# Line Managers and the Management of (Sickness) Absence in Social Care

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## Executive Summary

This report examines absence management in social care organizations with a particular focus on the central role of line managers. Drawing on 25 semi-structured interviews conducted between 2022 and 2025 with HR managers, line managers, team leaders, and frontline care workers in the private social care sector, the research explores how absence is managed, the challenges faced, and the evolving practices post-Covid. It highlights both formal policy structures and the informal workplace dynamics that shape attendance management. The study identifies the following key findings:

1. Social care presents a complex area for HR planning and resourcing of services, through managing attendance. The pandemic has left a lasting imprint, with reduced service user numbers resulting in underworking becoming normalized in some services and employers reducing contracted hours for cost-saving. Staff shortages were also evidenced which have led to widespread reliance on agency workers, with concerns being raised about continuity of care and lack of familiarity with service users. Workers revealed that financial insecurity often influenced whether they could afford to take sick leave, raising the risk of unwanted presenteeism.

2. Participants across all interviews repeatedly described high levels of absence as an ongoing concern. Absence remains a persistent issue in the post-Covid context and, as interviews indicate, absence is managed through a two-tiered approach: the punitive and the flexible and supportive. This change reflects a growing recognition of the complex personal lives of care workers, including caregiving responsibilities, mental health, and chronic conditions.

3. The study finds a marked decentralisation of absence management, where formal HR policies exist, but the practical responsibility falls heavily on line managers. In many cases, line managers implement informal practices to manage attendance, including forming cliques or rewarding favoured staff with preferred shifts and flexibility, often in exchange for loyalty or availability. This undermines fairness and exacerbates feelings of exclusion among others.
4. Many line managers, despite being the first point of contact for reporting and managing absences, feel unsupported, particularly in smaller organizations where HR is outsourced, or in larger ones where HR remains remote and inaccessible. This limited HR involvement often results in inconsistent application of policies and forces line managers to rely on personal discretion, contributing to unequal treatment.
5. Empathy and flexibility were identified as cornerstones of effective absence management, especially considering rising mental health concerns and staffing pressures. Participants described a noticeable shift from punitive approaches to more compassionate, person-

centred conversations. Line managers are increasingly expected to adopt supportive leadership styles, demonstrating flexibility around shift patterns and understanding the broader context of workers' personal lives.

6. Organisations are attempting innovative solutions to absence management. One organization had created a specialised team solely dedicated to finding cover, while others used platforms like Microsoft Teams to offer overtime to permanent staff. Some organizations even devolved the responsibility for finding cover (when not related to sickness) back to workers themselves, raising concerns about fairness and added pressure.
7. The findings of this report highlight the complex, informal, and often inequitable nature of absence management in social care settings. While formal policies exist, it is clear that line managers play a central—and sometimes discretionary—role in implementing and adapting these practices. There is a growing trend toward flexibility and wellbeing support, driven in part by staff shortages and changing workplace expectations. However, these positive shifts coexist with older, punitive models and informal favouritism, resulting in a fragmented and inconsistent experience for staff.

## Introduction

This report discusses the critical topic of sickness absence management in the UK's social private care sector in the aftermath of the COVID-19 pandemic, and the crucial role line managers can play, both formally and informally, in managing workplace attendance. (Sickness) absence remains a persistent issue in the social care sector, particularly in the post-Covid context. Despite the easing of pandemic-related pressures, high levels of absence continue to impact service delivery and workforce stability. Across all interviews conducted for this study, absence was consistently highlighted as a concern. One participant's comment, *"We do have a high absence level here,"* was echoed repeatedly by others, reflecting a shared experience across different roles and settings. The majority of participants acknowledged that managing sickness absence has become increasingly challenging, with some linking it to burnout, reduced staffing levels, employee turnover and limited flexibility in shift arrangements. This points to an ongoing structural issue that extends beyond individual organizations and suggests sector-wide implications for workforce planning and support. Drawing on qualitative interviews with a diverse sample of 25 care workers and managers, the report assesses the role of line managers in managing sickness absence in the private social care. The insights shared by the participants outline the strengths and the challenges in absence management and emphasise the vital role of their line managers in the process. While examining the formal HR policies, this report focuses on day-to-day decision-making and relational dynamics that influence employee wellbeing and attendance.

## Sickness absence in social care: Background and insights from the voluntary sector

Consistent data on sickness absence in social care is not readily available. However, over the last ten years, a series of studies that have benchmarked pay, conditions and organisational health indicators in the Scottish non-profit social care sector, undertaken by researchers from Strathclyde Business School provides some insights. The studies averaged between twenty-five to thirty participants across the years. The year of the peak of Covid 19 pandemic, represented a pause in the study in terms of availability of funding and participants desire to be involved. Nevertheless, on this measure of days lost the table illustrates a consistent picture of high levels of employee absence, and reveals the sector to be focus of attention in terms of resolving absence issues. There is an obvious peak following the worst Covid year of 11.8 days. However, only one year in the data set (2016-2017) shows the number fall below nine days. This contrasts with official Office of National Statistics figures for the years 2023 and 2024 that showed some stability at 7.8 days.

Moreover, behind these figures are trends showing how largest causes of absence have changed where mental ill health has become the largest cause. In terms of the management of absence, the study has revealed recent years have seen the growth in the use of punitive measures such as the Bradford Factor, with only a minority promoting healthy lifestyles. There is also a wide variation in entitlements ranging from full/half sick pay varying from 5 weeks to 26 weeks/6 months. (Cunningham et al., 2023-2025; Cunningham et al., 2021).

| Year | Days lost |
|---|---|
| **2014 - 2015** | 10.7 |
| **2015 - 2016** | 9.9 |
| **2016 – 2017** | 8.8 |
| **2017 – 2018** | 10.4 |
| **2018 - 2019** | 10 |
| **2020 - 2021** | 11.9 |
| **2021-2022** | 9.6 |
| **2022-2023** | 9.6 |
| **2023-2024** | 10.3 |

**Table 1: Days lost through absence per employee in the Scottish Non-profit care sector**

## Managing sickness absence and the role of line managers

Sickness absence represents a significant economic and organisational challenge in the UK. It is estimated to cost over £100 billion annually, a figure driven by the combined effects of sickness-related absence from work, reduced productivity, and presenteeism (IPPR, 2024). In 2024, private sector companies reported an average loss of 3.9 working days per worker due to sickness absence, amounting to a total of 100.5 million working days lost (IPPR, 2025).

