


HEALTH AND WELL-BEING AT WORK



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 more than 145,000 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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This is the eighteenth annual CIPD survey to explore issues of health, well-being and absence in UK workplaces. This year the survey has been 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 practices.

1 Foreword from the CIPD

We're delighted to publish our eighteenth annual survey report that examines trends in absence and health and well-being in UK workplaces, the eighth in partnership with our sponsor Simplyhealth. The survey of over 1,000 HR professionals provides important insights into one of the most pressing issues of the modern workplace: the health and well-being of people at work. We hope the evidence presented here provides valuable benchmarking data and evidence to help organisations build healthier workplaces, in line with the CIPD's purpose to champion better work and working lives.

There are grounds for optimism in the survey. There are indications that more employers have a standalone well-being strategy in support of their wider organisation strategy, hopefully reflecting the growing recognition that organisations need to take a strategic and integrated approach to people's health and well-being. Most organisations believe their health and well-being activities are having a positive benefit.

There are also grounds for concern. The survey reveals that mental ill health is an even more significant issue for organisations than it was in 2016: over a fifth (22%) now report that mental ill health is the *primary* cause of long-term absence compared with 13% in 2016, and there has also been a significant increase in the number of reported common mental health conditions among employees in the past 12 months. This trend reflects the findings of the government-commissioned Stevenson-Farmer *Thriving at Work* review of mental health published in October 2017, which concluded that their work '*has revealed that the UK is facing a mental health challenge at work that is much larger than we had thought*'.

Why is this the case? Employers' recognition of mental health as a workplace issue has clearly increased in recent years, and it's encouraging that our survey shows the proportion raising awareness of mental health across the workforce has increased from 31% in 2016

to 51% in 2018. But if levels of work-related stress and mental-health-related absence are not improving, there remains a stubborn implementation gap between aspiration and practice. The reasons for this are manifold, and some of the factors affecting people's psychological health are external, outside the organisation's control. The ageing population means many workers have increased caring responsibilities that can put pressure on their work-life balance, for example, and the wider political and economic climate – such as the uncertainty created by Brexit – can also influence people's sense of well-being. Further, our survey shows the mixed impact of technology on mental well-being, with 87% of our respondents citing an inability to switch off out of work hours as the main negative effect on employees.

These trends demonstrate how the line between people's work and domestic responsibilities is increasingly blurred: many find it impossible to leave their personal issues at the office or factory door, and vice versa. This means that organisations need to be aware of the complexity of people's lives and treat people as individuals, some of whom will need tailored support and working arrangements to enable them to remain in the labour market. Yes, many external factors are outside employers' control, but organisations are still in a position to help people manage their impact and make workplace adjustments to support and retain valued employees. Employers need to be far more proactive in how they support the health and well-being of an older workforce and be much more adept at managing people with a long-term health condition or disability, for example, as our report shows.

Our findings also reveal some organisational factors that *are* within the control of employers to help explain the lack of concerted progress on employee health and well-being. They also reveal how important it is for organisations to look beyond headline absence rates to gauge the state of people's health and well-being. The CIPD's *UK Working Lives* survey report (2018) identifies health and well-being as the single most important aspect of job quality in terms of the key outcomes, concluding that *'being well is working well'*.

For example, the rising trends of 'presenteeism' (people working when unwell) and 'leaveism' (people using allocated time off to work) identified in our survey show how organisational cultures and work pressures are more powerful in guiding employee behaviour than well-being initiatives. If organisations are serious about improving people's well-being, they need to dig deep and take action to combat the root problems causing poor mental health, such as unmanageable workloads – yet again by far the greatest cause of stress at work according to our survey.

An effective employee well-being strategy therefore requires a 'whole organisation' response with serious leadership commitment and supportive line management. Yet our findings show less than a third of senior leaders encourage a focus on mental well-being through their actions and behaviour or that line managers are trained in supporting people with mental ill health. Unless there is a substantial improvement in both these areas, it's hard to see how organisations will achieve the step change needed to improve people's well-being at work.

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

2 Foreword from Simplyhealth

Simplyhealth is very pleased to be working with the CIPD for the eighth year running, expanding the popular annual *Absence Management* surveys.

The new *Health and Well-being at Work* survey now covers the wider issues around health and well-being in the workplace; a section on managing absence remains, but we also explore mental health, the impact of technology on employee well-being, work-related stress, managing disabilities, and long-term health conditions.

It's evident that UK organisations still vary considerably in how proactive they are in promoting employee well-being. For example, while a higher proportion have a standalone well-being strategy compared with our 2016 survey, nearly one in five report that their organisation is not doing anything to improve employee health and well-being. Budgetary constraints and value for money have a significant impact on the decision to purchase well-being benefits – more so than managing identified health issues, employee feedback or alignment with the organisation's health and well-being strategy.

At Simplyhealth we firmly believe that an organisation's greatest assets are its people, and the biggest asset they have is their health and well-being – so it makes good business (and moral) sense to look after their everyday health. Furthermore, respondents whose organisation had health and well-being activities in place during 2017 believe they had positive results, including better employee morale and engagement (44%), a healthier and more inclusive culture (35%), and lower sickness absence (31%).

We work with a range of clients, many of whom have differing views and approaches to health and well-being. What is clear is that those who are widely successful approach health and well-being as part of their culture; it's not an optional requirement but a business necessity. Indeed, our survey findings show that organisations with a standalone well-being strategy, senior managers with well-being on their agenda and line managers who recognise the importance of well-being are more likely to report positive outcomes.

Another clear theme in supporting effective health and well-being initiatives is developing a solid, evidence-based understanding of factors that could adversely affect employee well-being. This is where HR professionals need to choose and work with suppliers carefully to ensure they are getting the management information needed to understand relevant patterns and measure efforts of well-being initiatives.

Through this data, HR teams can better understand, and therefore address, the underlying issues affecting people's behaviour and likely have more success with long-term strategy and change. In addition to an evidence-based understanding of the issues, clear objectives and metrics to evaluate and track progress can help more effective targeting of well-being initiatives and justify longer-term investment.

Core to the Simplyhealth proposition is our belief in supporting preventative health initiatives. The more that organisations take this approach, providing the tools and support to encourage employees to stay fit, happy and healthy – rather than reacting to illnesses once embedded – the more employees can enjoy their health. This report also includes the well-being benefits on offer by sector; we would encourage HR teams to ensure there is a balance between preventative health and more reactive, treatment-based benefits.

I hope you enjoy reading the findings of our 2018 *Health and Well-being at Work* survey.

Pam Whelan, Director of Corporate, Simplyhealth

3 Summary of key findings

This report sets out the findings of the CIPD's eighteenth annual survey exploring issues of health, well-being and absence in UK workplaces. The analysis is based on replies from 1,021 organisations across the UK in reference to 4.6 million employees.

Employee well-being

Organisations vary considerably in how proactive they are in promoting employee well-being. Two-fifths have a standalone well-being strategy in support of their wider organisation strategy, while nearly three-fifths report they act flexibly on an ad hoc basis, according to individual need. Just over half agree that employee well-being is on senior leaders' agendas and just under half that line managers are bought in to the importance of well-being. Nearly one in five report that their organisation is not doing anything to improve employee health and well-being.

Organisations with a standalone well-being strategy tend to take a fairly holistic approach, promoting all aspects of employee well-being (particularly physical health, mental health and good lifestyle choices). Those who are more reactive are less likely to be promoting any aspect of well-being. Overall, organisations are least concerned with financial well-being, with just over a third promoting this to a moderate or large extent.

Most respondents report their organisation provides one or more well-being benefit to all employees. These investments, however, do not always have employee well-being as their primary objective. Half of those in private services organisations report that being competitive as an employer of choice is a key influence on well-being spend, while less than two-fifths prioritise addressing identified health issues in their organisation. Across all sectors budgetary constraints and value for money tend to have greater impact on the decision to purchase well-being benefits than managing identified health issues, employee feedback or alignment with the organisation's health and well-being strategy.

Most respondents believe that their organisation's health and well-being activity has had positive results in the last year, most commonly better employee morale and engagement (44%), a healthier and more inclusive culture (35%) and lower sickness absence (31%). Organisations that have a standalone well-being strategy, senior managers with well-being on their agenda and line managers who recognise the importance of well-being are more likely to report positive outcomes. A quarter (mostly those who report their organisation is more reactive than proactive on well-being) believe that no achievements have been realised from their health and well-being activity over the last year.

Managing disability and long-term health conditions

Overall, three-fifths of respondents report their organisation has a supportive framework in place to recruit (59%) and retain (60%) people with a disability or long-term health condition and 69% report they have a framework in place to manage people with such conditions.

Our findings suggest that many organisations could use a wider range of approaches to manage and support employees with a disability and/or long-term health condition, although the approaches they do have in place are considered effective. The most common approaches currently used are a flexible and inclusive working culture and access to support services, such as counselling or occupational health. Just a third provide training and guidance for line managers, despite respondents' assertions that developing

line manager knowledge and confidence is the most common challenge their organisations experience in managing people with a disability and/or long-term health condition.

Half of organisations have used some form of external support, most commonly Access to Work (32%) and Fit for Work (26%). Fewer have used, or heard of, the Disability Confident scheme. The support that organisations would most like to see from the Government to improve how they manage people with a disability and/or long-term health condition include an online 'one-stop shop' providing information and practical tools and more financial support for making adjustments.

Impact of technology on employee well-being

Advances in technology are generally seen to have more of a positive than negative impact on employee well-being, although 29% are ambivalent, reporting the overall impact is neither positive nor negative. Three-quarters report that one of the main benefits has been enabling flexible working, such as home or remote working. The most common negative effect of technology on well-being, reported by 87% of respondents, relates to employees' inability to switch off out of work hours, clearly linked to the 'always-on' culture that is a widely acknowledged feature of the modern workplace. A high proportion of respondents (70%) also refer to the stress that results when technology fails.

Absence levels

The average level of employee absence (6.6 days per employee per year) has increased slightly compared with our 2016 survey (6.3 days per employee), although longer-term data indicates a weak downward trend.

'Average levels of absence remain considerably higher in the public sector (8.5 days per employee) and in larger organisations.'

Average levels of absence remain considerably higher in the public sector (8.5 days per employee) and in larger organisations. Although the public sector is the only sector not to report an increase in average absence compared with our 2016 survey, longer-term trends suggest that absence levels in non-profit organisations are falling. There is some evidence of a weak (albeit fluctuating) decline in absence levels in private sector services, although there has been a slight increase this year, from 5.2 days in 2016 to 5.6 days.

Causes of absence

Minor illness remains the most common cause of short-term absence for the vast majority of organisations, while mental ill health, musculoskeletal injuries (including back pain), stress and acute medical conditions are the most common causes of long-term absence, as in previous years. This year, however, more organisations include mental ill health among their most common causes of short- and long-term absence. One in five respondents report it is the number one cause of long-term absence in their organisation, while nearly three-fifths report it is among their top three causes of long-term absence.

Managing absence

Most organisations use a combination of methods to manage absence and promote attendance. The most common methods for managing short-term absence are return-to-work interviews, providing leave for family circumstances, trigger mechanisms to review attendance and disciplinary and/or capability procedures for unacceptable absence. Return-to-work interviews also remain the most common method for managing long-term absence, followed by changes to working patterns or the working environment.

Line managers take primary responsibility for managing short-term absence in two-thirds of organisations overall. Long-term absence is more likely to be overseen by a case management team. Despite the importance of line managers in managing short-term absence, just 53% of respondents report that line managers are trained in absence-handling in their organisation. More positive findings suggest that, compared with previous years, more organisations are providing line managers with tailored support in managing both short- and long-term absence.

‘Presenteeism’

The vast majority of respondents (86%) report they have observed ‘presenteeism’ (people working when unwell) in their organisation over the past 12 months. Over a quarter of these report that ‘presenteeism’ has increased over this period.

Just a quarter of those who have observed ‘presenteeism’ within their organisation report that steps have been taken to discourage it, most commonly through managers sending home people who are unwell (84%) and providing better guidance for all employees (52%).

