CIPD
Championing better work and working lives

in partnership with

Simplyhealth

HEALTH AND WELL-BEING AT WORK

Survey report
April 2019

The CIPD is the professional body for HR and people development. The not-for-profit organisation champions better work and working lives and has been setting the benchmark for excellence in people and organisation development for more than 100 years. It has 150,000 members across the world, provides thought leadership through independent research on the world of work, and offers professional training and accreditation for those working in HR and learning and development.

Survey report

Health and Well-being at Work

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Acknowledgements

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- Simplyhealth, for their support and commitment throughout this research project
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This is the nineteenth annual CIPD survey to explore issues of health, well-being and absence in UK workplaces. In 2018 the survey was rebranded (from the *Absence Management* survey to the *Health and Well-being at Work* survey) to reflect an increased focus on health and well-being policies and practices, although, as in previous years, it continues to monitor absence management trends, policy and practice.

We hope that you find the research useful when considering your own health and well-being policies and practice.

1 Foreword from the CIPD

We're delighted to publish our nineteenth annual survey report exploring health and well-being trends and practices in UK workplaces, in partnership with Simplyhealth. The findings provide a valuable window on the world of work through the eyes of over 1,000 people professionals. Building healthy workplaces sits at the heart of the CIPD's purpose to champion better work and working lives, and the evidence presented here should enable organisations to help us fulfil that mission. The research investigates pressing issues to help drive forward this agenda; as well as charting key absence management patterns over time, it identifies the main risks to people's health and the priority areas where employers need to take action for maximum impact.

Overall, the findings reflect employers' growing recognition of their critical role in improving the health of the working-age population. There are some indications that employee well-being is receiving increased attention compared with last year, which is cause for optimism. For example, we are encouraged that mental health is a stronger focus of organisations' well-being activity. The evidence also suggests a tentative trend towards a more holistic approach, with most organisations reporting that their activity is designed to promote good work, collective and social relationships, physical health and supportive values/principles.

The average level of employee absence (5.9 days per employee per year) is the lowest ever recorded by this survey, and many will also interpret this finding as a progressive step. In some organisations better attendance will indeed reflect a more effective approach to well-being: if fewer people are going off sick because they feel healthier and better supported by their employer, that is a positive development. However, the drop in the headline absence rate across UK workplaces comes with a caveat. Last year,

we emphasised the pressing need for organisations to look much deeper than sickness absence levels to understand what is driving people's behaviour, attendance and well-being. This principle holds true for 2019, and is backed up by a number of findings.

For example, this year's results again confirm the rising culture of 'presenteeism' in UK workplaces, and most organisations are doing nothing to discourage this unhealthy behaviour. And yet the emerging evidence points to presenteeism as potentially more harmful for individuals and business than sickness absence. In a similar vein, the majority of organisations have observed some form of 'leaveism' over the past 12 months, with over a third reporting that employees use allocated time off (such as holiday) when in fact they are unwell. These two trends alone could be artificially contributing to a drop in sickness absence levels while masking more deeper-seated organisational issues that could be undermining people's health and well-being at work, such as unmanageable workloads (again, by far the greatest cause of stress according to respondents).

We also need to call out the role of leadership in ensuring that employee well-being is taken seriously at an operational level and integrated into line manager training and guidance. On a positive note, this year more respondents agree that employee well-being is on senior leaders' agendas (61% compared with 55% last year). However, just a third agree that senior leaders encourage a focus on mental well-being through their actions and behaviour and, worryingly, an increased proportion attribute management style as a cause of stress (43% this year compared with 32% in 2018). Leaders and managers are important role models in fostering healthy behaviour at work, and these findings also underline how harmful the impact can be if managers aren't equipped with the competence and confidence to go about their people management role in the right way.

Employers can introduce a suite of exemplary well-being policies and make a serious investment in employee health, but if their activity is not rooted in how people are managed, a supportive and inclusive culture and committed leadership, it will not have real impact. We need leaders who aren't afraid to show compassion and lead by example. As the Compassionate at Work Toolkit (Meechan 2018) launched by the National Forum for Health and Well-being makes clear, demonstrating compassionate leadership means having empathy for someone else's circumstances but going further by feeling compelled to take action and make a difference.

Our research continues to show the complexity of people's lives in today's modern workplace and how the boundary continues to blur between work and home. Building compassionate workplaces therefore goes hand in hand with acknowledging that complexity and having respect for people as individuals. Compassionate leadership is a far from fluffy concept. It is supported by a hard business case showing desired outcomes such as improved relationships as well as higher motivation and job satisfaction levels, all of which can lead to enhanced performance and productivity. Not surprisingly, there is also a strong association with better health and well-being because a compassionate culture is one which engenders trust and openness, and where people feel more confident to discuss any health issues and receive the support they need. Employers who are intent on creating a healthy workplace could therefore benefit from considering how to integrate compassion as part of their well-being strategy.

Professor Sir Cary Cooper CBE, President of the CIPD
Rachel Suff, Senior Policy Adviser, CIPD

2 Foreword from Simplyhealth

Welcome to the second *Health and Well-being at Work* survey, the ninth year we have worked in partnership with the CIPD to bring you the latest trends and insights into the world of health and well-being in the workplace.

I am delighted to learn that there is evidence of employee well-being receiving increased attention compared with last year. However, one in six organisations are still not doing anything to improve employee well-being, and it's those organisations that we hope this report reaches to encourage and inspire. Budgetary constraints remain a significant influence on the purchase of well-being benefits; indeed, it has double the influence that alignment with the organisation's health and well-being strategy, or managing identified health issues within the workforce, has. At Simplyhealth, our belief firmly remains that people are an organisation's greatest asset – and point of differentiation.

There is no doubt, as we talk with our clients, that senior leaders are a crucial influence on health and well-being strategy. Encouragingly, more respondents this year agree that it is on senior leaders' agendas (61% compared with 55% last year). Could this partly be due to the fact that, as a nation, we are more than ever made aware of the need for proactive health and well-being in the workplace? Last year Public Health England CEO Duncan Selbie said: *'The NHS 10-year plan is a huge opportunity, but it will be judged by how it prioritises prevention. We must of course treat illness but even smarter would be to prevent it. With 40% of all poor health being preventable and 60% of 60-year-olds experiencing at least one long-term condition, this has to be a no brainer'* (GOV.UK 2018).

Mental health also remains a much debated topic. Over the last 12 months, nearly three-fifths have seen an increase in the number of reported common mental health conditions, such as anxiety and depression. Our own employee assistance programme shows counselling and advice calls increasing overall by 6% in comparison with last year, with use of the online counselling service more than doubling (Simplyhealth EAP global report 1 January – 31 December 2018). Phone calls regarding mental health have also increased by 24%. However, while just one in ten (9%) of organisations have a standalone mental health policy for employees, there is an increasing variety of additional support mechanisms available for businesses, including employee assistance programmes and 24/7 GP services.

These tools shouldn't be classed as a benefit, but a necessary support for businesses and their employees. Stress-related absence has increased over the last year in nearly two-fifths of organisations. Just 8% report it has decreased. Heavy workloads remain the most common cause of workplace stress, but this year an increased proportion blame management style. External factors, such as Brexit, undoubtedly cast uncertainty over businesses as well as personal lives.

In terms of evidence and results, similarly to last year, three-quarters of organisations report positive outcomes from their health and well-being activity – but this year they report an increased number of achievements. Better morale and engagement, a healthier and more inclusive culture and lower sickness absence remain the most common benefits. These are positive facts that tell their own good news story; however, we can all do more to share these examples of success, whether through a network like the CIPD or other channels such as social media.

Our aim is to help businesses embed and promote a preventative approach to health and well-being, encouraging and supporting employees with their everyday health and happiness.

I hope you find this report on health and well-being in the workplace as useful, insightful and fascinating as the last.

Pam Whelan, Director of Corporate, Simplyhealth

3 Summary of key findings

This report sets out the findings of the CIPD's nineteenth survey exploring issues of health, well-being and absence in UK workplaces, conducted in partnership with Simplyhealth. The analysis is based on replies from 1,078 organisations across the UK in reference to 3.2 million employees.

Employee health and well-being

Organisations remain divided in how strategically and proactively they approach employee well-being. Two-fifths have a standalone well-being strategy while a similar proportion are much more reactive than proactive and one in six are not doing anything to improve employee well-being. Just half agree that line managers have bought in to the importance of well-being. Nevertheless, there are some indications that employee well-being is receiving increased attention compared with last year. In particular, more respondents agree that employee well-being is on senior leaders' agendas (61% compared with 55% last year).

Mental health is a key and increasing focus of organisations' health and well-being activity. Most also report their activity is designed to promote good work, collective/social relationships, physical health and values/principles. Fewer (37%) make efforts to promote financial well-being to a large or moderate extent.

Most organisations provide one or more well-being benefit to employees. Most offer some form of health promotion and an increasing proportion provide employee support in the form of counselling services and employee assistance programmes. Decisions regarding the purchasing of well-being benefits are more than twice as likely to be influenced by budgetary constraints as alignment with the organisation's health and well-being strategy or managing identified health issues in the workforce.

Financial well-being

A quarter of respondents believe that poor financial well-being is a significant cause of employee stress in their organisation and over a third disagree that their employees demonstrate the knowledge and skills to make the right reward and benefit choices to meet their financial needs.

Nearly half regularly communicate reward policies to staff so they understand the benefits on offer and the choices available, but far fewer regularly consult employees to assess how well their existing benefit offering is meeting financial needs. Just one in seven organisations are taking a strategic approach to financial well-being.

Evaluating health and well-being activity

Two-thirds of respondents agree that impact evaluation is an important step in the development of their well-being programmes, but far fewer (only a third) report their organisation takes a continuous improvement/feedback loop approach to improve their programmes; less than a quarter (22%) critically assess the quality of well-being outcomes for those that participate in activities.

Organisations that do critically assess the quality of well-being outcomes for those involved, that measure the impact of their approach through regular employee well-being assessments and, in particular, those that take a continuous improvement/feedback loop approach, are much more likely to report their activity has had positive outcomes compared with those that don't have such a rigorous approach to evaluation.

As last year, three-quarters of organisations report positive outcomes from their health and well-being activity over the past 12 months, but this year they report an increased number of achievements. Better morale and engagement, a healthier and more inclusive culture and lower sickness absence remain the most common benefits.

Absence levels

The average level of employee absence this year (5.9 days per employee per year, or 2.6% of working time lost) is the lowest ever recorded by this survey. Our findings indicate a fluctuating but gradual decline in absence rates over the past decade. The private services sector and non-profit organisations have seen the greatest reduction in absence. Average levels of absence remain considerably higher in the public sector, which has seen a much smaller reduction.

Causes of absence

Minor illness remains by far the most common cause of short-term absence. Fewer organisations this year include non-genuine ill health among their top causes of short-term absence.

Mental ill health is increasingly prevalent as a cause of both short- and long-term absence. Along with stress, musculoskeletal injuries and acute medical conditions, it remains most commonly responsible for long-term absence.

Managing absence

The majority of organisations use a combination of methods to manage absence. Practices to review and deter absence (such as return-to-work interviews and trigger mechanisms to review attendance) remain among the most common methods used and the most effective, particularly for short-term absence. Supportive policies such as providing leave for family circumstances, changing work patterns or environment, employee assistance programmes and occupational health involvement are also among the most common methods used (the latter is seen to be particularly effective in the management of long-term absence).

Giving line managers primary responsibility for managing absence is among the most effective methods for managing short-term absence, while using a case management approach is ranked the most effective method for managing long-term absence. Training line managers and providing them with tailored support are among the most effective methods for managing both long- and short-term absence.

‘Presenteeism’

More than four-fifths of respondents have observed ‘presenteeism’ in their organisation over the past 12 months and a quarter of these report it has increased over this period. Very few believe it has decreased.

Most organisations are not doing anything to discourage presenteeism. Just under a third of those who have observed presenteeism within their organisation are taking steps to discourage it, although this is an improvement on last year (when 25% took steps). Efforts to tackle presenteeism most commonly rely on line managers sending home people who are unwell and better guidance for employees. Just 30% of those taking steps are investigating its potential causes.

‘Leaveism’

Nearly two-thirds of respondents report they have observed some form of ‘leaveism’ over the past 12 months. Half have observed employees working outside contracted hours to get work done, over a third report employees use allocated time off (such as holiday) when unwell and over a quarter that employees use allocated time off to work. These findings show a small improvement compared with last year.

Just over a quarter of organisations that have experienced leaveism have taken steps to discourage it over the past 12 months, most commonly through providing better guidance for all employees and investigating its potential causes. A higher proportion of organisations this year are making efforts to foster a culture based more on outputs than inputs to discourage both leaveism and presenteeism (although they remain in the minority).

Work-related stress

Stress-related absence has increased over the last year in nearly two-fifths of organisations. Just 8% report it has decreased. Heavy workloads remain the most common cause of workplace stress, but this year an increased proportion blame management style.

Over the last few years we have seen a gradual increase in the proportion of organisations that are taking steps to reduce workplace stress. Nevertheless, a third of those who report that stress-related absence has increased in their organisation over the past year are not taking any steps to address it. For those that are, the most common methods include flexible working options/improved work–life balance and employee assistance programmes. Compared with previous years, fewer organisations this year are attempting to identify the causes of stress through staff surveys and/or focus groups and, similarly, fewer are using risk assessments and/or stress audits.

Less than half of those who report their organisation is taking steps to tackle stress believe their efforts are effective, while one in six report they are ineffective. Organisations that take a continuous improvement approach to well-being programmes and have line managers on board are most likely to report their efforts to tackle stress are effective.

Managing mental health

Nearly three-fifths have seen an increase in the number of reported common mental health conditions, such as anxiety and depression, among employees in the last 12 months. Only a small minority report a decrease.

Just one in ten (9%) of organisations have a standalone mental health policy for employees, although a further third incorporate mental health within another policy and one in five are in the process of developing a policy. Most are taking some action to manage employee mental health. As last year, the most common action taken is phased return to work and/or other reasonable adjustments. This year, however, nearly as many report they are increasing awareness of mental health issues across the workforce, continuing the upward trend we reported last year.

Less than half of organisations provide mental health training (for managers to support staff with mental ill health, for staff to build personal resilience and/or for mental health first-aiders). Nevertheless, the proportion doing so has increased compared with last year. There has been a corresponding small increase in the proportion that agree that staff are well informed about mental health risks and symptoms and organisational support for mental health. Nevertheless, respondents are still more likely to disagree than agree that managers have the skills and confidence required to support mental health.

Overall, just half of respondents believe their organisation is effective at supporting staff with mental ill health and/or that they actively promote good mental well-being. In very similar findings to last year, less than a third agree that senior leaders encourage a focus on mental well-being through their actions and behaviour.

4 What do the findings mean for HR?

Our nineteenth report exploring absence and well-being in UK workplaces provides evidence that more employers are taking people's health seriously. Nearly every organisation is taking action in more than one area beyond managing sickness absence alone. The overall picture shows small but steady improvements on previous years across a number of dimensions; for example, there are signs that more organisations are giving heightened attention to promoting good mental health. There is an increase in the number who report their organisation is promoting awareness of mental health issues across the workforce, and a small increase in training for managers and employees in this area.

Looking after people's health and well-being is the right thing to do. It's also beneficial for employees, business and wider society, and we hope trends continue to move in this direction over the coming year.

However, the findings still represent a very mixed picture in how proactive organisations are in their approach to employee well-being. Despite the increased focus on mental health, for example, there is still a lack of preventative measures being taken and despite employers' efforts we are still seeing a worrying increase in poor mental health and work-related stress. This indicates that the steps taken by employers are falling short of what's needed. Overall, organisations still tend to take a reactive approach to well-being, rather than a pre-emptive one that aims to create the kind of working environment that supports good well-being and helps to prevent poor health where possible. The latter demands active commitment and role-modelling by senior leaders on a consistent basis, and we are encouraged that this year more respondents agree that employee well-being is on senior leaders' agendas (61% compared with 55% last year).

