

ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	3 October 2022
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	EAS Six Monthly Update January 2022 – June 2022 Occupational Health and Absence update January 2022 – June 2022
REPORT NUMBER	CUS/22/217
DIRECTOR	Andy MacDonald, Customer
CHIEF OFFICER	Isla Newcombe, People and Organisational Development
REPORT AUTHOR	Kirsten Foley, Employee Relations and Wellbeing Manager
TERMS OF REFERENCE	2.7

1. PURPOSE OF REPORT

- 1.1 This report updates the Committee on utilisation of the Employee Assistance Service (EAS) provided by Time for Talking during the last 6 monthly period January 2022 to June 2022 and provides a 6 monthly update on the Occupational Health and Absence figures for the same period.

2. RECOMMENDATIONS

That the Committee:-

- 2.1 notes the report and provide comment on the performance and trends; and
- 2.2 notes the ongoing support including the proposal to introduce reasonable adjustment passports.

3. CURRENT SITUATION

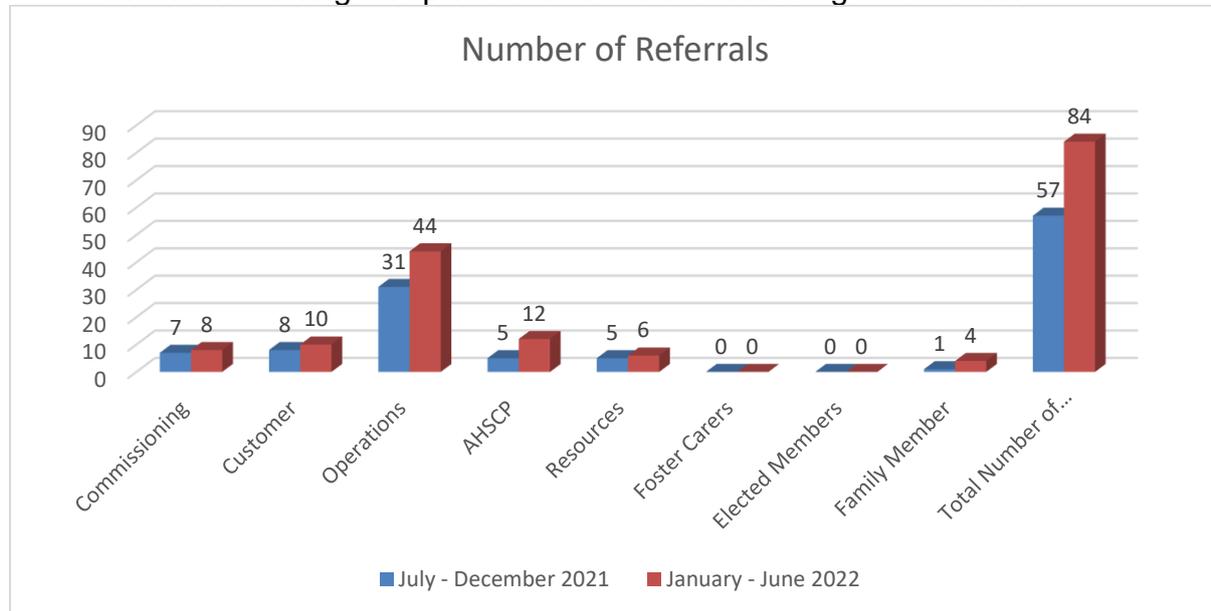
- 3.1 Following a joint tender evaluation process with Aberdeenshire Council, Therapeutic Counselling Services Ltd. (Time for Talking) were awarded the Employee Assistance Service (EAS) contract. The contract commenced on 01 January 2017 and is for the duration of 3 years and with the option of a 1-year extension which was taken up in January 2020. A report was taken to Strategic Commissioning Committee in November 2020 and approval was given to renew the contract until June 2024, with a further option to extend for two years at the end of this period.
- 3.2 The Council's Employee Benefits provider is VIVUP. One of the services they offer is an Employee Assistance Service, however we had not signed up to this service in the past due to the level of additional cost. During the process of negotiating additions to the Employee Benefits contract with VIVUP, we were offered the opportunity to roll out their Employee Assistance Programme for no

additional cost. This programme exceeds the provisions of the existing Time for Talking programme, and will accrue a significant cost saving to the Council. There will be an initial period during which the programmes run concurrently, to allow a full communication process and a smooth transition for staff, with the transition being completed by mid October 2022.

- 3.3 The VIVUP EAP service offers the same level of individual counselling for employees and their dependants as the previous provider offered, and in addition includes a wide range of self-help materials, including workbooks, podcasts and blogs, free registration for My Mind Pal, Debt Advice, Advice on utility bills/money management and Domestic Abuse support.
- 3.4 All of the support offered by the VIVUP EAP service is easily accessible on a single sign on platform, which employees can access on either work or personal devices, and which also includes access to other benefits that could be of assistance to staff, particularly at this time of increased living costs. Examples of these other benefits include discounts at large retailers, including supermarkets, financial advice and access to affordable loans through Salary Finance and salary sacrifice options on large purchases such as household appliances at rates that are lower than high street credit.
- 3.5 VIVUP are providing replacement communication/marketing materials, including wallet cards for all staff, at no cost to ACC, thus the costs in terms of managing the transition and publicising this are only in terms of staff time; there will be no cost in terms of producing printed materials.
- 3.6 International SOS (formerly known as Iqarus) were awarded the Occupational Health Contract which commenced in August 2018 for a period of 3 years with the option of a further two years. Following discussion with Aberdeenshire Council, who are part of the joint contract, the option to extend the contract for a period of 2 years was taken up in August 2021, with the contract being extended until July 2023.
- 3.7 This report contains Employee Assistance Service utilisation information on the 6-month reporting period and information relating to Absence and Occupational Health (January 2022 – June 2022).
- 3.8 An effective EAS service supports individuals with difficulties in their lives; sometimes these problems can affect an individual's ability to function fully at work or at home. This in turn may impact on their mental health and wellbeing which may also impact on their productivity, attendance and associated costs. Both direct and indirect costs require to be considered.
- 3.9 The longer an employee is off work, the more challenging it becomes to manage their health problems and less likely that they will return to work. Long-term absence is costly. There is mutual benefit if we can proactively support employees in the workplace and help employees avoid long waiting times for e.g., counselling or psychological therapy.

