidance on retaining employees with a disability

2011

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# Executive Summary

The purpose of this literature review is to summarise the evidence from research and good practice guidance that will assist employers in retaining employees who acquire a disability. This literature review is a companion piece to **Retaining Employees Who Acquire a Disability** - **A Guide for Employers**.

**Key findings**

The key findings of the literature review are as follows:

* Employers and line managers play a key role in developing and operating employee retention policies
* Early intervention is key. Retention policies need to be integrated with absence management policies. It is good practice to be in touch with employees after three days of absence
* Research suggests a tipping point is reached after six weeks' absence in which employees become progressively less likely to return to work without active intervention and support
* Employers gain benefits from retaining employees with acquired disabilities. Keeping skilled and experienced employees in the workplace can reduce costs of replacing an absent employee, reduce overtime costs for other employees, or help maintain productivity
* Successful employee retention policies are a series of interconnected processes and policies that employers can readily implement such as: creating an inclusive work environment; implementing absence management and return to work policies; implementing reasonable accommodations for employees
* Developing and implementing workplace wellness programmes and work positive initiatives can promote and support employees’ physical health and mental wellbeing in the workplace.
* Successful employee retention policies result from a coordinated, systematic approach that includes the employer, the employee, their line manager, their work colleagues, their treating doctor, the company doctor/occupational health physician
* Implementing reasonable accommodations for employees incurs little or no costs for employers. The most common form of accommodations requested by employees are related to changes in job tasks and working hours, rather than physical adaptations being made to the working environment

# Introduction

The purpose of this literature review is to summarise evidence from research and good practice guidance that will assist employers in retaining employees who acquire a disability. This literature review is a companion piece to **Retaining Employees Who Acquire a Disability** - **A Guide for Employers**. This guide and the literature review are produced by the National Disability Authority (NDA), drawing on work by Mairéad Conroy, Hugh Cassidy and Louise Milicevic of Rehab Enterprises Access Ability.

## Methodology

The review sourced literature through on-line resources focusing on employment issues, in addition to library resources. These included online resources with a specific focus on disability and employment, such as those from the National Institute of Disability Management and Research in Canada, GLADNET,[[1]](#footnote-1) Toronto's Institute for Work and Health, Cornell University and the Job Accommodation Network (US), E-sight Career Networks, Leeds University Business School and the Chartered Institute of Personnel Development UK.

Online resources were interrogated by combining keywords/phrases such as'employment retention', 'job retention', 'people with disabilities', 'cost benefits of employee retention', and 'absence management'. These searches were supplemented by specific searches for case studies and evidence of good practice guidelines. The search strategy was combined with relevant terms such as ‘best practice', 'job retention’, ‘return-to-work policy’, ‘legal implications’ and so on. Reputable guidance such as from the Employers' Forum in the UK, from the US Job Accommodation Network (JAN) and from EVE Holdings was also carefully examined. A table of the online resources used in this review is included in the Appendix.

This literature review focuses on research and guidance in the English language only and includes policy papers and reports from Ireland, the UK, Switzerland, Australia, USA, Canada, New Zealand and the OECD. The majority of evidence-based reports and subsequent policy recommendations incorporated in this literature review are internationally based. There was a small number of Irish research studies and some Irish guidance was drawn on in the review.

Some of the literature dealt with employees with disabilities, but not specifically with acquired disability. The selection of material reviewed primarily focuses on acquired disability.

# Section 1: Disability onset in working age

People with disabilities are not a homogeneous group. They may have a physical disability, a sensory, intellectual disability or mental health issue, and some may have more than one form of impairment. Their disability may have little impact on their ability to work and take part in society, or it may have a major impact, requiring considerable support and assistance (ILO, 2002).

The onset of disability for many people occurs when they are of working age and during their working lifetime. The table below, based on the National Disability Survey 2006, shows the extent to which disability onset occurs at working age.

**Proportion of people whose disability onset occurred between ages 18-64**

| Type of impairment | % |
| --- | --- |
| Seeing | 42 |
| Hearing | 40 |
| Speech | 44 |
| Mobility, dexterity | 46 |
| Remembering, concentrating | 48 |
| Intellectual, learning (includes acquired brain injuries and conditions) | 53 |
| Emotional, psychological, mental health | 68 |
| Pain | 57 |
| Breathing | 50 |

Source: Derived from age of onset of disability, Tables 14.2, 15.2,16.2, 17.2,18.2,19.2, 20.2, 21.2, 22.2, 23.2, National Disability Survey 2006, vol. 1

Most employers will typically encounter the situation where individual employees experience onset of a disability while in their employment. (Employers' Forum on Disability - UK, 2009). As the chance of acquiring a disability increases with age. It is likely that since the workforce is generally ageing in Europe, employers will face increasing numbers of people with disabilities among their workforce (EFILWC, 2004).

The most commonly encountered forms of disability among the working age population are pain; impaired mobility or dexterity; or mental health conditions such as depression and anxiety (National Disability Survey 2006, Volume 1), 2006. The main reasons given by long-term recipients of disability payments are mental health (33%), back pain (23%) and arthritis (6%) (WRC Social and Economic Consultants, 2008).

However, most acquired disability is not work-related. Figures from the 2002 Quarterly National Household Survey (QNHS) show that just over 10% of illness or disability in the working years is due to work-related causes. The 2006 National Disability Survey confirms that work-related factors only account for a fraction of disability. In particular, the National Disability Survey data reports that work conditions account for only 2% of mental health conditions.[[2]](#footnote-2) The QNHS module on work-related injury and accidents showed an estimated 2.8% of workers in 2007 had had a work-related injury in the preceding 12 months, and 3.4% had had a work-related illness.

### Acquired disability leads to early exit from work

Many people who acquire a disability cease employment within a fairly short time. A 2007 survey of Illness Benefit recipients showed that 40% of those on benefit for six months, and 58% of those on benefit for 12 months, were no longer in employment. (WRC Social and Economic Consultants, 2008).

# Section 2. The benefits to employers of employee retention policies

Research has demonstrated that employee turnover due to disability is an often avoidable waste of skill and experience, and the cost of replacing an experienced employee can be many times their annual salary.

Hernandez and McDonald (2010) found that across certain employment sectors (health care, retail and hospitality) there was very little difference in overall job performance between employees with and without a disability. Their research also showed that employees with disabilities need no more supervision than their non-disabled colleagues.

### Saving on cost of hiring replacements

Research also suggests that retaining skilled employees makes good business sense and saves employers costs such as hiring a temporary worker, recruiting another worker; or overtime pay for other employees. Brokker et al’s (2000) study on effective disability management of employees with low back pain, found that the indirect costs borne by an employer of having an absent employee include: recruiting and training replacement employees; inexperience and reduced productivity; overtime pay for other employees; reduced quality in product or service. Other indirect costs cited include missed delivery targets and lower customer satisfaction (UK, Cabinet Office 1998).

