

SUPPORTING SUSTAINED RETURN TO WORK AFTER LONG COVID: Insights from Police

WHAT IS LONG COVID?

In the UK, around 2 million people report having Long Covid - this means they still have symptoms more than three months after having the COVID-19 virus. Long Covid (referred to here as LC for short) can affect many body systems. It causes a wide range of symptoms which can be very debilitating and have devastating effects on people's lives, including their ability to work. People who work in frontline critical service jobs have been especially affected by LC.

THE RESEARCH

We wanted to understand experiences of LC for police officers, nurses, and teachers, and the impact it has had on their ability to work. Our aims were to find out:

1. What has made it easier or more difficult for people with LC to return to and thrive at work.
2. How managers and employers have tried to support employees with LC and other illnesses, and how people in management or leadership roles can be supported too.
3. Whether it is possible to use anonymised sickness absence data to figure out the impact of LC on levels of staff absence.

For the **police sample**, we interviewed 23 people who were working in response policing in Scotland when they became unwell and 11 people in line manager, human resources or staff association roles. We used anonymised sickness absence data to estimate how much sickness absence is due to COVID-19 and LC in the police.

We outline the key recommendations from the research on page 1 and report the main findings in more detail on pages 2 and 3.

WORK STATUS AT TIME OF INTERVIEW:

** some overlap between categories*



15 working in New Role

5

returned to Original Role



5 with workplace adjustments

6

with no adjustments



<5 pursuing/taken ill health retirement

RECOMMENDATIONS :

1. There are **many examples of good practice in the police service which can be built on**. This includes examples of compassionate managers and good leadership, opportunities for role flexibility, and the availability of in-house health services and resources.
2. **Managers would benefit from greater organisational support** especially in cases where LC is prolonged and it is difficult to reconcile staff and organisational needs.
3. There is a **need to provide managers with training or resources designed to improve their understanding of LC** (and other episodic illnesses) **and the ways they can affect employees' capacity to work**. Specifically, managers should be helped to understand: i) the episodic nature of LC symptoms; ii) the high price that people may pay for prioritising getting to work - often this means other areas of life have to be put on hold; iii) the significant impact on mental health, particularly if people can't do the roles they have been so strongly committed to; iv) improved return to work measures/pathways to retain valued, skilled and experienced staff and aid their recovery.
4. **Supportive workplace relationships are vital to sustained return to work**. People with LC stressed the importance of managers and colleagues who: i) trust what they say about their LC and believe what they say about how it affects them; ii) try to understand its impacts through supportive questions and listening; and iii) help identify health needs early and collaborate on a return to work plan.
5. **Improved ways of recording sickness absence causes could help organisations to understand the true impact of LC**. This would enable better planning and implementation of appropriate, tailored, and reasonable adjustments.

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KEY FINDINGS

THE DEVASTATING IMPACT OF LC

Of the response officers with LC that we interviewed, many had been off sick for sustained periods and only a few had been able to remain in their original role without workplace adjustments. The majority were either in a new role or had workplace adjustments to accommodate their symptoms and health needs. Interviewees shared the devastating impact of LC on their health and work capabilities. They described how symptoms can vary over time, making it very difficult to return to or stay in work.

[It was agreed] I would go back to work and do four-hour shifts [...] a phased return, and then increase the shift length by one hour each week until I was back up to full time [...] So, I'm thinking, four hours, easy-peasy. Went back to work, and I think I was sent home after two hours [and] I wasn't doing anything physical [...] so the hours took longer to get up to full-time. - Response officer 05

Response officers with LC described using a range of strategies to manage symptoms to get back to and stay at work. One strategy was “pushing through” but this could lead to ‘crashes’ when their symptoms got worse, setting back their recovery. Many talked about how they prioritised work and recovering after being at work over other parts of their life.