In every workplace, every individual has a role to play in making it a healthy one. Implementing an effective health and well-being strategy carries with it distinct responsibilities for each employee group – as well as senior leaders, there is an important role for line managers, occupational health professionals where available, and employees. People professionals are in a particularly unique position to ensure that health and well-being initiatives are taken seriously at a strategic level and implemented effectively on a day-to-day basis. It is HR who should have the knowledge and insight to inform an evidence-based approach and ensure that health and well-being is not a series of standalone initiatives, but integrated into the organisation's culture, leadership and people management practices. Therefore, we focus on three key insights below that people professionals should consider as part of their organisation's approach to health and well-being:

- Identify the main risks to people's health and well-being and target action accordingly.
- Be holistic and ensure that financial well-being receives adequate attention.
- Evaluate and improve well-being initiatives.

Identify the main risks to people's health and well-being and target action accordingly

Building and integrating a health and well-being strategy for the organisation that is contingent on its specific requirements is how employers can avoid the pitfall of developing a 'menu' of initiatives that are not joined up or closely linked to the needs of employees. However, our findings indicate that decisions regarding the purchase of well-being benefits are more than twice as likely to be influenced by budgetary constraints as alignment with

the organisation's health and well-being strategy or managing identified health issues in the workforce. Another example of the lack of action taken to manage identified health risks is the fact that a third of those who report that stress-related absence has increased in their organisation over the past year are not taking any steps to address it.

Managing spend on health and well-being within the constraints of wider organisational priorities and budgets is obviously going to be an unavoidable consideration. But unless investments are targeted effectively, organisations risk wasting what money they spend. Together with the fact that many employers still act on an ad hoc basis on employee well-being, this highlights the need for a more strategic and targeted approach on this agenda. An effective employee well-being strategy should be bespoke, and its content based on the organisation's particular needs and characteristics, as well as those of its employees.

> *Building and integrating a health and well-being strategy for the organisation that is contingent on its specific requirements is how employers can avoid the pitfall of developing a 'menu' of initiatives that are not joined up or closely linked to the needs of employees.*

This means ensuring adequate attention is paid to all of the core features of a holistic health and well-being approach while developing specific initiatives, or placing special emphasis on, particular health and well-being requirements where they exist. Factors such as job type, health issues, organisation size and structure all need to be taken into account. The need for some programme design variations will be obvious – for example, a suitable health and well-being strategy for employees working in a call centre company is likely to differ from that needed for those based in a manufacturing plant. However, some of the differences in approach will be more nuanced and based on more detailed data and workforce characteristics – for example, an employer could detect a requirement for specific well-being initiatives based on evidence collected from employees, possibly via absence statistics, exit interviews and attitude surveys.

Another vital aspect of developing an effective strategy to build a healthy workplace is understanding the underlying patterns of absence and attendance and the factors driving behaviour around health and well-being, a theme we emphasised in last year's report. For example, more organisations need to identify the causes of unhealthy trends such as stress, 'leaveism' and 'presenteeism' and the extent to which these are caused by factors such as unmanageable workloads and deadlines, as well as wider organisational issues like a long-hours culture, unrealistic management expectations and senior leaders role-modelling inappropriate behaviour.

Be holistic and ensure that financial well-being receives adequate attention

Slowly but surely more employers are attempting to adopt a holistic approach to people's well-being. The increasing inclusion of effective mental well-being policies and practices, for example, is a big step forward in terms of addressing the psychological aspects of health and well-being at work. Our survey finds that good work, collective/social relationships, physical health and values/principles are also commonly promoted, at least to a moderate extent, by around three-fifths of organisations, while half promote personal growth and good lifestyle choices.

A healthy workplace is one that also includes effective policies for dealing with all of the 'people' aspects of employment such as diversity and inclusion, communication and consultation, engagement and work–life balance. Attention also needs to focus on 'good

work' and the way work is organised, the degree of control and autonomy that people have over their work, and the organisational culture. Many of these factors are interrelated and it is only by addressing their overall potential impact that an organisation's well-being approach can be fully optimised.

Financial wellness is another crucial element of a holistic approach to employee well-being, and yet this area consistently receives less focus in organisations' health and well-being programmes. It is the least-promoted area of employee well-being promoted by our survey respondents, with just over a third (37%) taking action. Just one in seven adopt a strategic approach to financial well-being, taking into account the needs of different employee groups. These findings chime with other CIPD research, suggesting that there is still a long way to go before employers actively address this important issue (CIPD 2018).

Money worries can contribute directly to employee mental stress, and the financially stressed are more likely to suffer conditions such as fatigue and heart attacks as well as alcohol and drug abuse. A quarter of people taking part in our 2019 survey believe that poor financial well-being is a significant cause of employee stress.

> *A healthy workplace is one that also includes effective policies for dealing with all of the 'people' aspects of employment such as diversity and inclusion, communication and consultation, engagement and work–life balance.*

Our findings show that many employers are missing an opportunity to use their reward package to promote workplace wellness. While nearly half regularly communicate reward policies to staff so they understand the benefits on offer and the choices available, far fewer regularly consult employees to assess how well their existing benefit offering is meeting financial needs.

When asked in other CIPD research why they don't provide programmes to encourage better employee financial well-being, the most common response among employers is that they are not sure what they need at this stage, with the current lack of progress not so much due to the cost complications of such programmes, but reflecting more practical concerns around knowing where to start or how to work out what is needed (CIPD 2018). The findings set out in this report provide a good starting point for the kind of steps an organisation can consider in developing a financial well-being programme integrated with its wider health and well-being strategy. The CIPD also has a range of useful reports and guides to support organisations wanting to improve their employees' financial well-being (www.cipd.co.uk/financialwellbeing).

Evaluate and improve well-being initiatives

It can be challenging for employers to measure the impact of their well-being initiatives but it is a crucial element of building a case for future investment by the board or leadership team. Taking an evidence-based approach is also the only way of knowing whether or not an organisation's efforts are having their intended effect. While most survey respondents agree in principle that evaluation is the right approach, this view is not matched by consistent and effective action in practice.

For example, just a third say their organisation takes a continuous improvement/feedback loop approach to improve their programme, and a fifth that it critically assesses the quality of well-being outcomes for those involved. A further 28% of

organisations evaluate the impact of their health and well-being programme by measuring employee health and well-being at least annually, while 44% carry out one-off surveys. Overall, less than half of organisations carry out each of the methods we listed to evaluate their impact in this area.

There are several key areas where organisations could strengthen their evaluation approach:

- Less than a quarter of HR professionals agree/strongly agree that their organisation critically assesses the quality of outcomes for those participating in health and well-being activities or interventions, highlighting a significant risk to HR and employees as interventions could be ineffective or may even harm employees. HR professionals should focus their attention on measuring the impact of their investments in well-being to improve outcomes and mitigate against risks, particularly for interventions exploring challenging and/or sensitive issues (such as mental health in the workplace).
- By carrying out one-off surveys, HR practitioners are not collecting enough data to be able to assess any impact of their interventions, as outcomes or changes can only be understood by measuring at least twice, ideally more. HR should look to include more 'before' and 'after' surveys in their evaluation processes and use these to track changes on key health and well-being indicators.
- Well under a third of organisations use focus groups to consult with participants to understand their experience and opinion of the health and well-being interventions they have participated in. Focus groups offer a powerful tool for collecting data that can help to improve both the efficiency and effectiveness of well-being interventions. HR should consider adopting more focus group methods in its evaluation practice and use these to critically assess the impact that their programmes are having.

Put simply, the best evaluation approach is to identify the key organisational targets or goals the programme is designed to achieve and then to monitor achievement against those targets. Targets and goals can take many shapes. They can be organisational measures, or more closely related to employee health and job satisfaction. Staff surveys can, over a period of time, gauge how individuals are feeling about initiatives and measure a range of key indicators. Ongoing evaluation must continue to inform programme development and design to ensure the programme has maximal impact and reach and continues to meet changing employee needs. The more holistic an evaluation approach is, and the wider the set of indicators used, the better.

The tangible benefit of taking an evaluative approach to well-being is evidenced in our survey findings. Organisations that do critically assess the quality of well-being outcomes for those involved, that measure the impact of their approach through regular employee well-being assessments and, in particular, those that take a continuous improvement/feedback loop approach, are much more likely to report their activity has had positive outcomes compared with those that don't have such a rigorous approach to evaluation. The main benefits realised are better morale and engagement, a healthier and more inclusive culture and lower sickness absence – all outcomes that can improve the quality of working life for the individual and organisational performance for the employer.

It's clear there needs to be a more rigorous and holistic approach to health and well-being evaluation, and the CIPD is working with external experts to develop toolkits and resources to support organisations in this area.

5 Employee health and well-being

Most organisations take some action to promote employee well-being, but there remains considerable variation in how strategic and proactive they are. Two-fifths of organisations have a standalone well-being strategy, but most act on an ad hoc basis. More positive findings this year show an increase in the proportion of respondents asserting that senior leaders have employee well-being on their agenda.

Most organisations are taking action to improve employee health and well-being, but there is considerable variation in how proactive they are. Overall, just two-fifths have a formal strategy in support of their wider organisation strategy, while a similar proportion believe their organisation's approach is more reactive than proactive. Three-fifths agree that employee well-being is on senior leaders' agendas and just half that line managers have bought in to the importance of well-being. Nevertheless, these findings show a marginal improvement on last year (Figure 1).[1]

These overall figures mask significant sector differences (Figure 2). The public sector is considerably more likely to have a formal strategy than the private or non-profit sector, where an ad hoc approach is more common. Respondents from the private sector are least likely to agree that senior leaders and line managers have bought in to the importance of employee well-being.

In terms of organisation size, larger organisations (within each sector) are most likely to have a formal strategy, while smaller organisations are more likely to act on an ad hoc basis according to employee need.[2] Moreover, small organisations are less likely than larger ones to be taking action to improve employee health and well-being (26% of organisations with fewer than 50 employees are not currently doing anything compared with 15% of those with more than 50 employees).

Figure 1: The position of health and well-being in organisations (% of respondents)

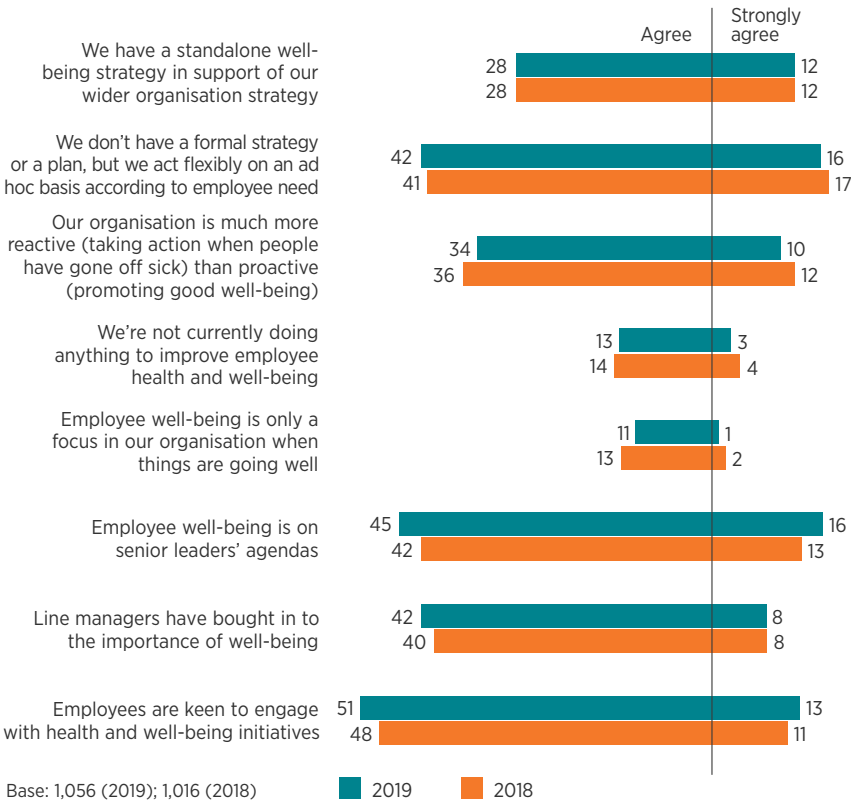
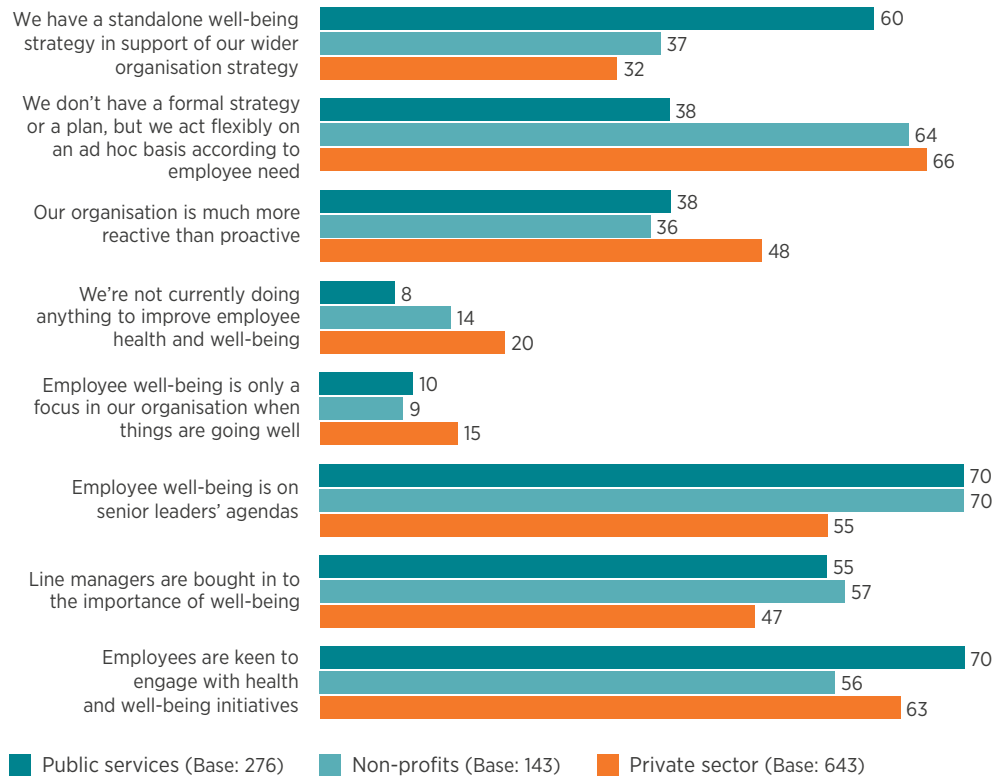


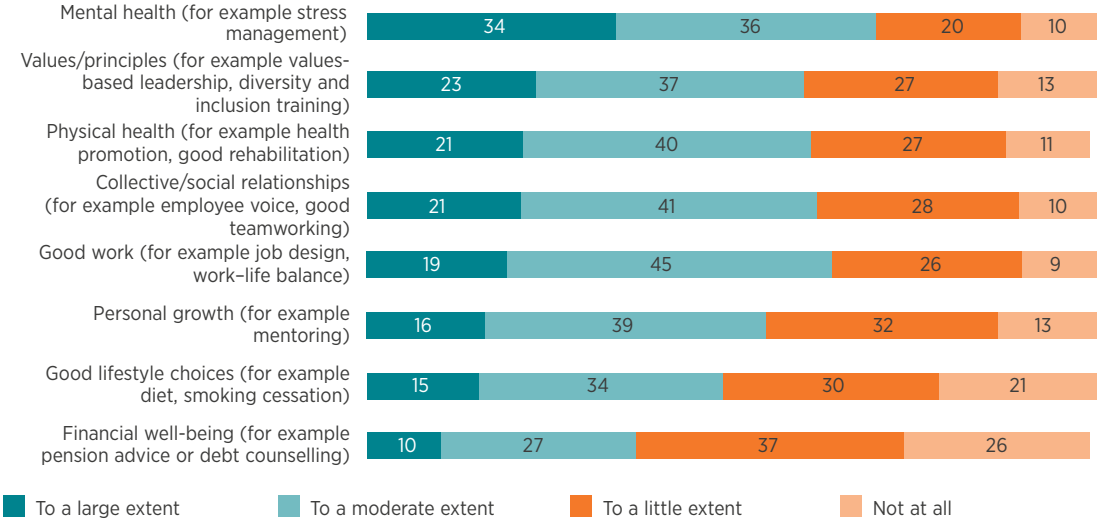
Figure 2: The position of health and well-being in organisations, by sector (% of respondents who agree/strongly agree)



Mental health is a key focus of health and well-being activity

Mental health is a key and increasing focus of organisations' health and well-being activity. This year 70% of respondents report that their organisation's well-being activity is designed to promote mental health to a large or moderate extent, up from 63% last year. There has been little change in other priorities. Good work, collective/social relationships, physical health and values/principles are commonly promoted, at least to a moderate extent, by approximately three-fifths of respondents' organisations, while approximately half promote personal growth and good lifestyle choices (Figure 3). As last year, fewer report their activity is designed to promote financial well-being (2019: 37%, 2018: 36%).