The Staying@Work study conducted by Watson Wyatt Worldwide (2001) found that employers with early intervention and transitional/modified return-to-work policies and safety training programmes, reported savings of almost 20%. Companies implementing return-to-work/job retention programmes were found to be the most effective in terms of cost-cutting and improving absence outcomes.

A survey conducted with 206 companies in the USA estimated that, for nearly 50% of these companies, employee turnover cost more than €7,300 per employee per year (Mercer Inc, 1999).

The Job Accommodation Network (JAN) reported that 20% of employers surveyed stated that they had saved between €14,000 and €35,000 in employee replacement costs by hiring or retaining employees with disabilities (Hawthorne, 2008).

In addition to the financial benefits of retaining an employee with an acquired disability, employers also reduce the risk of being accused of discriminating against an employee with a disability.

The Employment Equality Acts (1998; 2004) state that any employer must take any appropriate measures to enable a person with a disability to have access to employment, to participate/advance in employment or undergo training unless the measures would impose a disproportionate burden (financial costs, business resources) on the employer.

Systematic reviews of the literature in relation to sick leave for those with back pain and related conditions (Franche et al., 2005, Steenstra et al, 2005; MacEachen et al., 2006; Williams et al 2007) show that supervisor and co-worker support; levels of job demand and control; ergonomics, adaptation of job tasks and working hours; and contact between health professionals and the workplace may all predict effective return to work among employees on sick leave with musculoskeletal or related back pain.

### Early intervention pays off

In Ireland, the Department of Social and Family Affairs Renaissance Project (2004) showed that early intervention leads to a reduction in chronic disability resulting from lower back pain. It means a quicker return to work for those who are temporarily afflicted by lower back pain.

# Section 3: Role of the employer and line manager

The OECD’s “Sickness and Disability” background paper (2009) highlights the fact that employers and especially line managers are the key players in developing and implementing employee retention policies. They are uniquely placed to monitor employee absences, to develop rehabilitation and work retention strategies with their employees and to seek additional support from occupational health officers, medical personnel or Employee Assistance Programmes.

The OECD (2009) findings regarding the key role an employer plays are supported by other researchers who identified the employer as the central decision-maker and coordinator of interventions and services in a work-based disability management programme (Akabas et al. 1992; Coughlan, 2004; Acas - Advisory, Conciliation and Arbitration Service in the UK, 2006; and Affinity at Work, 2009).

Research for the NDA (Alban-Metcalfe and Real World, 2008) has highlighted the roles played by effective leadership and organisational culture in retaining and supporting staff with disabilities. Research consistently shows that the leadership style of the chief executive and his or her senior management team are critical in creating and maintaining an inclusive and supportive organisational culture. Organisations which are successful in creating a positive environment for staff with disabilities and maximising the contribution they make are ones where accommodating someone's disability is seen as no big deal. A culture which emphasises the importance of rehabilitation can have a significant impact on job retention and return-to-work rates.

Research shows that about 25% of Irish employers, most of them large companies, have formal employee retention policies in place.

Employers are key players in driving successful employee retention and it is important they are proactive in engaging with their employees to prevent job loss. 'Employer-friendly' state supports are also highlighted as a way of assisting and encouraging employers to engage in the retention process (WRC Social and Economic Consultants, 2008).

## Role of line managers

The importance of training supervisors and managers on their roles and responsibilities in supporting employees with disabilities is a recurring theme in the literature reviewed.

Line managers have a key role in the employee retention process. As the person who has the most direct and immediate supervisory contact with the employee, the line manager is a critical player in the implementation of a job retention strategy (Thornton, 1998; Côte et al. 2000; Krause et al. 2001;Unger et al. 2002).

Livermore et al. (2001), note that the behaviours of immediate supervisors and especially their understanding of disability management and workplace accommodations plays a major role in supporting employees. When supervisors have a poor understanding in these areas, employment retention processes often fail.

In a study of 31,200 Boeing employees, Colledge & Johnson (2000) found a strong correlation between the incidence of lost-time soft tissue injuries and a poor supervisor relationship, while Foreman et al. (2006) identify low or inadequate support from supervisors and colleagues that have a negative impact on job retention/return-to-work outcomes.

Cunningham et al. (2003) recommend that the content of training delivered to managers should include the requirements of employment equality legislation and the possible implications of an employer failing to take appropriate action to facilitate an employee’s retention.

Robertson’s (2009) studies have shown that trained and effective managers are a key element in supporting employees to be productive in the workplace. Robertson (2009) states that line managers are the key players in supporting productivity, workplace wellness and performance and advises that employers need to strengthen the role of line managers in the workplace by promoting and developing appropriate management styles and skills and providing line managers with necessary training.

# Section 4: Good Practice in developing employee retention policies

The factors that contribute to long-term absence from work can manifest themselves initially within the workplace. Prevention, risk management, health promotion and job retention strategies implemented while the employee is still at work have an important role to play in reducing absence rates and in maintaining the workability of employees. Thus, employer responses to emerging conditions and acquired injuries are an important element of an effective strategy to maintain people at work (Wynne and McAnaney, 2005b).

The RETURN project (see Wynne and McAnaney 2005b)suggested key elements in supporting retention of employees are:

* Joint labour-management support and company culture - levels of support for the goals of job retention and reintegration by both management and trade unions
* Responsibility and accountability - clear lines in terms of management and implementation
* Internal and external communications - active communications management is necessary between the company and outside agencies; and also between the relevant departments
* Benefits - types and nature of incentives (deliberate and unwitting) which a company may operate in relation to health-related absenteeism
* Knowledge and skills in the workplace - staff with appropriate training and experience in managing and implementing retention and reintegration policies
* Accident prevention and safety programmes - the presence and quality of appropriate measures to prevent disability or injury occurring
* Occupational health programme - the quality of the programme and its capacity to prevent disability or injury
* Workplace health promotion - the quality of the programme, i.e. interventions that improve the general, rather than the occupational, health of the workforce. Such programmes can help prevent disability or injury
* Occupational ergonomics - both as a preventive intervention and to alter the work environment for ill or disabled employees
* Management information systems of injury, illness and lost time patterns - the quality of such systems, and using the information to plan and implement appropriate disability management practices
* Early intervention and case management - making early interventions when a worker is absent due to illness or injury. Proactive case management involves assigning the ill or injured worker to an individual to ensure reintegration occurs in an efficient, safe manner
* Transitional work programme and retraining - the opportunities for a gradual return to work and the possibilities for training and retraining where the worker has a different job
* Vocational rehabilitation and redeployment - the opportunities for being rehabilitated into the workplace and for being repositioned to another job within the company if needed

Other research on effective employee retention policies identified the following good practices:

* Employers creating an inclusive, healthy and safe work environment for all employees, particularly employees with disabilities
* Developing and implementing policies on workplace wellness and work positive initiatives to support employees' wellbeing in the workplace and enhance their resilience
* Development and implementation of an effective absence management policy for employees
* Development of early intervention policies
* Providing a continuum of support to an employee with an acquired disability from the initial stages of their absence right through to their return to work
* Establishing return-to-work policies that include return-to-work interviews
* Including all key stakeholders in the employee retention process such as medical personnel, line managers, and colleagues.

