# **Making Work Work**



*Making Work Work\** is designed to enable and support discussion about how stress, anxiety, depression and other mental health conditions affects someone at work. It is intended to aid communication, understanding and support – it's a document to help make work work.

An employer has legal obligations to prevent discrimination because of disability in the workplace. This document is intended to assist employers in respect of those legal obligations and can be used to complement current policies. It is a living document to be reviewed regularly by both the employee and manager and amended as appropriate (e.g. when there is a change of manager or role). It can be used as a short term or long term measure.

### As an employee, Making Work Work allows you to:

- Explain the impact of your health condition on you at work.
- Suggest adjustments that will make it easier for you to do your job.
- Offer further information from your doctor, specialist or other expert.
- Request an assessment by occupational health, Access to Work or another expert.
- Review the effectiveness of the adjustments agreed.
- Explain any change in your circumstances.
- Be reassured that your manager knows what to do if you become unwell at work and who to contact if necessary.
- Know how and when your manager will keep in touch with you if you are absent from work because of illness or a disability related reason.

#### As a manager, Making Work Work allows you to:

- Understand how a particular employee's health condition affects them at work and, just as importantly, does not affect them at work.
- Explain the needs of the business or organisation.
- Explain the organisation's attendance and reasonable adjustment policy.
- Be better able to recognise signs that an employee might be unwell and know what the employee wants you to do in these circumstances including who to contact for help.
- Know how and when to stay in touch if the employee is off sick.
- Consider whether or not the employee needs to be referred for an assessment (including any employee requests for an assessment) by an occupational health or another adviser to help both parties understand what adjustments are needed.
- Review the effectiveness of the adjustments already agreed.
- Explain any change in the employer's circumstances.

### The purpose of this document is to:

- Ensure that both parties, the individual and the employer, have an accurate record of what has been agreed.
- Minimise the need to re-negotiate adjustments every time the employee changes jobs, is re-located or assigned a new manager within the organisation.
- Provide employees and their line managers with the basis for discussions about reasonable adjustments at future meetings.

The *MINDFUL EMPLOYER Line Managers' Resource* and a companion booklet for staff, *Keeping Well at Work* may be helpful to refer to along with other information at <u>www.mindfulemployer.net</u>.

## **Strictly Private & Confidential**

The member of staff concerned may find it helpful to complete pages 1 & 4 prior to meeting with their manager.

### My health condition & the workplace

On a day to day basis, my health condition has the following impact upon me at work:

I believe the following signs may indicate that my health condition is deteriorating or causing me difficulties at work:

### In my view, this is what will help me to manage my health at work:

Occasionally (e.g. on a 'bad day': to be able to take a short break, go for a walk)

Short term (e.g. for a period of a few weeks [perhaps due to a change of medication or a time of particular work or outside work difficulties])

Long term/Permanent

### Keeping in touch during a sickness absence

If I am absent from work on sick leave or for a reason relating to my health condition and have followed the usual procedures for notifying the organisation, I agree that my line manager and I will keep in contact during this period in the following way:

How will contact be made? (e.g. email, telephone, text, letter)
How often? (e.g. weekly, fortnightly, monthly)
When? (e.g. preferred day, preferred time)
If we arrange to meet where? ( a south loss of the south loss)
If we arrange to meet, where? (e.g. neutral venue, my home, workplace)

### Conversations while on sick leave

Other than important developments relating to work or my return to work, these are the topics we have agreed we will discuss while absent (e.g. how I am feeling, what my line manager can do to help, current work situation, planning a phased return to work etc.):

#### Return to work

When I am ready to return to work after a period of sickness absence we will meet beforehand to review this agreement and make any necessary amendments. At this meeting we will also discuss (e.g. current work issues, the phased return/back to work plan, what to tell the rest of the team, how to handle questions from others about my absence, existing workload or backlog and how to deal with it etc):

### Unauthorised absences from work

If I am absent from work and have not followed usual procedures for notifying my manager that I am sick or absent for a reason relating to my health condition we have agreed that my line manager will do the following (e.g. Try to contact me by phone; notify my No. 1 preferred contact shown on page 4):

I understand that the above does not prevent possible disciplinary action for any unauthorised absence.

As your manager, it would be helpful for me if you could do the following (e.g. tell me if your health is deteriorating)

This document may be reviewed and amended as necessary with the agreement of both parties:

- At any regular one-to-one meeting.
- At a return to work meeting following a period of sickness absence.
- At six monthly and/or annual appraisals.
- Before a change of job or duties or introduction of new technology or ways of working.
- Upon moving to a new role or working for a new manager
- Other relevant occasions as agreed

As the employee, I will let my line manager know if there are changes to my condition which have an effect on my work and/or if the agreed adjustments are not working. We will then meet privately to discuss any further adjustments or changes that could be made.

As the line manager, if I notice a prolonged change at work or if the adjustments are not working we will meet privately to discuss what needs to be done.

An up to date copy of this agreement will be retained by the employee, and the line manager (including the new line manager during any transition period) and HR. A copy of this form may also be given to a prospective line manager and also other relevant staff (e.g. a senior manager) with the prior consent of the employee.

Employee name

Signature:

Line Manager name

Signature:

Date:

Copies given to (if appropriate):

### **Emergency contacts**

#### Please add, amend or delete types of contacts as appropriate

GP (preference No. )	Recovery/Care co-ordinator (preference No. )
Name:	Name:
Surgery:	Telephone:
Telephone:	Mobile:
Address:	Address:
Relative (preference No. )	Friend (preference No. )
Name:	Name:
Relation to me:	Telephone:
Telephone:	Mobile:
Mobile:	Address:
Address:	
Other (preference No. )	
Name:	-
Telephone:	
Mobile:	
Address:	

Signed	
Employee name	Date of Birth
Address	
Tel No	
Date signed	