3.10 Employee Assistance Service Utilisation – 6 monthly reporting period January 2022 to June 2022

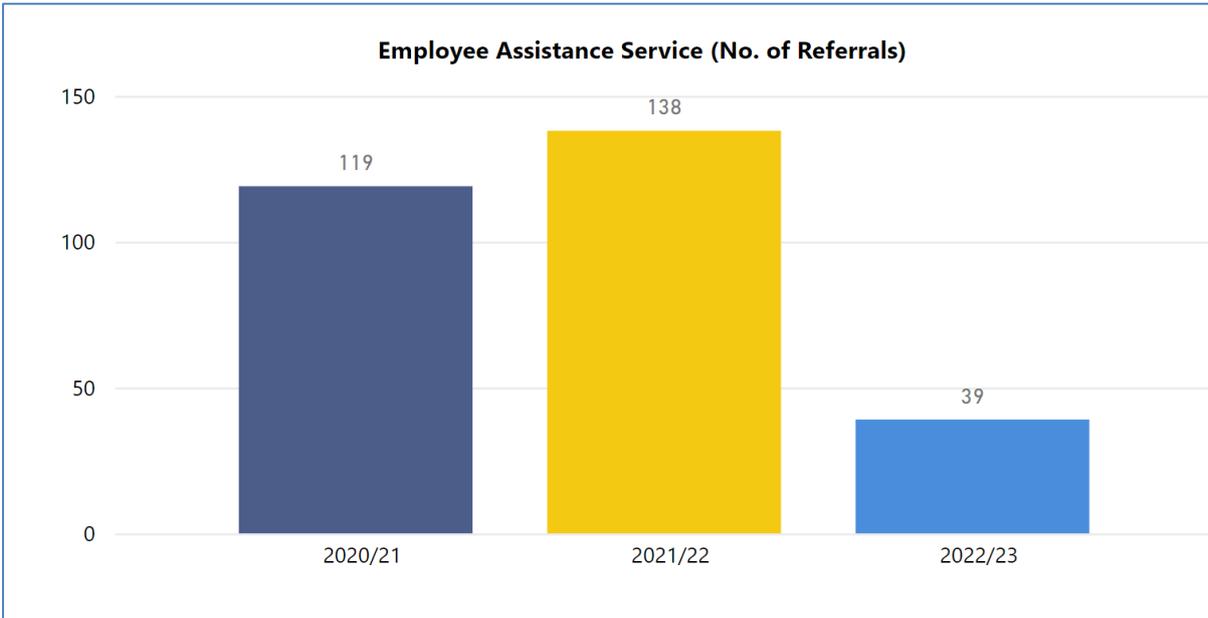
3.10.1 A total of 84 referrals were made during the 6-month period (1 January 2022 to 30 June 2022) comprising of 80 employees and 4 family members. The overall figure is significantly higher than the previous 6-month period of July to December 2021) of 57 referrals comprising of 56 employees and 1 family member showing an upward trend in staff accessing the service.



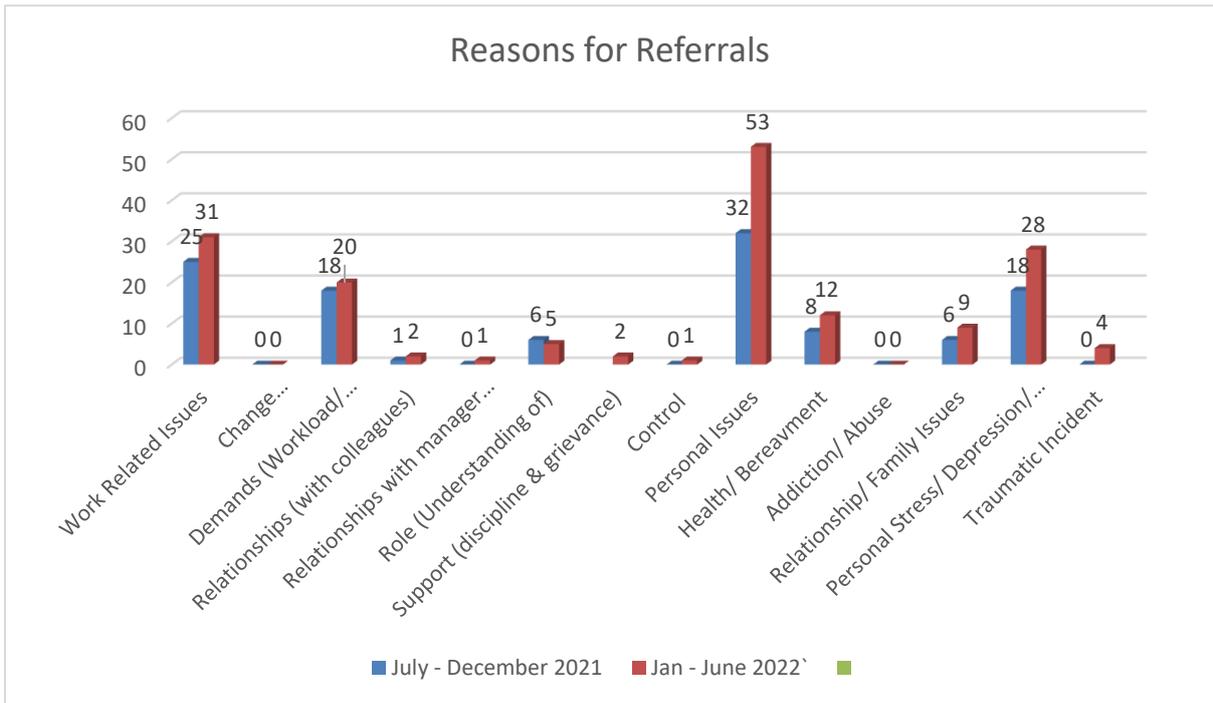
3.10.2 This increase was expected where individuals with mental health problems reported an increase in the degree of challenges they were facing during the pandemic with increased concerns about what the future holds and taking into account the traumas that people have been facing throughout the pandemic. This could explain some of the reason for the increasing number of employees seeking support.

3.10.3 In addition, the increased work to promote the employee assistance service across the organisation along with the increased regular blogs and communications could also be a contributing factor for the steady rise we are seeing in the number of referrals to the Employee Assistance Programme. This is reflected in the steady increase over the last three financial year periods with this years' projected figures being in line with a further increase in activity.

3.10.4 Furthermore, this increase in numbers are in line with findings with Employee Assistance Programmes across the UK. The [Employee Assistance Professionals Association \(EAPA\)](#) undertook research which found that 347,000 more employees used an EAP in October 2021 than they did a year earlier. This data was based on evidence from information provided by 3,200 HR professionals. The research concluded that higher EAP usage was here to stay for the foreseeable future.



3.10.5 There were a higher number of referrals relating to Personal Issues (53) compared to Work Related Issues (31) in this reporting period. Overall, the utilisation of the service has increased (84) compared to the previous six-monthly period (57). The highest category in this reporting period is Personal Issues, with 63% of all referrals being from this category and with more than half of these referrals being from the Personal Stress/Depression/Anxiety/Anger category. This shows a similar trend to the last six-monthly reporting period where 57% of all referrals were from the Personal Issues category and where more than half of these (57%) were from the Personal Stress/Depression/Anxiety/Anger category. These figures can be seen in the tables below.