A culture which emphasises the importance of rehabilitation can make a significant difference to retention rates in acquired disability. It is suggested that an organisation’s policy on return-to-work should be further embedded in the culture of the organisation and in the expectation of the workforce through it being addressed in all employees’ inductions (Alban-Metcalfe, 2008). A well-designed work environment can support employees with disabilities.

Grove et al. (2005), suggest a three-dimensional approach to creating a healthy workplace, with a particular emphasis on managing mental health issues :

* Primary prevention – creating a healthy workplace including stress reduction and awareness
* Secondary prevention - Line managers who have received effective management training will have the skills to observe a change in an employee’s behaviour and or work performance that may indicate that the employee is experiencing difficulties in the workplace (Gray, 2000; Sainsbury Centre for Mental Health, 2004; Seymour & Grove, 2005).
* Tertiary protection – managing those employees who are on leave of absence from work as a result of an acquired disability to support their return to work, using the services of a health professional

## An inclusive work environment

An inclusive work environment is defined as one that includes employees with and without disabilities, in all its policies and procedures such as health and safety policies, recruitment or induction procedures. In this type of organisational culture, staff are provided with training on disability awareness and disability management policies that increases their understanding of disability issues. Many researchers state that creating an inclusive, supportive work environment provides employers with the foundations for implementing effective employee retention policies (Hunt,1993; Habeck et al, 1991, 1998; Scully et al. 1998, Brown, 2002).

In this type of workplace, employees are more likely to approach their employer for help returning to work. Furthermore, supervisors empowered to authorise return-to-work accommodations, are more likely to believe that it is within their power to change work requirements (Brooker et al. 2000, Employers’ Forum on Disability, 2009).

Kirsh et al (2010) highlight evidence that suggests successful workplace wellness policies produce a number of positive outcomes such as decreased absenteeism and sick days; increased productivity; and better morale.

In Ireland, there is a Code of Practice for the Employment of People with Disabilities in the Irish Civil Service (2007). This Code details the process of creating an inclusive work environment that focuses on the capacities of employees with disabilities in the workplace.

This Code also outlines provisions for retaining and supporting employees with existing and acquired disabilities, by providing them with necessary supports and reasonable accommodations. Jobs restructuring, retraining, redeployment to a suitable post and working from home options are some of the possible accommodations cited in the Code. Provision is also made to source external experts, if necessary, to facilitate the employee retention process. Specific responsibilities for employee retention are also allocated to line managers, disability liaison officers and personnel officers.

## Disability awareness/competence

Research shows that employees are more likely to return to work and successfully re-integrate into the workplace in a work environment where employer policies on diversity, acceptable behaviour in the workplace and disability awareness have been clearly communicated and understood by all employees (Secker & Membrey, 2003; Mindful Employer Initiative, 2006; Seebohm & Grove, 2006; Blaug et al, 2007).

Providing all employees with training in disability awareness and competence is seen as being an integral part of an inclusive work environment. Training provides work colleagues with the knowledge to assist an employee with an acquired disability in re-integrating into the workplace. It is also seen as good practice to ensure that all employees receive information on and training in all aspects of a company's employee HR and retention policies such as absence management, workplace wellness, return-to-work and procedures for implementing reasonable accommodation.

## Written Policies and Procedures

International good practice advice is to have concise, written policies setting out the employer's policies on the recruitment and retention of people with disabilities and included in an employee handbook. Such handbooks should ideally also contain case studies of successful retention procedures, in addition to a list of external support and advisory services (WCG International Consultants, 2004; Australian Human Rights Commission, 2005; and Ritchie et al. 2005). These policies should be clearly communicated to employees. Employers and line managers should ensure that employees understand these policies.

Employers' policies should also be provided in accessible print formats and on accessible websites. People with vision impairments may find it easier to read documents in large print. Easy-to-read versions of workplace policies with pictures and symbols will may it easier for people with an acquired brain injury to understand (NDA 2005; NDA Centre for Excellence in Universal Design, http://universaldesign.ie/useandapply/ict)

# Section 5: Musculoskeletal disorders

At present musculoskeletal disorders (MSDs) are the primary cause of ill health in the workplace, with poor manual handling, poor workplace design and poor engineering controls being three of the main reasons for these disorders (Health & Safety Authority, 2008).

According to the Health & Safety Authority some preventative measures can be employed:

* Promote the benefits of risk assessment in reducing upper limb and manual handling injuries.
* Support the development and implementation of training standards for manual handling.
* Promote the benefits of ergonomically designed workplaces for the health and productivity of the employee, especially when applied at the design stage of new work systems when changes are more easily applied.
* Promote the benefits of ergonomically correct workplace set-up in relation to display-screen equipment for the health and productivity of the employee.
* Increase the level of enforcement of manual handling regulations.

From research carried out by Bevan et al (2009) there are a number of key principles which GPs, employers, employees and the government should focus on to improve the working lives of workers with MSDs.

They found that the overwhelming evidence is that long periods away from work are usually bad for MSD patients – the longer they are away from work, the more difficult it is for them to return. Early action, preferably in a partnership between GPs, the patient and their employer, can help those with MSDs to keep their jobs and to achieve a balance between the individual’s need for respite and their need to work. For some MSD patients early access to physiotherapy or to drug therapies can reduce the severity, impact or progression of the condition – a delay in diagnosis or treatment can make recovery, job retention or rehabilitation much more difficult.

Bevan et a (2009) suggest that clinicians should bring to bear an understanding of mental as well as physical well-being and in particular their assessment of the role that a job might play in helping someone to stay active and avoid isolation. GPs are ideally placed to identify the early presentation of many MSDs. Where appropriate, GPs should seek to refer patients to specialist teams as early as practicable, to enable management of the condition to begin.

Bevan et al (2009) also state their belief that employers and employees can ‘catastrophise’ MSDs, imagining their effects to be far more serious or insurmountable than is strictly the case. Most workers with MSDs can continue to make a good contribution at work if they are enabled to. They do not need to be 100 per cent physically fit in order to return to work – a flexible approach and lateral thinking will allow managers to give such employees useful work to do that supports them on their journey back to full productive capacity.