In the contemporary workforce, line managers play an essential role in managing sickness absence. The management of employee attendance has expanded beyond the administration of leave to encompass a range of responsibilities aimed at sustaining both productivity and employee well-being. Line managers are often required to maintain contact with employees during periods of sickness absence, conduct return-to-work interviews, and liaise with HR or occupational health professionals where appropriate (Rasmussen et al., 2024; Hadjisolomou, 2015). These tasks can also intersect with disciplinary procedures. However, the pressures of absence management can be substantial. High levels of absence are not only costly for organisations but also time-consuming for managers, creating administrative strain and detracting from other priorities. Evidence indicates that some managers avoid or inconsistently perform these duties due to lack of time, confidence, or adequate organisational support (Dunn & Wilkinson, 2002). Many do not regard themselves as human resource (HR) practitioners and may be reluctant to engage in HR-related tasks for fear of poor performance or neglect of core duties (Renwick, 2003; Papalexandris & Panayotopoulou, 2005). There is also evidence that managers sometimes provide or withhold support based on subjective notions of employee “deservingness,” raising concerns about fairness and consistency (Remnant, 2019; Bramwell, 2016).

Absence management requires significant emotional labour, as conflict resolution and the provision of social support can lead to improved workforce absence rates (Bernstrøm & Kjekshus, 2012). At the same time, broader organisational norms, such as expectations surrounding presenteeism, can affect how managers perceive and respond to absence (Bol, 2014; Nielsen & Yarker, 2022). Ethical considerations also inform managerial decision-making, with compassion and fairness influencing how absence is managed. There is some limited evidence that employees who feel their circumstances are understood are less likely to feel guilty about absence, which can positively shape recovery and reintegration (Sandal et al., 2014; Krohne & Magnussen, 2011).

Research demonstrates that supportive leadership is closely associated with lower levels of sickness absence. Workplace interventions such as flexible working arrangements and rehabilitation programmes are particularly effective for employees with long-term conditions, including arthritis, by fostering resilience and reducing the likelihood of extended absence

(Whittaker et al., 2024). In addition, decentralised management structures that enhance cooperative leadership behaviours and promote supportive team dynamics can help reduce absence (Prætorius et al., 2024). Similarly, effective conflict resolution has been found to mitigate absenteeism by improving workplace relations (Bernstrøm & Kjekshus, 2012). Accordingly, inadequate managerial support is consistently associated with higher turnover intentions and increased absenteeism, reinforcing the critical role of line managers in creating supportive environments (Scott et al., 2024; Scott et al., 2025).

There is evidence that line managers recognise the importance of cultivating healthy and supportive workplace environments rather than focusing solely on absenteeism metrics and often favour early intervention and supportive strategies. For instance, Rasmussen et al. (2025) reported on managers' advocacy for preventative workplace health strategies that could address psychosocial and physical risks contributing to employee sickness absence. This emphasis on preventive approaches aligns with findings that employee job satisfaction and emotional support can contribute to reduced absence rates, particularly in emotionally demanding sectors such as health and social care (Scott et al., 2025; Ravalier, 2022).

However, the economic, political and organisational context within which absence is managed also shapes managerial strategies. Line managers have been shown to be subject to forces of bureaucratic control, work intensification and the degradation of their work, resulting in absence management tasks being viewed as 'box ticking' exercises with limited scope for creativity or autonomy (Hadjisolomou, 2015). Organisational resource pressures or financial issues have been shown to exacerbate mental health difficulties among health and social care workers, increasing sickness absence and imposing further strain on sector employers, including the NHS (McBride et al., 2023). During the COVID-19 pandemic staff shortages had severe consequences for healthcare delivery. McTaggart (2025) emphasises the importance of continuing to explore sickness absence in relation to this context to develop resilient workforce management strategies.

Other structural factors further shape line manager decision-making processes regarding sickness absence management. Training, flexibility in HR policies, and autonomy in decision-making all enhance managers' capacity to support employees effectively (Nielsen & Yarker, 2022; Prætorius et al., 2024). Decisions are thus informed by a combination of individual circumstances, perceptions of fairness, and organisational expectations (Krohne & Magnussen, 2011). In summary, there is a clear need to explore not just the administrative functions line managers perform in managing absence, but also the complex interplay of power, discretion, and organisational context that shapes their practices. Understanding this dynamic is especially critical in the care sector, post pandemic where the demands of the role and staffing pressures and shortages place unique pressures on line management.

## Methodology

This report draws on data generated from 25 semi-structured interviews conducted between 2022 and 2025 within the private social care sector. Participants were purposively sampled to capture a range of perspectives across the sector. The sample included HR managers, line managers, team leaders, and frontline care workers, enabling the research to examine both policy-level intentions and how these are experienced and enacted in everyday practice. Participants were recruited through a combination of key contacts within the sector and snowball sampling. These strategies were adopted as access to participants in the private social care sector was proved challenging, and they provided an effective means of reaching a diverse range of roles and experiences. The final sample was broadly gender balanced, with an almost equal split between men and women. A notable feature of the sample was that the majority of participants were of African origin. This reflects the increasing presence of African workers within the private social care workforce in the UK and is consistent with wider evidence on the sector's reliance on migrant labour (Turnpenny and Hussein, 2022). The prominence of African-origin participants in the study provides important insight into how absence management practices are experiences by a workforce that is ethnically diverse.

The interviews were semi-structured in format, allowing for theoretical consistency in the themes explored—such as absence policies, managerial discretion, flexibility, the role of line managers, and workplace dynamics—while also providing space for participants to elaborate on issues of particular relevance to their roles and experiences. This approach enabled the research team to uncover both formal procedures and informal practices that shape how absence/attendance is managed on the front line. Interview questions were informed by existing literature on workforce management, post-Covid absence management challenges, the role of line managers in managing attendance. Interviews lasted between 25 and 90 minutes and were conducted via secure video conferencing platforms. All interviews were audio recorded, transcribed verbatim, and anonymised to protect participants' identities. The data were analysed using thematic analysis. This method allowed for a systematic identification of recurring patterns and divergences across the dataset. Key themes that emerged included the persistence of high sickness absence rates, the uneven application of absence policies, the use of punitive measures, such as financial penalties, and the growing trend towards flexibility and wellbeing-oriented management practices. Additionally, the research revealed the key role of line managers and the informality and managerial favouritism in the allocation of shifts and time off, often undermining formal policy frameworks.

## The challenges of (sickness) absence management and the post-pandemic reality

All interviewees discussed how COVID-19 reshaped attendance behaviour. A line manager reported high sick absence levels during the pandemic, which she attributed to contact tracing and precautionary measures. However, this has now been reduced and as she stated: "*If you are off with Covid, you don't get paid for that*". The lack of sick pay for Covid-related absences was seen by the participant as a deterrent to misuse since, as she argued, the pandemic was used as an excuse by some staff, providing one incident example where an employee "*forged a test*" and was later found to have lied about a family member's Covid-related death to justify time off.