3.10.6 In addition to the above, there has been an increase in the number of employees accessing the service for Work Related Issues since the last period. Of these work-related issues, Demands (Workload/Stress/Anxiety) remained consistently the most common reason for utilisation for Work Related Issues, with 24% of all work related issues being identified as due to Demands.

3.10.7 A breakdown of the figures per cluster and issues can be seen in the table below for the period January to June 2022.

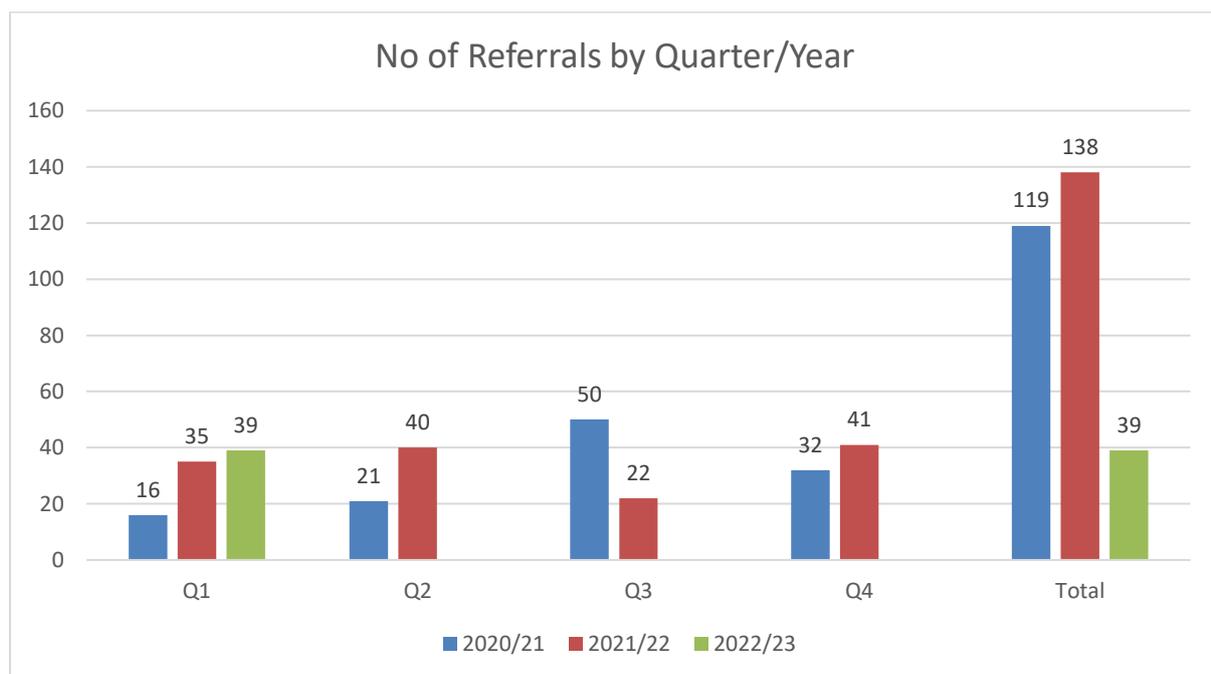
Functions	Work Related Issues	Change (Organisational/ redundancy)	Demands (Workload/Stress/ Anxiety)	Relationships (with colleagues)	Relationships with manager (Bullying)	Role (Understanding of)	Support (discipline & grievance)	Control	Personal Issues	Health/Bereavement	Addiction/Abuse	Relationship/Family Issues	Personal Stress/Depression/Anxiety/	Traumatic Incident
Commissioning			<5							<5		<5	<5	
Customer			<5			<5				<5		<5	<5	
Operations			9	<5	<5	<5	<5	<5		6		4	14	<5
Health & Social Care Partnership			<5	<5						<5		<5	<5	<5
Resources			<5							<5			<5	<5
Foster Carers														
Elected Members														
Family Member										<5		<5	<5	
Total Number of Referrals/C'ling	31	0	20	<5	<5	5	<5	<5	53	12	0	9	28	<5

3.10.8 A further breakdown of the figures by cluster for the period January to June 2022 is shown in the table below:-

January - June 2022																						
	Clusters Totals	Commercial and Procurement	Data and Insights	ALEO's	Governance	Strategic Place Planning	City Growth	Customer Experience	Early Intervn and Comm Emp	Digital and technology	External Communications	Children's & Family Services	Operations and Protective Services	Aberdeen Health & Social Care Partnership	Finance	Capital	People and Organisation	Corporate Landlord	Foster Carers	Elected Members	Family Member	
Commissioning	8	<5			<5	<5	<5															
Customer	10						<5	6			<5											
Operations	44											24	20									
AHSCP	12													12								
Resources	6																<5	<5	<5			
Foster Carers	0																			0		
Elected Members	0																				0	
Family Member	4																					4
Total	84																					

3.10.9 As shown below, the number of referrals for the last 3 years (April to March) are starting to show a steady increase in staff accessing the employee assistance service. This is not unexpected as the country continues to exit out of the Covid-19 pandemic, and demands for services continue to increase.

3.10.10 A large volume of work has been undertaken during the pandemic to increase awareness of the service, for example posters have been displayed in all workplaces, information leaflets have been produced and distributed to all our front-line employees, regular wellbeing blogs have been circulated via the intranet and more information has been made available on our People Anytime with the different ways made available to contact the service. The steady increase in numbers of people accessing this service (as illustrated in the table below) should be seen positively as we seek to reduce the stigma around mental health and encourage staff to access all available support mechanisms. The detail of the support available across the organisation can be seen in the [Mental Health and Wellbeing](#) update report which was submitted to Staff Governance Committee in January 2022.



3.10.11 The percentage of the Council's workforce that used the service is detailed below, along with similar sized local authorities' industry averages for comparison for the annual reporting period:

Comparison of Service Usage Against Other Councils	
Aberdeen City Council	1.49%
Council B	1.09%
Council C	1.41%
Council D	2.61%

3.10.12 Both full-time (63) and part-time (17) employees are using the service (19 (29%) male; 1 (1%) non-binary and 64 (70%) females). 63 full-time employees and 17 part-time employees accessed the services. The majority of employees have been at work (57) compared to those absent from work (23) when receiving support.

3.10.13 This is a slight increase in employees from the last six month reporting period of those who were absent from work (21). There was an increase of family members accessing the service from 1 in the last six month reporting period to 4 in the period January to June 2022.

3.10.14 A project to promote the Employee Assistance Service along with other support available is being undertaken jointly with the Trade Unions to ensure frontline employees have access to information about accessing this vital service. This will include our predominantly male workforce in our Operations Service. Work was recently undertaken to promote the service to our frontline cleaning teams and information on the services available are also now shared with all new employees during Employee Induction.