‘Leaveism’

Over two-thirds of respondents report that ‘leaveism’ (people using allocated time off, such as annual leave, to work or if they are unwell, or working outside contracted hours) has occurred in their organisation over the past year. Nearly three-fifths report that employees work outside contracted hours to get work done, nearly two-fifths that employees use allocated time off (for example holiday) when unwell, and a third that employees use allocated time off to work.

Just over a quarter of organisations that have experienced ‘leaveism’ have taken steps to discourage it over the past year, most commonly through providing better guidance for all employees (60%) and investigating the potential causes of ‘leaveism’, for example workloads (56%).

Work-related stress

Nearly two-fifths (37%) of respondents report that stress-related absence has increased over the past year and just 8% that it has decreased. Workload remains by far the most common cause of stress at work.

Just over two-thirds of organisations are taking steps to identify and reduce workplace stress, a small increase on previous years. The most common methods include promoting flexible working options/improved work-life balance, employee assistance programmes, staff surveys and/or focus groups to identify causes, and risk assessments/stress audits. This year more organisations are providing training aimed at building personal resilience (such as coping techniques, mindfulness) compared with previous years (2018: 44%; 2016: 26%).

As in previous years, the public sector is most proactive (81% are taking steps compared with 68% of non-profit and 63% of private sector organisations).

Managing mental health

The survey reveals mixed results in relation to managing mental health at work. Of concern is the increase in the significance of mental ill health as a cause of sickness absence. More respondents this year report an increase in common mental health conditions, such as anxiety and depression, among employees in the last 12 months (2018: 55%; 2016: 41%), and nearly three-fifths include it among their *top three* causes of long-term absence (56% of organisations compared with 42% in 2016).

While only a minority of organisations (6%) have a standalone mental health policy, we have seen small increases this year in the proportion reporting that mental health is part of another policy or that they are developing a policy.

On a positive note, most organisations are taking some action to manage employee mental health at work. The most common approach is to offer a phased return to work and/or other reasonable adjustments. This year we have also seen a considerable increase in the proportion of organisations that are increasing awareness of mental health issues across the workforce (51%, up from 31% in 2016) and in the proportion of organisations with mental health/well-being champions (18%, up from 6% in 2016).

Overall, around half of respondents agree that their organisation encourages openness about mental health, is effective at supporting people with mental ill health and actively promotes good mental well-being. Less than a third, however, agree that senior leaders encourage a focus on mental well-being through their actions and behaviour. Moreover, respondents are more likely to disagree than agree that managers are confident and competent to identify and support those with mental health issues.

4 What do the findings mean for HR?

This report highlights some of the key health and well-being challenges that organisations currently face and what they are doing to promote attendance and a healthy working environment. Our findings draw attention to some of the main threats to well-being in the UK workforce, particularly the increase in mental ill health, stress, ‘presenteeism’ and ‘leaveism’ as well as the additional risks to well-being as a result of technological advances.

Our findings indicate that some organisations are making considerable efforts to promote employee well-being and create a healthy working environment. A higher proportion have a standalone well-being strategy compared with our 2016 survey, and most organisations take a fairly holistic approach to well-being. We have also seen a small increase in the proportion of organisations that are taking steps to identify and reduce workplace stress and a significant increase in the proportion that are increasing awareness of mental health issues across the workforce.

In too many organisations, however, employee well-being appears to be low on the agenda. For example, only around half report that employee well-being is on senior leaders’ agendas and that line managers are bought in to the importance of well-being. Given that good leadership and people management practices form the foundations of building a healthy workplace, every employer needs to focus their attention on these areas if they want to make a long-term and sustainable difference to people’s well-being. Organisations are still more likely to take a reactive, rather than proactive, approach to well-being and to act flexibly on an ad hoc basis, according to employee need, than have a formal strategy or plan. Further, nearly three in ten of those who include stress among their top three causes of absence are not taking any steps to identify or reduce it.

The HR profession has a pivotal role to play in steering the health and well-being agenda in organisations by ensuring that senior managers regard it as a priority, and that employee well-being practices are integrated in the organisation’s day-to-day operations. It is HR professionals who will have the strategic vision to embrace health and well-being as a holistic practice that should be aligned to corporate goals, because it is they who will appreciate the significant benefits that can be realised from such an approach. Therefore, to conclude we focus on five key insights that we believe HR needs to act on:

- Understand the underlying patterns of absence and attendance.
- Tailor policies and practices to organisational and employee needs.
- Build a more robust framework to promote good mental health.
- Make a persuasive business case for investing in a healthy culture.
- Strengthen the capability of line managers.

Understand the underlying patterns of absence and attendance

The majority of organisations have a well-established range of approaches they use to manage sickness absence, which is good, but our findings show that a focus on measuring and managing absence alone is not enough to inform an organisation's approach to encouraging a healthy working environment. More than one in ten report unexplained absence as one of their three main causes of short-term absence, for example, and organisations should try to get to the bottom of why this is the case. Could there be a gap in policy provision prompting the lack of genuine reporting, or could some employees be fearful of self-reporting the real reason for their absence to their line manager, for example if they are experiencing stress or mental ill health?

Our findings show that, while most organisations collect absence data, fewer use it to inform well-being activity. Moreover, a substantial proportion of organisations do not attempt to identify the causes of stress, 'leaveism' and 'presenteeism' in their efforts to address these issues.

'HR needs to develop a solid, evidence-based understanding of the causes of absence and unhealthy practices such as "presenteeism" and "leaveism" and other factors that could adversely affect employee well-being.'

Year on year, our survey findings are showing a rising culture of 'presenteeism' in UK workplaces. This means more people coming into work when they are unwell, which is not a sign of a healthy workplace. The emerging thinking is that presenteeism can potentially be more harmful for individuals and organisations than sickness absence, and so it's vital that HR professionals get to grips with the underlying reasons why people feel the need to work when ill or use leave inappropriately. This can be a challenging prospect and will inevitably require cultural change – but it is not impossible, and our survey findings show how some organisations are tackling these unhealthy behaviours, for example by producing better guidance, by encouraging managers to send people home who are unwell and by investigating potential causes, such as workloads.

HR needs to develop a solid, evidence-based understanding of the causes of absence and unhealthy practices such as 'presenteeism' and 'leaveism' and other factors that could adversely affect employee well-being. Unless well-being activity addresses the underlying issues affecting people's behaviour, efforts to support employees and improve health and well-being will be short-lived.

Tailor policies and practices to organisational and employee needs

Our findings show that budgetary constraints tend to have greater influence on the purchase of well-being benefits than managing identified health issues or alignment with the organisation's health and well-being strategy. Financial constraints are clearly part of organisational life, but unless investments are targeted effectively organisations risk wasting what money they spend. Our findings show that where decisions are primarily influenced by budgetary constraints, organisations are more likely to report their well-being activity achieves nothing.

These findings, and the fact that most organisations act on an ad hoc basis, highlight the need for a more strategic approach to health and well-being at work. To target well-being activity effectively (and review its impact), organisations must first be clear on what they are trying to achieve (for example, reduced absence, improved well-being, higher engagement, better retention, improved customer service, enhanced performance). They also need a clear understanding of the well-being needs and issues of employees and the organisation.

There is no 'one-size-fits-all' approach to designing an effective employee well-being strategy, and its content should be based on the organisation's unique needs and characteristics, and of course those of its employees. This is how employers can avoid the pitfall of developing a 'menu' of initiatives that are not joined up or taken seriously by people. Yes, a holistic approach to employee well-being requires concerted effort across a wide range of organisational dimensions, but it is how these programmes and initiatives are integrated with each other, and across the organisation's people management practices, that they can become mutually reinforcing.

Build a more robust framework to promote good mental health

Our findings show that mental health emerges as an even more significant challenge than in previous years. Over a fifth now report that mental ill health is the *primary* cause of long-term absence (22% of organisations compared with 13% in 2016) and there has been a significant increase in the number of organisations that include it among their *top three* causes of long-term absence. There has also been a significant increase in the number of reported common mental health conditions, such as anxiety and depression, among employees in the last 12 months.

It's clear we have some way to go before the majority of workplaces achieve parity of esteem in the attention that good mental health receives compared with physical health, and the confidence and openness with which this aspect of health is treated. The aim should be to consider the health and well-being of the whole person; organisations have a responsibility to manage stress and mental health at work, making sure employees are aware of the services and support available to them and how to access them. It's also crucial that employers promote an open and inclusive culture so that employees feel confident about discussing a mental health issue and discussing the challenges they are experiencing.

We're also seeing a distinct trend of reactive measures when it comes to how most organisations support people with mental health issues. These are very important and there will undoubtedly be times when an employee needs to take time off, but we also need to see more preventative steps to promote good mental well-being; where possible, employees experiencing stress or mental ill health should be able to access support before problems escalate. If an employer is aware of the challenges faced by individuals, and there is a supportive dialogue between the employee and their line manager, it should be possible for the organisation to put in place supportive measures, such as adjustments to workload or a small change in working hours that could make all the difference in some cases.

Make a persuasive business case for investing in a healthy culture

The commitment of senior leaders is key for advancing a comprehensive health and well-being agenda. Respondents are twice as likely to agree as disagree that employee well-being is on senior leaders' agendas, but just 13% strongly agree this is the case and over a quarter disagree. As with any organisational initiative, a lack of senior management commitment to health and well-being will be a major barrier to implementation – how senior leaders behave and what they prioritise will send a very powerful message to what's valued in the organisation.

Understanding the full organisational impact of absence, stress and ill health and the added value of a healthy culture is essential for making a persuasive business case to bring senior leaders on board and access resources for investment in employee well-being. In addition to an evidence-based understanding of the issues, clear objectives and metrics to evaluate and track progress can help more effective targeting of well-being initiatives and justify longer-term investment.

The fundamental building blocks of creating a healthy workplace – crucially effective leadership, people management practices and culture – don't necessarily require financial investment but they do require organisational investment, for example in terms of management time. Obtaining resources for even this kind of resource commitment can be difficult without data to demonstrate the potential benefits of an investment. Starting with a low-cost pilot area, demonstrating the benefits of areas where good practice already exists within the organisation or using examples from other organisations can help build a strong case. The CIPD's policy report *Growing the Health and Well-being Agenda: From first steps to full potential* (CIPD 2016) provides examples of metrics that might be helpful and discusses further how to develop a strong business case.

Strengthen the capability of line managers

Line managers have a pivotal role in promoting employee well-being and attendance. They are often responsible for managing absence (particularly short-term absence), play a key role in reducing 'presenteeism', in managing people with an impairment or long-term health condition, stress and mental health. Our findings show that health and well-being activity has more positive outcomes where line managers are bought in to the importance of well-being.

'Our findings show that health and well-being activity has more positive outcomes where line managers are bought in to the importance of well-being.'

However, while nearly half of our respondents agree that line managers are bought in to the importance of well-being, a quarter disagree that this is the case in their organisation. Less than half report they have a supportive line management style that treats people as individuals and respondents were more likely to disagree than agree that managers in their organisation have the confidence and competence to identify and support mental ill health. In addition, management style is one of the top three causes of stress at work for a third of organisations.

Developing line manager knowledge, skills and confidence is a clear priority on the well-being agenda. Yet, despite the critical role they play, just over half of respondents report that line managers are trained to manage absence in their organisation, while fewer provide training for managers to manage stress, mental ill health, disability, long-term health conditions or 'presenteeism'. More positively, we have seen an increase this year in the proportion of organisations that are providing line managers with tailored support for managing absence but a substantial proportion provide neither training nor support.

Managers don't need to be health experts but they do need to recognise the value of health and well-being at work, be able to spot early warning signs of ill health, have the competence and confidence to have sensitive conversations, direct employees to appropriate sources of help and actively promote attendance and well-being. This can be a daunting prospect for a line manager who is not adequately equipped to deal with these issues, with their own health and well-being potentially in jeopardy if they lack

the necessary skills, confidence and time to support employee well-being effectively. Incorporating people management and responsibility for employee health and well-being as an integral part of their role, and giving them the training and support to carry out these responsibilities, is fundamental.