Managers can change the ways work is organised (including simple changes to physical layout or to working time arrangements) to help prevent MSDs getting worse and to help people with MSD to stay in, or return to, work. They need to do this in a way which preserves job quality, avoids excessive or damaging job demands and takes heed of ergonomic good practice.

Bevan et al (2009) also recommend the development of better measures to assess the social, economic and work impact of MSDs. Such an approach would enable better integration and monitoring of the clinical and labour-market impact of musculo-skeletal disorders in a joined-up way by the health, social welfare and labour market services.

# Section 6: Supporting retention by promoting workplace mental health

Harter, Schmidt and Keynes (2003) and Donald et al; (2005) have demonstrated a clear link between an employee's mental well-being in their work place and their engagement/commitment to their work. Donald et al. (2005) found, in a sample of 16,000 employees in the UK, that 23% of employees' variance in productivity was down directly to work-place wellness.

Promoting workplace wellness is an important part of the employee retention process. It makes employees feel valued and supported. They are more likely to remain in such a work environment, or return after a leave of absence (Robertson, 2009).

According to the UK Health and Safety Executive, the most common sources of work-related stress for employees are:

* Very demanding work environments where an employee is constantly dealing with an unmanageable workload.
* Employees having no control or input about the way they do their work.
* Employees receiving no support from colleagues, line management and the employer
* Employers do not develop or promote policies that encourage an inclusive working environment
* Employees’ roles and their position within an organisation are unclear. Some employees may have conflicting roles
* Organisational change, whether large or small, is badly communicated and poorly managed in the organisation

Gilbreath and Benson (2004) state that management and leadership behaviour can be an influence on employee burnout, health complaints and employee mental health.

It is important to remember that while workplace stresses may exacerbate existing conditions, they are only rarely the primary cause of mental ill-health. As already noted, the National Disability Survey data reports that work conditions account for only 2% of mental health conditions.

Gray (2000) advises that employers should have a range of policies and procedures that incorporate mental health into absence management, return to work, and reasonable accommodations. These policies enable employers to:

* Provide continuous non-invasive support to employees who are on leave of absence
* Assist in supporting an employee on leave of absence to return to work

There are a number of ways in which the development of a mental health problem can be aided (Health & Safety Authority, 2008):

* Prepare a Guidance or Code of Practice on managing stress
* Support initiatives aimed at the reduction of the stigma associated with mental illness.
* Support the development and implementation of psychosocial evaluation techniques with guidance on their application and interpretation.

As part of a comprehensive workplace wellness programme, it is advisable to implement a series of work positive initiatives - occupational health psychologists can advise in this area (Grove et al, 2005).

Gray (2000), highlights the early warning signs in an employee’s behaviour that can alert a line manager that the employee may be experiencing difficulties and that action may be needed to provide support. These signs may include:

* Withdrawal from social contact
* Poor judgment/indecisiveness
* Constant tiredness or low energy
* Unusual displays of emotion e.g. frequent irritability or tearfulness

An employee experiencing difficulties in the workplace may also have work performance issues such as consistent lateness, decreased productivity or missed deadlines (Disability Rights Commission’s Employers’ Guide, 2008).

Support for an employee in this situation should be sensitively handled. The line manager should arrange to have an informal supportive talk with the employee, to find out the reasons for the employee’s behaviour. The line manager should never assume that the reason for the employee's behaviour is because they are incapable of carrying out their job. There are many reasons why an employee maybe having difficulties in the workplace e.g. work related pressures, coming to terms with a disability or personal issues outside the workplace. If an employee has recently acquired a disability, but has not disclosed it to their employer, they may in fact need supports to assist them in carrying out their job. Assistance and support in coming to terms with and managing a newly-acquired disability is also valuable.

A line manager who provides the employee with early and appropriate support at this crucial stage may be more successful in retaining an employee (Gray, 2000; Sainsbury Centre for Mental Health, 2004; Seymour & Grove, 2005, Employers' Forum on Disability, 2009)

An employee who has been trained in workplace wellness may be aware of the fact that they are experiencing difficulties and may wish to talk to their line manager about this. A trained line manager will have already established an “open door” relationship with their employees so that they feel comfortable discussing this situation with the line manager (Employers' Forum on Disability, 2009).

Robertson (2009) also states that line managers and employees need training to develop personal resilience, i.e. their ability to stay focused and bounce back from adversity. The steps to building personal resilience include being aware of inbuilt personality and workplace factors that affect the individual; understanding and dealing effectively, i.e. developing coping strategies to deal with workplace pressures; maintaining a clear sense of purpose; using a positive explanatory style to deal with success and failures in the workplace

# Section 7: Absence Management Policies

Employee absenteeism, i.e. poor attendance rates and high sick leave, is one of the biggest work-related costs for employers. Absence management policies can reduce costs associated with employee absenteeism. EDF Energy in the UK established effective absence management strategies and supports for their employees that improved employee productivity and savings for the company of an estimated €270,000 (£228,000) per year (Business in the Community, 2009)**.**

In 'Managing Attendance and Employee Turnover' (2006), Acas state that untracked employee absenteeism has a negative impact on the day-to-day running of an organisation, by reducing staff morale and affecting a company's relationships with customers.

Implementing a practical and effective absence management policy as part of an overall employee retention policy will assist an organisation in retaining skilled employees and will reduce costs associated with employee absenteeism.

Employee absenteeism from the workplace is one of the indicators employers use measure workplace wellness (Robertson, 2009). Investing in workers’ well-being, and in those workplace drivers that positively impact this well being, has positive financial benefits for the employer. Some research shows that for every €1 invested, the employer received €2 back regarding employee productivity and low absenteeism rates (Foresight Report, 2008).

An absence management policy also provides employers with effective strategies for staying in touch with employees who are absent from work, as a result of an acquired disability, and supporting their return to work.

One of the most critical aspects of implementing absence management policies is that employees are aware of and understand the procedures embedded in these policies. Employees need to be informed that it is the organisation's policy for the employer to contact them at home if they are absent from work for more than a minimum number of days. A suggested threshold is after three days (Employers' Forum on Disability, 2009).

This contact is supportive on behalf of the employer. It lets the employee know that the employer is concerned for their welfare and wishes to provide them with support during their absence (Employers' Forum on Disability, 2009).

The core elements of an absence management policy are to enable the employer and line manager to:

* Record the rate of employee absenteeism and the reasons for same
* Manage employee absenteeism
* Support absent employees to return and re-integrate into the workplace

It is important for all senior management and line managers to receive training in how to manage and implement a company's absence management policies (UK Cabinet Office Report, 1998).