A support worker, from a different care home, further argued that sickness absence management proved challenging for line managers during the pandemic because they could not be sure whether an employee was ill or not, resulting in leaving them understaffed for periods. As reported:

> *"I've come across workers that once they start sneezing, they cough, they think it's COVID. Sometimes it could be stress or a cold, but they think it's COVID, and because of that, they just call in sick. So, it's three weeks they're off work, claiming they are sick, they have COVID."*

Another care assistant, from a different care home, discussed his line manager's increased awareness of the associated risks of the COVID-19 virus, as well as his greater acceptance of the time off required by his employees to handle their mental health upon recovering, stating that "*My boss has literally told me not to go to work, even when I was insistent I could do it*". This suggests the divergence in line managers' approaches to managing sick absence, with some being more lenient than others. The latter care assistant further argued that his line manager was more understanding of employees' needs during the pandemic than before, suggesting that the COVID-19 crisis increased the overall awareness of line managers of employee needs and well-being.

Overall, interviewees outlined that absences are not simply health-related but reflect a complex set of personal, psychological, and organisational factors. According to a line manager common absence reasons include "*family issues or they can't get childcare*" and "*mental health issues*", with physical symptoms like migraines and colds also featuring frequently. Interestingly, she noted generational differences, with younger employees being more likely to "*call in willy nilly*" and older ones showing more flexibility (e.g., offering to work a different day when calling in sick). She admitted that some absences were not genuine. For instance, she argued:

> "*We have caught people out when they have been lying... One member of staff said they had a doctor's appointment on Saturday. I said, you're very lucky to get that because doctors aren't open on Saturdays.*"

In similar lines workers have suggested that absence is often not genuine with the mental health card being played as a common reason to be absence from work. As reported:

> "*A lot of people play the mental health card when they call in sick when they don't. Oh, I am just going to call in sick and play the mental health card, they literally tell you that. They play the mental health card and they get away with because they go to the doctors and say their mental health, come back, get a few weeks off. When you are mentally ill or...they say...they literally say to you, oh, I am just going to say that…You can't do anything. It is not like you are physically sick so they are going out and going on holidays when they are ill. They are going on trips, they are always out, they are out drinking and they are saying that...they can't get in trouble because you can just say, oh, that is helping my mental health, but they tell you, oh, I am going to get signed off because I am going to play the mental health card."*

The data shows that the genuine reasons for absence varied, with some staff being hungover, others not wanting to work with a specific client, or disliking a particular team member. Specifically, a care worker has reported that the service user that they are allocated to drives (non-genuine) absence decisions. To explain further the nature of the service, dealing with violence and autistic individuals, has led to numerous physical injuries in work, leading workers call in sick when allocated with service users that have been violent in the past. As one participant explained:

> *"That is where there are some problems because you could be working with a really challenging supported individual and you ask to move and they will go, no, because you work well with them. That is how things happen, like, your arms get broken or your hands get broken and stuff like that if you are working with really challenging… You can get bitten…One of the managers has been strangled, skulls has been fractured...They come back from when they are off and they get put with that child again. That is where you get a lot of people calling in sick and stuff like that."*

### *Presenteeism post-Covid: Social Workers can't afford to go off sick?*

In addition to the discussion on the genuineness of absence, the majority of participants, alarmingly, have discussed that financial considerations can significantly influence their decision about taking sick leave or attending work. Data suggests that some staff may feel compelled to work despite being unwell due to the risk of losing income, especially those on precarious or non-permanent contracts. As a part time worker reported:

> *"I don't think anyone really takes that much [sickness absence] except like an emergency, emergency. People don't usually just take sick absences. It's usually just when it's an emergency because usually everyone is working, working, working and then you just breakdown at some point because… But everyone is just trying to get the most, you know. Cost of living is expensive, so everyone tries to pick as many shifts as we can."*

This is particularly evident post-Covid, where in some organizations— as data shows— the reduction in service users has led to *underworking* becoming the standard mode of work organization. Employers have continued to reduce contracted hours as a cost-saving measure. As reported:

> *"What other changes have been implemented post-Covid? Most of the hours, like, the immediate thing they've done is the hours; they keep cutting it and cutting it. They're like, they're trying to save money and things like that. There's the way it's done…Nothing is stable; everything is you don't know what you're going to get till then. So, it's a lot of instability…You never really know what you're doing, what are your permanent hours. Everyone's hours have been cut so it's a general thing for everyone, cutting of the hours. But it's just too much instability and everyone's complaining."*

Such concerns are also particularly relevant in social care settings where high emotional investment and duty of care are coupled with the risks of financial loss. For instance, a support worker employed via an agency stated that "*If I don't go to work, I don't get paid*", and added, *"I could work 40 hours this week and I could work as low as 36 or 23 the next week"*. A second support worker from a different care home stated, "*If I don't go to work, I don't get paid… That's the nature of a zero-hours contract. That's what we signed for, but at the same time, it's stressful*". These quotes highlight how precarious contractual arrangements exacerbate financial anxiety, leading some staff to work while ill, thus managing their attendance partly based on financial survival, especially when shift availability is inconsistent.

Finally, line manager at an autism residential service also commented that "*When you first come in for the first six months that is your engagement period. So, in that six-month period you do not get paid for being off… you can't afford to be off any more*". This suggests that

newer employees, who are unpaid during sickness absence, may feel financially pressured to attend work, regardless of their health condition.

Although, workers' decision to attend work while being sick is shaped by the economic precarity of their employment data also demonstrate a strong commitment by care staff to their roles, driven not only by a desire to support vulnerable service users but also by a sense of guilt and responsibility, leading them to prioritise continuity of care despite their well-being. A care worker in an autism care organization reported presenteeism (attending work when unwell) is an indication, for both workers and managers, of a *good worker* and is driven by the responsibility towards the supported individuals: "*Some people are just good workers and just want to come in, even when unwell to support the vulnerable individuals that you are working with".* This complex interplay between care ethics (e.g., personal bonds formed by care workers and service users, and the former's strong sense of duty) and financial insecurity largely influences attendance behaviour across the sector, encouraging presenteeism, attending work when sick, potentially putting the health of both workers and service users at risk.