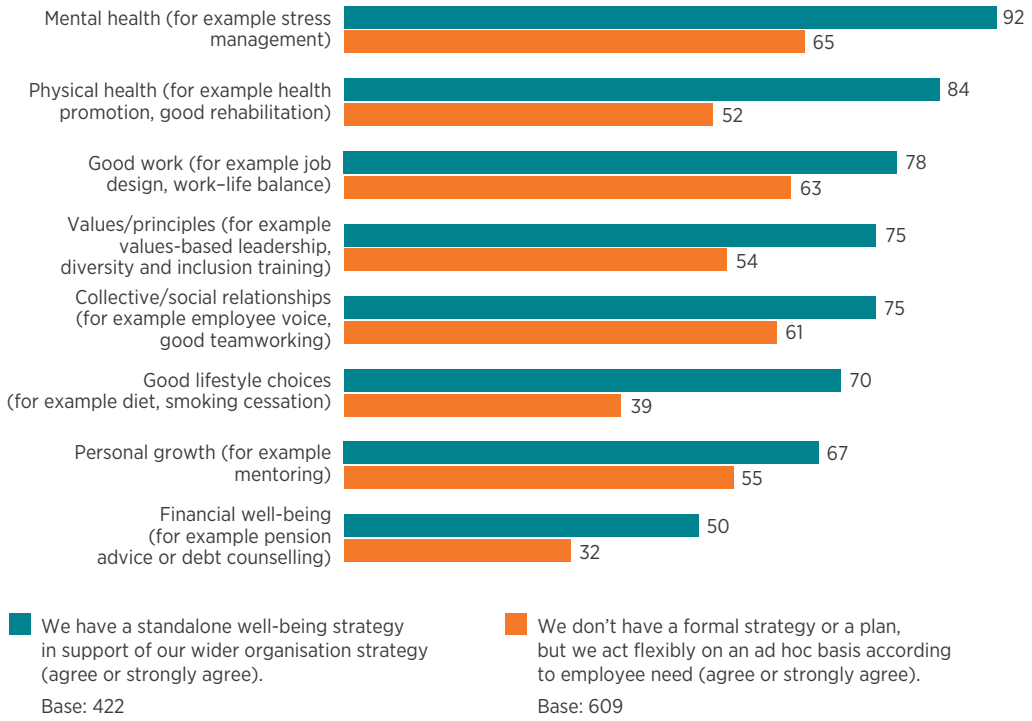
Figure 3: To what extent is your employee health and well-being activity designed to promote... (% of respondents)



Base: 1,072

Organisations with a standalone well-being strategy are more likely to take a holistic approach compared with those without one, with a majority promoting most aspects of employee well-being (particularly mental and physical health), although just half promote financial well-being to a moderate or large extent (Figure 4).

Figure 4: Focus of health and well-being activity by well-being strategy (% of respondents reporting their organisation promotes each aspect to a large or moderate extent)

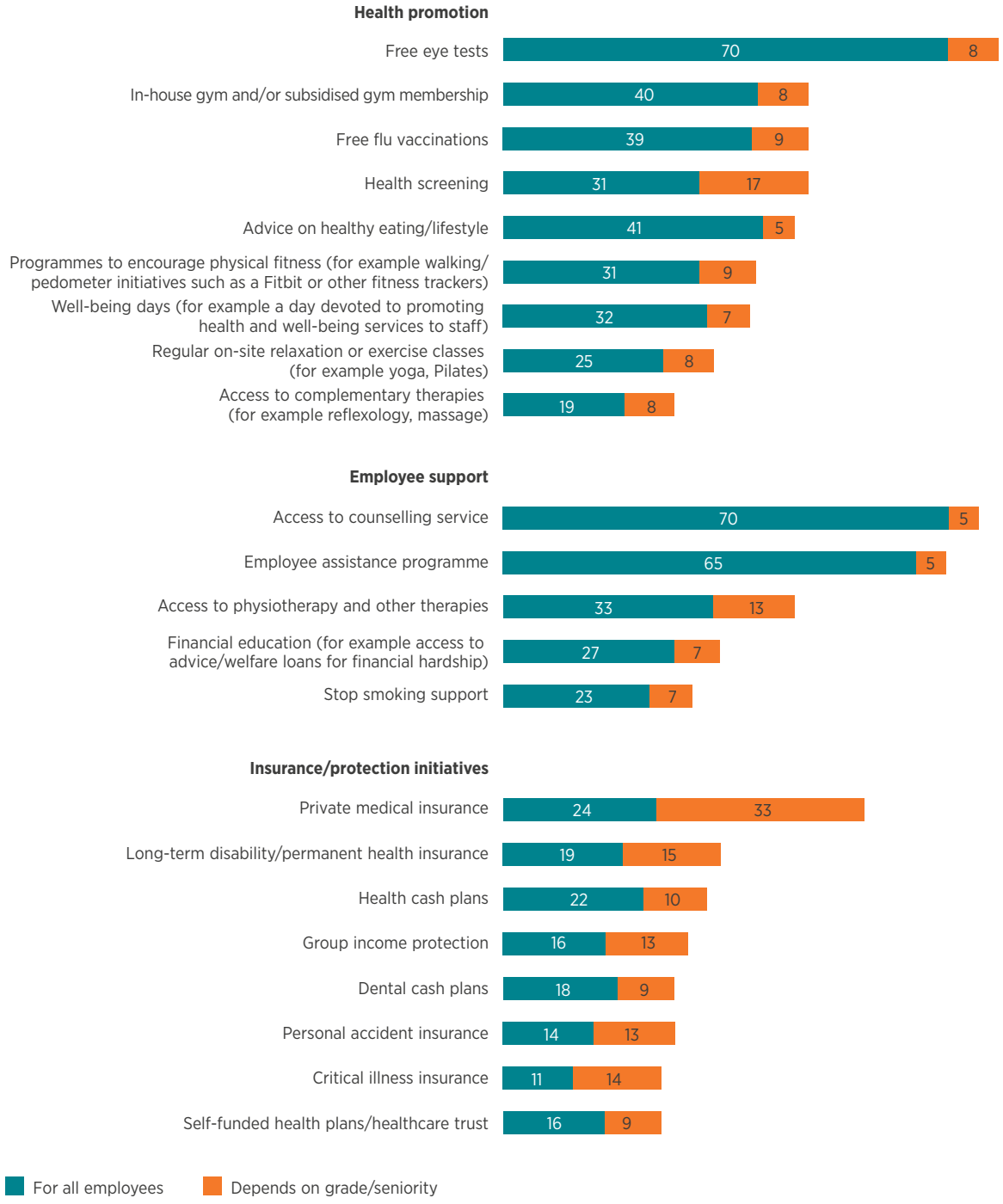


Well-being benefits

Most organisations provide one or more well-being benefit to employees (Figure 5). The vast majority (94%) offer one or more health promotion benefit (most commonly free eye tests) and some form of employee support (87%). As in previous years, access to counselling services and employee assistance programmes are the most common forms of benefit provision on offer. Moreover, our findings suggest that the proportion of organisations providing these services has increased over the past few years (Figure 6).

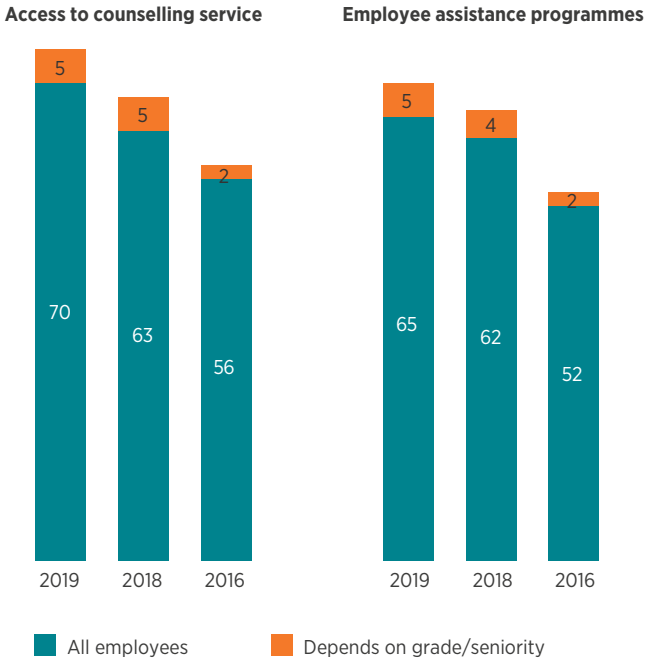
Just under three-quarters of organisations (72%) offer some sort of insurance or protection initiatives, at least to some groups of staff, although these benefits tend to be more common in the private sector (Appendix 1). In contrast, most employee support and health promotion initiatives are more common in the public sector.

Figure 5: Employee well-being benefits provided by employers (% of respondents)



Base: 1,009

Figure 6: Changes in two benefits offered, 2016–19 (% of respondents)



Base: 1,009 (2019); 994 (2018); 805 (2016)

Factors that influence employers' purchase of well-being benefits

We asked respondents to rank the top three factors that influence their organisation's decisions to purchase well-being benefits for employees. As last year, budgetary constraints is the top influencer across all sectors (Table 1). Following this, public sector organisations (who are most likely to have a health and well-being strategy) are most likely to prioritise alignment with their strategy and/or managing identified health issues in the workforce. In contrast, private sector organisations are more likely to prioritise being competitive as an employer of choice and (along with non-profits) employee demand/feedback.

Table 1: The top three factors that influence organisations' decisions to purchase well-being benefits for employees, by sector (% of respondents)

	All respondents Base: 1,011	Manufacturing and production Base: 159	Private sector services Base: 452	Public services Base: 260	Non-profits Base: 140
Budgetary constraints	68	68	67	68	71
Employee demand/feedback	37	35	42	28	44
Value for money in terms of number/level of benefits available to employees	37	36	40	33	36
Being competitive as an employer of choice	36	42	46	22	28
Alignment with the organisation's health and well-being strategy	33	32	26	46	31
Value for money in terms of workforce coverage	31	28	33	31	32
Managing identified health issues in workforce	31	35	23	42	32

6 Financial well-being

Few organisations take a strategic approach to financial well-being, although a quarter believe poor financial well-being is a significant cause of stress in their organisation. Our findings show that many organisations could be considerably more proactive in communicating and consulting with staff regarding existing rewards and benefits, issues that affect their financial well-being and external sources of advice.

Recent CIPD research (2017) has identified the importance of financial well-being for employees and organisations, yet our findings (Figure 3) show that financial well-being is a relatively neglected area of organisations' health and well-being activity. This year we introduced new questions to explore the issue in more detail.

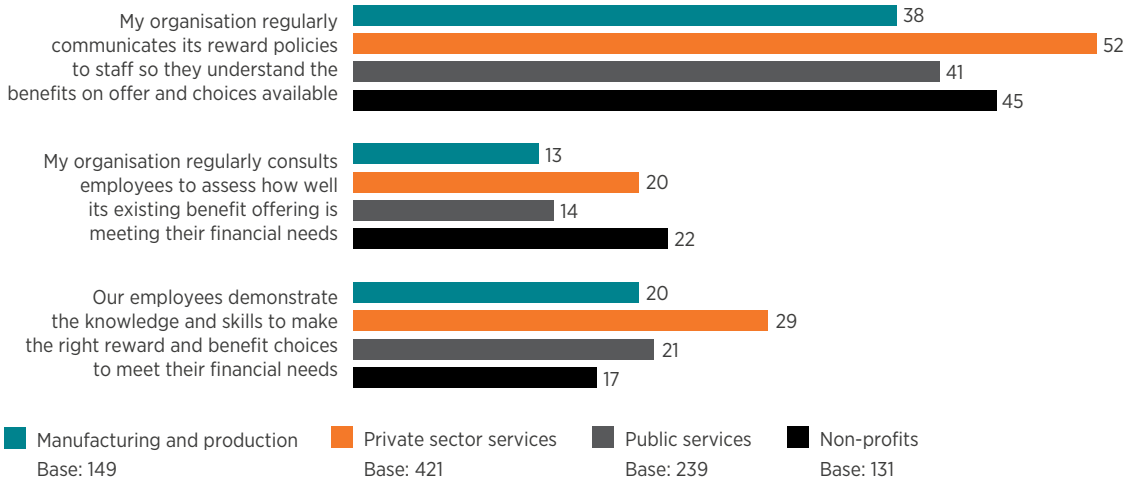
A quarter (24%) of respondents believe that poor financial well-being is a significant cause of employee stress in their organisation, rising to more than a third (35%) of those in very large organisations with more than 5,000 employees. Over a third disagree that employees in their organisation demonstrate the knowledge and skills to make the right reward and benefit choices to meet their financial needs (Figure 7).

Just one in seven adopt a strategic approach to financial well-being, taking into account the needs of different employee groups (Figure 7).

Figure 7: Financial well-being approach in organisations (% of respondents)

While nearly half regularly communicate reward policies to staff so they understand the benefits on offer and the choices available, far fewer regularly consult employees to assess how well their existing benefit offering is meeting financial needs. Private sector services organisations and non-profits tend to be more proactive in communicating and consulting (Figure 8). Organisations that do regularly communicate reward policies to employees are more likely to agree that their employees demonstrate the knowledge and skills to make the right reward and benefit choices to meet their financial needs.[3]

Figure 8: Communicating reward and benefit offerings, by sector (% of respondents who agree/strongly agree)



Pay and benefit policies

Three-quarters of respondents report their organisation has a fair and equitable pay system (Table 2). Most respondents (86%) report pay rates above the statutory National Living/Minimum Wage, although this doesn't mean that the rest pay below these levels. Hopefully, the remaining 14% pay at the minimum required. Just over two-thirds report they have good opportunities for staff to develop and progress. Less than a third (31%) have a flexible benefit scheme that allows staff to pick benefits, although this is more common in very large organisations (48% of those with more than 5,000 employees).

Retirement provision

Retirement provision is considerably more generous and flexible in the public sector compared with other sectors (Table 2). The public sector is more than twice as likely to offer a pension plan beyond the statutory minimum compared with the private sector. Phased retirement and pre-retirement courses for staff are far more common in the public sector than the private and non-profit sectors.

Employee communication

Nearly two-thirds of organisations provide induction material on rewards to new starters, but for most the financial well-being communications and training ends there (Table 2). Only a minority provide ongoing communications of any sort, although private sector services are somewhat more proactive.

Overall, a fifth (22%) of organisations provide total reward statements to all staff, although this is more common in larger organisations (9% of small organisations with fewer than 50 employees provide reward statements compared with 37% of those with more than 1,000 employees). Less than one in ten train line managers to provide staff with pay and benefits information or offer financial awareness programmes.

Employee support

Just over half of organisations have an employee assistance programme offering debt counselling. Fewer organisations provide other forms of employee support for financial well-being, such as signposting employees to other sources of advice (Table 2). Public sector and larger organisations are more likely to have credit union membership offering staff payroll deductions for loans or investments and to signpost employees to external sources of free advice.