[When I was back to working 6-7 hours a day from home] the deterioration in me was horrendous [...] I would basically finish my shift and go to my bed, and I would sleep right through until the next day. [...] there was basically no work/life balance, everything was revolving about work. - Response officer 03

THE IMPORTANCE OF INCLUSIVE & SUPPORTIVE RESPONSES FROM MANAGERS & COLLEAGUES

There were examples of **managers and colleagues responding to people with LC in supportive ways**, showing how crucial this was in helping them to sustain their return to work. Examples included:

i) Relationships that involved trust, sensitivity, being made to feel valued and included.

I ended up being partnered with somebody who I was really close with...we worked really well together...and that totally brought me back to how I should have been....I didn't feel stupid with them... they didn't ever judge...so that really helped me...get back to normal. - Response officer 15

ii) Managers who were working hard to include and support staff members affected by long-term illness. People valued good, clear communication and feeling that they were trusted and believed about their illness.

I would check in with [my staff member with LC], find out how he was doing, find out if there was anything we could... change...that needs to be done, because then it makes them feel...heard. Because they are being thrust into...roles, that they've not picked...I...let them know that they've got a voice... - Manager03

iii) Managers who were thinking creatively and flexibly about ways that staff affected by LC might be able to return to a meaningful role, without triggering a negative impact on symptoms.

However, there were also examples of **managers and colleagues responding in less supportive ways**. These included:

i) Dismissive attitudes among managers / colleagues (often linked to limited understanding and knowledge of LC).

ii) A lack of support whilst trying to make return-to-work plans.

iii) Poor handling of sensitive situations (e.g. managers appearing uncomfortable when staff were upset).

People join this job to be police officers. You get a first line manager's course [which will] tell you about processes for dealing with people related issues. So, performance, capability, actually you don't get much training on how to deal with people.....and those complex cases. The majority of people in the police service have never done anything human resources related. - Manager06

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BALANCING STAFF NEEDS AND ORGANISATIONAL PRESSURE

Response officers with LC valued job flexibility and opportunities for redeployment within policing but they also wanted to maintain or redevelop a sense of fulfilment. It was important to still be seen as a valuable worker and to feel they were doing a meaningful job. They also welcomed having improved access to a range of services and resources for their physical or mental health through the police but thought these were designed to suit established and visible conditions.

I think we're very lucky in the police for [access to support]...there's lots of things...The organisation's been very good. It never used to be.

- Response officer 04

All interviewees talked about the changes they had seen across public sector organisations, such as cuts to funding and staffing, and increasing demands on services. Managers talked about competing tensions between supporting individuals in their team and meeting organisational needs.

We never have enough [staff], we need everybody that's in frontline posts on the front line. So then, trying to manage [a staff member who needs workplace adjustments], it impacts on everybody else....you're very aware of that, but you want to do your best for that individual, keep them at work in a role that they can do, to support their recovery.

- Manager06

THE IMPACT OF LONG COVID ON SICKNESS ABSENCE RATES WITHIN POLICE SCOTLAND

1/3 OF ALL
SICKNESS ABSENCES
BETWEEN 2020-2022
WERE
COVID-RELATED.



..which suggests there is the potential for a lot of police staff to have been affected by LC.

It is difficult to estimate the true impact of LC, as absences were recorded as Covid-related, but not specifically as LC. The difficulties of getting a clear diagnosis of LC, especially in early periods of the pandemic, and the episodic nature of LC symptoms, may also mask the extent of the impact.

USEFUL RESOURCES

NHS Inform, Long-term effects of COVID-19 (Long Covid)

Long Covid: guidance for police forces, Oscar Kilo (National Police Wellbeing Service)

Long Covid: A Manager's Guide, Society of Occupational Medicine

COVID-19 return to work guide For recovering workers, Society of Occupational Medicine

Long Covid and return to work - What works?

ABOUT THIS STUDY

This briefing is based on research funded by the Chief Scientist Office (grant no: HIPS/23/08). The research team included:

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