### *Sickness Attendance for 'sponsored workers': Fear and insecurity?*

A significant percentage of the participants in this study were African-origin individuals who have been 'sponsored by UK care work employers to gain the right to work in the UK. This creates numerous challenges both for workers and employers regarding how absence management is experienced as well as managed, especially for smaller organizations. For example, a care home finance manager in a small care organization explained that he is solely responsible for the absence management paper work. As he explained: "I do the absence and sickness as well. I need to collect all the documents; I need to put the name… I have a whole spreadsheet of the year or the incidents." This hands-on involvement reflects a broader trend in small to medium-sized care organisations, which often lack a dedicated HR team and instead delegate these responsibilities to senior staff. The same manager further emphasised the importance of documentation of absence, particularly for sponsored staff, noting that "Because we are sponsors to the carers… we need to report it [absence] to the Home Office." In such cases, failure to provide appropriate evidence of sickness (for example, a GP or hospital letter) could lead to financial penalties. These legal obligations therefore introduce a unique layer of complexity to absence management, underscoring the line manager's dual role as both supporter and regulator.

As participants argued, however, because their visas are tied to a single employer, their right to remain in the UK depends on continuing sponsorship which creates an environment of fear of job loss and high dependency on employers. Indeed, evidence suggests a wider context of

insecurity for sponsored workers with several participants describing their visa conditions as highly restrictive. As one reported: *"If I want to leave this company…like, I cannot leave, it's like I don't have the right to leave, because they are my sponsor… if I want to leave then my visa is with the company, my agreement with the company would be terminated which means I would not have that sponsorship again."* Another care assistant explained: "*I can only work with my company… if I leave, I'm going to have to go through the entire process again [and apply for sponsorship]."* These quotes suggest that visa restrictions and limited job mobility may deter sponsored staff (70% of care workers in one organisation) from taking sick leave, for fear of breaching sponsorship conditions or losing employment. This employer dependence was echoed by almost all participants of African origin, creating pressure to minimise absence even when unwell. While this may reduce recorded absence, it increases the risk that staff attend work while sick, which is hazardous both for their wellbeing and for the quality and safety of care provided to clients.

### *Covering sickness absence using agency workers: an ongoing challenge*

Strong evidence was shared by participants regarding the problems associated with covering staff absences. Indeed, covering absences was a key issue discussed by all participants with some discussing how one particular organization has, worryingly, devolved the responsibility to cover absences, when not related to sickness, to the worker. As reported:

> *"You're calling in sick that you are not even feeling okay – you are the one, like, having to look for someone else to cover the shift for you, before the team leader /line manager or the HR into it, which I feel is not so good, you know, for ones who call in sick. You have to be believed and they should do the proper…the necessary things by themselves, not you doing the job of the HR, as a frontline worker or as a care giver…It falls on you sometimes, yeah, not all the time but sometimes. And in a case where…because sometimes maybe you're not even sick, maybe there's an emergency and you're like, after, like, maybe you can just take emergency leave from your normal annual leave you're supposed to have if you couldn't find someone to cover them for you by yourself. So, the HR or the team manager…the line manager, is who has to look for someone else to cover the shift for you."*

A common practice across the sector was the use of agency workers, which was universally described as problematic especially when these workers are untrained or disengaged, as this appears to affect the quality of care provided, place an extra burden on permanent staff and managers, and have an impact on the morale of permanent staff. This was particularly evident in the autism care home where participants have suggested that daily there are constant calls for covering absences. The organization must follow specific rules on staff ratio with some

service users needing at least two care workers present in every shift. This complicates and intensifies the need to cover the high percentage of absence in the organization. A line manager in this organization initially highlighted the difficulties in finding staff to manage/cover sick absence cases by arguing that "*Has it happened before not being able to find people to cover? Oh, yes, all the time*". Similarly, a care worker in the same organization noted:

> *"They are constantly on Teams putting out shifts, constantly begging, begging, people to come in. People are working too much; they don't want to keep coming in working. You will get a message on a Saturday morning to come in. No, it is my day off."*

This shows how the organization uses 'Teams' and technology to offer overtime to permanent staff to cover absences and meet the regulations needed for the service provided. If absences are not covered the line managers will step in to cover absences or will bring in agency workers just to *'fill the gaps',* as reported. However, as the line manager noted the quality of the service provided by agency workers is not the same to that of permanent staff, arguing:

> "*Agency staff just don't provide the same level of care—many of them come in without proper training or any understanding of our residents' needs. They lack the qualifications and, more importantly, the compassion and bond that our permanent team builds over time. It makes a real difference to the quality of support we can offer*".

Similarly a care worker in the same organization commented:

> *"They are having to bring in agency staff from a different company to come in and help. They are getting paid double, sometimes triple, the amount that we are getting paid. They come in and they get told that they can't do anything. They don't even clean the dishes…Because people just come in to do the job, they sit on their ass. We tell them, can you help us? We can't bath the kids; we can't do this. I understand that, they can't do that. Can't give medications because they are not signed off…They are just a number…To meet the ratio and they are not doing anything. They come in and they don't do anything; they sit on their ass and do nothing. They don't even...why do we...we are not getting paid enough, so why do we have to tell them what to do all the time? They see the dishes stacked up that needs to be done, they don't even think to do that…They can do the dishes, but they don't think to do it. Do you know the little things. They could help clean the faeces. There are loads of faeces everywhere because you are working with children with autism. So they could clean surfaces, they don't even think to do that. You tell them and they do it for a wee minute."*

This quote highlights a gap in continuity and understanding between agency workers and permanent staff, which may hinder the provision of quality care support for vulnerable individuals.

Similar arguments have been reported in other case organizations, with the use of agency workers being a common practice in the sector. In one organization, it was particularly interesting to note the existence of a specialised team dedicated solely to finding cover for absences. A support worker in a brain injury rehabilitation unit reported that "*We have a partnership with agencies that provide verified staff... Sometimes, you get someone who doesn't know the service users, doesn't know the routines, and you're left doing everything while they sit there. Also, to mention that in many cases the support those workers provide is of low quality*". Similarly, a support worker at another care home suggested that "*Agency staff come in. Sometimes they sit there doing nothing. They don't know what to do, and nobody shows them. It puts more pressure on the rest of us and eventually the quality of our service is diminished*". This reveals both a lack of confidence in the capability or effectiveness of agency workers and a high sense of responsibility among core staff, who often choose to work themselves to maintain care continuity. In care environments where continuity, trust, and familiarity with clients are vital, reliance on underprepared agency workers can disrupt the delivery of quality care and increase stress for core staff. Therefore, relying on agency cover not only fails to solve absence-related problems but can also potentially compromise the well-being of service users and strain the commitment of dedicated staff.

## Absence Management – A Two-Tier Approach

The data collected across interviews indicate that absence management in social care organizations operates through a two-tiered approach: one based on punitive enforcement, and another increasingly shaped by flexibility and wellbeing.