Line managers are the first point of contact when an employee phones in sick. It is their responsibility to record and maintain detailed and accurate staff absence reports, hold return-to-work interviews and, if necessary, disciplinary meetings.

Recording and managing employees’ absenteeism is fundamental to an effective employee retention strategy. Research shows that when an absence management policy exists and absence is recorded and managed employees are less likely to be continually absent from work.

Additional recommendations for absence management policies state that they should include procedures such as appropriate sick notice to the employer and provision by the employee of evidence of incapacity. The guidance also recommends that absence management policies should incorporate measures for dealing with short-term and long-term absence. These policies should be communicated to all staff through a variety of means, for example the staff handbook, during an employee's induction process and by displaying policies on the staff notice board (Acas, 2006; Charted Institute of Personnel Development, 2008; UK Health and Safety Executive, 2004).

If an employee is absent due to certified sick leave or disability, by law they must still be informed and considered for promotion and training opportunities (Walshe, 2010).

### Absence records

Employer's Forum on Disability (2008) recommends that line managers should record employee absences into separate categories e.g.

* sickness absence
* disability related sickness absences
* disability leave
* other forms of leave (e.g. maternity, study, compassionate, carer's leave)

Recording absences in this way can enable line managers to see why an employee has been absent.

Keeping track of employees' absences will alert employers to any particular patterns:

* regular absences on Mondays or Fridays
* regular absences on the same day and time
* increase in the number of absences at a particular time of year

It is important to note if there have been any negative changes in an employee's behaviour or work performance (Employers' Forum on Disability 2008).

Line managers should discuss persistent absences with an employee in a supportive manner and reassure employees that the aim is to find out why these absences are occurring and what assistance the employer can provide. A balanced approach can help manage absenteeism while at the same time avoiding pressurising employees to come into work when they are not well.

In some cases an employee may have developed a hidden disability such as a mental health difficulty or epilepsy that they have not disclosed to their manager or employer. A discussion between the line manager and their employee provides the employee with an opportunity to tell their employer the reasons for their absences. It is important that these initial contacts are supported by appropriate medical certification of the employee's condition. The line manager and the employee can also discuss the impact that the absences are having on the team as well as possible accommodations and supports that the employee may need to assist them in the workplace and minimise their absenteeism (Employers' Forum on Disability 2008, 2009)

If an employee is absent as a result of an acquired disability, a case management approach should be implemented (Coughlan, 2004).

Line managers are also directly involved in supporting employees with acquired disabilities in returning to work through referrals to occupational health physicians as well as liaising with HR personnel. It makes sense that they should be equipped to deal with any aspects of an employee's absence (Employers' Forum on Disability 2008, 2009).

CIPD (2006, 2008), outlines the specific elements of an absence management policy that line managers and other managerial staff need training in:

* the organisation’s absence policies and procedures and their role in the absence management process
* role of occupational health services
* operation (where applicable) of trigger points
* development of return to work interview skills
* development of counselling skills

In addition to training employers and line managers in absence management, an organisation needs to have a strong supporting infrastructure, with written guidelines guiding activities and interventions (Shrey, 1998). This structure should ensure that line managers have the support of senior management in the implementation of an absence management policy

In a systematic review of studies of controlled trials of interventions with employees with lower back pain and similar conditions, Carroll et al; (2010) found that interventions involving consultation and consensus between employees, the workplace and occupational health professionals, and subsequent work modification are more effective and cost-effective at returning adults with musculoskeletal conditions[[3]](#footnote-3) to work than interventions which did not involve stakeholders.

## Early intervention

The common consensus in the research reviewed is that employers should intervene as soon as possible, once an employee has informed them of their acquired disability, or their absence from work signals the onset of a disability. The longer an employee is absent from work the less likely they are to return without continuous support from the employer.

There is a negative correlation between length of absence and likelihood of returning to work and much of the research suggests that the longer an individual is away from work the less likely they are to return. Shrey & Lacerte (1995), comment that extended absence from work has a demoralising effect for an employee with an acquired disability. Unless the employee receives support from their employer early on in their absence, there is a decreasing likelihood of employees returning to the workplace.

### When to intervene

The UK Employers' Forum on Disability suggests that early intervention as part of an absence management policy that is integrated with retention policies should begin with contact with the employee after three days of work absence.

Irish research suggests that after an employee's initial absence from work the critical period for supportive intervention by the employer is between 6-12 weeks (WRC Social and Economic Consultants, 2008)

A group of experts and professionals brought together by the RETURN team considered that 6 weeks' absence from work constituted the threshold after which long-term absence from work became much more likely. Prior to 6 weeks, over 80% of people return to work without assistance. After the 6-week watershed, there is a strong negative relationship between time out of work and return to work. After an absence of six months, the probability that an employee will return to work has reduced to about 50% (RETURN, 2001; Wynne and McAnaney, 2005b). The UK Cabinet Report (1998) found that in one particular workplace, no staff who were absent for a period of longer than three months ever returned to work. For those absent more than twelve months, the probability of return is less than 20 percent (National Institute of Disability Management and Research - NIDMAR, 2000).

Wynne & McAnaney (2005a) advise that it is better to prevent individuals from losing their job in the first place (crossing the threshold into absence), than investing in an attempt to return them to work after they become absent. They conclude that early intervention is the most effective way to achieve job retention and is only effective if responsibility for action is located in the workplace.

### Ongoing supportive contact

Research shows that ongoing and supportive contact from an employer that makes the employee feel connected to their work place and part of a 'work family', increases the likelihood of the employee returning to work. It is important however that the employer's contact with the employee does not make them feel pressurised to return to work.

Colledge & Johnson (2000), identify the importance of keeping the employee associated with the workplace and the need to create a ‘work family’ to build the morale of employees. The authors illustrate this point by citing a case study involving the experience at a hospital where 46% of nursing aides had initiated low back injury industrial claims. Hospital management implemented a programme of back school training, education on injury prevention and follow-up of reported injuries. An evaluation of the programme revealed essentially no change in the injury and recurrence rates among their employees. However, when the same hospital began a personnel policy of immediate contact and regular 10-day follow-up contacts, coupled with an evaluation of retraining and early return-to-work possibilities, they found it three times more effective in reducing time-loss and recurrence rates of low back injuries.

Participants of the UK Job Retention and Rehabilitation Pilot (Nice K., and Thornton P., 2004) stated that having their employer contacting them to enquire about their health and well-being, and keeping them up to date about their workplace when they were absent from work, were all positive influences on their rehabilitation.

Employees in other studies stated that this contact with their employers made them feel that their skills in the work place are still valued (Farrell et al 2006). The research states that it is much easier to maintain - rather than rebuild - contact (NIDMAR, 2000).