Full details are shown in the table below:

Demographics	Male	Non-Binary	Female	Full Time	Part Time	Currently at work	Absent from work
Total	19	<5	64	63	17	57	23

3.10.15 In the reporting period the assistance provided was mainly via telephone counselling (49) along with face-to-face counselling (12), Information/Advice Only (20), CBT Counselling Sessions (0) and Live Zilla Counselling Sessions (12) which allows face to face counselling to be done through a video call.

3.10.16 Face to face counselling has increased (12 compared to 4) and telephone counselling has significantly increased (49 compared to 37) from the last six month period. This is may be reflective of the restrictions on meeting face to face during the pandemic being lifted, and people becoming more comfortable with alternative ways of accessing support.

3.10.17 Figures can be seen in the table below:

Assistance Provided	Information/ Advice Only	Telephone Counselling	Face to face (incl. video)	CBT Counselling	No Contact from Client	On-line discussion
	20	49	12	0	3	0

3.10.18 The overall preferred method of receiving counselling is via the Telephone as shown in the diagram below:



3.10.19 Service users are offered the opportunity to provide feedback on the service via a short questionnaire. Feedback on the service delivered by the provider was positive and responders valued the confidentiality and the space to speak and be listened to in a sensitive setting.



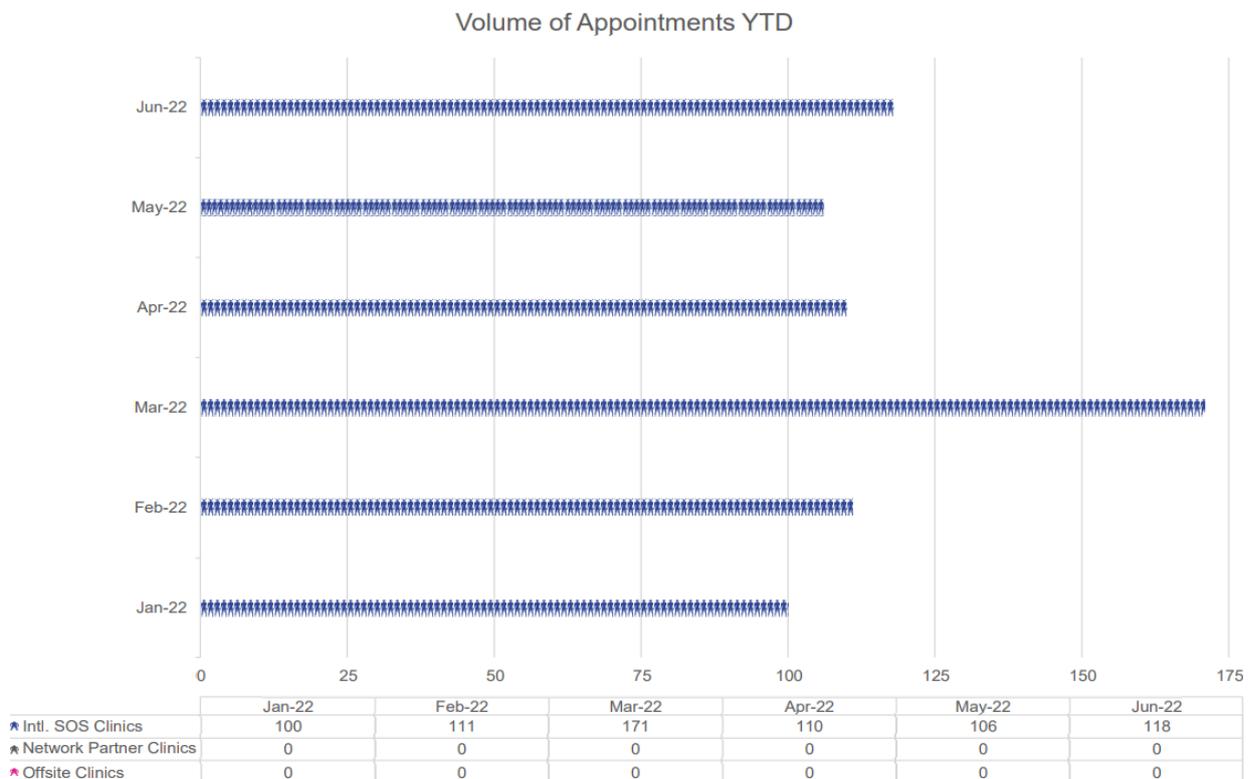
3.10.20 Our employee assistance programme will be moving from our current supplier (Time for Talking) to our new supplier 'Vivup' with a transition period running from 1 September until mid October. Our new contract is with our current

employee benefits provider who will deliver a 'like for like' service where employees can continue to feel supported and valued and have access to essential counselling support when they need it.

3.10.21 The new provider (Vivup) sits under the umbrella of wider employee benefits contract. Vivup has no direct cost to the organisation and therefore presents a significant reduction in costs as well as the continuation of our valued employee assistance. The service will be subject to on going monitoring.

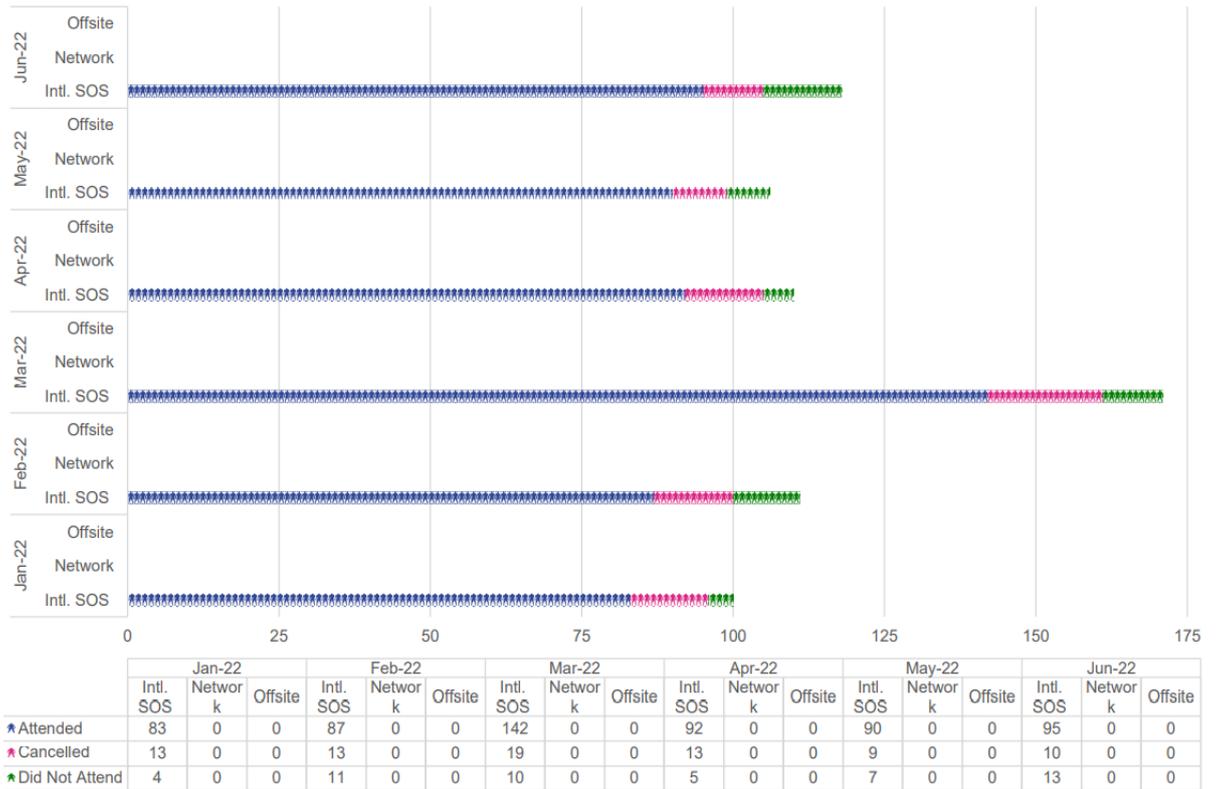
3.8 Occupational Health Service Utilisation – 6 monthly reporting period January 2022 to June 2022