Table 2: Financial benefits, communication and support in place (% of respondents)

	All respondents Base: 950	Manufacturing and production Base: 152	Private sector services Base: 424	Public services Base: 244	Non-profit sector Base: 130
Pay and benefit policies					
Pay rates above the statutory National Living/ Minimum Wage	86	87	83	90	86
A fair and equitable pay system	75	65	71	85	81
Good opportunities for staff to develop and progress	69	63	74	67	62
Benefits scheme allowing staff to pick benefits from their pre- and/or post-tax pay	31	26	33	29	29
Retirement planning					
Pension plan with a minimum total pension contribution of at least 10%, including 6% from the employer	51	39	35	86	49
Phased retirement, for example 3- or 4-day week	36	34	22	66	28
Pre-retirement courses/training for staff approaching retirement	23	15	11	55	15
Employee communication					
Induction material on rewards for new starters	64	57	69	59	65
Timely email alerts to employees on changes that will affect their financial well-being	37	30	41	34	38
Staff are surveyed about existing benefit offering and any desired change	25	20	28	18	32
Total reward statements to all staff	22	16	21	31	12
Mandatory staff training includes information about the benefits/importance of making long-term financial provision	11	9	13	12	8
Line managers are trained to provide staff with pay and benefits information	9	4	13	6	10
Financial awareness programme, for example financial education days for staff	8	8	8	7	8
Employee support					
Employee assistance programme offering debt counselling	55	43	53	59	65
Signpost employees to external sources of free advice (for example debt charities, Citizens Advice)	29	25	24	41	27
Interest-free loans for staff (for example to help with season tickets, deposits for rented housing)	26	14	30	21	39
Access to independent financial advisers	22	20	25	16	25
Signpost employees to online budgeting/ saving modellers or calculators	11	9	11	13	12
Credit union membership offering staff payroll deductions for loans, investments, etc	10	4	3	23	13

7 Evaluating health and well-being activity

Overall, three-quarters of respondents report benefits from their health and well-being activity over the last 12 months, most noticeably better morale and engagement, a healthier and more inclusive culture, and lower sickness absence. Organisations that critically evaluate the impact of their well-being activity, particularly those that take a continuous improvement/feedback loop approach, are much more likely to report their activity has resulted in positive organisational outcomes.

Two-thirds of respondents agree or strongly agree that impact evaluation is an important step in the development of their well-being programmes, but far fewer (just over a third) report their organisation takes a continuous improvement/feedback loop approach to improve their programmes and even fewer that their organisation critically assesses the quality of well-being outcomes for those involved (Figure 9).[4] All these evaluation approaches are more common in organisations that have a standalone well-being strategy.

Organisations that take a more rigorous approach to evaluating their health and well-being activity are much more likely to report their activity has resulted in positive outcomes: respondents who disagree that their organisation critically assesses well-being outcomes for participants are six times more likely to report no achievements compared with those in organisations that do critically assess well-being outcomes; respondents who disagree that their organisation takes a continuous improvement approach to well-being programmes are nine times more likely to report no achievements compared with those in organisations that do take a continuous improvement approach (Figure 10).

Figure 9: Evaluation of well-being programmes and activity (% of respondents)

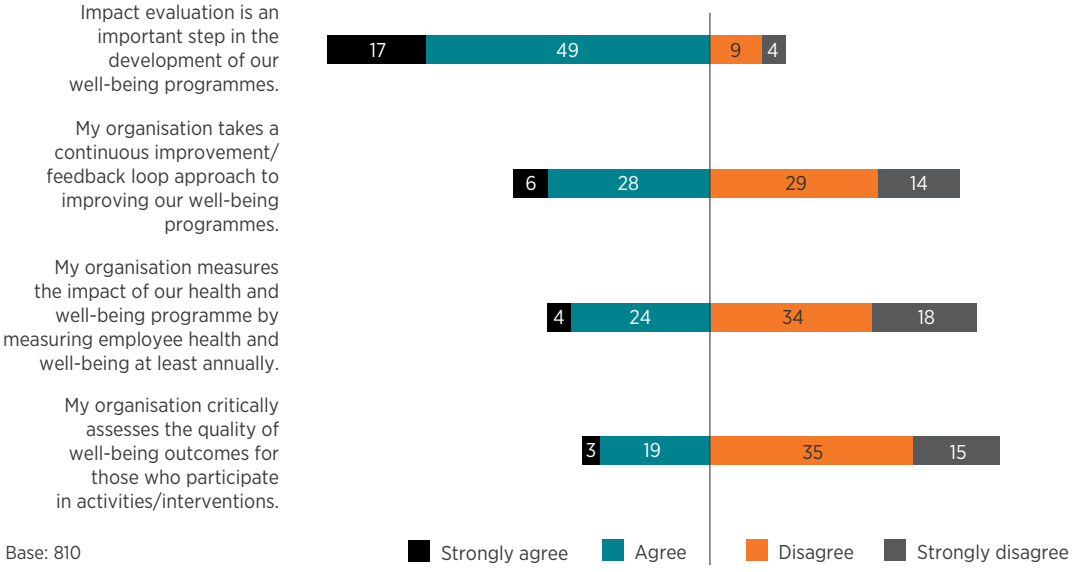
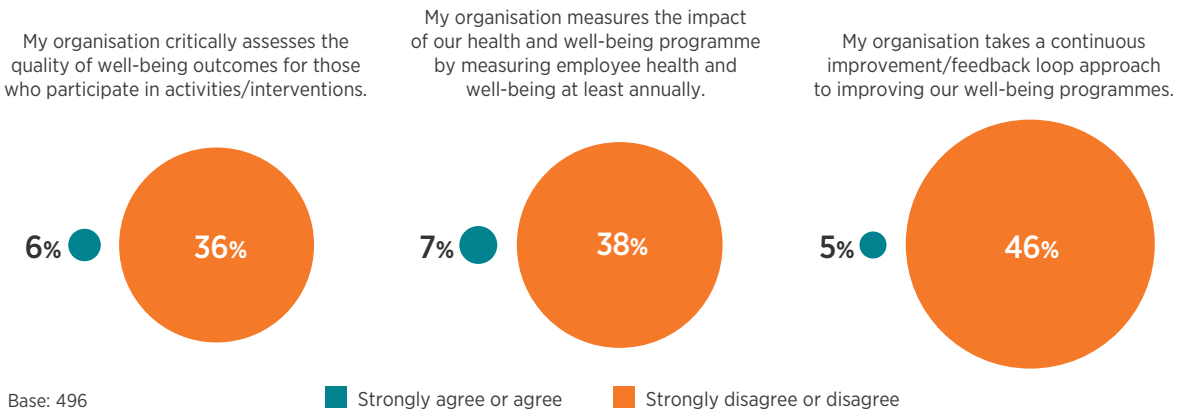


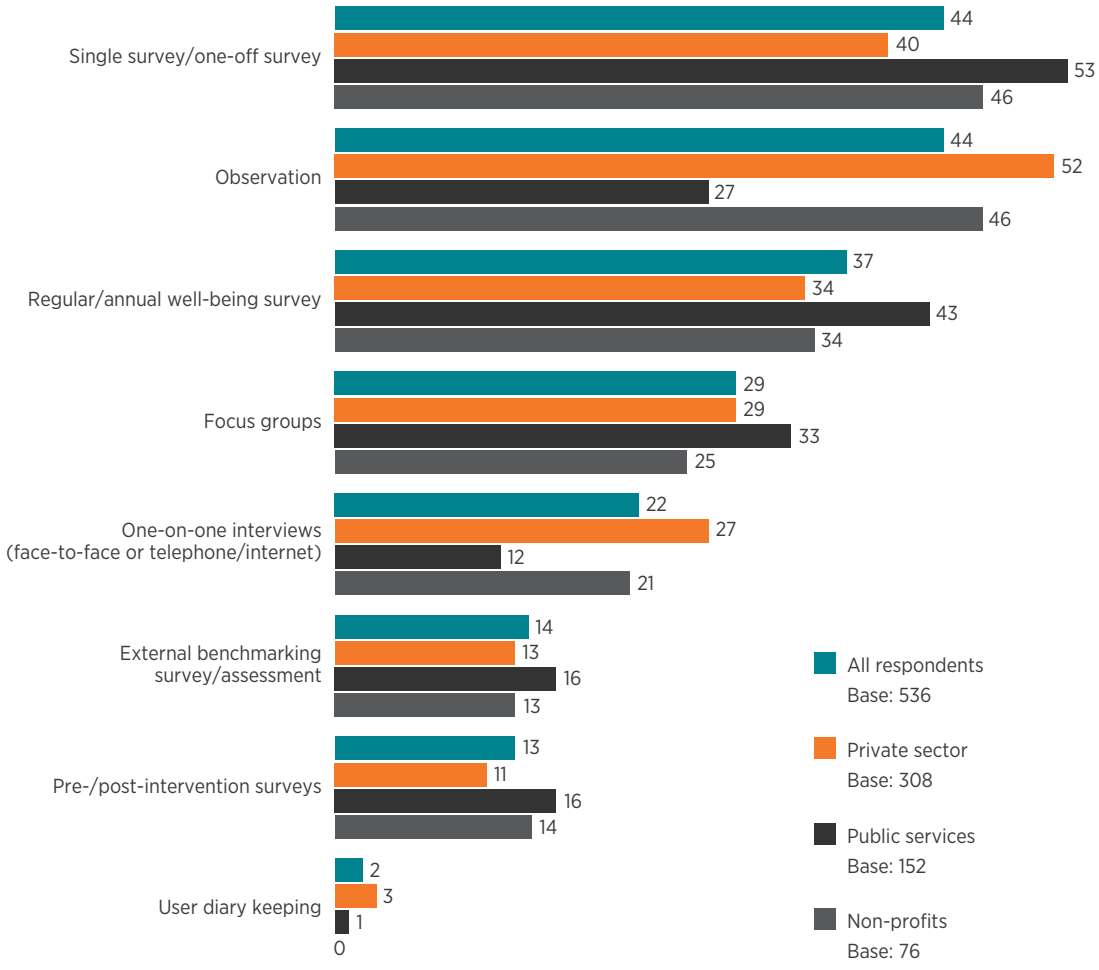
Figure 10: Percentage of respondents reporting that NO achievements have been realised from their employee health and well-being activity over the past 12 months, by evaluation activities



Evaluation methods

The most common methods used for evaluating the impact of well-being activity are regular or one-off surveys (particularly popular in the public sector and larger organisations) and observation (particularly popular in the private sector). One-on-one interviews are also more commonly used in the private sector (Figure 11). Methods least likely to be used across all organisations are external benchmarking approaches, surveys at the pre- and post-intervention stages and asking users to keep diaries.

Figure 11: Methods used to evaluate the impact of well-being activity (% of respondents who evaluate)

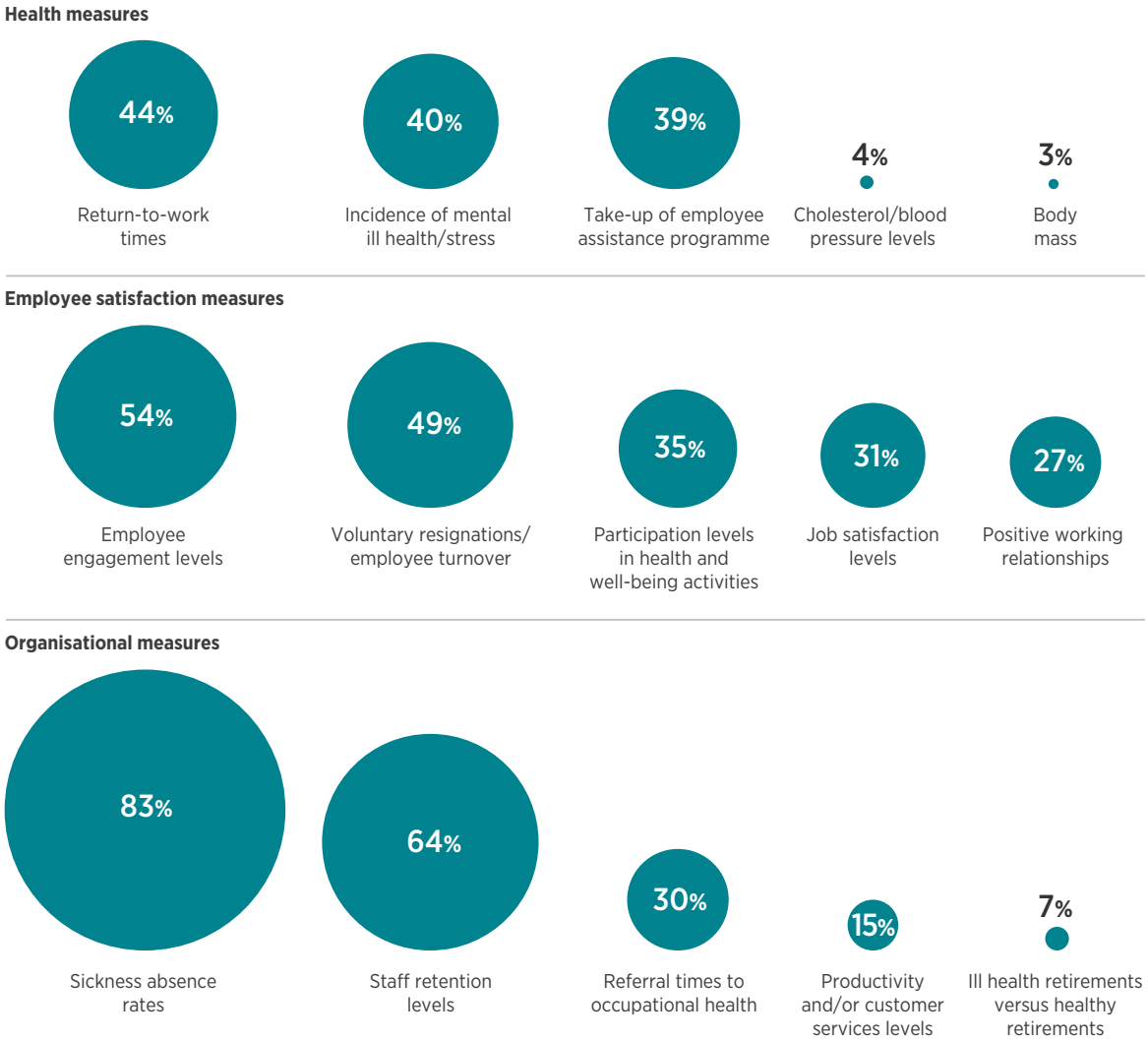


Measures used to evaluate well-being activity

The metric that is by far more commonly used to evaluate well-being activity is sickness absence rate, followed by staff retention levels, employee engagement levels and voluntary resignations/employee turnover, as Figure 12 shows. Around two-fifths use health measures such as return-to-work times, incidence of mental ill health/stress and the take-up of employee assistance programmes. The latter, along with referral times to occupational health, are more commonly used in larger organisations.

There are also some significant sector differences in the metrics used. The public sector (which experiences a higher level of absence from mental ill health and stress) is most likely to use incidence of mental ill health/stress as a measure in their evaluation of well-being activity (50% compared with 44% of non-profits, 39% of private sector services and 25% of manufacturing and production). In contrast, the private sector is twice as likely to use productivity and/or customer service levels as a metric (19% compared with 10% of public and non-profit organisations).

Figure 12: Metrics used to evaluate the impact of organisations' well-being spend (% of respondents)

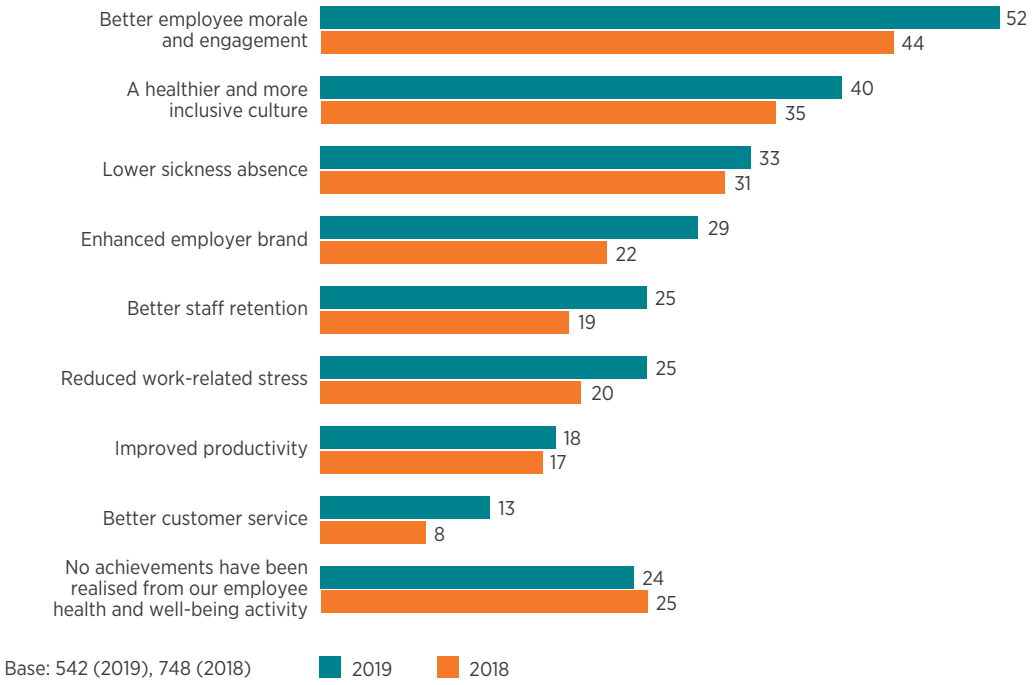


Base: 725

The impact of health and well-being activity

Three-quarters of respondents from organisations with health and well-being activity believe it has resulted in positive organisational outcomes over the last 12 months.[5] Figure 13 shows that better employee morale and engagement, a healthier and more inclusive culture and lower sickness absence remain the most common outcomes. While there has been little change in the proportion reporting no achievements, Figure 13 shows an increase in all the reported benefits compared with last year, suggesting that organisations that are benefiting are increasingly doing so in multiple ways. It is likely that positive achievements in one area have knock-on effects in other areas.