Many participants reported negative experiences with strict, penalty-driven models, which treat absence as a disciplinary issue rather than a reflection of workers' health or life circumstances. One participant explained, *"Yeah, there was another place I've worked at… if you called in sick between 15 hours before the shift, you got a £50 penalty. They would let you go [off sick], but you got a £50 penalty."* This financial penalty model was often accompanied by a culture of suspicion. As the same participant added: *"What made it worse was just passive aggression... when you eventually did show up, there was no empathy, no humanity... they always suspected everyone of lying about being sick."*

Others echoed similar concerns, describing a lack of understanding from management and a sense that their absences were viewed as personal failings rather than legitimate needs. This punitive culture contributes to a hostile return-to-work experience, where workers felt judged rather than supported. *"It would be awkward when you get back to work having to face the management... they just don't believe you,"* one interviewee shared. Such approaches may deter staff from being open about health issues or personal difficulties, reinforcing a climate of fear and disengagement. This is particularly problematic in a sector already under pressure, where retention is a persistent challenge.

However, the data also shows that this approach is beginning to shift in the sector, especially in response to staffing crises and changing attitudes post-Covid. A number of participants described more progressive and compassionate models of absence management being implemented. One noted, *"So there is a welcome back to work meeting... there'll be a conversation in regards to why you've been off, is there anything ongoing, can we support you with that?"* As some data suggests, these conversations are no longer solely focused on enforcing attendance targets but are framed around understanding the individual's personal circumstances—including health issues, caring responsibilities, and mental wellbeing.

Crucially, these flexible practices often stem from the recognition that care workers are juggling multiple roles. *"We do see a lot of our care workers are caring... it's the sandwich generation, isn't it? So they're caring for children and also caring for elderly relatives,"* one manager explained. This has led to practical responses such as amended shift patterns, health risk assessments, and occupational health referrals. Another participant reflected on the culture shift:

> *"When I first started, it was a little bit like, 'Why have you been off? Don't be off again.' Here's your Bradford Factor score. Whereas now, there's obviously more conversations around how we can support you."*

The move towards flexibility over punishment represents not just a moral shift but also a strategic one. As another interviewee put it, *"We're all beautiful and wonderful in our own ways, and we all have a variety of things going on in our lives... it's not just our own personal health and wellbeing, it's our wider environment."* Recognising this complexity, care work organizations potentially begin to understand that flexible absence management policies can boost morale, reduce turnover, and improve long-term workforce retention by putting employee wellbeing as a priority. This view is not however universal in the data and contradicts previous studies (see for example Cunningham et al., 2023-2025).

Overall, a nuanced understanding of absence as a relational and sometimes behavioural issue highlights the need for line managers to practise empathy when managing absences. Yet, despite any progress made, several gaps remain. Few interviewees, however, mentioned systematic approaches to absence analysis or early intervention. While some use digital tools to track absences, reliance on manual spreadsheets or informal reporting remains common, especially in smaller organisations. Moreover, not all staff are aware of their rights or procedures. For example, a former support worker admitted that "Office staff and all of that back office, I had no idea about, I had no relationship with". This disconnect limits the effectiveness of even well-designed absence policies.

## The central role of line managers in managing attendance

Line managers were consistently discussed and identified by all participants as the first point of contact in managing absence and handling day-to-day decision-making. The means of communication varied, they ranged from more formal methods, such as phone calls, to informal approaches like direct text messages, which emerged as a common practice across interviews. As a care worker commented:

> *"The procedure is naturally you're supposed to send in an email officially. You're sending an email to your line manager and telling them why this has come up, it's an emergency, you're not feeling well and all of that or you send a text message as well to your line manager. Obviously the fastest would be to call but, yeah, that is usually what is expected of us, send an email, a text message, then a call, you put a call through."*

Line managers were responsible to conduct all return-to-work interviews and manage sickness absence paperwork. As a line manager suggested: "*We have personal relationships with these teams, so we... know a lot of their history*" suggesting that she was cautious about passing the responsibility of absence management to HR, believing it might destroy the relational trust she had built with her staff. Further supporting this, another line manager stated that "*I'm the first line of assistance to the frontline staff... whenever they have any challenges. However, if someone is off sick, they need to report this to me at least 4 hours before their shift to allow us sufficient time to find a replacement*". She was responsible for rota planning, supervision, and initial response to absences, positioning her in a critical role in maintaining harmony within the workplace.

Similarly, a healthcare assistant at a different care home suggested that she rarely interacted with HR and resolved all her issues directly with her line manager, arguing that: "*Even when I had issues with the payslip…she's the one I'll take it up* with". This decentralisation of HR activities to the line was further echoed in the structure described by a head of finance who manages both financial and HR-related absences arguing that "*If someone is off sick... we put that in the system... and then it will calculate how much you are due in sick pay*". Appropriately, a care admin manager argued that "*new roles were developed within the organisation, that of team leads, to line managers with schedule planning*". All these reinforce line managers' pivotal role as facilitators of health-related policies in frontline settings.

### *Decentralisation of absence management – Formal vs informal practices*

One key finding across all interviews is that absence management is highly decentralised, with line managers being responsible for managing both formal procedures and informal staff relationships. A line manager described absence management as "*one of the most difficult*

*things*" and "*one of the biggest things that we do throughout the full working day*", further noting that her responsibilities include covering absences, arranging staff rotas, and holding return-to-work interviews. She outlined a structured absence management policy within which staff are allowed four absence incidents within 52 weeks, after which they are placed on a staged disciplinary process. Return-to-work interviews are routinely conducted, and occupational health or therapeutic referrals are made in cases of recurring or mental health-related absences. She also discussed supporting her employees by offering flexible scheduling and providing referrals to therapy or occupational health services.

In contrast, a part-time healthcare assistant at another, smaller, care organization described a much less formal process, simply stating that "*you literally just call in sick and they will find someone to replace you*", usually by contacting the manager directly. Absences are reported via text, and no formal sickness interviews or documentation seem to be required unless the absence is prolonged. She reported no structured HR involvement, no return-to-work meetings, and minimal awareness of sick policies. She said, "*I've never really sent [HR] a message or anything because I never need anything... I just go to my manager straight*". This suggests a far more informal and less structured system in smaller care homes.

Similar experience is reflected to the interview with a male care assistant who is a full-time "bank" staff member who highlights the flexibility embedded within informal arrangements but also reveals a potential inconsistency in policy enforcement across organisations. In line with this, a male healthcare assistant from a different care home, who was working as an agency worker in two other agencies, noted that in his agency, calling in sick was a straightforward process he also mentioned that "*I think it depends from agency to agency and how it's run*", further noting that some organizations require a doctor's note to support the workers' sick absence requests, while others require informing the line manager to find a replacement. Others also noted that a different approach is applied to employees with various contracts, with flexible contracts just requiring a call to report sickness, and full-time and/or sponsored employees needing to provide sick notes, as this has implications for visa audits by the Home Office.