Shrey (1998) and Franche et al. (2004) emphasise the importance of employers providing supportive contact, that does not make the employee feel pressurised to return to work. They recommend that the frequency of contact should be set on a case-by-case basis, with both parties agreeing on the date and form of the next contact.

Thornton (1998), comments that in order for the early intervention process to be effective the employee needs to be provided with continuous support before and during their reintegration into the workplace.

In addition to early intervention a qualitative study of employees with prolonged absence from work emphasises the importance of a structured disability management/return-to-work programme being created by the employee and the employer. This programme should be simple and unambiguous, incorporating clarity about the roles and responsibilities of key individuals involved (Nordqvist et al. 2003).

Regardless of their absence from work, an employee is still legally eligible to apply for job promotions in their workplace. Employers must ensure that employees on leave of absence are informed of these promotional opportunities and if qualified, considered for same (Walshe, 2010).

# Section 8: Employee's Fitness to Return to Work

Before an employee can return to work after the onset of a significant condition, they must be formally assessed by their doctor that they are fit to return to work. If an employee is certified as fit to work by their doctor then the employer can take this at face value, unless there is good reason to the contrary (Walshe, 2010)[[4]](#footnote-4).

The employee's treating doctor is therefore an important part of the retention process and needs to be involved with the employee's permission. Research reveals that while the treating doctor is an expert in the field of diagnosis and treatment of health conditions and disability, if isolated from the workplace, s/he may unnecessarily and unintentionally limit their patient’s return to work options as a result of incomplete or inaccurate information. (Scheer, 1995; Shrey, 1998; Colledge & Johnson, 2004; Franche et al. 2004; Schweigert et al. 2004; Mowlan & Lewis, 2005; Blaug et al. 2007).

The treating doctor, with the employee's permission, should communicate and work with the employer and the company doctor/occupational health adviser to get an accurate idea of their patient's work duties and environment and to asses their capability to return accordingly (Cotton, 2006; Foreman et al; 2006).

Franche et al (2005) , Seebohm & Grove (2006), and (JAN, 2008) advise that the doctor's assessment of an employee’s fitness to work should include:

* The roles and duties of the post as set out in the job description
* If attendance at work is full- or part-time
* Physical requirements of the job
* Type of work environment. Dasinger et al. (2001), conclude that while doctor-patient communication may be important, it is insufficient without ergonomic assessment and organisational change in the workplace

The issue of doctor-patient confidentiality is a concern, given the fact that a doctor must discuss some of their patient's medical history with the employer. The recommended practice is that the doctor should assure the patient that personal information will remain strictly confidential, while making it clear that some medical information related to the employee's disability and their ability to return to work will have to be shared with the employer and the company doctor. (The Royal Australian College of General Practitioners WA Research Unit, 2001).

Since 6 April 2010 the UK has replaced the traditional sick note with a "fit note" (statement of fitness for work) (Dept for Work and Pensions, 2010). The fit note is given to an employee by their doctor when their health affects their ability to work. The fit note may include advice from an employee's doctor on how they may be able to return to work. If it is possible for an employee to return to work, it should be agreed with the employer how this will happen, what support will be received and how long the support will last. If it is agreed it is not possible to return to work until further recovery, there is no need to return to the doctor for a new fit note.

The main difference from the previous sick note is that rather than saying the employee is either able or unable to work, a doctor can say an employee may be fit to work taking account of the accompanying advice.

A doctor will be able to suggest ways of helping an employee get back to work. This might mean discussing:

* a phased return to work
* altered hours
* amended duties
* workplace adaptations
* The doctor will also provide general details of the functional effect of the individual's condition.

While an employer won't have to act on the doctor's advice in a 'may be fit for work' statement, it may help an employer make simple and practical adjustments to help an employee return to work and reduce unnecessary sickness absence.

The changes are not about trying to get people back to work before they are ready, but about removing the challenges to them returning. It is about the employer and employee working together and being open and honest. In general, work is good for health and the vast majority of employees place a far greater value on it than just their pay.

## Return-to-work policy

Return-to-work policy is perceived, in the literature reviewed, as being an important part of the employee's rehabilitative process and is often called a disability management policy. The return-to-work interview and the case management of the individual employee's rehabilitative process are cited as important elements of the return-to-work policy.

Tehrani (2004), states that the return to work/retention policy should:

* Include a clear statement on the benefits to the employees and the organisation of a return to work/retention policy
* Describe the retention and rehabilitation processes and procedures as they apply to all employees
* Be consistent and integrate with all other personnel-related policies and procedures
* Include provisions for training HR, line managers and union representatives
* Describe the communications process to be used to ensure the awareness of the entire workforce
* Have a named senior manager responsible for ensuring the effective working of the recovery, retention and rehabilitation policies and procedures
* Define case management responsibilities. This may involve the employee's line manager and HR manager in smaller organisations. In large organisations there may be a team including representatives from HR, an occupational health doctor and psychologist, together with someone representing business management

Developing a return-to-work plan for an employee is a major part of the return to work process. The employer and employee should discuss and develop this plan in consultation with their treating doctor and the company's doctor/occupational health officer. The implementation of the plan is then co-ordinated between the various stakeholders and relevant support services. This approach is proactive and workplace-based. Interventions and actions commence at the onset of an employee disclosing a disability with the aim of minimising the impact of impairment on the individual’s capacity to participate in productive employment (Shrey 1998, Habeck et al. 1991, 1998).

Overall, researchers state that the most supportive measures that managers can implement for returning employees with an acquired disability are to:

* Create a welcoming atmosphere for the employee
* Engage the work colleagues in supporting the returning employee and assigning “buddies” or mentors to assist the employee reintegrate into the workplace
* Encourage informal visits by the employee to the workplace in the run-up to a return to work
* Ensure the employee is treated as a team member and is not excluded from social events, or other job related activities

(Harnois & Gabriel, 2000; Nice & Thornton, 2004; Holmgren & Ivanoff, 2006).

## Return-to-work interview

The return-to-work interview as documented in the research literature is seen as:

* A conversation between the employer (personnel manager or line manager as appropriate) and the employee that should take place as soon as the employee returns to work, (not later than the first day of his/her return) (Coughlan, 2004)
* It should not be conducted as a reprimand, but as a normal conversation to find out the reason for the absence; to enquire about the well-being of the employee; and to bring them up to date with what has been happening in the workplace (Hathaway, 2007)
* The employee should be given ample opportunity to outline the reasons for his/her absence. The interviewer (usually the line manager/supervisor) should use the interview as a time to explore any issues that the employee may have in the workplace (Coughlan, 2004)

The return-to-work interview should also be used as an opportunity for the employee to discuss with their employer if their disability is episodic or progressive; and whether they are likely to require reasonable accommodations, further training to help the transition back into work. Such accommodations could include a phased re-introduction to their current job or a change of work duties where appropriate. The employee's progress can be monitored in follow-up interviews (Acas, 2006; Gray, 2000).