Figure 13: What has your organisation's employee health and well-being activity achieved in the past 12 months? (% of respondents)



8 Level of employee absence

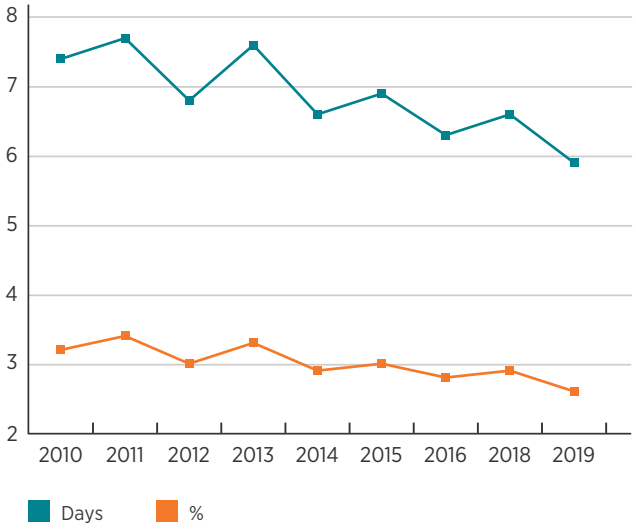
The average level of employee absence this year (5.9 days per employee) is the lowest ever recorded by this survey. The private sector services and non-profit sectors have seen the greatest reduction in absence. Average levels of absence remain considerably higher in the public sector, which has seen a much smaller reduction in absence.

The vast majority of organisations across all sectors (90%) collect sickness absence data.

The average[i] level of employee absence, 5.9 days per employee or 2.6% of working time lost, is the lowest ever recorded by this survey. Figure 14 shows that absence rates have been gradually falling (with fluctuations) over the past decade. There remains, however, considerable variation across individual organisations, with some reporting very high levels of absence. This year, 16% of respondents report that on average their employees had ten or more days' absence over the last year and 4% report average absence levels of 15-plus days per employee per year.

[i] 5% trimmed mean (see note on abbreviations, statistics and figures used, page 45).

Figure 14: Average* level of employee absence, per employee per annum

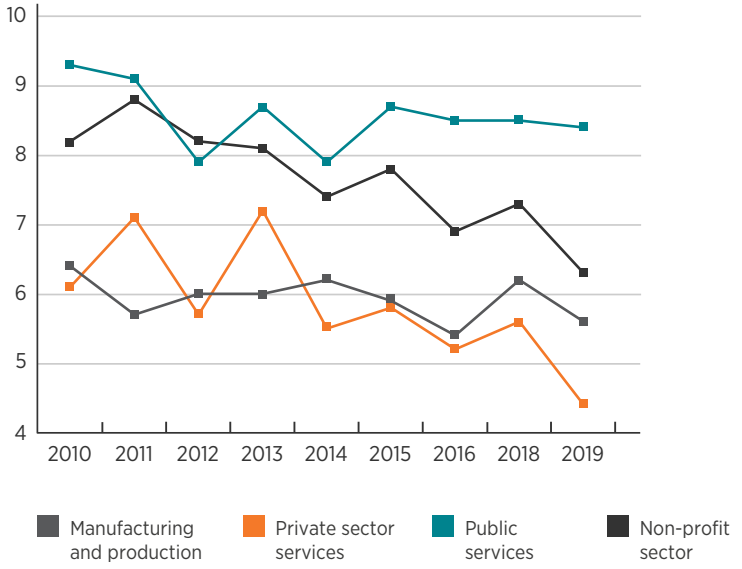


* 5% trimmed mean
Base: 446 (2019); 443 (2018); 736 (2016); 396 (2015); 342 (2014); 393 (2013); 498 (2012); 403 (2011); 429 (2010)

Sharpest absence fall in the private sector services and non-profit sectors

The reduction in average levels of absence is noted across all sectors but is most noticeable in private sector services and the non-profit sector (Figure 15). The decline in the average absence level of the public sector is much smaller, resulting in an increasingly higher absence level compared with other sectors (at 8.4 days nearly double that of 4.4 days in private sector services, 2.8 days more than manufacturing and production, and 2.1 days higher than non-profits). There is, however, considerable variation within separate industries within the public sector (and other broad sectors). For example, average levels of absence are notably higher in local government and public health services compared with public sector education and central government (Appendix 2).

Figure 15: Average number of days lost per employee per year, by sector (5% trimmed mean)

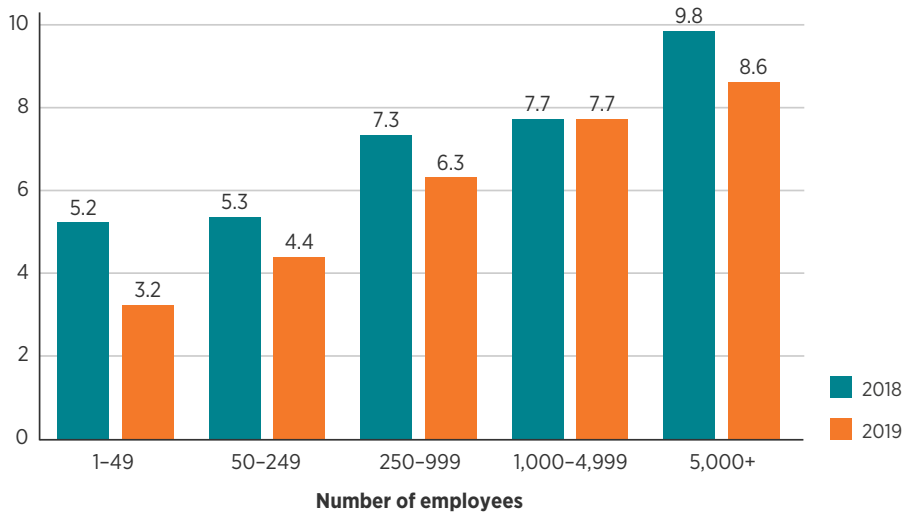


Larger organisations have higher absence levels

The reduction in average levels of absence is noticeable in organisations of all sizes, except those with 1,000 to 4,999 employees, where it remains the same as last year (Figure 16). The reduction is most noticeable in very small organisations (fewer than 50 employees), where it has fallen by two days per employee.

As in previous years, smaller organisations (within each sector) tend to have lower levels of absence than larger ones. Absence may be more disruptive and noticeable in smaller organisations and occupational sick pay arrangements tend to be less generous, which may discourage some types of absence and encourage a quicker return to work.

Figure 16: The effect of workforce size on absence levels



Base: 1–49 employees: 46 (2019), 45 (2018); 50–249 employees: 124 (2019), 173 (2018); 250–999 employees: 90 (2019), 106 (2018); 1,000–4,999 employees: 61 (2019), 66 (2018); 5,000+ employees: 35 (2019), 51 (2018)

9 Causes of absence

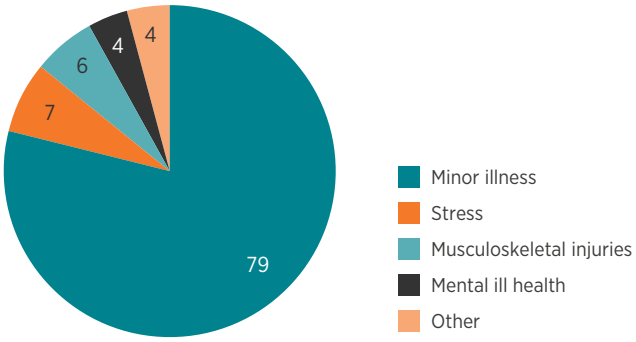
Minor illness is still by far the most frequent cause of short-term absence. Mental ill health, stress, musculoskeletal injuries and acute medical conditions are most commonly responsible for long-term absence. Moreover, mental ill health is increasingly prevalent as a cause of both short- and long-term absence. Fewer organisations this year include non-genuine ill health among their top causes of short-term absence.

Short-term absence

Minor illness (including colds, flu, stomach upsets, headaches and migraines) remains the most common cause of short-term absence (four weeks or less) for the vast majority of organisations (Figure 17). As in previous years, musculoskeletal injuries (including back pain, neck strains and repetitive strain injury) and stress are also among the top causes of short-term absence (Table 3).

A third of organisations include mental ill health among their top three causes of short-term absence, continuing the growing trend we noted last year (Figure 18). This rise is mostly due to an increase in private services organisations including mental ill health among their top causes of short-term absence (2019: 35%, 2018: 23%; 2016: 17%). Fewer organisations include non-genuine ill health among their top causes of short-term absence this year (Figure 19).

Figure 17: The most common cause of short-term absence (%)

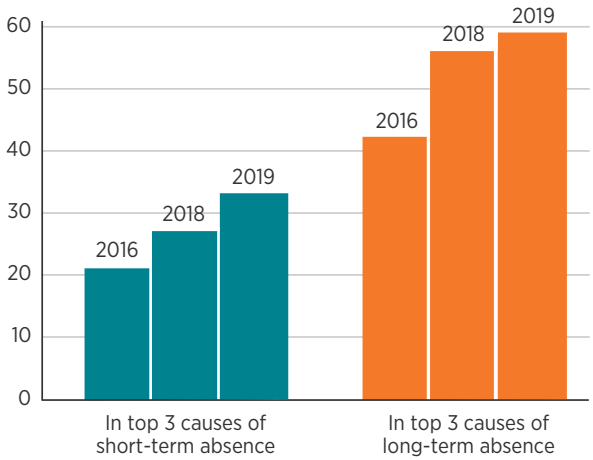


Base: 719

Table 3: Top three most common causes of short-term absence, by sector (%)

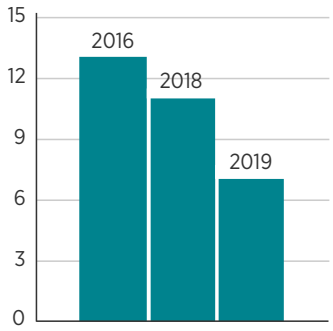
	All respondents Base: 720	Manufacturing and production Base: 123	Private sector services Base: 327	Public services Base: 165	Non-profits Base: 105
Minor illness (for example colds/flu, stomach upsets, headaches and migraines)	92	89	96	84	96
Musculoskeletal injuries (for example neck strains and repetitive strain injury, including back pain)	53	63	44	64	52
Stress	47	33	41	66	49
Mental ill health (for example clinical depression and anxiety)	33	28	35	35	31
Caring responsibilities for children	20	14	27	10	21
Recurring medical conditions (for example asthma, angina and allergies)	18	23	19	15	14
Work-/non-work-related injuries/accidents	13	23	11	7	13
Acute medical conditions (for example stroke, heart attack and cancer)	6	8	5	8	7
Other caring responsibilities (for example for elderly/ill relative)	3	3	4	0	4
Absence due to non-genuine ill health (unexplained)	7	7	8	6	3

Figure 18: Absence due to mental ill health is more common (% of respondents)



Base: Short-term absence: 720 (2019), 659 (2018), 879 (2016); long-term absence: 657 (2019), 618 (2018), 764 (2016)

Figure 19: The proportion including non-genuine ill health among their top 3 causes of short-term absence (% of respondents)

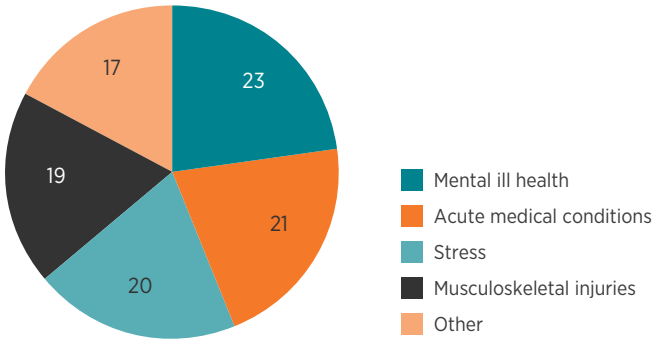


Base: 720 (2019), 659 (2018), 879 (2016)

Long-term absence

Mental ill health, stress, musculoskeletal injuries and acute medical conditions remain the top causes of long-term absence (Figure 20 and Table 4). Last year we reported a considerable increase in the proportion of organisations including mental ill health among their most common causes of long-term absence. This year's findings show a further, albeit smaller, increase (Figure 18).

Figure 20: The most common cause of long-term absence (% of respondents)



Base: 654

Table 4: Top three most common causes of long-term absence, by sector (%)

	All respondents Base: 657	Manufacturing and production Base: 109	Private sector services Base: 298	Public services Base: 158	Non-profits Base: 92
Mental ill health (for example clinical depression and anxiety)	59	50	55	73	58
Stress	54	38	53	72	49
Musculoskeletal injuries (for example neck strains and repetitive strain injury, including back pain)	54	69	45	62	53
Acute medical conditions (for example stroke, heart attack and cancer)	45	44	44	44	52
Work-/non-work-related injuries/accidents	19	30	20	10	16
Minor illness (for example colds/flu, stomach upsets, headaches and migraines)	17	20	19	11	16
Recurring medical conditions (for example asthma, angina and allergies)	16	14	17	13	22
Caring responsibilities for children	4	3	4	4	5
Other caring responsibilities (for example for elderly/ill relative)	2	4	2	1	2
Absence due to non-genuine ill health (unexplained)	2	5	3	1	0

Sector differences

The public sector is considerably more likely to include stress among their top causes of both short- and long-term absence (Tables 3 and 4). In previous years our findings have also shown that mental ill health is a more common cause of absence in the public sector. This year our findings show that while this remains the case for long-term absence, there are no significant sector differences in the inclusion of mental ill health among employers' top causes of short-term absence. As noted above, more private sector organisations, particularly those based in private sector services, include this among their top causes of short-term absence this year, bringing them up to a level similar to the public sector.

Consistent with findings from previous years, the public sector and manufacturing and production organisations are more likely to include musculoskeletal injuries among their top causes of short- and long-term absence than those in private sector services or the non-profit sector. Manufacturing and production organisations are also most likely to include work- non-work related injuries/accidents among their top causes of absence, reflecting the more manual nature of work in this sector.

The public sector is least likely to include caring responsibilities for children among their top causes of short-term absence. The availability of family-friendly and flexible working practices in the public sector may contribute to this finding.

10 Managing absence

The majority of organisations use a combination of methods to manage absence. Most make efforts to monitor and deter absence and attempt to promote attendance or aid return to work through adapting work patterns or the working environment and the use of occupational health services.