Such contrasts illustrates how organisational size and structure can affect absence management. A formal disciplinary process (i.e., regular 1:1s and support mechanisms) indicates a more mature HR model. On the other hand, relying on informal methods (e.g., texting the manager or relying on goodwill for last-minute leave) suggests a lack of formal policies, which may lead to inconsistency in practice. Noting this, however, evidence indicates the presence of informal practices in larger organizations. Specifically, despite the presence of formal absence management policies from central HR, participants reported that line managers often bypass the formal policy by fostering informal cliques within their team. These cliques are

not only socially exclusive but also play a significant role in how absences and shift allocations are managed. A participant described a situation where staff members actively engage in "brown nosing"—developing close, strategic relationships with the manager. As a result, these individuals are often rewarded with preferred shifts, add additional overtime, and more flexible time-off arrangements in exchange to their flexibility to cover absences. Such rewards were highly valued by participants, particularly given the limited availability of full-time work. As the participant reported:

> *"You get certain cliques…They are brown nosing the manager basically. That becomes very cliquey because then that manager will allow the m to basically pick what shifts they want and allow them to have the days that they want off."*

This favouritism directly privileges those in their inner circle, leaving others at a disadvantage, as reported:

> *"The people that can't pick up overtime...they don't get the time off they need...they are not best friends with a certain manager [who is ] not following the policy or they will be, like...if you are really close with them which I have heard before, they will be, like, I won't put this as an absence. I will just swap this off and put in another day for you or put it as a holiday. It doesn't work like that. If you call in sick you shouldn't be put down as a holiday, you should be put down as being sick. management will be, 'oh, I get that you are sick, but let's put you in for next again week or let's put it down as a holiday instead of actually absence."*

Absence management becomes unevenly managed. While some employees benefit from manager flexibility and bypassing of the formal policy due to personal loyalty, others—even those with legitimate needs, such as family illness—face inflexibility and exclusion. Thus, the data illustrates how line managers, despite existing organizational policies, construct informal structures of favouritism to manage cover and absences, undermining fairness and potentially staff well-being.

## Flexibility and empathy as key tools for effective sick absence management

Empathy and flexibility emerged as a cornerstone of effective absence management. Interviewees frequently mentioned how relational understanding between line managers and staff helped mitigate attendance issues, further fostering a supportive environment where staff feel respected and are more likely to be open about their health needs. As an HR manager reported:

> *"So there is a welcome back to work meeting, there'll be a conversation in regards to why have you been off, is there anything ongoing, can we support you with that. Because it could be…obviously not all absences are sickness related, so it could be a case of, there's a childcare concern. Or we do see a lot of our care workers are caring, well it's sandwich generation, isn't it, so they're caring for children and they'll also caring for elderly relatives at the same time. So sometimes it can be a lot of that. So we have conversations with them about amending their shift patterns and how we can support them better with regards to that."*

The same manager continues discussing how the approach to absence management has changed over the years, and today having more emphasis on workers' health and finding ways of supporting them, therefore creating expectations for line managers to adopt a more empathetic, supportive and flexible approach when managing attendance:

> *"There are certain expectations. You want managers to be more aware of mental health, whereas previously, I think 20 years ago it was a huge taboo subject mental health and now it's openly talked about. Everybody has mental health, the same that we have physical health don't we, so it's kind of changing in regard to that and people being more open to things. So the topics that previously weren't discussed, like the menopause and things like that. Whereas obviously now they are a huge part of what we do and we obviously do health risk assessments with people to support them, whereas ten years ago when I started that never happened. So there's certainly a lot more focus on the individual and what they can offer, rather than just this is the job and this is where you need to fit in"*

A line manager, in similar lines, described a case where an empathetic approach to absence has led to the discovery of a genuine health issue, allowing appropriate support to be given to the individual worker: "*It was successful in finding out they required additional support... now she was able to openly tell us*". She also noted that younger employees often benefit from supportive conversations, which can lead to short-term improvements in attendance and overall

well-being. However, she argued that these gains are not always sustained, thus reinforcing the need for consistent follow-up. Similarly, a support worker in a community disability centre stated

> "*Our manager knows people go through things. If someone's unwell or just mentally drained, they're not quick to punish. They ask, 'What can we do to help?' That makes it easier to return to work*".

Another example comes from a care assistant from a different care home who reported:

> "*In this job, you see so much…people struggling at work but afraid to take time off. When your supervisor genuinely checks in with you, not just about shifts but also about how you're feeling, it builds trust. They offer a great deal of emotional and physical support through wellbeing activities, social outings, and even receive compensation for attending training. It makes you feel valued, like they care about you, not just the job*".

A deputy manager at a youth housing care confirmed the empathetic approach from line managers, offering his experience of an employee suffering from chronic illness, arguing "*So, he's medicated, but there are times of the month where it's more difficult. And we try to accommodate that because it's not going away. We have that empathy, it's important*". His statement was further supported by a care team leader, working at the same care home, who argued, "*If you know your manager genuinely understands when you're struggling—physically or mentally—it makes it easier to speak up. You're not scared to call in sick because you know they'll listen, not judge*". Another line manager also mentioned conducting "return to work" interviews to ensure their employees' wellbeing and whether they are fit enough to come back to work. All these insights underscore how empathy, expressed through emotional intelligence and consistent care (e.g., personal check-ins, non-punitive communication, and an investment in staff well-being), can complement technical sick absence management processes. They also argued that empathy can strengthen loyalty, reduce presenteeism, and help staff feel supported in high-pressure care environments where staff are often under significant physical and emotional strain. Yet, managerial support and empathy vary between organisations, depending on the line managers' approach (e.g., empathetic vs. operationally driven). Indicatively, a care assistant, who has worked in different care homes, supported this by arguing:

> "*I've worked at two places where it was fine to call in sick at any point in time, it was not a problem at all, because we were trying to protect the health of the people that you're looking after, do you know what I mean?..... Other places I've worked at were run more like a business, where it didn't matter if you – do you know what I mean, if you were sick, you had to be like…come with a doctor's note or something before they let you stay home, so… In my experience, I think it varies from place to place, but at my current place, it's not a problem*".

The participant further pointed out that contractually, he had a specific number of days during which he could go off sick, and any other days above those, he was required to keep working while being sick; otherwise, he would have been penalised, resulting in the loss of half of his salary, suggesting there was no empathy at all on behalf of the management team and his line manager.