Looking forward

Our findings raise concerns that many employees feel under excessive pressure. Work-related stress (most commonly caused by high volumes of work) and mental health issues are on the increase and 'presenteeism' and 'leaveism' are very prevalent. Advances in technology also mean, for many, that the boundaries between work and home life are becoming even more blurred, resulting in an inability to switch off out of work hours. External sources of stress (such as caring responsibilities and financial concerns) may also add to the pressures employees face. In addition, wider trends, such as the ageing workforce and the growth in obesity (and its associated ailments), present additional health risks. These trends present an urgent case for a proactive, comprehensive and holistic approach to well-being at work with a focus on the individual at its core.

There is a growing body of literature that confirms the organisational benefits of a proactive approach to creating a healthy working environment. HR has a crucial role to play in driving the well-being agenda forward through increasing organisational awareness of the value of a healthy workforce and developing a fully integrated approach underpinned by strong leadership and people management practices.

5 Employee well-being

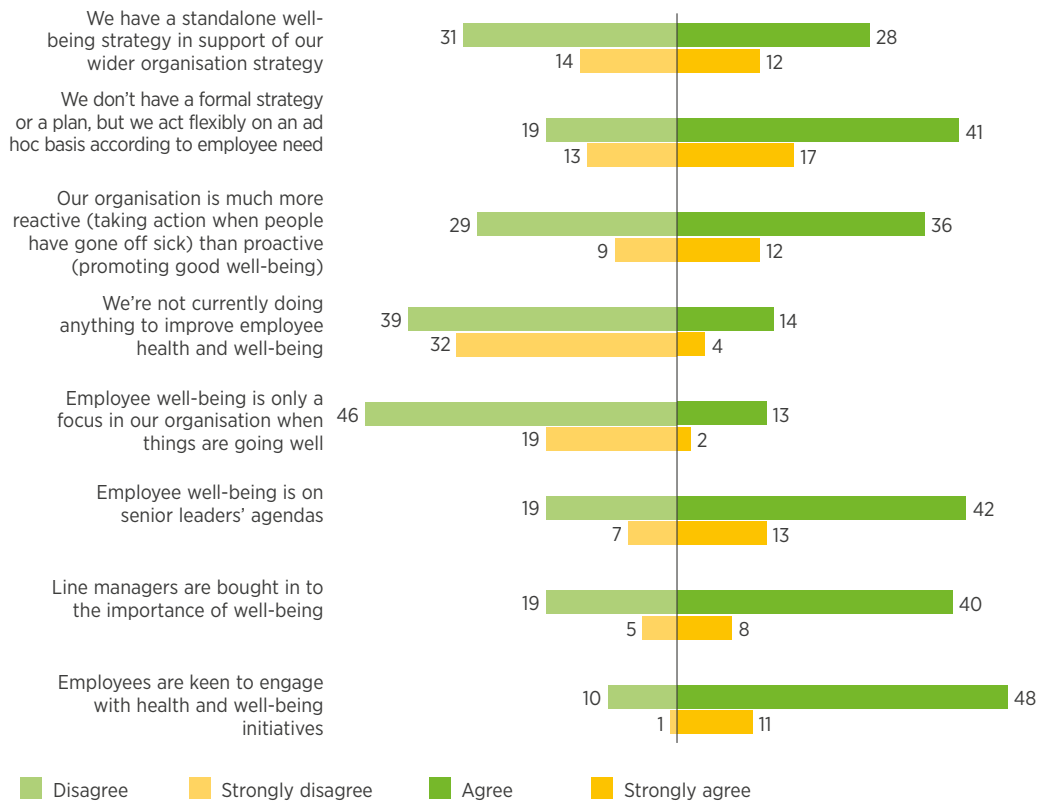
Our findings show substantial variation among organisations in their emphasis and approach to employee health and well-being. Two-fifths have a standalone well-being strategy but most act flexibly on an ad hoc basis. Proactive organisations are more likely to take a holistic approach to health and well-being and to report a range of positive outcomes as a consequence of their efforts over the last 12 months.

Organisations vary considerably in how proactive they are in promoting employee well-being (Figure 1). Most are doing something to improve employee health and well-being, but organisations are more likely to act flexibly on an ad hoc basis, according to employee need, than have a formal strategy or plan; respondents are more likely to agree than disagree that their organisation has a reactive, rather than proactive, approach.

Nevertheless, two-fifths of respondents report they have a standalone well-being strategy in support of their wider organisation strategy. Moreover, respondents are almost twice as likely to agree as disagree that employee well-being is on senior leaders' agendas and that line managers are bought in to the importance of well-being. Just 15% agree that employee well-being is only a focus in their organisations when things are going well.

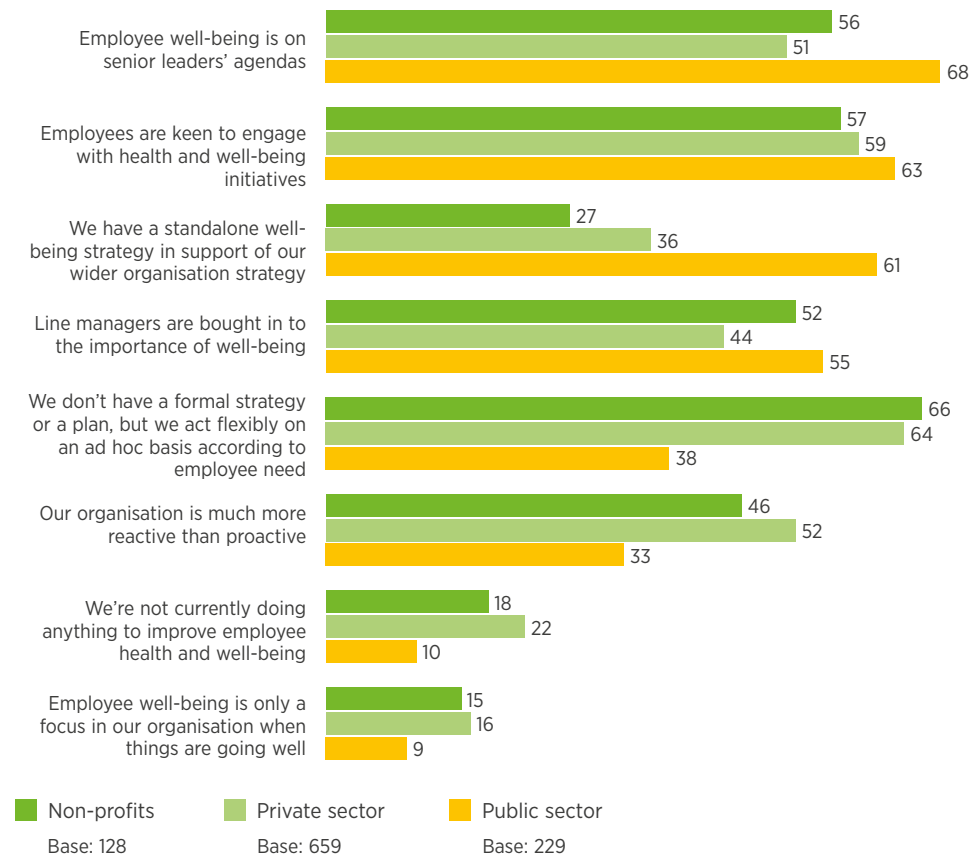
Public sector organisations are particularly likely to take a formal proactive approach to well-being and have significantly higher levels of buy-in from senior leadership and line managers compared with private sector organisations (Figure 2). Three-fifths of respondents from the public sector have a standalone well-being strategy compared with just over a third of the private sector and a quarter of non-profit organisations. Across all sectors, respondents in larger organisations are more likely to report their organisation has a standalone strategy and that it is less likely to act flexibly on an ad hoc basis.

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



Base: 1,016

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



The focus of employee health and well-being activity

More than three-fifths of respondents report that their organisation’s health and well-being activity is designed to promote mental health, collective/social relationships, physical health and good work, at least to a moderate extent (Figure 3). At least half report it is designed to promote values/principles, personal growth and good lifestyle choices. Fewer report their activity is designed to promote financial well-being.

Our findings show moderate to strong relationships¹ between all the different aspects of well-being, such that the greater the focus on any one aspect of health and well-being activity (that is, mental health, collective/social relationships), the greater the focus on all the others listed in Figure 3. This suggests that organisations with a strong well-being focus tend to take a fairly holistic approach, while others are doing little in any area. Indeed, those with a standalone well-being strategy are more likely to be promoting all aspects of employee well-being (particularly physical health, mental health and good lifestyle choices), while those who are more reactive are less likely to be promoting any aspect.

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



Base: 1,016

Well-being benefits

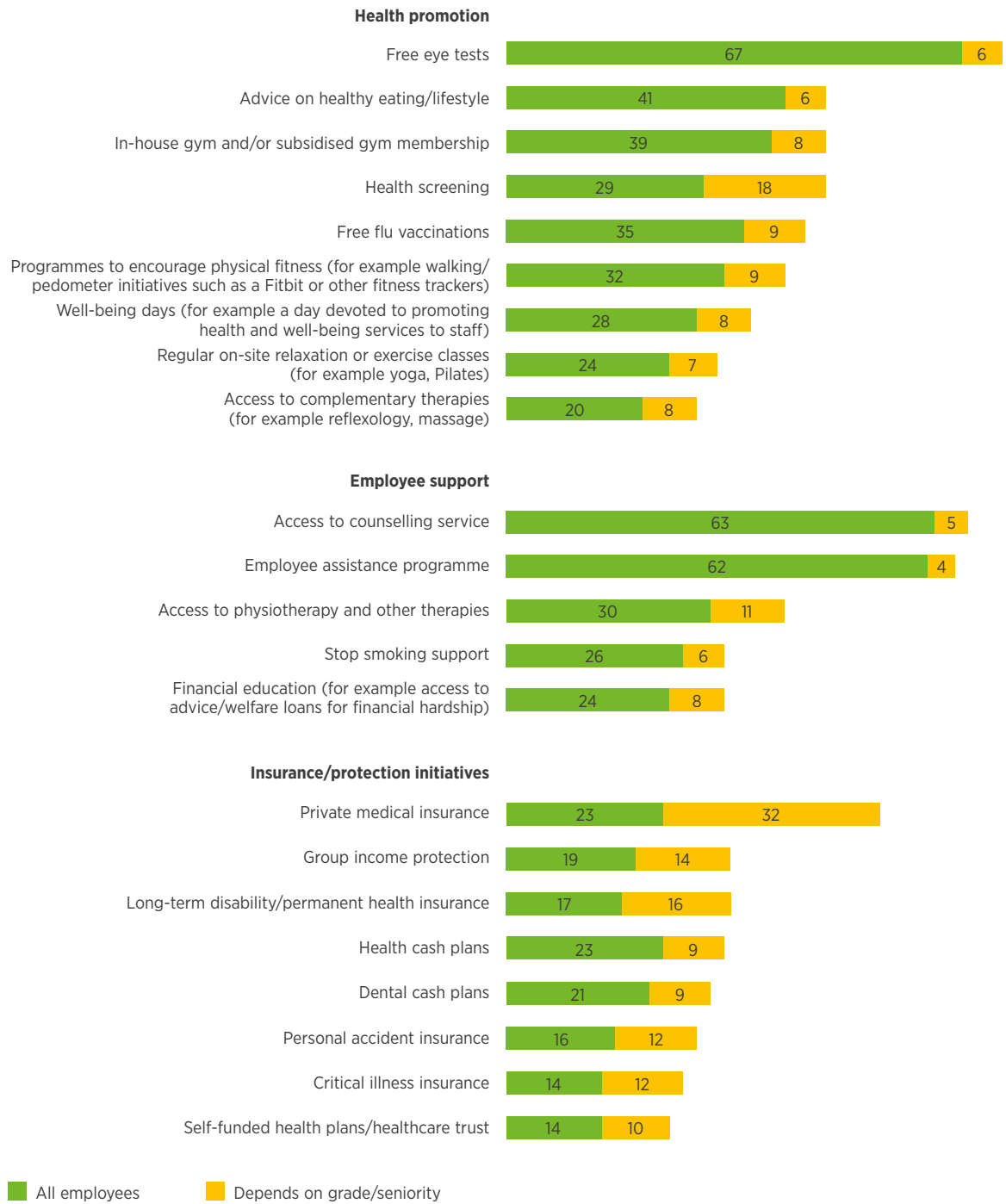
Most organisations provide one or more well-being benefit to employees (Figure 4): 87% offer some sort of health promotion benefit (with free eye tests most frequently on offer); over three-quarters offer some form of employee support (most commonly access to counselling services and employee assistance programmes); 70% offer some sort of insurance or protection initiatives, at least to some groups of staff.