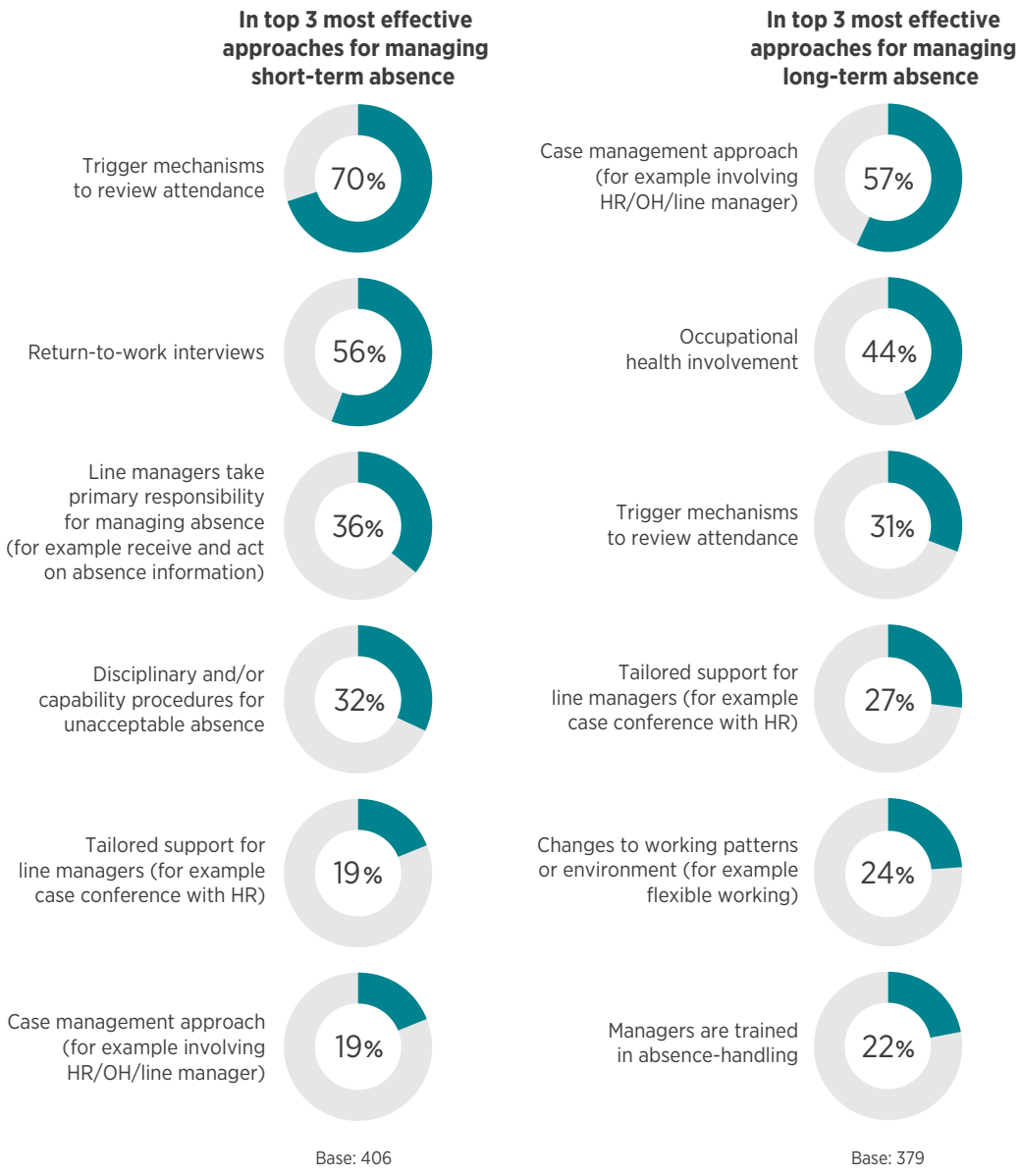
Almost all organisations (98%) take steps to manage absence. Our findings show little change in the methods used. Efforts to monitor absence (such as return-to-work interviews, trigger mechanisms to review attendance and disciplinary and/or capability procedures for unacceptable absence) remain among the most common methods used, particularly for short-term absence (Figure 21 shows the ten most common methods only). Supportive policies such as providing leave for family circumstances, changing work patterns or environment (for example, flexible working), employee assistance programmes and occupational health involvement are also among the most common methods used (the latter particularly in the management of long-term absence). Less than two-fifths, however, report they take a proactive approach to absence management in terms of focusing on promoting health and well-being (not shown on graph).

As in previous years, line managers take primary responsibility for managing short-term absence in nearly two-thirds of organisations. Two-fifths also report that line managers take primary responsibility for managing long-term absence (although not a top ten method as shown in Figure 21); however, organisations are more likely to use a case management approach for the latter that does involve line management. Despite their important role in managing absence, a quarter of organisations that give line managers primary responsibility for managing (short- or long-term) absence do not train them in managing absence. A similar proportion of organisations don't provide them with tailored support.

Figure 21: Top ten most commonly used approaches for managing short- and long-term absence (% of respondents)

Base: 742

Figure 22: Most effective methods for managing absence (% of respondents whose organisations use eight or more approaches for managing absence)



Most effective approaches for managing absence

Organisations were asked to rank their top three most effective methods for managing short- and long-term absence from the approaches they used. Since some organisations only used a small number of approaches, the findings presented here show the most effective methods from organisations using eight or more approaches (Figure 22).

Trigger mechanisms to review attendance and return-to-work interviews are commonly among organisations' most effective methods to manage short-term absence. These two methods send a clear signal to employees that attendance is actively managed. Giving line managers primary responsibility for managing absence, along with training and supporting them, are also among organisations' most effective methods for managing short-term absence. Training and supporting line managers also rank highly among organisations' most effective methods for managing long-term absence, but the methods considered most effective here are taking a case management approach, occupational health involvement and trigger mechanisms to review attendance.

Sector differences

Public sector organisations (which have the highest levels of absence) are more likely to use almost all of the approaches to absence management we examined. They are more likely to use methods to review and deter attendance (including trigger mechanisms to review attendance and disciplinary procedures for unacceptable absence), to provide support to employees through employee assistance programmes, use risk assessments to aid return to work, occupational health involvement and rehabilitation programmes. They are also nearly twice as likely as the private sector to report their organisation focuses on health and well-being (public sector 59%, private sector 31%). Nevertheless, while just under half of public sector organisations restrict sick pay for long-term absence (in line with the private sector), they are less likely to do so for short-term absence (30% do so compared with 49% of the private sector). As in previous years, the private sector remains more likely to offer private medical insurance compared with the public sector.

11 'Presenteeism' and 'leaveism'

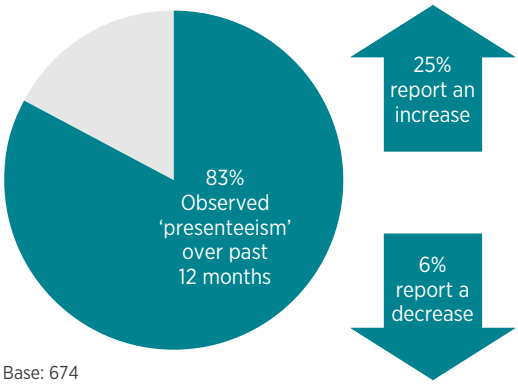
'Presenteeism' (people coming into work when they are sick) occurs in most organisations and a quarter report it is increasing. Nevertheless, just a third are taking steps to address it (although this is a small increase on last year). 'Leaveism' (people using allocated time off such as annual leave to work, or if they are unwell, or working outside contracted hours) has been observed in nearly two-thirds of organisations over the last year. Just over a quarter of these organisations are taking steps to discourage it.

Average absence levels are just one indicator of the health and well-being of employees within an organisation. 'Presenteeism' (working when unwell) and 'leaveism' (for example, employees using allocated time off such as annual leave to work or if they are unwell, or working outside contracted hours) can also indicate organisational issues (such as a long-hours culture or excessive workloads). These behaviours can adversely affect employees' health and well-being: working when ill or not taking opportunities to relax outside work may have far greater impact on employees' long-term physical and mental health, as well as organisational productivity, than their absence.

'Presenteeism'

'Presenteeism' remains an issue for most organisations. More than four-fifths (83% in 2019 and 86% in 2018) of respondents, across all sectors and sizes of organisation, report they have observed 'presenteeism' in their organisation over the past 12 months (Figure 23). Moreover, a quarter of these organsiations report that presenteeism has increased over this period, while just 6% report a decrease (52% believe it has remained the same and 17% don't know).

Figure 23: Prevalence of 'presenteeism' (% of respondents)

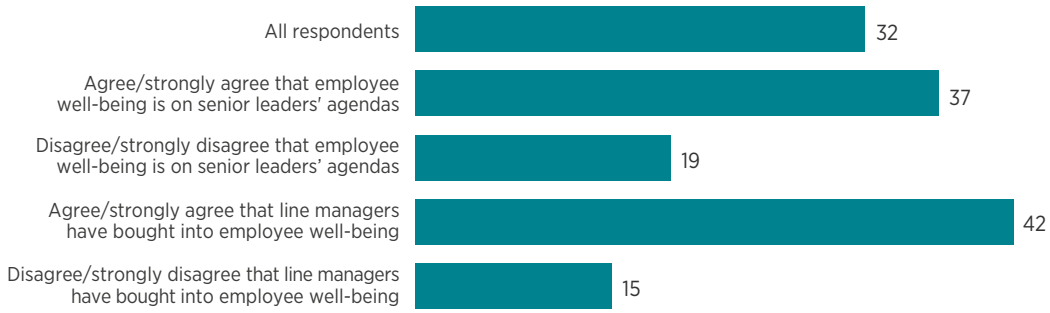


Base: 674

'Presenteeism' and 'leaveism'

Just under a third of organisations that have observed 'presenteeism' among employees have taken steps to discourage it over the last 12 months (54% haven't, 14% didn't know), an increase on last year (2018: 25% took steps, 61% didn't, 14% didn't know). Organisations with a well-being strategy are not more likely to take steps to discourage presenteeism but those with senior leaders who have employee well-being on their agenda and/or line managers who are bought into the importance of well-being are more likely to have done so (Figure 24).

Figure 24: Percentage of organisations taking steps to discourage 'presenteeism'



Base: 558

Buy-in from senior leaders and line managers is critical for tackling presenteeism as they have a significant role to play in creating a culture where people do not work when ill and are encouraged to go home if they are unwell. Figure 25 shows that the latter is the most common approach organisations are taking to address 'presenteeism', while just over a third report their leaders are role-modelling by not working when ill. Just three in ten organisations, however, are making efforts to identify the causes of presenteeism, which is a vital step to dealing with the issue for the long term. Overall the steps taken are similar to last year, although more respondents this year report that their organisation is fostering a culture based more on outputs than inputs (27% of those taking steps to tackle presenteeism compared with 17% in 2018).

Organisations that have taken action are much more likely to report that presenteeism has decreased over the last year (26%) compared with those that haven't made any efforts to address it (6% report a decrease).

Figure 25: The most common steps that have been, or are being, taken to discourage 'presenteeism' (% of respondents whose organisations are taking steps)

Base: 175

‘Leaveism’

Nearly two-thirds of respondents report they have observed some form of ‘leaveism’ over the past 12 months. It is more common in organisations that also experience ‘presenteeism’.[6] Half have observed employees working outside contracted hours to get work done, over a third report employees use allocated time off (such as holiday) when unwell and over a quarter that employees use allocated time off to work. Nevertheless, Figure 26 shows that these figures are a slight improvement on last year.

What is ‘leaveism’?

The term ‘leaveism’ as a concept and trend may be new, but the behaviour it describes will be familiar to many HR professionals. It is defined by Dr Ian Hesketh and Professor Cary Cooper (2014) as:

‘(1) employees utilizing allocated time off such as annual leave entitlements, flexi hours banked, re-rostered rest days and so on, to take time off when they are in fact unwell;

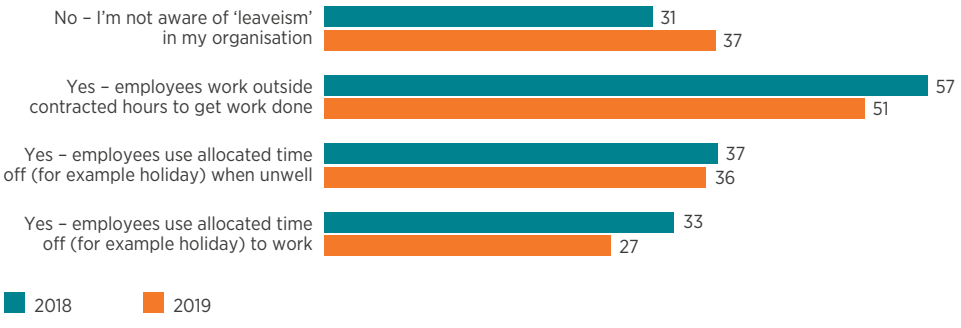
(2) employees taking work home that cannot be completed in normal working hours;

(3) employees working while on leave or holiday to catch up.’

Hesketh and Cooper rightly point out that *‘to rely solely on traditional sickness absence as being the indicator for performance management does not present a full and an accurate picture of the overall well-being of the workforce.’* If ‘presenteeism’ and/or ‘leaveism’ are evident in an organisation (because often if one phenomenon is present, the other is likely to be), these are likely to be signs of underlying organisational issues affecting people’s health and well-being. For example, our findings show once again that workload is by far the main cause of stress at work and this could be a major reason why some employees feel they cannot complete their work in the time available and need to work outside of normal working hours.

This means that employers need to look beyond sickness absence rates and patterns, and develop a wider understanding of what is driving employee behaviour and health and well-being. This includes analysis of how people use their leave entitlement because it can’t be healthy for people to habitually work when they should be relaxing. In the long term, this won’t contribute to their individual performance or the productivity of the organisation.

Figure 26: Types of ‘leaveism’ that have been observed over the last 12 months (% of respondents)



Base: 718 (2019); 652 (2018)

In similar findings to last year, just over a quarter (28%) of organisations that have experienced leaveism (regardless of size or sector) have taken steps to discourage it over the past 12 months (55% haven't, 17% don't know if they have or not). The most common approaches used to discourage leaveism are better guidance for all employees and investigating its potential causes (Figure 27). The latter is more commonly used in addressing leaveism than presenteeism (55% versus 30% of those taking steps).

Overall the steps taken to discourage leaveism are similar to last year, although in line with our findings for presenteeism (Figure 25), more organisations are attempting to discourage leaveism through fostering a culture based more on outputs than inputs (39% of those taking steps, up from 28% in 2018).

Figure 27: Steps taken to discourage 'leaveism' among employees (% of those who have taken steps)

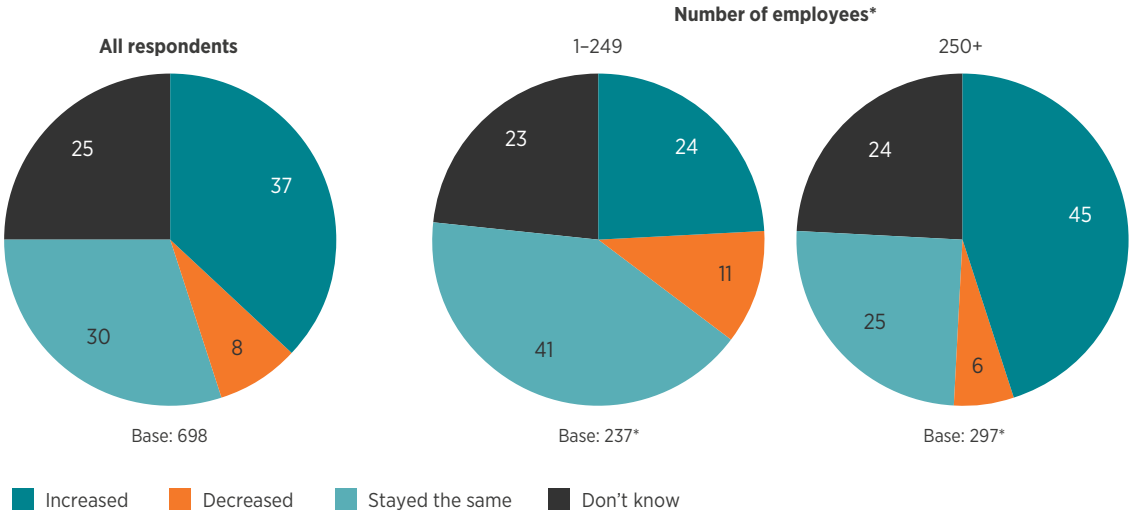
Base: 125

12 Work-related stress and mental health

Stress-related absence has increased over the last year in nearly two-fifths of organisations. Heavy workloads remain the most common cause but this year an increased proportion blame management style. Reported common mental health conditions have increased in nearly three-fifths of organisations. Most organisations are making some efforts to manage these issues, although a sizeable minority are not and the effectiveness of organisations' efforts vary.