3.8.1 As illustrated in the graphic below, the number of referrals to the Occupational Health service has remained steady throughout the first 6 months of the year, with the exception of March where there was a spike in referrals.



3.8.2 The graphic below shows the level of attendance at appointments. The reason given for the majority of the did not attend appointments was technical issues/failure of the employee to answer the phone. In some of these cases the employee reported that the call had not been received at the arranged time, and they were unable to answer the call when it was made. This is being addressed with the Occupational Health provider, to ensure that in future the employee is kept informed of any changes to the time they should expect the call and that the appointment is rescheduled should the new time not be suitable.

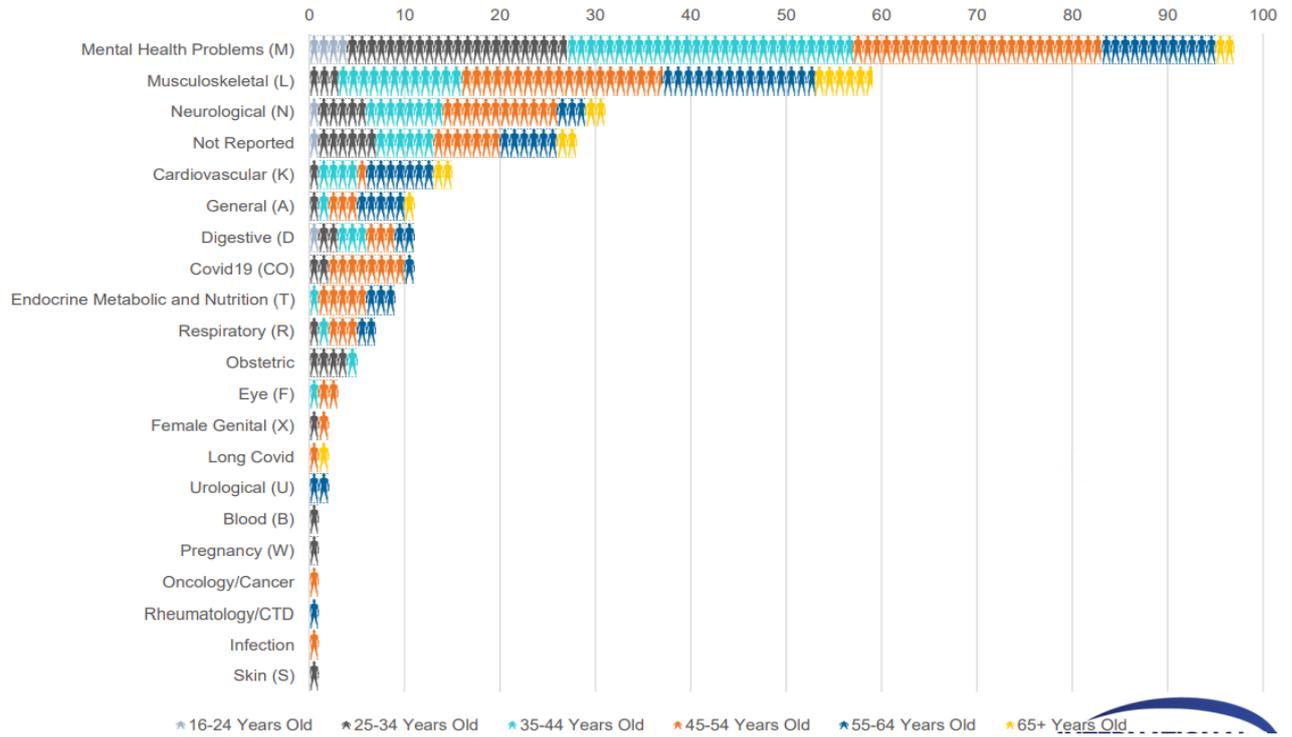
YTD Attendance



3.8.3 The graphic below shows the diagnosis resulting from management referrals over the 6 months period, broken down by diagnosis and age group. The highest number of referrals were related to mental health conditions with musculoskeletal being the second most prevalent condition leading to referrals. This is in line with the overall absence figures for the period