Our findings suggest that the proportion of organisations offering employee assistance programmes, well-being days, group income protection and personal accident insurance has increased compared with previous years. More organisations are also selectively offering health screening to employees of certain grades/seniority, although the proportion offering this to all employees remains the same (Figure 5).

Insurance and protection initiatives are considerably more common in the private sector (see Appendix). In contrast, employee support initiatives and health promotion initiatives are more common in the public sector (with the exception of free eye tests, which show little difference across sectors).

¹ rs ranges from 0.367 to 0.621. All are significant at p<0.001.

Figure 4: Employee well-being benefits provided by employers (% of respondents)



Base: 994

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. Overall, budgetary constraints and value for money in terms of workforce coverage tend to have greater influence on the purchase of well-being benefits than managing identified health issues in the organisation, employee demand/feedback or alignment with the organisation’s health and well-being strategy (Figure 6).

There are, however, considerable sector differences in determining well-being spend. After budgetary constraints, which are the most common influencing factor for all sectors, the public sector is significantly more likely to focus on alignment with their health and well-being strategy compared with the other three broad sectors, and half as likely to consider being competitive as an employer of choice compared with private sector services, for example (Table 1).

Figure 5: Changes in benefits offered compared with 2016 (% of respondents)

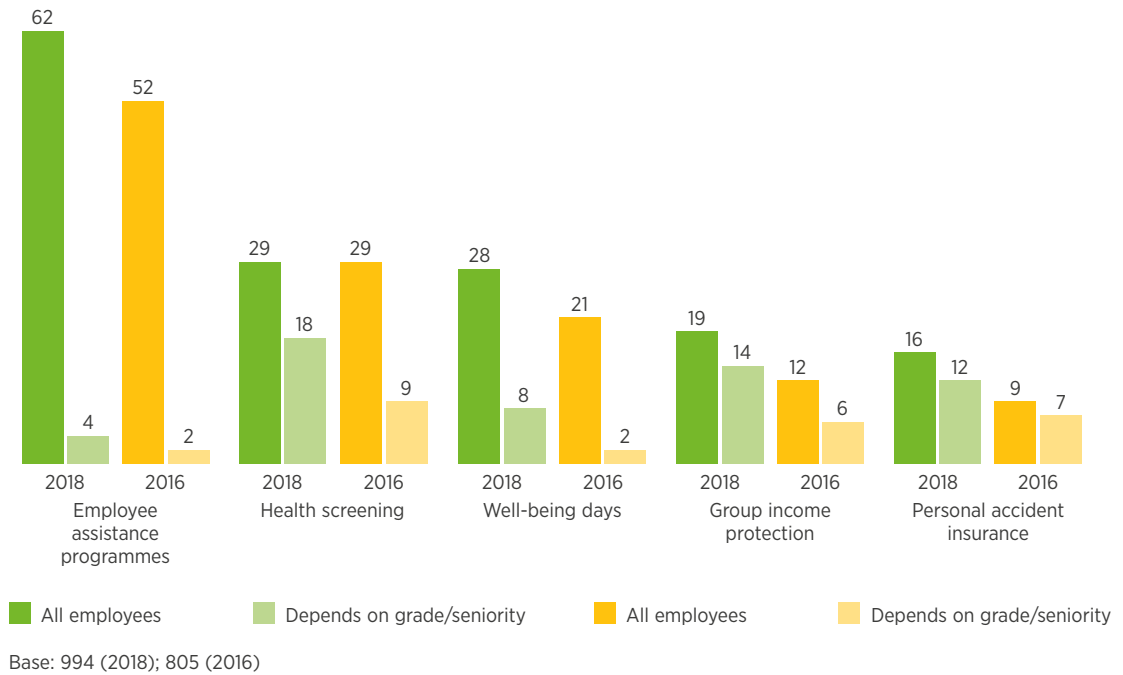


Figure 6: The top three factors that influence organisations' decisions to purchase well-being benefits for employees (% of respondents)

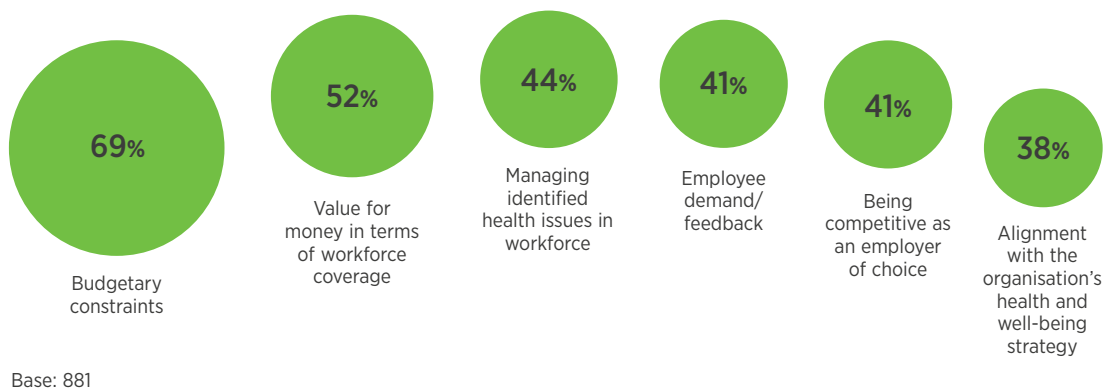


Table 1: The top three factors that influence organisations' decisions to purchase well-being benefits for employees, by sector (% of respondents)

	Manufacturing and production Base: 129	Private sector services Base: 446	Public services Base: 197	Non-profits Base: 109
Budgetary constraints	74	68	65	69
Value for money in terms of workforce coverage	57	54	47	47
Managing identified health issues in workforce	42	38	56	49
Employee demand/feedback	30	46	31	50
Being competitive as an employer of choice	38	50	24	39
Alignment with the organisation's health and well-being strategy	40	31	53	37

Base: 881

The most commonly recognised achievement of health and well-being activity is better morale and engagement (Figure 7). Over a third report a healthier and more inclusive culture, while just under a third report it has lowered their sickness absence. These figures were all higher in organisations that have a standalone well-being strategy in support of their wider organisation strategy, where senior managers have well-being on their agenda and where line managers are bought in to the importance of well-being. At the other end of the impact spectrum, one in six respondents report their organisation's health and well-being activity has resulted in improved productivity, while less than one in ten report better customer service.

‘In the areas where managers believe well-being is important, we have seen better morale.’

Private services organisation, 2,000 employees

Overall, a quarter of respondents report that no achievements have been realised from their health and well-being activity. These respondents were more likely to report that their organisation is much more reactive than proactive regarding employee health and well-being, to disagree that senior managers have well-being on their agenda or that line managers are bought in to the importance of well-being.

‘Insufficient monitoring in place to be able to measure achievements.’

Large public sector organisation, 8,000 employees

Nevertheless, 13% of those with a standalone well-being strategy in support of their wider organisation strategy also report that no achievements have been realised. Comments suggest that for some it is too early in the process to assess the benefits or that it is difficult to tell because they have no evaluation metrics in place. Our findings also indicate, however, that where decisions regarding the purchase of well-being benefits are primarily influenced by budgetary constraints, organisations are more likely to report no achievements (33%), compared with those that prioritise alignment with the organisation's health and well-being strategy (8% of this latter group report no achievements).

Figure 7: What has your organisation's employee health and well-being activity achieved in the past 12 months? (% of respondents)



Base: 748

Case study: Taking health and well-being to a new level at the British Heart Foundation



The British Heart Foundation (BHF) is the UK's heart charity and largest independent funder of cardiovascular research. The charity employs around 3,800 employees, the majority of whom work in its 730-plus stores. It also manages around 22,000 volunteers. The BHF's vision is a world where people don't die prematurely from heart disease.

The case for change

Given the charity's vision, it's not surprising that Kerry Smith, Director of People and Organisational Development, and Sarah Danes, Head of Health and Safety, say that *'the desire to support good health is in our DNA here at the BHF.'* When the charity started to develop its people strategy in 2014 with the aim of becoming a world-class employer, it therefore felt 'natural and right' to use the opportunity to shine a more concerted light on employee well-being as part of its wider health and safety strategy going forward.

'As a health organisation, we did promote certain activities to support our people's well-being, but we didn't have a strategic and organised approach, and it wasn't as

Continued on next page

holistic as it could be; for example, we didn't focus on mental health,' Sarah explains. 'Equally, there wasn't always parity in the opportunities we offered, with activities tending to focus largely around our central offices, capturing less than a fifth of our paid workforce.' Kerry says another key driver for change was that people didn't feel that the BHF cared about them and didn't feel able to have open conversations about their health and well-being. *'In our 2015 staff survey only 54% responded positively to that question: this clearly wasn't good enough for an employer aspiring to be world class, not least for a leading health charity.'*

Another impetus to set a more aspirational agenda for health and well-being emerged from the BHF's involvement with the Richmond Wellbeing Group, a group of health charities who share a desire to raise the profile of health among their people and collaborate on joint solutions. For some years, the BHF had offered an externally facing Health at Work programme to inspire and support health and well-being in the workplace; given its success, the other members of that forum assumed the charity had an equally successful internal focus, which wasn't the case.

Live well. Work well (Lw.Ww)

In April 2015, the BHF formed a project team to develop and embed its health and well-being strategy, Live well. Work well (Lw.Ww). The programme is holistic and based on the four core lifestyle areas of healthy eating, physical activity, mental well-being and changing habits, with leadership as a unifying element. It's described on the microsite that the BHF has launched for the programme on its staff intranet – the 'Heartnet team site' – as being *'all about a programme of activities, opportunities and guidance to inspire and support our people to adopt healthier lifestyles and habits'*.

The programme's commitments are to:

- encourage and actively support our people to live the workplace health values that we promote externally
- encourage our people to take personal responsibility for their own health and well-being while at work and in their life outside work
- encourage staff to spread the healthy lifestyle messages to friends and family.

The project team, often taking inspiration from the wider workforce, regularly initiates a vibrant series of activities and awareness campaigns in line with the four lifestyle areas. These are as varied as:

- 'On your feet Friday', 'Get on your bike' and a lunchtime walk to Primrose Hill to encourage physical activity
- alcohol awareness initiatives, including Stoptober, to encourage healthier habits
- 'Worry less do more' and 'Time to talk' campaigns to encourage openness about mental health.

Creating a mentally healthy workplace

Very aware that the BHF's focus on fostering good mental health needed to be stronger, in December 2016 the project group set up a mental health working group to help shape its mental health framework. The group brought together people from across all areas of the organisation, who brainstormed to develop a simple but strong vision for mental health: *'The BHF is a place where we continually work to understand*

Continued on next page

mental health and support each other however we can. The vision is underpinned by five areas of focus that bring it to life:

- **commitment** – physical and mental health given equal priority
- **raising awareness** – mental health is actively discussed to help break down barriers
- **building resilience** – the importance of personal resilience is recognised and understood by everyone
- **leadership** – our managers understand mental health and recognise it as a core element of their people management
- **support** – our people are only ever one click, call or discussion away from the help they need if experiencing issues with their health or well-being.

The working group also helped to plan and deliver a range of successful engagement activities around the topic of mental health, such as:

- lunch and learn sessions to open up the conversation about mental health issues
- a live web chat about mental well-being hosted by Kerry and Sarah
- a #NaturallyBHF photo competition run during Mental Health Awareness Week encouraging people to take a break, get outdoors and find nature wherever they work, with the winner given an additional day's holiday
- regular promotion of the BHF's employee assistance programmes offering confidential counselling services, advice and hardship grants.

As sponsor for the programme, the Director of People and Organisational Development also sent an email to all staff aiming to open up the culture about mental well-being and asking how they were feeling. *'The response from staff, some of whom replied with personal and heartfelt emails about their individual circumstances, was very moving and showed how important it is to ask the question, "How are you?"'* says Kerry.