In similar lines, other participants highlighted a concerning decline in empathy among line managers over time, particularly in emotionally and operationally demanding care settings. One participant reflected on this shift, stating, *"They lose empathy. I think they have it at the start and then they lose empathy."* This suggests that while new managers often begin their roles with strong interpersonal intentions, the prolonged exposure to stress, constant problem-solving, labour shortages and firefighting approaches to cover high absence as well as the responsibility of supporting teams 24/7 gradually erodes their capacity to remain empathetic. The participant attributed this erosion to the nature of the role and the high absence in the organization as well as to the lack of skills from managers:

> *"They are not manager material. They are just employing someone that has been there the longest. They employ people who work there but they don't have the necessary skill set."*

This was echoed by line managers who have also commented that they lack sufficient training in managing people and absence:

> *Coming into this role, there was just...not a lot of training, actually, there was just training on how to actually work the systems, how to manage rotas, how to manage people.*

This lack of training potentially can lead to inconsistencies in absence management as well as to the frustration for line managers on constant requests from staff. As a participant further commented: *"You can see it in their eyes when you go in and ask for something—what now, what now."* This quote reflects a visible frustration or exhaustion that staff perceive in their managers, indicating that the demands of the job may lead to burnout or compassion fatigue. Instead of remaining approachable and supportive, some managers begin to see staff queries or concerns as burdens rather than legitimate needs for assistance and support.

### Line managers' workload hindering empathy and flexibility

Participants acknowledged that managing sickness absence adds to line managers' already high workloads. Many emphasised that line managers frequently face hectic workloads and other work-related pressures. For instance, a line manager argued that absence management was "*time-consuming*" and "*stressful*," noting that she often had to cover shifts herself or rely on "*give and take*" relationships to convince staff to work overtime. As reported:

> *The biggest part [of my role] is managing the team…managing rotas, so making sure all the shifts are up on our systems and then it comes to obviously the young people as well. We do lots of meetings, we discuss things with social work. We actually use agencies for shift cover as well. We manage all that, contact them, get the shifts covered. We do a lot of support plans, care plans, risk assessments. Discuss things with the parents. It doesn't sound like a lot, but it is a hefty…the most challenging parts come down to the absences, that is one of the most difficult things. It is still trying to have empathy for people when you have heard the same excuse 20 times or when you have got three people calling in for the same shift. It is the most challenging part of the role, people managing, absence management.*

Similar descriptions have been provided by the majority of participants highlighting the increasing responsibilities of line managers and the time-consuming process of managing workplace attendance. As a manager further stated, "*I'm also doing the investigation cases sometimes... it could take a month, it could take a week, and it all depends on the case*", illustrating the multifaceted responsibilities managers encounter. Alarmingly, in addition to their managerial responsibilities, across the interviews, data shows that line managers often would step in to cover absences, particularly when they cannot find individuals to cover absences. As a line manager reported: "*it happens all the time [to not being able to find people to cover absences] …So we're just always working on the floor".* This was confirmed by participants who reported that line managers would work on the front line to meet the staff ratio regulation.

Another worrying finding from the data was the extent to which line managers, overwhelmed by high workloads, neglected key responsibilities, particularly in managing staff absences and follow-up procedures. Across multiple interviews, participants described a lack of consistency and accountability in the way managers responded to staff taking time off, with many line managers failing to follow official absence policies. This failure was especially evident in the near-complete absence of return-to-work interviews or mental health check-ins, which are critical for ensuring employee well-being and reintegration.

One participant clearly articulated this issue, noting: *"My manager actually gets another person to do all his work for him. She literally does all his paperwork for him. One of the workers."* This reflects not only a tendency for managers to delegate tasks inappropriately but also a breakdown in the professional structure where frontline workers are taking on administrative and managerial duties. Such delegation is not simply a matter of task-sharing but rather a sign of managerial disengagement, likely resulting from burnout, lack of support, or insufficient application of formal policies and procedures.

This disengagement extends directly into absence management. Several participants described returning to work without any formal support or structured reintegration. One interviewee, when asked about their return to work after time off, responded: *"Yeah, I went straight back to service user's house."* This lack of a return-to-work meeting or check-in disrupts standard best practices in social care environments, where workers—particularly those dealing with emotionally challenging service users—should be supported in re-entering the workplace.

The issue is compounded by experiences of staff taking time off due to mental health concerns, only to return without any follow-up from management. One participant shared:

> *"I have called in sick, yes, for mental health reasons because of seeing... basically there was one boy that was really, really difficult. It was really getting to me mentally because I was always getting put with him. I didn't complain about it, but I needed a few days off because I was mentally shattered... I just came back. At that time the manager was terrible because they didn't care."*

This quote highlights not only the emotional pressure of the work but also the absence of managerial concern or procedural follow-up. The manager's failure to acknowledge or respond to a mental health-related absence suggests a troubling neglect of duty and lack of empathy, which has broader implications for staff morale and retention.

The inconsistency in management responses was further emphasized by another participant who explained:

> *"They didn't do a debrief, they didn't care. That is the problem, there are one or two managers... one I would say that will give you a debrief. We are going back to Diana [pseudonym] every time, she is fantastic, one of the best managers there. She is getting tired because everybody is coming to her. She is not my manager, but I go to her because she is the person that gets stuff done."*

This quote not only illustrates the absence of structured debriefs but also underscores the uneven distribution of effective managerial support. While some managers completely avoid their responsibilities, others—like Diana—are overburdened by the demand created by their peers' unsupportive approach. This contributes to a condition in which competent managers are pushed to burnout due to being over-relied upon, while others avoid their tasks.

In sum, the data paints a clear picture: the high workload and lack of managerial training have led to widespread neglect of critical duties, particularly around staff absence and return-to-work procedures. The failure to conduct return-to-work interviews and the inappropriate delegation of managerial tasks to frontline workers are not isolated incidents but symptoms of deeper structural and cultural issues.

### *Lack of specialist support*

While high workloads among line managers were frequently cited as a barrier to consistent absence tracking and follow-up, an important related finding that emerged from the data is the perceived absence—or ineffectiveness—of Human Resources (HR) support. Participants commonly described scenarios in which line managers were left alone to handle complex attendance and wellbeing issues without the necessary guidance, systems, or expertise. This "absent specialist" phenomenon was discussed in both small and large organizational contexts.

In smaller organizations, HR functions are often outsourced, leaving line managers with minimal support or specialist guidance. As a result, the management of sensitive absence cases, and handling return-to-work procedures often falls entirely on individual managers—many of whom lack the training or capacity to manage these issues effectively. This structural gap exacerbates the already considerable demands placed on line managers and contributes to inconsistent application of absence procedures.