## Other Key Stakeholders

Employers and line managers have already been identified as the main people responsible for developing and managing employee retention policies. However, the successful implementation of these policies requires the support and expertise of other key stakeholders such as the employee's treating doctor and the company's doctor/occupational health officer and work colleagues (Frank et al. 1998; Franche et al, 2005, Employers' Forum on Disability 2008, 2009).

Research suggests that an employee with an acquired disability returning to work benefits from having an interconnected system of supports. An employee with a newly acquired disability may be struggling to come to terms with its effects. In addition to talking with their line manager it is also beneficial for them to discuss any emerging issues and possible accommodations with their treating doctor and with the company's doctor/occupational health officer (Cotton, 2006; Foreman et al, 2006, Employers' Forum on Disability, 2009).

## Colleagues

Work colleagues are cited as a major source of support for employees returning to work. Studies find that colleagues need to learn about and understand a company's employee retention policies and their role in assisting an employee re-integrate into the workplace.

Kenny (1995), conducted a study of the job retention and rehabilitation experiences of 49 employees who were returning to work after being absent due to incurring an injury at work. 56% of those interviewed reported that the attitudes of colleagues were supportive, 30% considered them to be “neutral” and 15% felt them to be “negative”. Any negative attitudes that were reported were based on colleagues’ concerns of taking on extra work in order to support an employee with an acquired disability.

Creating an inclusive work environment that values teamwork, in tandem with a common awareness that everyone will be assisted and supported in times of difficulty, can counteract the above concerns (NIDMAR, 2005).

Roulstone et al. (2003) conducted a national survey, interviews and focus groups to examine how people with disabilities manage in the workplace and how they survive or thrive at work. Colleagues were identified as a major source of support and the participants emphasised their importance in:

* refraining from making assumptions about employees with disabilities
* being supportive but not overbearing
* attending disability equality training
* showing empathy and acceptance of difference

# Section 9: Implementing Reasonable Accommodations

Research shows that 82% of employers view reasonable accommodations as an effective way to retain skilled employees and 72% of employers reported that reasonable accommodations resulted in an increase an employee's productivity (JAN 2009).

Employers who consult with their employee, the treating doctor, etc; about reasonable accommodations, significantly improve their chances of retaining the employee (Dowler et al. 1996; Foreman et al. 2006)

## Cost effectiveness of accommodations

Employers and HR personnel surveyed in a range of research studies often cite the benefit-cost ratio as a predictor of successful work accommodations(Zolna 2004, Watson & Wyatt 2001). However, much of the research focuses on the direct costs of providing workplace accommodations, rather than considering the benefits and overall effectiveness of the accommodations provided.

Continuing research conducted by JAN (2009) emphasises the financial and other benefits to employers of implementing accommodations. 447 employers provided information about costs related to accommodations they had implemented in their workplace. 56% of them stated that the accommodations cost nothing. Another 37% experienced a one-time cost of approximately €440. The difference between the cost of the accommodation beyond what they would have paid for an employee without a disability in the same position, was typically €240 (JAN, 2009).

Hernandez and McDonald (2010) found that evidence suggests the costs of accommodating employees with disabilities were small to none, with a change in work schedule being the most common request.

In addition to retaining a valued employee in a cost effective manner, employers reported that introducing reasonable accommodations increased the employee's productivity level (JAN, 2009).

Research also states that employers experience indirect benefits from implementing reasonable accommodation such as: improved interactions with co-employees; increased company morale; and increased company productivity(Blanck 1997, Cantor 1996). Accommodations provided to employees with disabilities are often found to be effective and useful for other employees, therefore having an economic currency and serving to maintain/or increase the productivity of all employees (O’ Leary & Dean 1998; Unger et al, 2002;).

## Non-material accommodations

Thornton (1998), notes that limited available data on people who acquire a disability while in work, indicates that the majority require non-material accommodations. Thornton illustrates this point by giving a breakdown of workplace accommodations identified in a study from the Netherlands. The most frequent accommodations requested by employees related to job tasks and work content (70%), changes in duration and distribution of working hours (48%) and reductions in tempo/speed of work (41%).

Dench et al. (1996) conducted a telephone survey of 1,500 UK employers to identify the reasonable accommodations they were prepared to take to retain an existing employee who acquires a disability.

These were:

* Allowances for special leave 86%
* Train/re-train 81%
* Provide flexible working patterns 78%
* Provide additional on the job support 77%
* Employ job-sharing 65%
* Provide counselling 63%
* Modify workplace/premises 57%
* Allow home working 17%

Krause et al.(1998), reviewed 13 studies on the impact of providing modified work to employees who had either temporary or permanent conditions. The authors conclude that providing employees with disabilities with modified work hours and/or duties cut the number of lost work days by a half. Employees who were offered such programmes were twice as likely to return as those who are not.

Nice & Thornton (2004), identified the most common accommodations provided as follows:

* Phased or graduated return to work. Employees returning on reduced hours, reduced duties or a combination of both. Employees gradually built up to full work capacity over a period of time. Some participants stated that returning gradually on anything less than full pay was not always a viable financial option. Two employers paid full salaries, a third paid for hours worked with non-working hours paid at sick pay rate and a fourth made discretionary payments to staff as an incentive to return.
* Alteration to working hours. Reducing hours to part-time, changes to start and finish times either to avoid rush hour traffic or to give a more manageable shift pattern, and flexible break-time arrangements.
* Altered job tasks and reduced duties
* Physical and environmental adaptations. A wide range of adaptations and equipment exist to assist an employee who has acquired a physical disability to fulfil their role and to contribute to the business on an equal basis. Examples given in the literature include - adapted keyboards, a more suitable chair, relocation to work in another part of the site (i.e. the ground floor, for ease of access), and generally improving access to the workplace.

According to JAN (2009) additional accommodations that were also effective for some employees returning to work after an acquired disability were:

* Allow leave for appointments
* Changing shift patterns or exploring different work options, such as job sharing
* Flexible working around agreed outputs
* A quiet place where employees can go if feeling anxious/stressed
* Modified break schedule
* Reducing distractions in the work area
* Restructure job to include only essential functions
* Dividing large assignments into smaller tasks and goals
* Increase natural lighting or full spectrum lighting

Foreman et al. (2006), cite a rate of return to work for employees with acquired disabilities who were provided with modified jobs as two times higher than for those with no accommodation in employment.