Understanding and engaging staff

The BHF project team has encouraged employee involvement in shaping the programme from the start – even its branding 'Live well. Work well' was the result of a staff competition to name the programme. *'We went out with a call early to capture people's interest in championing our well-being values, resulting in a group of "well-being leaders" who have been fundamental to the success of Lw.Ww,'* says Kerry. *'Our well-being leaders are the real face of the programme and make the activities and campaigns we run come to life.'*

Every employee who volunteers as a leader signs up to the 'Wellbeing leader pledge', thereby committing to a number of actions such as being a positive role model for the programme, championing a healthy lifestyle and working environment, and gathering feedback and ideas to take forward Lw.Ww. They are also expected to be a 'critical friend' of the programme and identify what's working and what could be improved and how.

Very aware that it was a bigger challenge to involve retail staff, dispersed across so many locations, in any corporate initiative, the project team made it a priority to gain their engagement for the programme from the outset. This meant having an inclusive approach while recognising that shop-based staff could reflect different

Continued on next page

demographics and expectations around health and well-being. In order to fully understand the health profile and habits of its workforce, in 2016 the BHF carried out its first Lw.Ww survey.

There were some interesting findings; for example, on average the working day of retail staff was ten hours compared with eight for other directorates, while retail staff spent little time sitting down compared with around 6.9 hours for other staff. Around 30% of retail staff smoked compared with 8% of other staff, while 35% of retail staff rarely took a lunch break compared with 15% of other staff. Retail employees were twice as likely to have undertaken no physical activity in the past seven days.

Having this data has enabled the BHF team to appropriately message health and well-being interventions to better meet the needs and expectations of different sections of its workforce. For example, a big focus for retail staff was to encourage them to 'Take a lunch break', which has been very successful, and this has led to a strong level of engagement from the people working in the BHF's shops in other campaigns and habit-changing initiatives such as charity walks.

Every year the BHF hosts a conference for its retail staff and for the past two years the theme has included health and well-being, enabling the charity to engage its senior retail staff on topics such as healthy eating and mental well-being.

Embedding leadership and accountability

The Lw.Ww strategy is integrated into the BHF's people strategy, forming an explicit element of its operational standards and smarter working pillars. Actions for how health and well-being commitments are brought to life are captured through a series of directorate people plans, ensuring that employee well-being is embedded across the organisation on a day-to-day basis through its people management and leadership activities.

There has been top-level commitment for Lw.Ww from its inception. As Kerry explains: *'The executive group and operations board are fully behind the programme; both senior manager forums receive regular updates and review progress against a series of success measures which were established against benchmarking criteria from the start. A review of the programme is also included in the BHF's annual health and safety report which is presented to trustees.'*

While the Director of People and Organisational Development is the ultimate sponsor of the programme, each member of the executive group has also assigned someone from their directorate to be a leader on the programme. This has worked particularly well in the charity's retail arm, where the senior manager lead has formed a separate sub-group that has taken ownership for driving well-being initiatives in the directorate. A feedback loop into the leadership retail team meetings ensures there's oversight of progress and support provided where needed.

Measuring success

The BHF is intent on demonstrating the impact of its health and well-being programme to ensure further investment and build on the difference it is making to people's lives at work. It therefore uses a number of headline indicators from its operating plan to show results, with early benchmarking data indicating a positive

Continued on next page

effect already. For example, in 2017 65% of people indicated feeling happy with the balance between their work and home lives compared with 59% in 2015, and 60% believe that the BHF cares about them compared with 54% in 2015.

Other people measures show that staff engagement has increased from 67% in 2016 to 70% in 2017, while staff turnover has dropped from 23.5% to 22%. Staff absence has decreased from an average of 7.3 days among retail staff to 5.3 and remained fairly static at 2.5–3 days for other staff.

Looking ahead, Kerry and Sarah say that the BHF's journey and commitment towards keeping the conversation alive around mental health continues. The charity will soon roll out mental health awareness training for managers and is also in the process of developing a cohort of mental health first aiders, as well as an e-learning mental health awareness package. In 2018 the charity will also apply for Workplace Wellbeing Charter status.

6 Managing disability and long-term health conditions

Over two-thirds of organisations have a framework in place to manage people with a disability or long-term health condition. Most experience challenges in managing people with these conditions. Our findings suggest that many organisations could use a wider range of approaches to manage and support people with disabilities and long-term health conditions, although the approaches that are being used are seen to be effective.

Three-fifths of respondents report their organisation has a supportive framework in place to recruit (59%) and retain (60%) people with a disability or long-term health condition and over two-thirds (69%) report they have a framework in place to manage people with such conditions (11–15% of respondents didn't know if they had such frameworks or not). These figures, however, mask considerable sector differences. Public sector organisations are considerably more likely to have supportive frameworks for recruiting (84% versus 49% of the private sector), retaining (73% versus 54% of the private sector) and managing (84% versus 62% of the private sector) people with these conditions.

Most experience challenges

Just under a quarter of respondents (23%) believe their organisation doesn't experience any challenges in managing people with a disability and/or long-term health condition. Developing line manager knowledge and confidence and developing an understanding about making reasonable adjustments are by far the most common challenges reported (Figure 8).

Approaches

The most common approaches organisations have in place to manage people with a disability and/or long-term health condition are developing a flexible and inclusive working culture and providing access to support services, such as counselling or occupational health (Figure 9). Less than three-fifths of respondents report they have fair and inclusive absence and performance policies and practices and less than half have a supportive line management style that treats people as individuals. Just a third appear to be making any efforts to address this with training and guidance for line managers.

A workplace adjustment process that is well communicated to line managers and employees is fundamental to facilitating effective working arrangements for people with a disability or health condition, and yet less than a third adopt this approach. Less than a quarter raise awareness of disability-related issues in the workplace, an approach which, if practised more widely, could help to facilitate a step change in the inclusivity of the working environment in relation to disability and health issues.

Public sector organisations are more likely than their private sector counterparts to be implementing all of the approaches shown in Figure 9 (with the exception of a supportive line management style that treats people as individuals, where there is no significant difference).

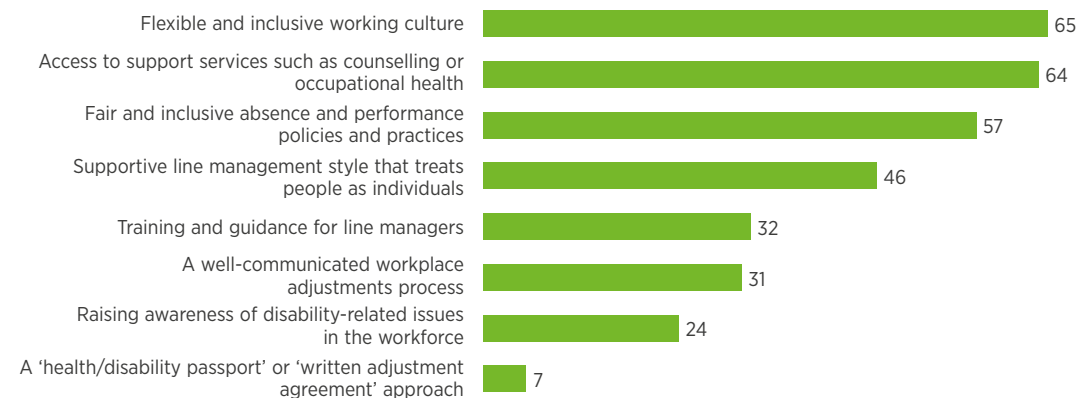
The vast majority of respondents (89–93%) that use each of these approaches in their organisations believe they are effective.

Figure 8: The key challenges in managing people with a disability and/or long-term health condition (% of respondents)



Base: 820

Figure 9: Approaches in place to manage people with a disability and/or long-term health condition (% of respondents)



Base: 819

External schemes and support

Over two-thirds of respondents have heard of the Fit for Work service. This provided the services of health professionals to employers and people in employment if they had been off work for four weeks or more due to sickness; however, from March 2018 the assessment services ceased, although its website and helpline is still available for workplace health advice on sickness absence. Our research shows that just over a quarter report their organisation has used the Fit for Work service (Figure 10).

Nearly a third report their organisation has used the Access to Work scheme for people with disabilities. Fewer have heard of, or used, the Disability Confident scheme or another disability or other membership organisation.

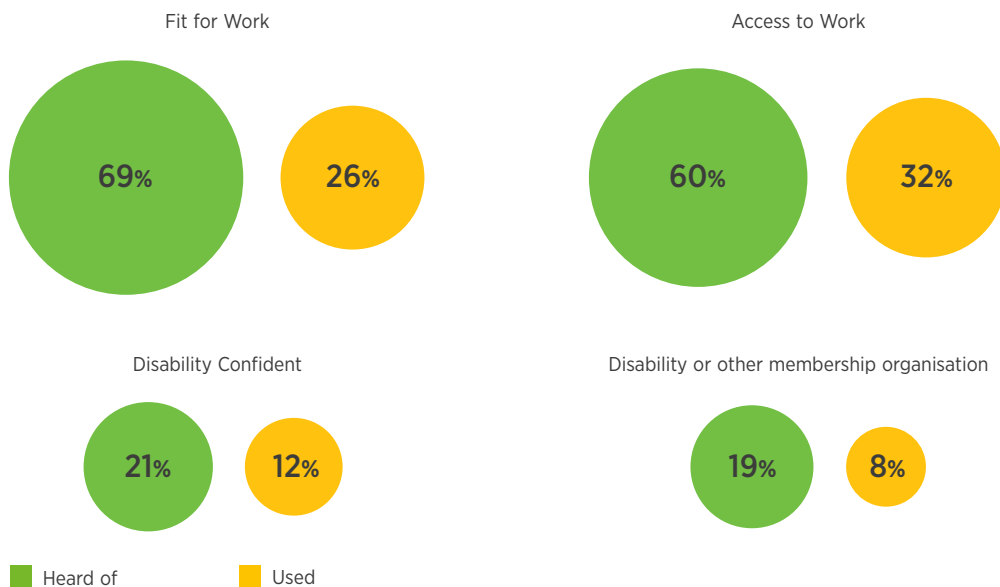
Private sector organisations were least likely to have heard of or used Access to Work (19% have used compared with 48% of non-profits and 59% of the public sector) or Disability Confident (4% have used compared with 17% of non-profits and 35% of the public sector).

Nearly three-fifths of Access to Work users report the support was very helpful, while over two-fifths of those using the Disability Confident scheme report the same positive feedback. Views are more mixed regarding how helpful the Fit for Work scheme has been for their organisation (Figure 11).

‘Recruiting disabled talent is a challenge. Despite being a Disability Confident employer, we have no disabled staff working for us.’

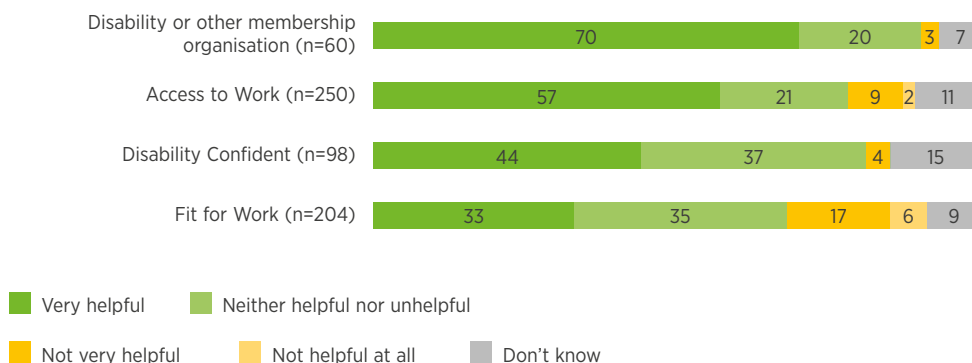
Private sector services organisation, 150 employees

Figure 10: External schemes and support that respondents have heard of/their organisation has used



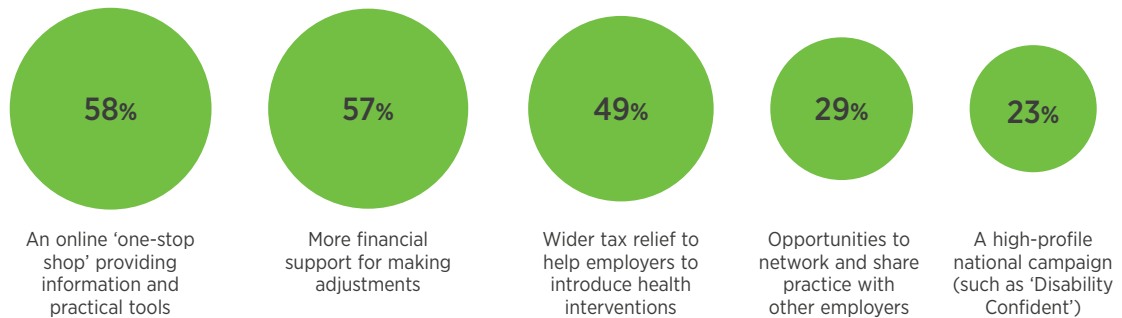
Base: 798

Figure 11: Helpfulness of schemes/external support to your organisation (% of respondents whose organisations have used the schemes)



Respondents were asked which three government-led changes would make the greatest difference to improving how their organisation manages people with a disability and/or long-term health condition. Their most common responses were an online ‘one-stop shop’ providing information and practical tools and more financial support for making adjustments (Figure 12).