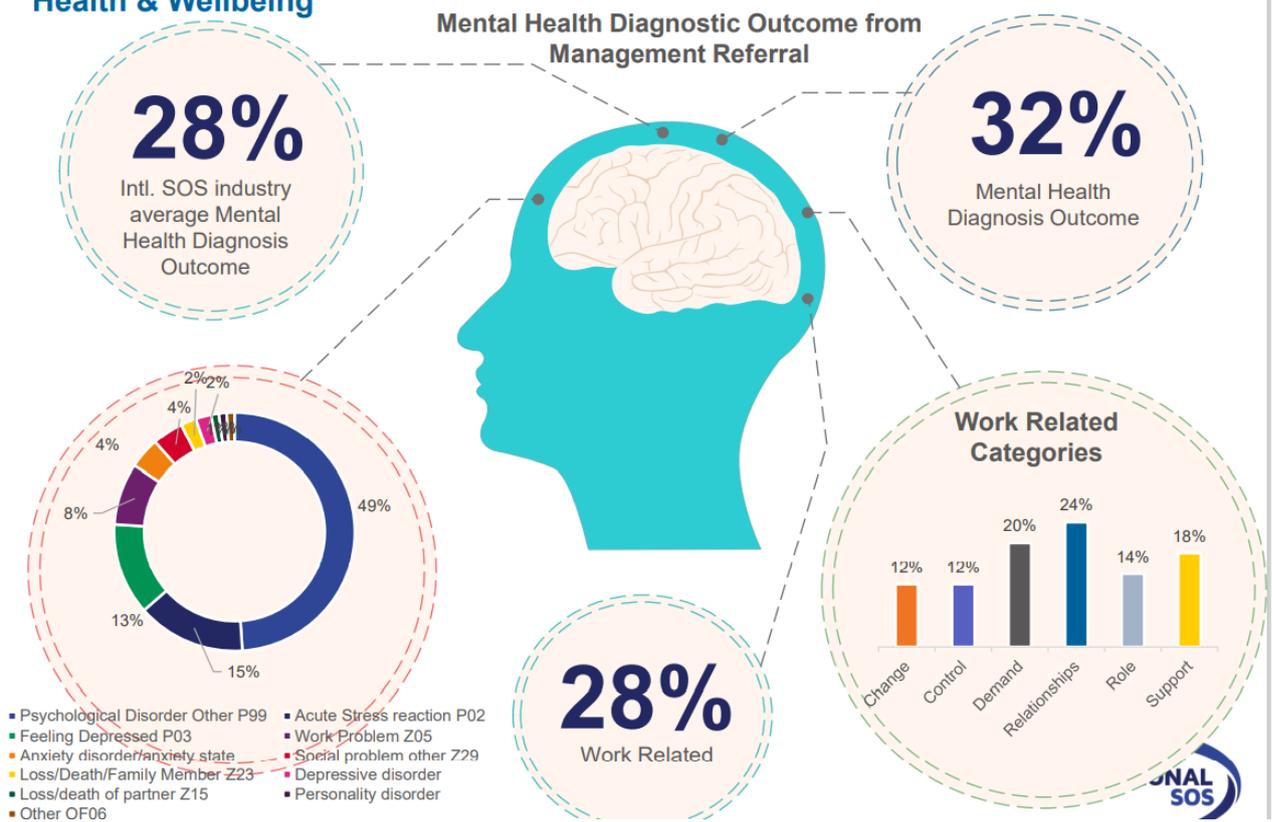
NB The total number of referrals in the graph below does not match the total number of appointments as detailed in paragraphs 3.8.1 and 3.8.2 above, as the total appointments include health surveillance checks.

Physical Diagnostic Outcome from Management Referral – per age group



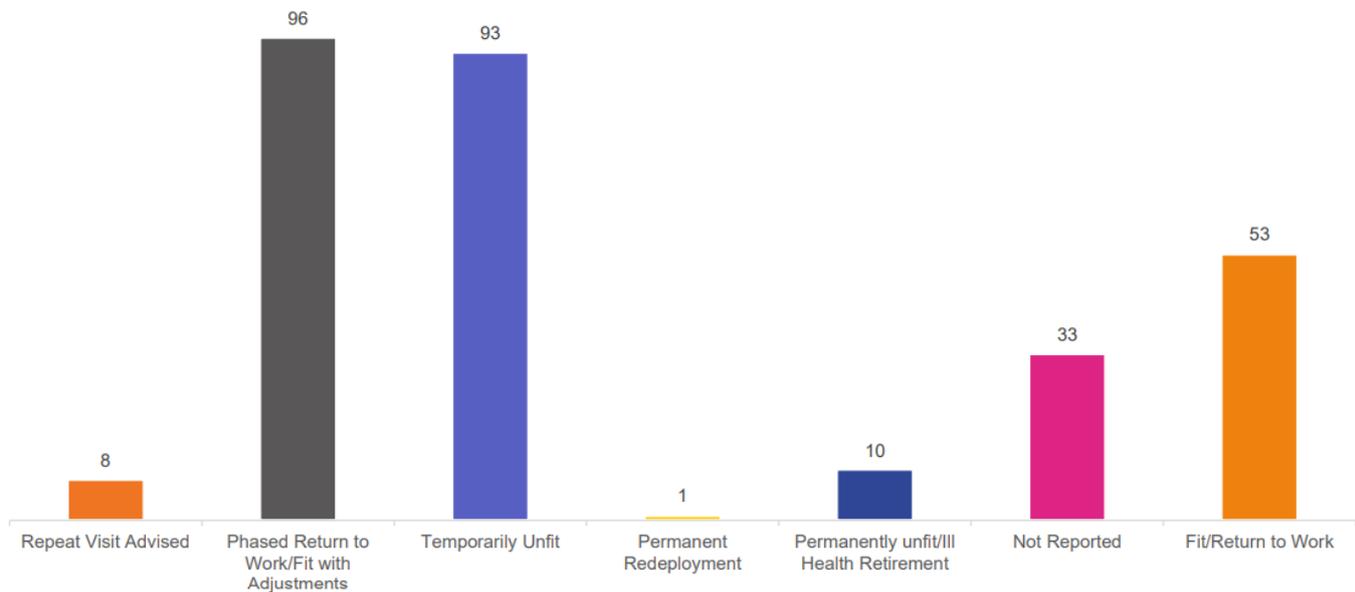
3.8.4 A further analysis of the mental health referrals gives the detail identified in the graphic below. As can be seen, 28% of the mental health referrals were attributed to work related issues, with the biggest category being due to relationships in the workplace (24%) closely followed by demand (20%) and support (18%). This data will inform the ongoing review and development of the mental health action plan and management support and development.

Health & Wellbeing



3.8.5 The graphic below shows the outcome of the management referrals over the 6 month reporting period. The not reported category reflects those employees who exercised their right not to have their medical information shared with the employer.