## Employee Assistance Programmes

These Programmes are cited as an excellent support for employees to assist them in reintegrating into the workplace. An increasing number of employers are providing their employees with access to professional counselling services, either through an external agency or as part of an in-house EAP. Access to such services are seen as being invaluable in assisting the recovery and rehabilitation of stressed employees (Gray, 2000).

The core components of an Employee Assistance Programme include free, confidential access to a contracted, affiliate network of mental health practitioners, who provide assessment, counselling and therapeutic services for employees experiencing a wide range of mental health issues. Employee Assistance Programmes typically also have telephone help-lines for information and advice on domestic, legal, medical and financial matters (Arthur, 2000)

Gray (2000) and Boedeker & Kindworth (2007) note that Employee Assistance Programmes can be considered a form of easily accessible stress intervention, as they provide help to employees while working. They are also a source of advice for employees on managing health problems within the workplace.

Employee Assistance Programmes are also useful in that they provide confidential feedback to employers about recurring problems within a workplace. They assist employers to identify sources of stress and areas of intervention for stress management and prevention programmes.

Schott (1999), commented that the provision of Employee Assistance Programmes might also reassure employers that they are providing adequate supports for employees experiencing difficulties in the workplace and in returning to work.

Rolfe et al. (2006), reported that employers are willing to provide assistance such as counselling or treatment if considered cost-effective, once they are convinced that the employee is also taking steps towards helping themselves.

## Effective communication about accommodations

Employers need to communicate their policies on reasonable accommodations clearly to all their staff. They also need to inform staff when accommodations are being implemented for an employee (JAN, 2009).

Ponak & Morris (1998), report on cases of employees with acquired disabilities returning to the workplace and being ‘literally dropped into units’, in which colleagues were neither consulted nor provided with relevant information about their accommodations needs. Supervisors left it up to the employee being accommodated to explain his/her circumstances.

Some returning employees were also concerned about their colleagues’ reactions to the fact that they were no longer able to carry out certain tasks and they attempted to do too much, thereby endangering their health. Others who stayed within their work capacity felt that they were letting down their colleagues and themselves.

Ponak & Morris (1998), advise that employers should:

* Inform their staff in advance about the prospective accommodation being provided to the employee with an acquired disability
* Provide all employees with an explanation of the employer’s legal requirements to provide reasonable accommodations to all employees if an employee requests one
* Provide all employees with a practical (i.e. non-legal) explanation of the duty to accommodate, so that co-employees give their full co-operation to the process

Employers, line managers and all staff require training to inform them of the long-term benefits and cost savings of operating a healthy, safe and inclusive work environment. This training will circumvent any employers’ concerns about employees with acquired disability being a cost item and adversely affecting productivity levels (Shrey 1998, US Equal Employment Opportunity Commission 1999).

The guidelines produced by the IBEC/ICTU Workway initiative in 2004, note that colleagues involved in recommending modifications to jobs, and identifying meaningful alternative assignments, develop a sense of ownership and responsibility. They are thus more likely to support the individual employee involved.

## Adjustment and Reassignment Policies

Once an employer has provided accommodations they need to review them with the employee on a regular basis to ensure that the employee does not require additional/ different accommodations (Employers' Forum on Disability, 2007, JAN 2009). Brooker et al. (2000) comment that company policy should make allowances for the fact that a department's productivity may be reduced for a short period of time while an employee is re-integrating into the workplace.

If the employee is experiencing difficulties after accommodations have been provided than the employer and the employee should discuss a re-distribution of tasks, working time patterns. If the employee cannot continue working in their current job consideration should be given as to whether or not they can be transferred to a suitable vacancy. (Equality Acts 1998, 2004; Employers' Forum on Disability 2008, 2009).

Reassignment should only be considered when there are no effective accommodations that will enable the employee to perform the essential functions of his/her current position and/or all other accommodations would impose an undue hardship (Equality Acts 1998, 2004, US Department of Housing and Urban Development, 2008, Employers' Forum 2008, 2009).

An employee should where possible be reassigned to a vacant position at the same grade/level. If a similar position is not available, or the employee can no longer fulfil duties at that level, than the employer and the employee can discuss alternative options, such as reassignment to a job at a different grade which may have lower pay (Equality Acts 1998, 2004; Employers' Forum on Disability 2008, 2009; US Department of Housing and Urban Development, 2008).

## The unsuccessful accommodation outcome

There may be instances where an employer is unable to retain the employee in any role, and terminates the employee’s contract. Before doing so, employers should ensure that good practice procedures and all possible reasonable accommodations have been considered.

Employees can retire on the grounds of ill health (if applicable), or they may take early retirement (Employers' Forum on Disability, 2007).

# Section 10 - Conclusion

The research evidence and expert guidance reviewed in this paper shows the benefits of an active approach to retaining and reintegrating workers who acquire a disability, and describes the measures which are effective in achieving that.

Research has shown that such approaches are cost-effective for employers in reducing the cost of replacing or substituting for experienced staff.References

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# Appendix - List of online resources consulted

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| **On-line resource** | **Focus** |
| Advisory, Conciliation and Arbitration Service | Employment relations |
| Affinity Health at Work | Occupational health |
| British Occupational Health Research Foundation | Occupational health |
| **Center for Health Information & Research** | Occupational illness and injury, health care economics and disability |
| Chartered Institute of Personnel and Development UK | Human resources management |
| Department for Work and Pensions UK | Social and employment research |
| Equality and Human Rights Commission UK | Equality and human rights |
| Equality Authority | Equality of opportunity in employment |
| European Agency for Safety and Health at Work | Workplace health and safety |
| European Foundation for the Improvement of Living and Working Conditions | Living and working conditions in Europe |
| Gladnet Collection | Employment and training for people with disabilities |
| Health Service Executive UK | Workplace health and safety |
| Institute for Work and Health Toronto | Publications on work related injury, illness and disability issues |
| International Labour Organisation | Employment |
| Irish Business and Employers Federation | Employer resources |
| Mental Health Foundation | Mental health |
| National Economic and Social Forum | Economic and social policy |
| Organisation for Economic  Co-operation and Development | Economics and public policy |
| Sainsbury Centre for Mental Health | Mental health policy and practice |
| School of Industrial and Labor Relations, Cornell University | Work employment and labour issues |
| Work Foundation | Work and corporate performance |
| World Health Organisation | Global health matters |

1. Global Applied Disability Research and Information Network [↑](#footnote-ref-1)
2. National Disability Survey 2006 vol. 1 Table 20.5 [↑](#footnote-ref-2)
3. Back pain and arthritis between them account for over a quarter of Irish long-term social welfare disability-related claims [↑](#footnote-ref-3)
4. Finnegan J.: Berber -v- Dunnes Stores Limited, [2009] IESC 10 (2009), APPEAL NO. 464/2006  
     
    [↑](#footnote-ref-4)