Figure 12: Which of the following government-led changes would make the greatest difference to improving how your organisation manages people with a disability and/or long-term health condition? Please select up to three.



Base: 788

7 Impact of technology on employee well-being

Advances in technology are generally seen to have more of a positive than negative impact on employee well-being, largely through facilitating flexible working and enabling more effective communication. Most organisations, however, report that advances in technology have also had adverse effects on employee well-being in their organisation. An inability to switch off out of hours and the stress caused by technology failure are common hazards.

Respondents are more likely to believe that advances in technology have a more positive than negative impact on employee well-being, although there is a significant level of ambivalence, with 29% believing the overall impact is neither positive nor negative (Figure 13). Moreover, when asked about specific impacts, most believe that technological advances have had both positive and negative effects on well-being in their organisation. Just 11% believe that technological advances have had no positive effects on employee well-being, while even fewer (4%) report there have been no negative effects.

Respondents in the public sector and private sector services are most positive. Nearly half of respondents from these sectors were generally positive, compared with just a third of those from manufacturing and production and not-for-profit organisations.

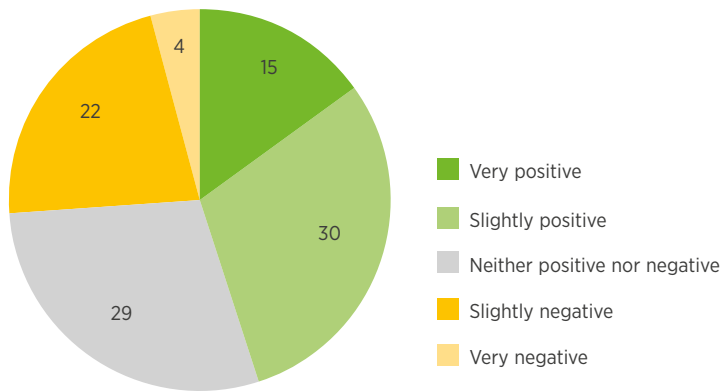
The facilitation of flexible working is seen to be by far the most common benefit of technological advances on well-being, with three-quarters of respondents citing this positive impact (Figure 14). At least two-fifths believe well-being has been enhanced because of more effective communication, the reduction of commute times/costs for

staff working from home and through helping employees have more control over their work and working pattern. Fewer report that technology has improved well-being through enhancing employee voice, improving efficiency, data collection or the provision of immediate feedback.

'Assessment tools including heart rate monitors used during group sessions – data used contributes towards overall fitness plan, etc.'

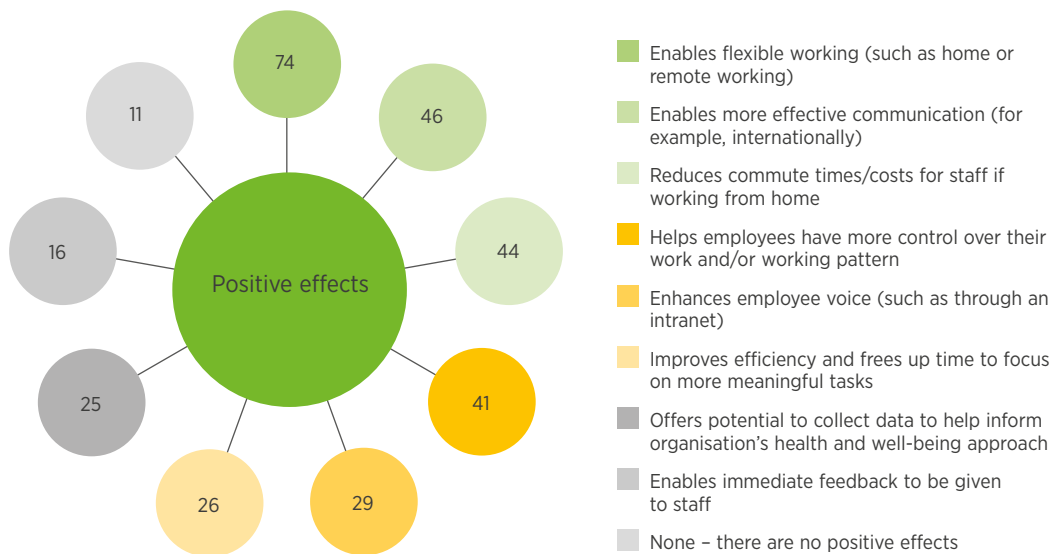
Private sector employer

Figure 13: What overall effect do advances in technology (such as smartphones) have on employee well-being? (% of respondents)



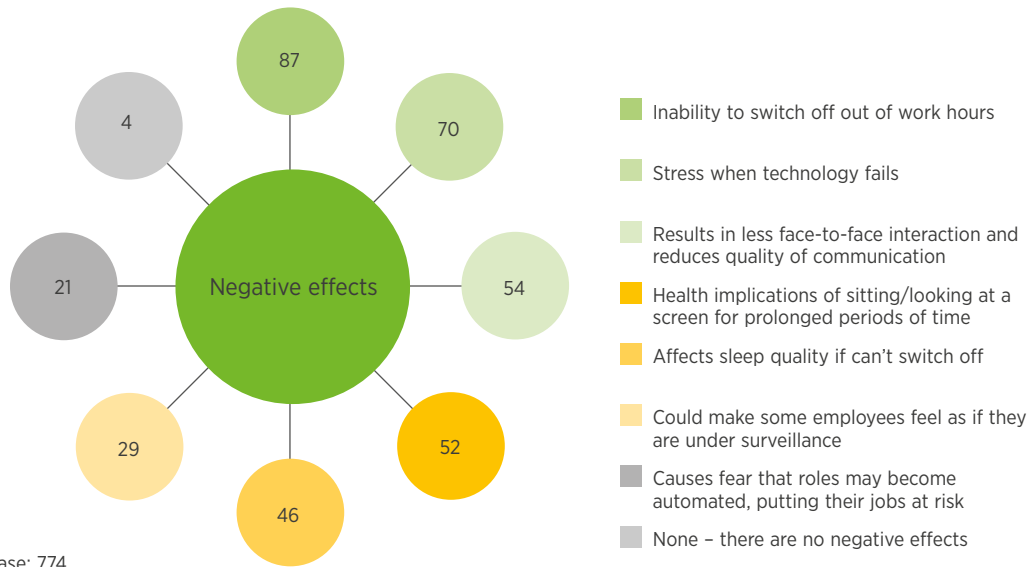
Base: 770

Figure 14: The positive effects of advances in technology on employee well-being in organisations (% of respondents)



Base: 774

Figure 15: The main negative effects of advances in technology on employee well-being in organisations (% of respondents)



Base: 774

The most common negative effect of technology on well-being, reported by an overwhelming majority of respondents (87%), relates to employees’ inability to switch off during out-of-work hours. A high proportion of respondents (70%) also refer to the stress that results when technology fails (Figure 15).

Wearable technology

Fewer than one in ten (9%) respondents report that their organisation offers employees the use of wearable technology (such as Fitbits or other fitness trackers) to encourage well-being. A low proportion (13%) of these 69 respondents report their organisation collects data from the wearable technology (80% don't collect data, 7% don't know if their organisation does or not).

Feedback from the minority of organisations that collect data suggest that some use wearable technology to create well-being challenges or targets and encourage increased activity (such as moving away from desks at regular intervals) through offering rewards (such as time off) for those who take part.

8 Level of employee absence

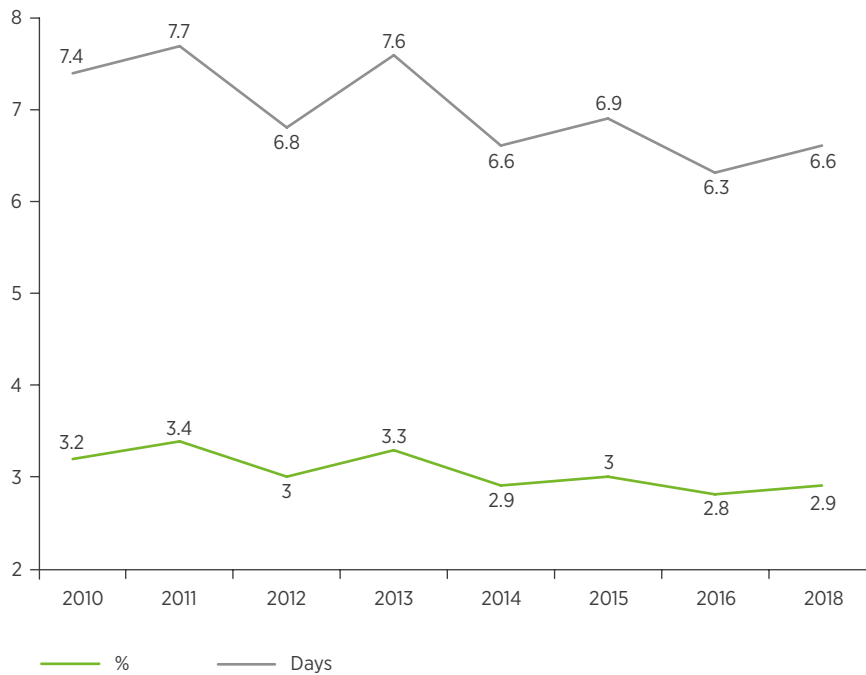
Our findings show that average absence levels have increased slightly compared with last year, although longer-term data indicates a weak downward trend. Average absence rates vary considerably within and between sectors. They remain highest in the public sector and in larger organisations, as has been the dominant trend year on year.

The majority of organisations across all sectors (88%) collect sickness absence data.

Our findings suggest that the average² level of employee absence has increased slightly compared with the previous survey in 2016, from 6.3 days per employee (or 2.8% of average working time lost) to 6.6 days (2.9%) in 2018. Longer-term data, however, suggests a weak and fluctuating but generally downward trend in average absence rates (Figure 16). These average figures mask considerable variation across organisations, with some reporting very high levels of absence.