Stress is one of the main causes of short- and long-term absence, particularly in the public sector (Tables 3 and 4). Organisations are considerably more likely to report that stress-related absence has increased than decreased over the last year (Figure 28). Larger organisations (250-plus employees) are particularly likely to report that stress-related absence has increased. Increases in stress-related absence are also associated with increased 'presenteeism'.[7]

Figure 28: Has stress-related absence increased or decreased in your organisation over the past year? (%)



* Percentages are based on respondents reporting for their whole organisation.

More organisations blame management style for workplace stress

A heavy workload remains by far the most common cause of stress at work, across all sectors (Figure 29). Management style remains the second most frequently cited cause of stress; however, this year, an increased proportion of respondents include this among their top three causes (2019: 43%; 2018: 32%). Other findings are similar to previous years.

Figure 29: The main causes of stress at work (in top 3 causes, % of respondents)

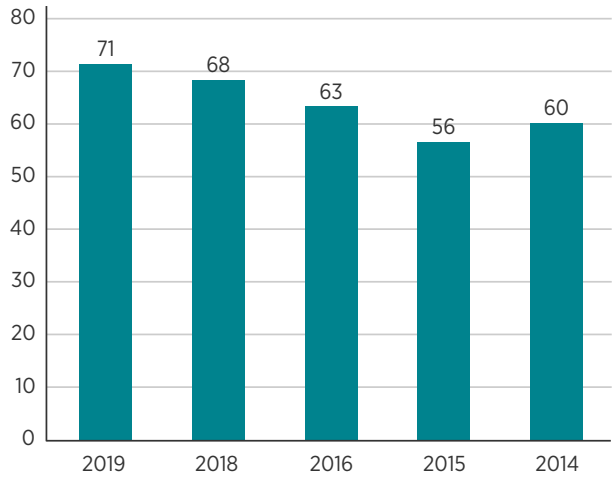
Base: 623

More organisations are taking steps to tackle stress

In line with reports that stress-related absence and mental health conditions are increasingly prevalent, over the last few years we have seen a gradual increase in the proportion of organisations that are taking steps to identify and reduce workplace stress (Figure 30). Nevertheless, a third (32%) of those who report that stress-related absence has increased in their organisation over the past year are not taking any steps to address it.

The public sector and non-profits are more likely to be taking action than the private sector (public sector: 78%; non-profits: 77%; private sector: 66%).[8] In addition, organisations that have senior leaders with well-being on their agenda and/or a standalone well-being strategy are more likely to be taking steps to identify and reduce stress.

Figure 30: Proportion of organisations that are taking steps to identify and reduce stress at work (% of respondents)



Base: 626 (2019); 614 (2018); 682 (2016); 513 (2015); 463 (2014)

Methods used to identify and reduce stress

Organisations that attempt to identify and reduce stress do so using a range of methods (Figure 31). Flexible working options/improved work–life balance and employee assistance programmes remain the most common methods used, followed by training for line managers to manage stress. Fewer organisations this year are attempting to identify the causes of stress through staff surveys and/or focus groups (49% compared with 62% in 2018) and similarly, fewer are using risk assessments/stress audits (48% down from 58% in 2018). These declines are noted within each sector, although both methods remain more common in the public sector.

The public sector is also considerably more likely to use training aimed at building personal resilience, written stress policy/guidance, greater involvement of occupational health specialists and the Health and Safety Executive's Management Standards, compared with the other sectors. Manufacturing and production organisations are least likely to use flexible working options/improved work–life balance to combat stress.

Figure 31: Methods used to identify and reduce stress in the workplace (% of respondents who take steps to manage stress)

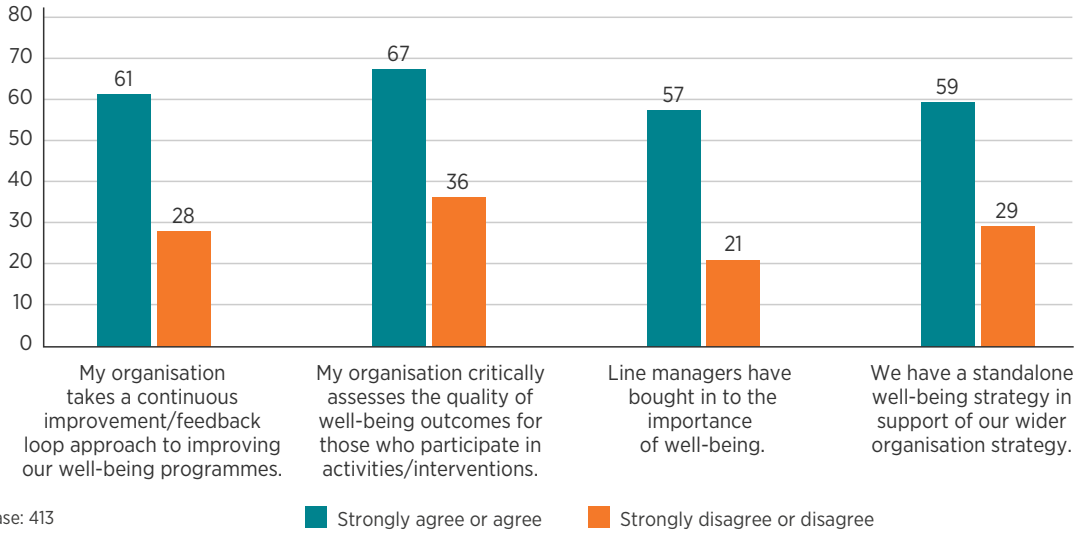
Base: 429

Less than half report their efforts to reduce stress are effective

Just under half (46%) of those who report their organisation is taking steps to tackle stress believe their efforts are effective. One in six (17%) report they are ineffective, while 37% report they are neither effective nor ineffective. Although public sector organisations tend to use more methods to identify and reduce stress, there are no significant sector (or size) differences in how effective they are. Taking a continuous improvement approach to well-being programmes, evaluating well-being outcomes for participants in activities, having line managers on board and having a strategic approach to health and well-being do, however, appear to make a difference (Figure 32).[9]

For example, respondents that agree/strongly agree that their organisation takes a continuous improvement approach to their well-being programmes are twice as likely to report their organisation manages work-related stress effectively/very effectively compared with those in organisations that don't take a continuous improvement approach; nearly three-fifths of those in organisations where line managers have bought in to the importance of well-being agree that their organisation manages work-related stress effectively compared with just a fifth of those who disagree that line managers have bought in to the importance of well-being.

Figure 32: Proportion agreeing that their organisation manages work-related stress among employees effectively or very effectively (% of respondents that are taking steps to manage work-related stress)



Base: 413

Carry out a stress risk assessment

Our survey finds that less than half (48%) of organisations carry out risk assessments or stress audits, down from 58% in 2018, which is a concern. Implementing a stress risk assessment or audit can help organisations to identify the main risks to employees of work-related stress and put in place effective preventative steps.

The Health and Safety Executive (HSE) says that *'employers have a legal duty to protect employees from stress at work by doing a risk assessment and acting on it'*, and it has developed a range of practical tools and resources to support employers (see *Stress Risk Assessment*).

A recent addition to its portfolio is the Talking Toolkit. This guidance is designed to help managers start a conversation with their employees in identifying stressors (risks) and to help manage and prevent work-related stress. It is a simple, practical approach that enables employers, particularly SMEs, to begin the process of identifying and managing risks. This guidance is based upon the HSE's Management Standards (MS), a well-established approach to help organisations to identify and manage six areas of work design (demands, control, support, relationships, role and change) that, *'if not properly managed, are associated with poor health, lower productivity and increased accident and sickness absence rates'* (see *What are the Management Standards?*).

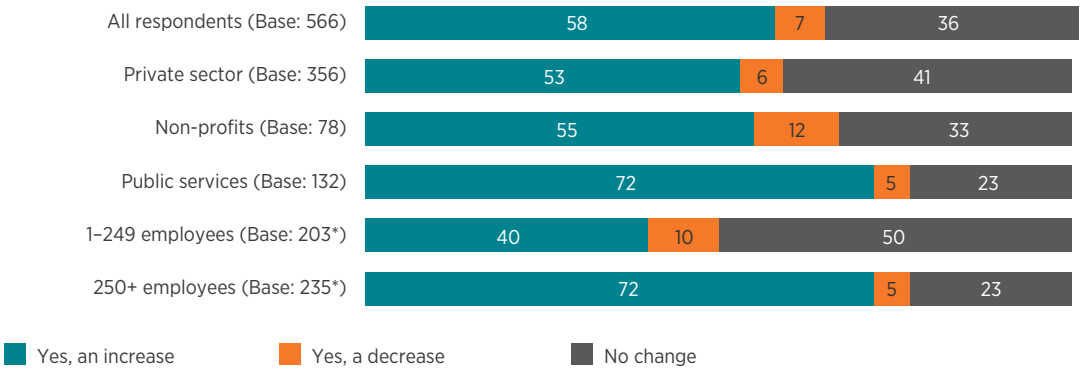
This approach is now supported by the MS workbook – see *Tackling Work-Related Stress Using the Management Standards Approach (MS Workbook)*. It provides a step-by-step guide to implementing the Management Standards, offering tips, advice and guidance that is informed by people who have gone through the process. It comprises a selection of checklists to allow you to be sure that each step has been achieved before you move on.

Managing mental health

Over the last few years, an increasing proportion of organisations have included mental ill health among their main causes of short- and long-term absence (Figure 18). Overall, nearly three-fifths have seen an increase in the number of reported common mental health conditions, such as anxiety and depression, among employees in the last 12 months (Figure 33). Only a small minority report a decrease. In line with previous findings, increases in reported common mental health conditions are strongly related to increases in stress-related absence.[10] They are also associated (to a lesser extent) with 'leaveism'.[11]

Public sector organisations are more likely to report an increase in common mental health conditions compared with the private or non-profit sectors (Figure 33). Across the economy, larger organisations with more than 250 employees are more likely to report an increase compared with smaller organisations with fewer than 250 employees.

Figure 33: Change in the number of reported common mental health conditions, such as anxiety and depression, among employees in the last 12 months (% of respondents)



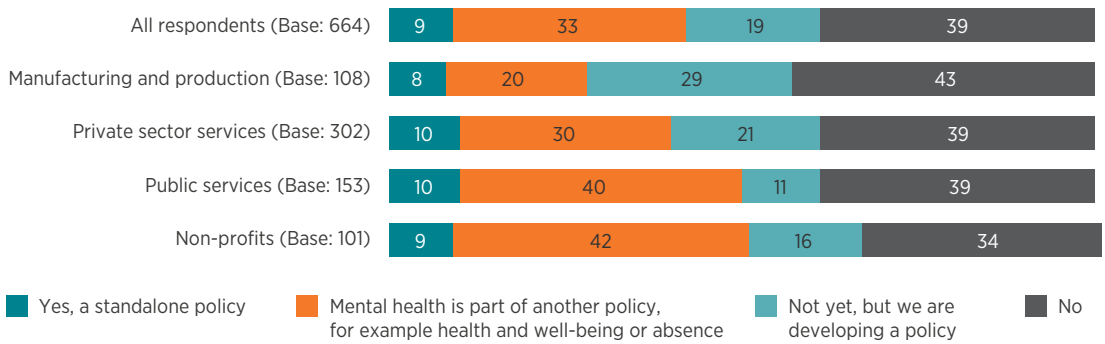
* Only respondents reporting for the whole organisation are included in these figures

A minority have a policy that covers mental health

In similar findings to last year, only a small minority of organisations (9%) have a standalone mental health policy for employees, while a further third report that mental health is part of another policy, for example health and well-being or absence (Figure 34).

Non-profits and the public sector are most likely to have a policy that covers mental health.

Figure 34: Does your organisation have an employee mental health policy? (% of respondents)



This year we asked organisations which internal and external resources they use to develop their mental health policies. Most commonly used are their own HR expertise and CIPD resources, followed by expert external mental health sources (for example charities) and government policy/advice/publications (Figure 35).

Larger organisations are more likely to make use of a range of resources including their own HR expertise, expert external mental health sources, occupational health and internal well-being champions. In addition, the public sector is more likely to use their own HR expertise, occupational health, internal well-being champions and, along with non-profits, other professional bodies. The private sector is more likely than the public or non-profits to use consultancy services.

Figure 35: What resources did you use/are you using to develop this policy? (% of respondents who are developing/or have an employee mental health policy)

Base: 350 (47 respondents didn't know what resources are/were used; they are excluded from this figure).

Increasing awareness, openness and training around mental health

Most respondents (86%) report their organisation is taking some action to manage employee mental health at work. As last year, the most common action taken is phased return to work and/or other reasonable adjustments (Figure 36). This year, even more organisations report they are increasing awareness of mental health issues across the workforce and providing training for line managers, continuing the upward trend reported last year (Figure 37).

Just two-fifths agree that staff are well informed about organisational support for mental health and fewer agree that staff are well informed about mental health risks and symptoms (Figure 38). There is a welcome increase in the proportion of respondents who agree that their organisation encourages openness about mental health (Figure 39).

These findings show a small improvement on last year and correspond with findings that more organisations are training staff to build personal resilience, training mental health first aiders and have mental health/well-being champions (Figure 37).

Just two-fifths of organisations provide managers with the training needed to support staff with mental ill health, although again this is a positive increase on previous years (Figure 37). Nevertheless, respondents are still significantly more likely to disagree than agree that

managers are confident to have sensitive discussions and signpost staff to expert sources of help if needed or that they are confident and competent to spot the early warning signs of mental ill health (Figure 38). As we found last year, those that do provide training are more likely to agree that managers have the skills and confidence to support mental health, but it is still a minority who do so.[12] This highlights the importance of evaluating training initiatives to maximise their effectiveness as well as ensuring that managers have fully bought in to the importance of well-being.

Half of organisations are effective at supporting people with mental ill health

Although most organisations are taking some action to manage employee mental health at work, just half of respondents believe their organisation is effective at supporting staff with mental ill health or that it actively promotes good mental well-being (Figure 38). In very similar findings to last year, just under a third agree that senior leaders encourage a focus on mental well-being through their actions and behaviour.

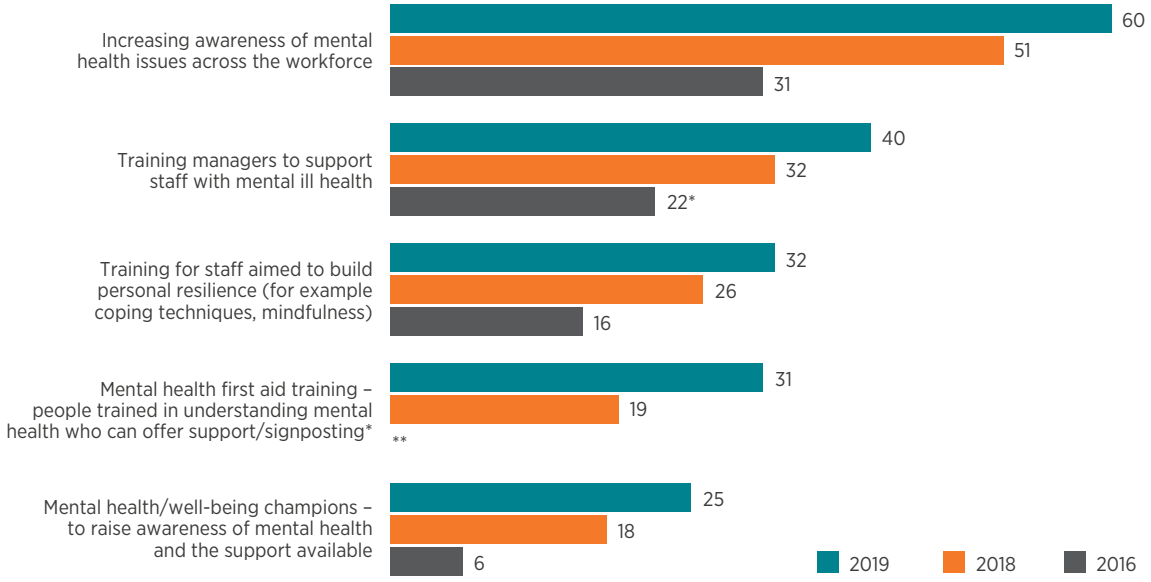
Larger organisations (250-plus employees) and those in the public sector (and to a lesser extent the non-profit sector) are more likely to take all of the actions to manage mental health at work shown in Figure 36.