Management Referral Outcome



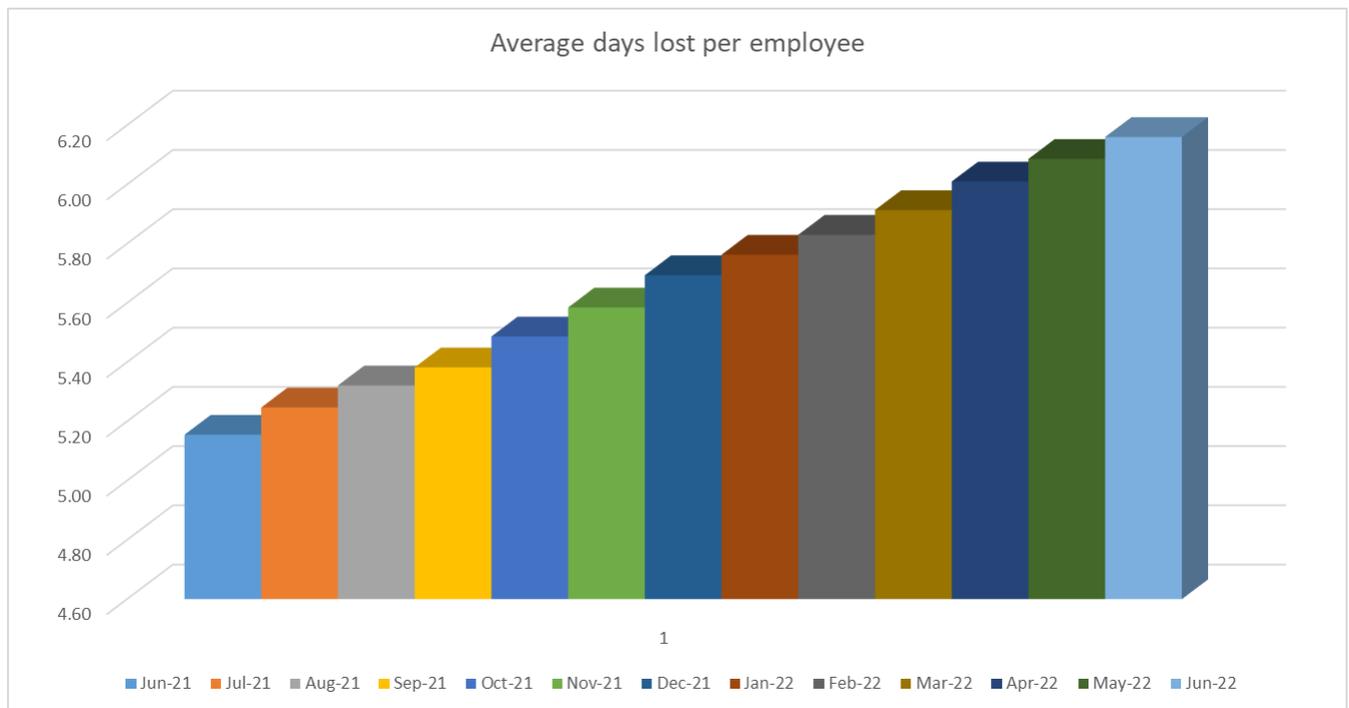
3.9 Sickness Absence

3.9.1 Absence levels

3.9.2 The table below shows the average number of days lost per employee over the past 12 months. This shows a steady increase in absence levels to the June level of 6.16 days in a rolling 12 month period.

The most recent ONS data available, which is the 2021 data released in April 2022, ([Sickness absence in the UK labour market - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)), identifies the average number of days lost per employee across the UK as 3.8 per annum, with the public sector figure being 5.4 days per annum.

Sickness Absence continues to be an area of focus and is reported on a regular basis to the Performance Board.



3.9.3 Absence Categories

3.9.4 The table below shows the main sickness absence categories over the last 6-month period.

3.9.5 Psychological and musculoskeletal absence remain the most common reasons for absence. The level of psychological absences rose in the middle of this reporting period, and it has remained the highest reason for absence throughout the reporting period. As previously reported to Committee, a significant number of resources continue to be made available to staff to support mental health and wellbeing and the impact of this support will continue to be monitored as we roll out the provisions of the Mental Health Action Plan, which was reviewed at Committee in February 2022.

[Employee Mental Health Action Plan Review and Annual Progress Update - RES/22/030](#)

3.9.6 Musculoskeletal absences remain the second highest category of absence. The ongoing Absence Improvement Plan includes ongoing support, training and preventative measures being put in place for musculoskeletal conditions, including promoting the physiotherapy provision included as part of the occupational health contract.

3.9.7 The increase in the number of absences categorised as “other” has been noted; further work has been undertaken with services around the accurate recording of absence categories in order to ensure that the best possible support can be provided to employees. This has resulted in a decrease in the number of absences being categorised as “other” from 17.49% of absences in January 2022 to 5.59% of absences in June 2022.

January 2022 – June 2022

SNAPSHOT_ MONTHYEAR	Jan 2022	Feb 2022	Mar 2022	Apr2022	May 2022	Jun 2022
SICKNESS_CATEGORY	MONTH_ DAYS					
Psychological	22.47%	22.65%	25.36%	24.52%	22.97%	23.19%
Musculoskeletal	19.33%	21.14%	19.36%	21.59%	19.41%	20.84%
Other	17.49%	13.65%	7.94%	7.05%	6.27%	5.59%
Respiratory	10.69%	10.63%	12.11%	9.24%	11.57%	9.84%
Hospitalisation	7.45%	7.17%	8.33%	10.09%	8.89%	9.37%
Gastro-intestinal	5.85%	7.45%	7.46%	6.48%	8.99%	8.40%
Neurological	5.63%	6.17%	5.69%	5.61%	6.17%	6.30%
Malignancy	3.26%	2.86%	2.56%	3.73%	3.32%	3.51%
Cardiovascular	1.36%	1.48%	1.72%	2.38%	2.16%	2.44%
Dermatological	1.30%	0.75%	0.94%	1.15%	0.69%	0.99%
Covid-19 Related	1.19%	1.18%	1.53%	1.64%	1.86%	1.44%
Gynaecological	1.18%	1.14%	1.82%	1.94%	2.10%	1.80%
Viral	1.10%	1.51%	2.34%	2.01%	2.20%	2.13%
Urological	0.53%	0.89%	1.32%	0.99%	0.99%	1.20%
Bacterial	0.45%	0.56%	0.69%	0.87%	1.19%	1.36%
Ophthalmic	0.42%	0.51%	0.52%	0.30%	0.76%	1.10%
Endocrine	0.03%	0.03%	0.06%	0.17%	0.23%	0.24%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

3.10 Reasonable Adjustment Passport (RAP).

3.10.1 Colleagues in the Trade Unions have been engaging closely with the services to explore how best to support employees who live with ongoing medical conditions.

In addition to marking the Unison sponsored [Year of the Disabled Worker](#) (2022), it is proposed that we engage with staff, managers and trade unions to implement reasonable adjustment passports, which are being promoted by the GMB, across the organisation along with a Council-wide campaign to help raise awareness of the vast variety of disabilities you may come across in the workplace. We will aim to upskill managers with the crucial knowledge they require to be able to positively support disabled colleagues.

3.10.2 The RAP is a record of the adjustments agreed between a worker who is disabled or who has a health condition and their manager. The passport acts as a live document about agreed changes in the workplace. The RAPs will ensure consistency across the organisation and save disabled workers having to continually explain their disability and the adjustments that have been put in place. This will provide employees with dignity in the workplace and prevent the distress of having to continually reexplain the nature of the disability that they have, as well as ensuring that, should the employee move into a new role, there is clarity around any adjustments that might be required.

- 3.8.3 The implementation of RAPs is being carried out with input from the Disability Working Group, to ensure its fit for purpose. A set of guidelines will be developed to support consistency of completion across the organisation and these will also ensure employees and managers are aware of all potential reasonable adjustments for consideration.
- 3.8.4 Research is currently being gathered to develop the passports in line with best practice and an example of these passports can be found at **Appendix I**.

4. FINANCIAL IMPLICATIONS

- 4.1 The direct financial costs associated with sickness absence relate to the payment of occupational sick pay and cover of essential services. The indirect costs relate to impact on service delivery.
- 4.2 There is also the potential for employment tribunal associated costs if an employee were to make an employment related claim against the Council.
- 4.3 The saving accruing from changing providers for the Employee Assistance Scheme will be incorporated into the next Council Financial Performance report.