However, the data also reveals that even in larger organizations—where internal HR departments do exist—line managers still report minimal contact or meaningful assistance. One participant noted: *"HR? You don't even hear about HR. I have worked there for four years and talked to HR once. You don't hear from HR."* This highlights a broader issue of specialist absence and limited visibility of HR in day-to-day people management processes. Despite being organizationally present, HR teams are perceived as remote or inactive when it comes to offering operational support. In effect, this creates an environment where managers feel unsupported and isolated in their roles.

## Conclusion and Recommendations

The post-pandemic landscape has prompted a re-evaluation of how sickness absence is managed in social care. This research has illustrated the complexity of managing absence from issues around resourcing, policy implementation and the need to account for a range of interests from multiple workplace actors, including senior management, service users, line managers, HR and employees. In the latter case, it has highlighted special issues concerning precarious agency, and migrant workers.

Our findings support research that highlights the crucial role of line managers in managing sickness absence, particularly through forming personal relationships, providing flexible responses, and practising empathy-based support (Rasmussen et al, 2025). While formal policies exist, particularly in larger organisations, line managers' relational and contextual judgment determines how absence is understood and addressed. Their effectiveness is shaped not just by formal policy, but by their ability to navigate complex interpersonal and organisational realities. As the sector evolves, supporting line managers through training, systems, and cultural change will be essential to ensure both staff wellbeing and service continuity.

Post-pandemic, the social care sector continues to battle challenges such as high staff turnover and increased absenteeism, with many care workers being on sponsored work visas. Absence is not merely a procedural issue, as mental health, family responsibilities, working conditions, and personal values shape it. Therefore, organisations must equip line managers with both procedural knowledge and relational and emotional intelligence to support team cohesion, ensure service continuity, and provide frontline wellbeing support.

The discussions with our interviewees indicated several actionable suggestions that could significantly improve absence management in the social care sector. One key recommendation is the formalisation of currently informal practices. Most smaller organisations rely on flexible, ad hoc approaches, which often lack consistency and accountability. By formalising their absence management processes (e.g., organisations can ensure that all essential data is captured, and basic documentation standards are met), they can improve their effectiveness. Through embedding digital tools (e.g., rota software, HR platforms) into their absence management processes, organisations can reduce the burden of manual data entry, streamline absence tracking, and generate insights that enable more proactive support for staff.

Additionally, supporting line managers through targeted training is essential. Given their central role in managing attendance and employee wellbeing, equipping them with skills in mental health first aid, conflict resolution, and absence documentation can empower them to respond more effectively to staff needs. Improving communication also emerged as a critical area for development. Several workers expressed confusion or uncertainty about whom to contact when

they were unwell and what their rights and responsibilities were. Therefore, transparent and accessible communication about sickness policies and support mechanisms can help clarify the process and foster trust between staff and management.

Importantly, the promotion of empathy should remain central to absence management. Line managers who approach attendance issues with compassion, especially during return-to-work conversations, can help foster a culture where well-being is prioritised alongside operational needs. This would help them balance empathy with procedural consistency, especially in emotionally charged or complex situations, which can eventually help sustain a healthy, engaged workforce in the post-pandemic care environment. The findings highlight the need for improved management training, particularly in emotional intelligence and empathy-focused leadership. Equipping line managers with the skills and strategies to sustain empathy under pressure—through reflective supervision, peer support, and mental health resources—may help mitigate emotional detachment and foster a healthier, more supportive work culture. Additional findings strongly suggest the need for reinforced managerial training, clearer accountability mechanisms, and a more supportive structure to ensure managers can fulfil their roles effectively without compromising staff well-being. Without such support, managers risk becoming disengaged, which not only affects their own well-being but also diminishes the effectiveness and cohesion of the teams they lead.

There are also issues concerning the nature and values of care organisations. Data suggests, that the more an organisation is run like a business, the less likely it is to exhibit empathy and sympathy when dealing with absence. In the light of this finding, there perhaps needs to be, possibly through CIPD networks and publications, a reinforcement of the multi-faceted nature of absence management so that some organisations are encouraged to move away from a ‘one size fits all’ punitive approach. When vulnerable people’s lives are at risk because of staff presenteeism while sick, attention needs to be drawn to not only business need, but the ultimate goal of safeguarding the service user. As part of this approach, attention should be given to public supply chain dynamics, so that funders do not see absence management and its resourcing through proper sick leave as a luxury and cost, but as a necessary part of suppliers’ attention to employee and service user health and well-being.

Other higher level policy considerations include those of migrant workers in the social care sector who are reliant on their employer for sponsorship. The report highlights how every day, organisational and workplace resourcing and staffing are complicated by the regulatory field of immigration and migrant workers. These issues seem largely out of the control of the line manager, but the sector can help itself by perhaps making representations to policymakers regarding the tensions the current migration regime brings to care services.

Finally, on the policy front, there is limited understanding of what the new Employment Bill will bring to this already complex situation, governed by employee rights, employer need to adequately staff services and the social relations of the workplace bringing a degree of informality to absence management. The bill is to provide new rights to employees regarding receipt of statutory sick pay. Further research will be useful to ascertain the impact on the above findings.

Finally, the lack of HR involvement appears to have practical consequences for workplace attendance management. Without regular HR engagement, line managers may fail to implement return-to-work interviews, inadequately monitor patterns of absence, or not have the confidence to navigate the issues of mental health-related absence. Moreover, this isolation can lead to ad hoc decision-making and potentially uneven or biased approaches to employee wellbeing, which has been evidenced to sometimes result in negative outcomes for employees (Remnant, 2022).

Additionally, the lack of collaboration between HR and line managers may contribute to a wider culture of disengagement and distrust. If HR is perceived as inaccessible or irrelevant, employees and managers alike may come to view formal procedures as performative or optional. This undermines not only policy compliance but also the wider organizational effort to foster a supportive and accountable workplace culture.

Taken together, these findings highlight the need for a more integrated and proactive HR function - one that works closely with line managers to build their capacity in managing absence, interpreting policy, and supporting staff welfare. Whether through regular check-ins, or joint training sessions, HR engagement must go beyond reactive policy enforcement to become a visible and trusted partner in people management. Addressing this “absent specialist” issue is crucial for ensuring consistent absence management, safeguarding staff wellbeing, and easing the pressure currently placed on line managers.

Moving forward, there is a critical need for better support, training, and accountability structures for line managers, and for HR to adopt a more proactive and visible role in supporting consistent and fair attendance management.

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