Public sector respondents (and to a lesser extent non-profits) are also most likely to agree that their organisation actively promotes good mental well-being (61% compared with 55% of non-profits, 47% of private sector services and 36% of manufacturing and production organisations). Manufacturing and production respondents are least likely to agree that their organisation is effective at supporting people with mental ill health or that staff are well informed about organisational support for mental health.[13]

Figure 36: Action to manage employee mental health at work (% of respondents)

Base: 675

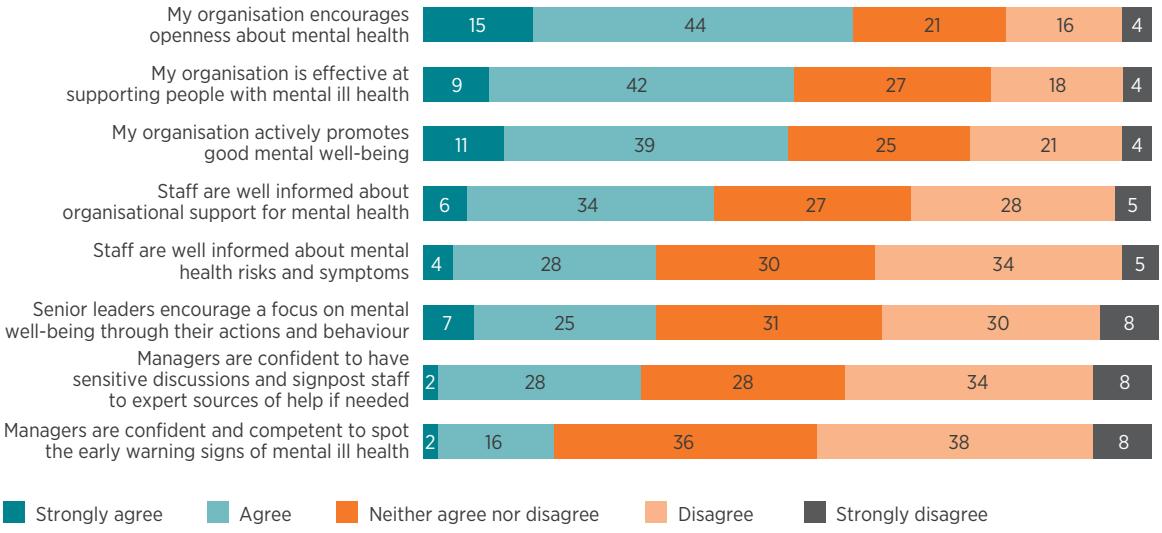
Figure 37: Changes in organisational efforts to manage employee mental health (% of respondents)



* In 2016 the wording was: 'We provide training for managers to more effectively manage and support staff with mental health problems.'
** Not included in 2016

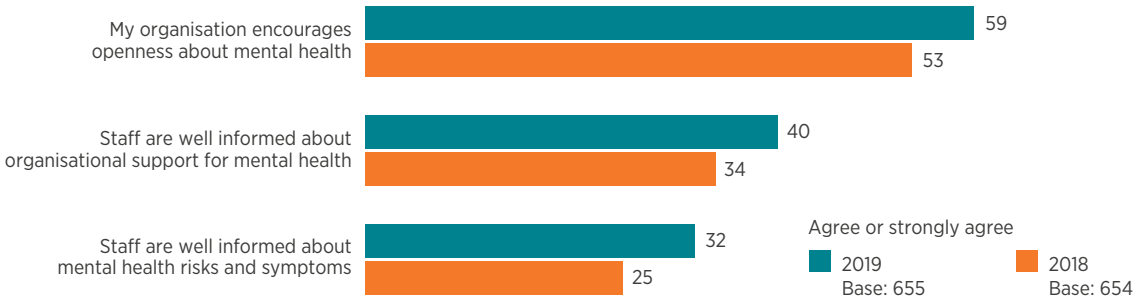
Base: 675 (2019); 659 (2018); 719 (2016)

Figure 38: Organisational support and promotion of mental health (% of respondents)



Base: 658

Figure 39: Changes in encouraging openness and awareness about mental health (% of respondents)



13 Background to the survey

This is the nineteenth annual CIPD survey to explore issues of health, well-being and absence in UK workplaces. The survey questionnaire was completed by 1,078 respondents in November 2018.

The survey consists of 25 questions completed through an online self-completion questionnaire. Many questions remain the same as previous years, to provide useful benchmarking data on topics including well-being, absence, presenteeism, work-related stress and mental health. This year the survey also includes a new focus on financial well-being and the evaluation of health and well-being activity.

Sample profile

The survey was sent to HR and L&D professionals (CIPD members and non-members).

Three-quarters of respondents (74%) answered the questions in relation to their whole company/organisation, while 16% answered in relation to a single site and 7% in relation to a single division. A small minority responded for specific regions or multiple sites.

Respondents come from organisations of all sizes. As in previous years, medium-sized organisations are particularly well represented (Table 5).

Just under half (45%) of respondents work in private sector services, 16% in manufacturing and production, 26% in the public sector and 14% in voluntary, community and not-for-profit organisations (referred to in the report as 'non-profits'), in a similar distribution to previous years (Table 6).

Table 5: Number of people employed in respondents' organisations (% of respondents reporting for whole organisation)

	2019	2018	2016	2015	2014	2013	2012	2011
Fewer than 50	11	11	18	18	14	13	6	12
50–249	33	36	34	38	37	38	34	30
250–999	23	21	19	22	21	22	31	28
1,000–4,999	18	18	14	13	15	14	19	18
More than 5,000	15	15	15	10	13	13	10	11

Base: 802 (2019); 788 (2018); 912 (2016); 467 (2015); 413 (2014); 499 (2013); 592 (2012); 579 (2011); 429 (2010)

Table 6: Distribution of responses, by sector

	Number of respondents	%
Manufacturing and production	**171**	**16**
Agriculture and forestry	3	0
Chemicals, oils and pharmaceuticals	14	1
Construction	17	2
Electricity, gas and water	3	0
Engineering, electronics and metals	40	4
Food, drink and tobacco	21	2
General manufacturing	7	1
Mining and quarrying	0	0
Paper and printing	4	0
Textiles	8	1
Other manufacturing/production	54	5
Private sector services	**481**	**45**
Professional services (accountancy, advertising, consultancy)	121	11
Finance, insurance and real estate	62	6
Hotels, catering and leisure	39	4
IT services	36	3
Communications	8	1
Media (broadcasting and publishing, etc)	11	1
Retail and wholesale	44	4
Transport, distribution and storage	30	3
Call centres	5	0
Other private services	125	12
Public services	**279**	**26**
Education	72	7
Central government	30	3
Local government	60	6
Health	69	6
Other public services	46	4
Voluntary, community and not-for-profit ('non-profit organisations')	**147**	**14**
Housing associations	19	2
Charity services	74	7
Care services	19	2
Other voluntary	33	3

Base: 1,078

Note on abbreviations, statistics and figures used

Voluntary, community and not-for-profit organisations are referred to throughout the report as 'non-profit organisations'.

'The private sector' is used to describe organisations from manufacturing and production and private sector services. These two groups are combined for reporting purposes where there are no significant differences between their responses.

SMEs refers to organisations with fewer than 250 employees.

Where we report on figures by organisation size, the analysis is based on the responses of those who report for the whole organisation, and those reporting only for employees in a single site/division/region are excluded for comparison purposes.

Some respondents did not answer all questions, so where percentages are reported in tables or figures, the respondent 'base' for that question is given.

The 5% trimmed mean is used in calculations of average employee absence levels in order to avoid a few extreme cases skewing the results. The 5% trimmed mean is the arithmetic mean calculated when the largest 5% and the smallest 5% of the cases have been eliminated. Eliminating extreme cases from the computation of the mean results in a better estimate of central tendency when extreme outliers exist.

With the exception of average working time and days lost, all figures in tables have been rounded to the nearest percentage point. Because of rounding, percentages may not always total 100.

Different statistical tests have been used, depending on the type of analysis and the measures used in the questionnaire, to examine whether differences between groups are significantly different than could be expected by chance and to examine associations between measures.

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15 Appendix 1: Well-being benefits on offer, by sector (% of respondents)

	All respondents Base: 1,009	Manufacturing and production Base: 159	Private sector services Base: 452	Public services Base: 259	Non-profit sector Base: 139
Health promotion					
Free eye tests					
For all employees	70	62	73	70	72
Depends on grade/seniority	8	15	8	5	7
Advice on healthy eating/lifestyle					
For all employees	41	35	34	59	37
Depends on grade/seniority	5	5	8	2	3
In-house gym and/or subsidised gym membership					
For all employees	40	28	37	55	40
Depends on grade/seniority	8	9	10	4	4
Free flu vaccinations					
For all employees	39	33	34	51	36
Depends on grade/seniority	9	8	10	9	9
Health screening					
For all employees	31	41	25	41	21
Depends on grade/seniority	17	15	24	8	11
Programmes to encourage physical fitness (for example walking/pedometer initiatives such as a Fitbit or other fitness trackers)					
For all employees	31	22	29	44	26
Depends on grade/seniority	9	11	11	7	6
Well-being days (for example a day devoted to promoting health and well-being services to staff)					
For all employees	32	24	25	50	29
Depends on grade/seniority	7	6	10	4	2
Regular on-site relaxation or exercise classes (for example yoga, Pilates)					
For all employees	25	10	21	40	27
Depends on grade/seniority	8	6	11	5	5
Access to complementary therapies (for example reflexology, massage)					
For all employees	19	11	21	22	17
Depends on grade/seniority	8	7	11	5	6

Continued on next page

Employee support

Access to counselling service					
For all employees	70	54	64	85	78
Depends on grade/seniority	5	6	6	2	4
Employee assistance programme					
For all employees	65	57	63	71	71
Depends on grade/seniority	5	6	7	2	4
Access to physiotherapy and other therapies					
For all employees	33	31	29	46	23
Depends on grade/seniority	13	11	20	5	5
Financial education (for example access to advice/welfare loans for financial hardship)					
For all employees	27	20	26	33	28
Depends on grade/seniority	7	6	9	4	4
Stop smoking support					
For all employees	23	23	14	44	18
Depends on grade/seniority	7	4	10	3	3

Insurance/protection initiatives

Private medical insurance					
For all employees	24	28	35	10	13
Depends on grade/seniority	33	48	41	14	24
Health cash plans					
For all employees	22	23	24	17	23
Depends on grade/seniority	10	13	15	5	4
Long-term disability/permanent health insurance					
For all employees	19	18	23	13	17
Depends on grade/seniority	15	23	19	7	9
Dental cash plans					
For all employees	18	14	23	14	14
Depends on grade/seniority	9	11	13	5	4
Group income protection					
For all employees	16	19	22	6	13
Depends on grade/seniority	13	14	19	7	5
Self-funded health plans/healthcare trust					
For all employees	16	16	16	17	14
Depends on grade/seniority	9	8	12	6	4
Personal accident insurance					
For all employees	14	16	17	10	9
Depends on grade/seniority	13	18	16	7	6
Critical illness insurance					
For all employees	11	8	16	7	6
Depends on grade/seniority	14	14	20	6	8

Appendix 1: Well-being benefits on offer, by sector

16 Appendix 2: Average level of employee absence, by industry[i]

	Number of respondents	Average working time lost per year (%)		Average days lost per employee per year	
		5% trimmed mean	Mean	5% trimmed mean	Mean
Manufacturing and production	**80**	**2.4**	**2.9**	**5.6**	**6.6**
Agriculture and forestry	0	/	/	/	/
Chemicals, oils and pharmaceuticals	4	4.8	5.1	10.9	11.6
Construction	8	1.5	1.4	3.3	3.3
Electricity, gas and water	1	n/a*	1.3	n/a*	3.0
Engineering, electronics and metals	18	2.1	2.1	4.8	4.9
Food, drink and tobacco	11	2.4	2.5	5.6	5.7
General manufacturing	3	n/a*	2.5	n/a*	5.8
Mining and quarrying	0	/	/	/	/
Paper and printing	3	n/a*	2.7	n/a*	6.2
Textiles	5	2.8	2.9	6.4	6.7
Other manufacturing/production	27	3.2	3.7	7.3	8.5
Private sector services	**182**	**1.9**	**2.1**	**4.4**	**4.9**
Professional services (accountancy, advertising, consultancy)	46	1.8	1.9	4.1	4.2
Finance, insurance and real estate	25	1.8	2.1	4	4.8
Hotels, catering and leisure	9	2.2	2.3	5	5.1
IT services	22	1.4	1.6	3.3	3.7
Communications	0	/	/	/	/
Media (broadcasting and publishing, etc)	3	n/a*	2.2	n/a*	4.9
Retail and wholesale	21	2.5	2.8	5.7	6.3
Transport, distribution and storage	10	3.2	3.5	7.3	8.0
Call centres	3	n/a*	3.0	n/a*	6.9
Other private services	43	2.0	2.0	4.5	4.6
Public services	**109**	**3.7**	**3.7**	**8.4**	**8.5**
Education	20	2.6	2.6	5.8	5.9
Central government	12	3.1	3.1	7.1	7.2
Local government	36	4.2	4.3	9.6	9.8
Health	27	4.2	4.3	9.7	9.8
Other public services	14	3.3	3.4	7.5	7.7
Non-profits	**75**	**2.8**	**2.8**	**6.3**	**6.3**
Housing associations	12	3.7	3.7	8.4	8.4
Charity services	38	2.1	2.2	4.9	5.0
Care services	12	4.1	4.1	9.4	9.4
Other voluntary	11	2.4	2.4	5.6	5.6

[i] Differences should be treated with caution because of the small number of respondents in each industry

* It is not meaningful to calculate the 5% trimmed mean with a low number of respondents

17 Endnotes

1 Future research will determine whether these small changes reflect a growing focus on well-being or are simply due to sampling differences.

2 We have a standalone strategy in support of our wider organisational strategy and organisational size: r_s = 0.33, p<0.001, n=787. We don't have a formal strategy or plan, but we act flexibly on an ad hoc basis according to employee need and organisational size: r_s =–0 .44, p<0.001, n=784.

3 r_s = 0.52, p<0.001, n=838.

4 68 respondents reported they don't know if their organisation evaluates well-being activity. They are excluded from these figures.

5 309 respondents who reported it is 'too early to tell' are excluded from this analysis.

6 Seventy per cent of respondents who have observed 'presenteeism' in their organisations have also observed 'leaveism'. Forty per cent of those who haven't observed 'presenteeism' have observed 'leaveism'.

7 r_s =0.25, p<0.001, n=370 ('Don't know' responses excluded).

8 Agreement with 'Employee well-being is on senior leaders' agenda' and 'Is your organisation taking steps to identify and reduce stress in the workplace?': r_s =0.41, p<0.001, n=612; 'We have a standalone well-being strategy in support of our wider organisation strategy' and 'Is your organisation taking steps to identify and reduce stress in the workplace?': r_s =0.33, p<0.001, n=619 ('Don't know' responses excluded).

9 All of these are independently related to how effectively respondents report their organisation manages work-related stress among employees.

10 r_s =0.55, p<0.001, n=475 ('Don't know' responses excluded).

11 r_s =0.18, p<0.001, n=566 ('Don't know' responses excluded).

12 Thirty-six per cent of those that are training managers to support staff with mental ill health agree that managers are confident to have sensitive discussions and signpost staff to expert sources of help if needed, compared with 27% of those that don't train managers. Twenty-eight per cent of those that are training managers to support staff with mental ill health agree that managers are confident and competent to spot the early warning signs of mental ill health, compared with 12% of those that don't train managers.

13 Agree or strongly agree that their organisation is effective at supporting people with mental ill health: manufacturing and production 39%, non-profits 57%, public sector 56%, private services 50%; Agree or strongly agree that staff are well informed about organisational support for mental health: manufacturing and production 32%, non-profits 47%, public sector 47%, private services 38%.

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