5. LEGAL IMPLICATIONS

- 5.1 Failure to comply with legislation in ensuring a safe and healthy workplace has the potential to result in enforcement action by the Health and Safety Executive (HSE). Such intervention can result in potential prosecution (criminal) equally, employees (civil claims) are more likely to succeed following as successful HSE prosecution. Changes in the Sentencing and Fines Guidance for health and safety non-compliances are resulting in increased financial penalties. Fine starting points are based on an organisation's turnover. As Local Authorities do not have turnover; Annual Revenue Budget is deemed to be the equivalent. This amount is then altered depending on the culpability of the organisation and harm factors to employees and members of the public.
- 5.2 Under the Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999 there is a legal requirement to ensure the health safety and welfare at work of our employees. This includes minimising the risk of stress-related illness or injury to employees.
- 5.3 The provision of an EAS is in line with guidance produced by the HSE as one of the measures to control that risk. One person in four in the UK will experience a mental health problem in their lives.
- 5.4 HSE potential prosecution (criminal) can attract fines, imprisonment and remedial orders. There is also the possibility of employee claims (civil). Provision of an EAS can be used as mitigation against potential claims from employees exposed to work related stress.

6. ENVIRONMENTAL IMPLICATIONS

6.1 None

7. RISK

7.1 The risks with the potential to impact the decision being sought from the Committee are categorised as:

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H) <small>*taking into account controls/control actions</small>	*Does Target Risk Level Match Appetite Set?
Compliance	Compliance with legal requirements ensures the health and safety of employees. Poor management of the risks and lack of support has the potential to attract enforcement action (criminal and civil).	The provision of Assessment of risk via stress and Quality of Working Lives risk assessments with identification and implementation of safe working arrangements. Functions acting on utilisation, trend and root cause information to develop and implement controls to prevent a reoccurrence. Completion of Line Manager Competency Indicator Tool (HSE) by line managers acting on feedback. Provision of specialist support / advice.	M	Yes
Operational	Risk to service delivery if absence processes are not applied and	As above. Provision of information, instruction and training as	M	Yes

	<p>staff are not appropriately supported to return to work timeously.</p> <p>Risk to staff morale and wellbeing if they feel that they or their colleagues are not being provided with appropriate support, thus, impacting on workloads of colleagues.</p>	<p>identified in Job Profiles, skills and training matrices and in risk assessment. Open and clear two-way communication at all levels within the organisation. Non-judgmental and proactive support provided to employees who experience mental health problems. Good self-management of personal wellbeing and resilience.</p>		
Financial	<p>If no action is taken to support individuals and address trends, then the organisation will incur both direct and indirect costs.</p>	<p>Implementation of the Mental Health and Wellbeing in the Workplace Policy and supporting Stress Procedure. Effective management and maintenance of a mentally healthy workplace and provision of appropriate support. Review and identification of EAS use and related absence to act on lessons learned. Corporate and individual awareness of mental health in the workplace. Active monitoring of workloads.</p>	M	Yes
Reputational	<p>Without ensuring suitable employee support there is a</p>	As above.	M	Yes

	risk of the organisation not being seen as an employer of choice and having recruitment and retention issues..			
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8. OUTCOMES

<u>COUNCIL DELIVERY PLAN 2022-2023</u>	
	Impact of Report
Prosperous People Stretch Outcomes	The Prosperous People theme in the LOIP indicates that all people in the City are entitled to feel safe, protected from harm and supported where necessary, which would include employees of the Council. Adopting the approach outlined in the report will support the workforce.
Council Delivery Plan	The Council Delivery Plan identifies areas of action to support the capacity of the organisation to deliver its purpose, including mental health and wellbeing of the workforce.
Workforce Plan	As set out in the Workforce Plan, the emphasis on developing internal capacity and the need for flexibility and efficiency in our reducing workforce, there is a need to focus on supporting employee health and wellbeing.

9. IMPACT ASSESSMENTS

Assessment	Outcome
Integrated Impact Assessment	Not required
Data Protection Impact Assessment	Not required

10. BACKGROUND PAPERS

[Health Adjustment Passports – GOV.UK](#)
[Reasonable Adjustment Passports – TUC and GMB](#)

11. APPENDICES

Appendix I - Reasonable Adjustment Passport Template Example

12. REPORT AUTHOR CONTACT DETAILS

Name	Kirsten Foley
Title	Employee Relations and Wellbeing Manager
Email Address	kfoley@aberdeencity.gov.uk
Tel	01224 522913

Reasonable adjustments disability passports

GMB
UNION

TUC
Changing the world
of work for good

SECTION 3

A model reasonable adjustments passport

The information provided in the reasonable adjustment passport is confidential to the worker and their line manager and HR. It should not be shared with anyone without the written consent of the worker.

A copy of the passport should be held by both the worker and their manager and, if appropriate, HR.

Name of worker:	
Worker/payroll number:	
Worker's signature:	Date:
Name of line manager:	
Managers signature:	Date:
Team/unit/department:	
Directorate:	

Reasonable adjustments details

My health condition or impairment interacts with barriers within and/or outside the workplace to create the following impact(s) on me at work:

This could include:

- › effect on co-ordination, dexterity, or mobility
- › effect on mental health
- › effect on hearing, speech or visual impairment
- › effect on my ability to interact socially with colleagues
- › effect of particular working environments (for example open-plan offices)
- › attending medical or counseling appointments*

An example of a response might be:

'If my role requires me to stand for long periods of time, then this will create a barrier for me due to my coordination/dexterity/mobility condition.'

The following reasonable adjustments have been agreed between me and my manager:

Has any additional advice been given or requested? If so, from whom and what date was it requested/given: (Please attach any such information to the back of this document).

Date of implementation:

My condition or impairment and work

Please complete this section if you have a fluctuating condition:

On a good day, I believe that my disability or condition interacts with barriers within or outside the workplace to have the following impact on me at work:

When things are not so good, I believe that my disability or condition interacts with barriers within or outside the workplace to have the following impact on me at work:

Therefore, I might need the following further reasonable adjustments:

Emergency contacts

Below is a section for **optional** emergency contact details.

You are under no obligation to provide these details but can choose to fill out contact details for **one, none or all** of the suggested boxes or provide contact details for groups not suggested here.

If I'm not well or there are any urgent concerns about my wellbeing, I'm willing for my manager/management to contact any of the following emergency contacts in the order of preference indicated below.

(Please add, amend or delete contact types as appropriate or when there are any changes.)

Relative, partner or family member (preference number:.....)	
Name:	
Relationship to you:	
Telephone numbers	
Home:	Mobile:
Friend (preference number:.....)	
Name:	
Telephone numbers	
Home:	Mobile:

**Specialist/care co-ordinator/support worker/general practitioner/nurse
(preference number:.....)**

Name:

Relationship to you:

Telephone numbers

Home:

Mobile:

Other (please specify) (preference number:.....)

Name:

Relationship to you:

Telephone numbers

Home:

Mobile:

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