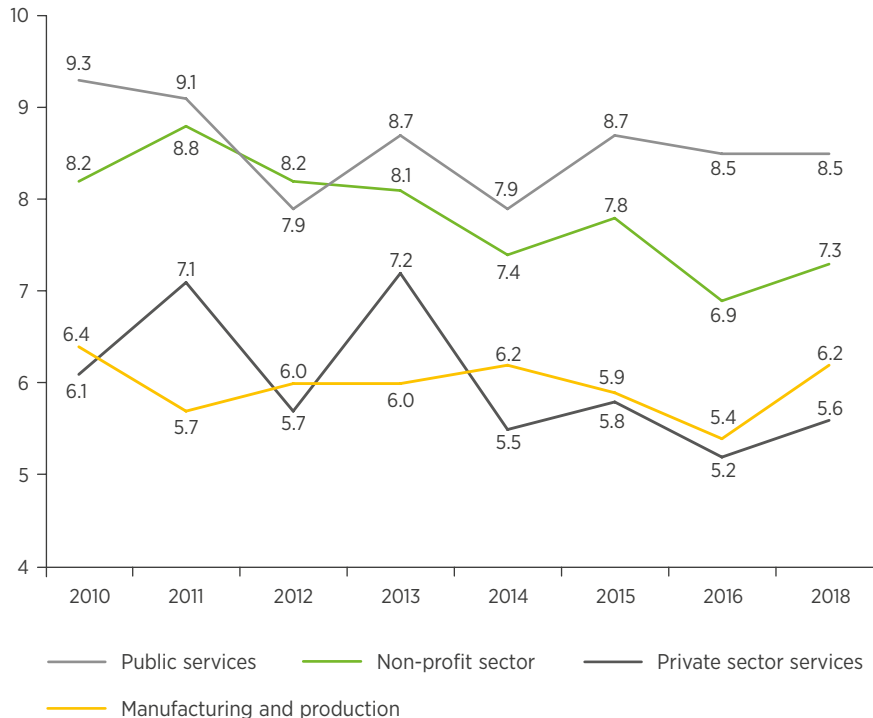
² 5% trimmed mean (see note on abbreviations, statistics and figures used, page 47).

Figure 16: Average level of employee absence, per employee per annum



Base: 443 (2018); 736 (2016); 396 (2015); 342 (2014); 393 (2013); 498 (2012); 403 (2011); 429 (2010)

Figure 17: Average number of days lost per employee per year, by sector (5% trimmed mean)



Considerable variation across and within sectors

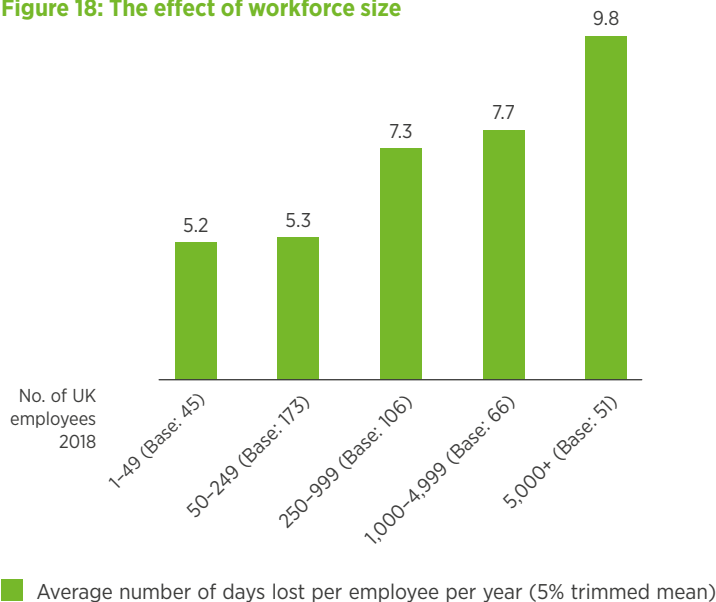
Average levels of absence remain considerably higher in the public sector, although the number of sick days remains the same as in 2016, at 8.5. On average public sector employees had nearly three days more absence than their counterparts in private services organisations (8.5 days versus 5.6 days), 2.3 days more than employees in manufacturing

and production (8.5 days versus 6.2 days), and 1.2 days more than those in non-profit organisations (8.5 days versus 7.3 days). Although the public sector is the only sector not to report an increase in average absence compared with last year, longer-term trends suggest that absence levels in non-profits are falling and there is some evidence of a weak (albeit fluctuating) decline in absence levels in private sector services, although there has been an increase this year, from 5.2 days in 2016 to 5.6 days (Figure 17). In manufacturing and production, absence levels have increased from an average of 5.4 days in 2016 to 6.2 days in this survey.

Higher levels of absence in larger organisations

As we’ve found in previous years, larger organisations tend to have higher levels of absence than smaller ones, regardless of sector (Figure 18). As we’ve previously explained in these survey reports, absence may be more easily detectable in smaller organisations and occupational sick pay arrangements less generous, which may discourage some types of absence from work.

Figure 18: The effect of workforce size



9 Causes of absence

Minor illness remains by far the most common cause of short-term absence. Acute medical conditions, mental ill health, stress and musculoskeletal injuries are most commonly responsible for long-term absence, as in previous years, although this year more organisations include mental ill health among their top causes of long- and 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 19). Musculoskeletal injuries (including back pain, neck strains and repetitive strain injury) and stress are also among the top causes of short-term absence

(Table 2). Nearly a quarter include caring responsibilities for children among the top three causes of short-term absence in their organisation, while a minority include other caring responsibilities.

In general, the main causes of short-term absence are similar to previous years, although this year there has been a small increase in the proportion including mental ill health (for example, clinical depression and anxiety) among their top three causes of short-term absence (27%, up from 21% in 2016). There has been a corresponding but greater increase in the proportion including mental ill health among their top three causes of long-term absence (Figure 20).

Figure 19: The most common cause of absence (% of respondents)

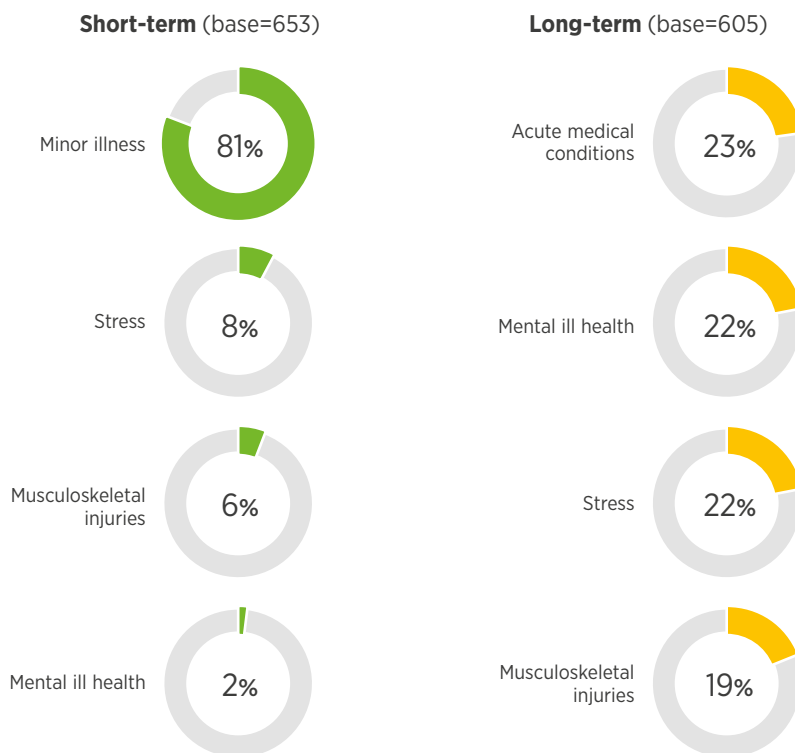
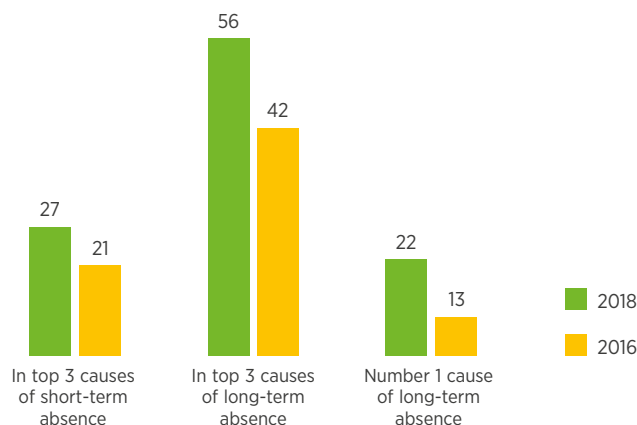


Figure 20: Absence due to mental ill health is more common (%)



Long-term absence

The vast majority of respondents report that the number one cause of long-term absence in their organisation is either acute medical conditions (for example stroke, heart attack and cancer), mental ill health (for example clinical depression and anxiety) or stress, and, to a lesser extent, musculoskeletal injuries (for example back pain, neck strains and repetitive strain injury) (Figure 19). As noted above (Figure 20), the proportion including mental ill health among their most common causes of absence has increased compared with 2016. One in five respondents report it is the number one cause of long-term absence in their organisation, while nearly three-fifths report it is among their top three causes of long-term absence.

Sector differences

As we've found in previous years, the public sector is considerably more likely to include stress, musculoskeletal injuries and mental ill health among their top causes of both short- and long-term absence (Tables 2 and 3). This disparity may reflect differences in the nature of work across sectors, the demographics of employees, budgetary constraints and/or sectoral differences in awareness of stress and mental health.

The private sector is more likely than the public or non-profit sectors to include non-genuine absence and caring responsibilities for children among their top causes of short-term absence. It's possible that the increased availability of flexible working practices and policies supporting people with caring responsibilities in the public and non-profit sectors may contribute to reduced illegitimate absence and the need to take absence to cover caring responsibilities.

Manufacturing and production organisations are most likely to include work-/non-work-related injuries/accidents among their top causes of absence (particularly for long-term absence), reflecting the more manual nature of work in this sector.

Table 2: Top three most common causes of short-term absence, by sector (%)

	All respondents (n=659)	Manufacturing and production (n=98)	Private sector services (n=345)	Public services (n=141)	Non-profits (n=75)
Minor illness (for example colds/flu, stomach upsets, headaches and migraines)	93	93	94	87	96
Musculoskeletal injuries (for example neck strains and repetitive strain injury, including back pain)	49	54	41	66	51
Stress	39	24	33	60	44
Mental ill health (for example clinical depression and anxiety)	27	26	23	35	32
Caring responsibilities for children	23	27	28	13	16
Recurring medical conditions (for example asthma, angina and allergies)	20	19	22	12	25
Work-/non-work-related injuries/accidents	12	18	14	7	7
Absence due to non-genuine ill health (unexplained)	11	11	16	3	4
Acute medical conditions (for example stroke, heart attack and cancer)	5	9	4	5	3
Other caring responsibilities (for example for elderly/ill relative)	4	6	3	4	5

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

	All respondents (n=618)	Manufacturing and production (n=95)	Private sector services (n=314)	Public services (n=139)	Non-profits (n=70)
Mental ill health (for example clinical depression and anxiety)	56	47	53	63	69
Musculoskeletal injuries (for example neck strains and repetitive strain injury, including back pain)	50	56	44	63	49
Stress	50	33	45	71	51
Acute medical conditions (for example stroke, heart attack and cancer)	48	53	47	44	49
Work-/non-work-related injuries/accidents	19	33	19	14	13
Recurring medical conditions (for example asthma, angina and allergies)	19	20	20	14	23
Minor illness (for example colds/flu, stomach upsets, headaches and migraines)	9	8	12	6	4
Caring responsibilities for children	3	1	5	1	1
Other caring responsibilities (for example for elderly/ill relative)	2	2	2	2	4
Absence due to non-genuine ill health (unexplained)	2	3	2	0	1

10 Managing absence

Organisations use a range of methods to manage sickness absence. Methods to monitor, review and deter absence are most common, particularly for short-term absence, although many organisations are also changing work patterns or the working environment in their efforts to promote attendance. Fewer organisations are proactively managing absence through an organisation focus on people's health and well-being.

Most organisations use a combination of methods to manage absence and promote attendance.

