

---

## Guidelines to support the return to work process

---

- 1.1. A staff member's return to work should be managed with care and sensitivity, particularly where an absence has been for a long period. Unless circumstances dictate otherwise it is a line manager's responsibility to keep in contact with any of their staff whilst they are absent. Discussion with the absent employee is on a strictly confidential basis and will focus on their health and well-being. Discussion about their return to work will be based on what the employee will be able to do upon their return and the additional support available for duties where they may require assistance or flexibility. In some circumstances it might be sensible to carry out a risk analysis with the member of staff to help assess how best to organise a return to work.
- 1.2. The timing of discussions about return to work needs to be assessed on an individual basis. Discussing return to work too soon might put an additional pressure on the individual, whereas leaving it too late might mean that the staff member loses confidence in being able to return. When a member of staff is able to return or talk about returning to work discussion should be held to provide the manager with the opportunity to welcome the member of staff back to work, check that their record of absence is correct and enabling them to raise any remaining health or other issues that need addressing. It is very important to listen carefully to what the member of staff has to say and to be objective. If the member of staff so wishes they can be accompanied by a trade union representative or a friend.
- 1.3. In establishing a return to work plan it is important that the staff member feels a sense of control over the future work programme. The HSE recommends that the best time to make contact and start discussions is three to four weeks in to the absence; though each case needs to be assessed on the basis of individual circumstances. In cases of post operative convalescence there may be clear physical milestones in the healing process that will influence the plan.
- 1.4. The return to work plan should be tailored to the individual and might include:
  - consideration of any advice or guidance available from the Occupational Health Service;
  - the time period and any phasing arrangement;
  - any relevant information about alternative working arrangements;
  - information about reviews that will be in place to monitor progress and the dates when the plan will be reviewed;
  - clear arrangements for the recording, reporting and follow up of absences, including further support where appropriate;
  - confirmation of what the member of staff should do if problems or issues recur.
- 1.5. Return to work plans should be flexible and tailored to individual circumstances. They should build in corporate sources of support and help.

- 1.6. Where a member of staff prefers to make contact to discuss their return to work with someone other than their line manager, then they should contact their HR manager who will make appropriate arrangements.
- 1.7. Where the member of staff is not able or prefers not to come into the University to discuss a return to work, then every effort will be made to visit the person at home, with their agreement. Home visits are potentially sensitive and the HR Managers should be consulted to gauge who is the best person to visit and how contact with the member of staff should be made.
- 1.8. In these situations every effort should be made to enable the university staff member to have a friend or union representative present if they so wish.
- 1.9. In operating these guidelines managers need to be aware of the premises of the Disability Discrimination Act. Advice on this is available from HR managers or from the Equality Service.