PUBLIC INITIATIVE | WORKER STABILITY

The Grey Web

A Return to Work Stability Pathway

PUBLICATION COPY | 28 SEPTEMBER 2026

The decision sought

Establish and test a coordinated six-week support pathway for workers whose health, safe capacity or income deteriorates during a return to work. The pathway would join the worker, employer, clinician and relevant public services around one changing plan. It would recognise the household work that helps a person get to and recover from each shift. A worker's early assurance that they can manage a shift would never prevent a fresh assessment when later evidence shows otherwise.

This proposal grew from the experience of my husband, Brendan Lee, and the framework I developed after his return to work became unsustainable. The case prompted the design; the initiative is for any worker and family caught between systems.

In our family, I cared for our four children and held together appointments, meals, recovery and the budget while Bren tried to work. Changes in his hours reached us at home, although the decisions were made inside an institution. This pathway gives the worker a way to bring that outside knowledge into the room.

The problem

A worker may be medically able to try selected work without yet knowing what a full shift will do to their body. Symptoms may become clear only after several days. Hours can then fall before treatment, alternative duties and income support have been coordinated. The partner or caregiver who supports that worker's shifts may have to absorb more care while keeping children, food, transport and bills in order. Employers need staffing certainty; workers and households need a safe route to report what changes. The present handoffs can leave each party acting on a different picture.

New Zealand already has parts of the answer. ACC tells employers to stay in touch and adjust a recovery plan according to the worker's progress and new health advice. Employment New Zealand discusses rehabilitation, part-time and light duties. Work and Income describes help when a health condition, injury or disability stops someone working. The Grey Web would make the connections between those processes visible and actionable at the moment a return begins to fail.

Who the pathway serves

The initial pilot would serve employed people returning after injury or illness in physically demanding work, including those whose ACC status is unclear or whose condition is not covered by ACC. A report of worsening symptoms, a clinician’s changed advice, an inability to sustain assigned duties, or a sudden loss of hours or income would open the pathway. A worker, their representative, an employer, a treating clinician or a relevant case manager could raise the alert.

The threshold is **change**, not blame. The worker need not prove that their original estimate was unreasonable. The alert would prompt assessment; it would not itself decide medical fitness, benefit eligibility, fault or employment rights.

How a case would move

Stage	Action	Record given to the worker
Before or at return	Agree on duties, hours, known limits, contact people and a first review date. Explain how pay may change.	A short shared plan in plain language.
Within two working days of an alert	Check immediate safety and arrange a coordinated review. Seek updated clinical advice where needed.	Written acknowledgement and the next contact date.
Within five working days	Review capacity, suitable duties, hours, treatment access, unpaid care pressures and the household income gap. Identify who will contact ACC or Work and Income if relevant.	A revised plan, named owners and a clear explanation of unresolved questions.
Weeks two, four and six	Ask what happened in actual work, including pain, fatigue and function after shifts. Adjust duties and hours or pause the return as indicated by evidence.	Updated decisions and reasons, with a route to challenge or correct the record.
End of cycle	Record a safe return, continued graduated plan, or a supported transition to another pathway.	A handover so treatment and income questions do not disappear at the boundary.

A designated coordinator would convene the people who need to act. The worker could invite a partner, caregiver, union representative or other support person and choose what information that person receives. The coordinator would not replace clinical judgement, an employer’s obligations or the decisions of ACC and Work and Income. Information would be shared only with the worker’s knowledge and appropriate permission, limited to what each participant needs. The Privacy Commissioner’s guidance notes that discussions with a doctor about return-to-work capacity may require the worker’s knowledge and permission.

Income and dignity

A review of physical capacity is incomplete if a change in shifts produces an unexpected loss of pay. The pathway would require a **no-surprise pay conversation**: what hours are proposed, what they mean for the next pay period, what existing support might be available, and who will make each application or enquiry. It would not create an automatic new entitlement. A pilot should separately test whether a limited bridge payment is needed and what legislation, funding and safeguards that would require.

The worker’s chosen partner or advocate could take part in that conversation. The coordinator would ask what the proposed change means for care at home, transport, food and essential bills, and record the answer with the worker’s agreement. That person would have a route to correct a misunderstanding or raise a concern. The worker would remain in control of participation and health-information sharing.

The review would ask what a change in hours or capacity means at home, including care work, transport and essential bills, without assuming every family is organised in the same way. Workers’ reports of pain, fatigue and practical function must be recorded alongside medical certificates and roster data. If no suitable work is available, that decision and the options considered should be explained. A dignified transition is a real outcome, rather than a failed box at the end of a form.

A worker or chosen advocate should also be able to raise a concern through someone outside the manager whose decision is being questioned. The route would acknowledge the concern, give reasons for the response and permit independent review where appropriate. It should be accessible and culturally respectful, so a partner’s account of household effects is assessed on its substance rather than dismissed because of who speaks.

Pilot and accountability

A proposed twelve-month pilot across two regions or sectors with physically demanding work would allow several worker cohorts to complete a six-week cycle. Government would co-design it with workers, employers, unions, clinicians, ACC, Work and Income and relevant employment and safety agencies. Participation and data-sharing arrangements would be defined before recruitment. An independent evaluator would compare participating cases with an appropriate baseline, while protecting individual health information.

The pilot would report: time from alert to reassessment; whether the revised plan was followed; worker-reported safety and function; avoidable gaps in income; household effects reported voluntarily; sustained safe work or supported transition; employer ability to plan duties; and disputes or unresolved handoffs. It should also collect accounts of where the process caused extra burden, including on caregivers.

The Grey Web succeeds if a worker can say, “My condition has changed,” and see the plan change with the evidence. It gives every strand a named part to hold, so a family does not fall through while each organisation assumes another has caught them.

Companion proposal

The Yin Yang Scales supplies the measurement method for this pathway. It puts operational measures beside the worker's lived outcomes and requires action when they diverge.

Source context

This is a proposed initiative, not a description of a current government programme. Its starting case and the author's interpretation are developed in The Grey Web essay. Public system references: ACC recovery at work, Employment New Zealand on illness and injury, Work and Income on health-related loss of work, and Office of the Privacy Commissioner on health information.