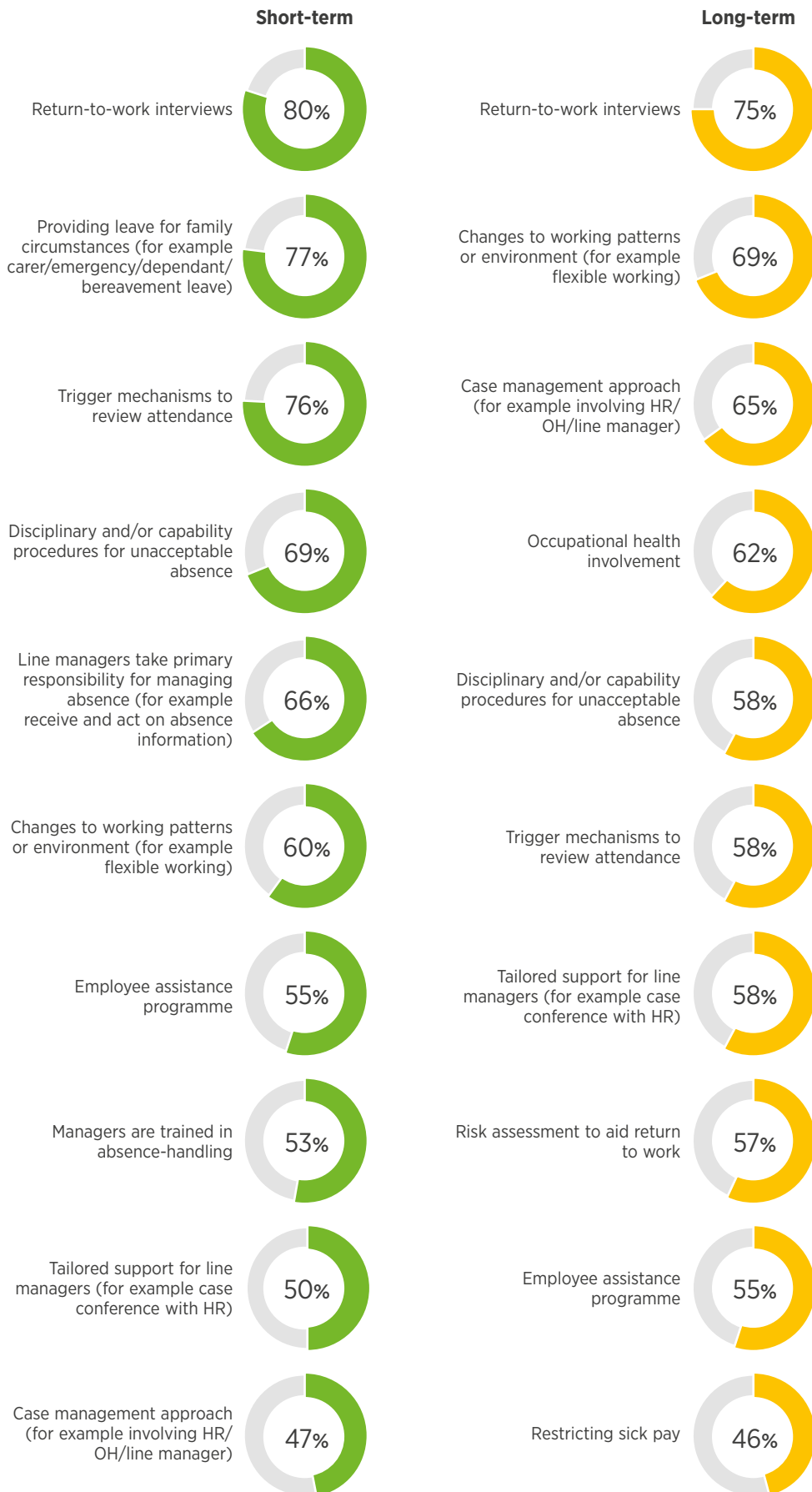
Return-to-work interviews remain the most popular method for managing both short- and long-term absence, and are used by at least three-quarters of organisations. (Figure 21 shows the ten most common approaches.)

For short-term absence, the second and third most popular approaches are providing leave for family circumstances and trigger mechanisms to review attendance, also used by at least three-quarters of organisations.

For long-term absence, the second and third most popular approaches are making changes to working patterns or environment (for example flexible working) and adopting a case management approach, used by at least two-thirds of organisations.

Other methods to monitor, review and deter absence, such as disciplinary or capability procedures for unacceptable absence, are also widely used, particularly for short-term absence, while occupational health involvement is a common approach in relation to managing long-term absence. Just over a third (not shown on chart), however, report they manage either short- or long-term absence through an organisation focus on health and well-being, again demonstrating the failure of most organisations to take a proactive and preventative approach to boosting employee health and well-being.

Figure 21: Most commonly used approaches to manage short- and long-term absence (% of respondents)



Base: 670

Line managers taking primary responsibility for managing short-term absence is reported as an approach by two-thirds of organisations overall. While long-term absence is more likely to be overseen by a case management team, 45% report that line managers also have primary responsibility for managing long-term absence. Despite the important role that line managers play in managing absence, particularly short-term, just over half (53%) of respondents report that line managers are trained in absence-handling for this type of absence. Less than half (44%) train managers in managing long-term absence (the twelfth most common approach for handling long-term sickness absence). On a more positive note, the findings show that, compared with previous years, more organisations are providing line managers with tailored support in managing both short- and long-term absence (Figure 22).

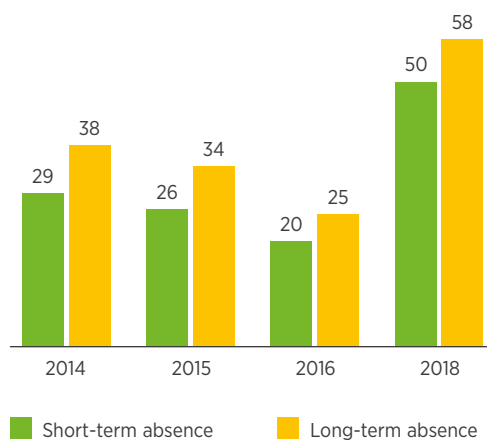
Sector differences

As we’ve found in previous years, the public sector is more likely to use a wider range of approaches to manage both short- and long-term absence, including: trigger mechanisms to review attendance; risk assessments to aid return to work; leave for family circumstances; changes to working patterns or environment; employee assistance programmes; occupational health involvement; stress counselling; rehabilitation programmes; and an organisation focus on health and well-being.

Public sector organisations are also more likely to report (for both short- and long-term absence) that line managers take primary responsibility for managing absence, that they are trained in absence-handling and that they receive tailored support. In addition, they are more likely to use a case management approach to absence.

As well as being more active in their efforts to promote health and attendance and rehabilitate employees who are or who have been unwell, public sector organisations are most likely to report they are proactive in using disciplinary and/or capability procedures for unacceptable absence as part of their approach to managing long-term absence. Along with manufacturing and production organisations, the public sector is also more likely than the private and non-profit sectors to use this approach for managing short-term absence. The private sector, meanwhile, is more likely to restrict sick pay, but is also more likely to offer private medical insurance.

Figure 22: Proportion of organisations that provide line managers with tailored support to manage absence (% of respondents)



Base 2018: 670; 2016: 880; 2015: 569; 2014: 511

11 'Presenteeism' and 'leaveism'

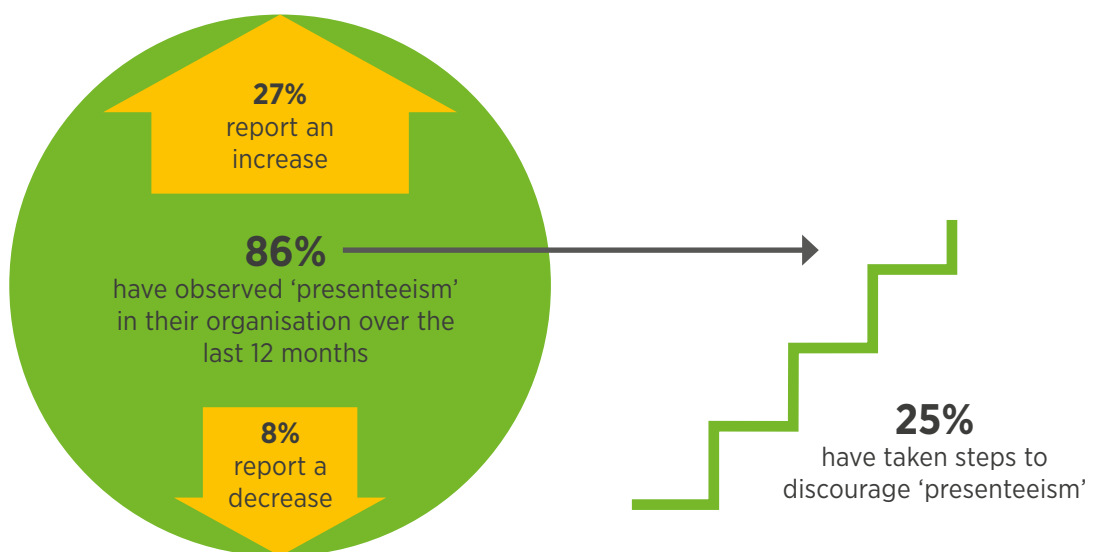
'Presenteeism' (people coming into work when they are unwell) and 'leaveism' (people using allocated time off such as annual leave to work, or if they are unwell, or working outside contracted hours) have been observed in the majority of organisations over the last year. About a quarter of respondents who report these practices say their organisation is taking steps to discourage them; of those that are, significantly more organisations are investigating the potential causes of 'leaveism' than 'presenteeism'.

'Presenteeism'

The presence of ill people at work can be more costly to the business than their absence, not only if illness is transmitted to other colleagues, but also because ill employees are likely to work less effectively than usual, may be more susceptible to costly mistakes, take longer to recover from their illness and cause lower workplace morale. The vast majority of respondents (86%), across all sectors and sizes of organisation, report they have observed 'presenteeism' in their organisation over the past 12 months, an increase from 72% in 2016 (Figure 23). Over a quarter of these report that 'presenteeism' has increased over this period, while just 8% report a decrease (46% believe it has remained the same and 18% don't know).

A quarter of organisations that have observed 'presenteeism' among employees have taken steps to discourage it over the last 12 months (61% haven't and 14% don't know if they have or not). In 2016, almost half (48%) had taken action, so these newest figures represent a significant fall in the number of organisations who are proactive about tackling presenteeism. Respondents who agree that employee well-being is on senior leaders' agendas and/or that line managers are bought in to the importance of well-being are twice as likely to report that steps have been taken compared with those who disagree that senior leaders and line managers are bought in to the value of well-being.

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

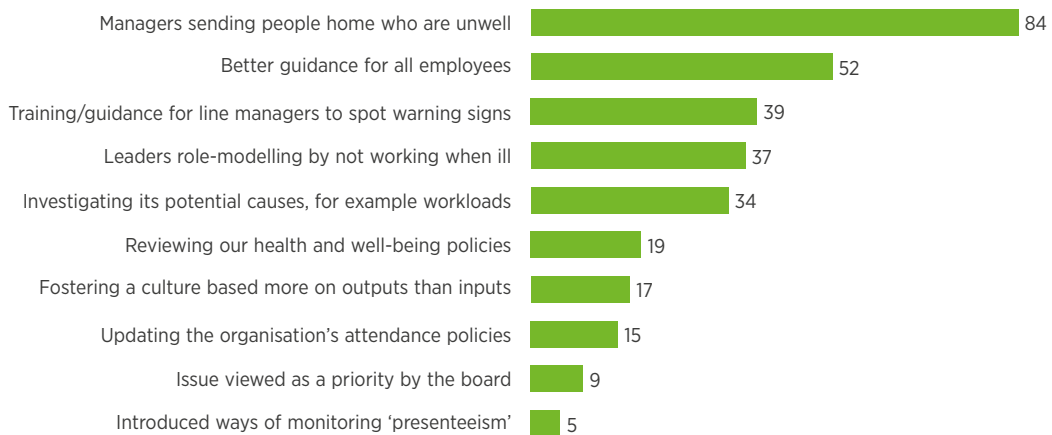


Base: 647

Line managers play a key role in reducing ‘presenteeism’ in organisations that are taking steps to address it (Figure 24). More than four-fifths of those who are taking steps report that ‘presenteeism’ is being tackled through managers sending home unwell employees, while two-fifths are providing training/guidance for line managers to spot warning signs. Half are providing better guidance for all employees and nearly two-fifths report their steps include leaders role-modelling by not working when ill. Just a third are investigating the potential causes of ‘presenteeism’.

Unsurprisingly, organisations that have taken action are more likely to report that ‘presenteeism’ has decreased over the last year (18%) compared with those that haven’t made any efforts to address it (5% report a decrease).

Figure 24: The most common steps that have been, or are being, taken to discourage ‘presenteeism’ (% of respondents whose organisations are taking steps)



Base: 139

‘Leaveism’

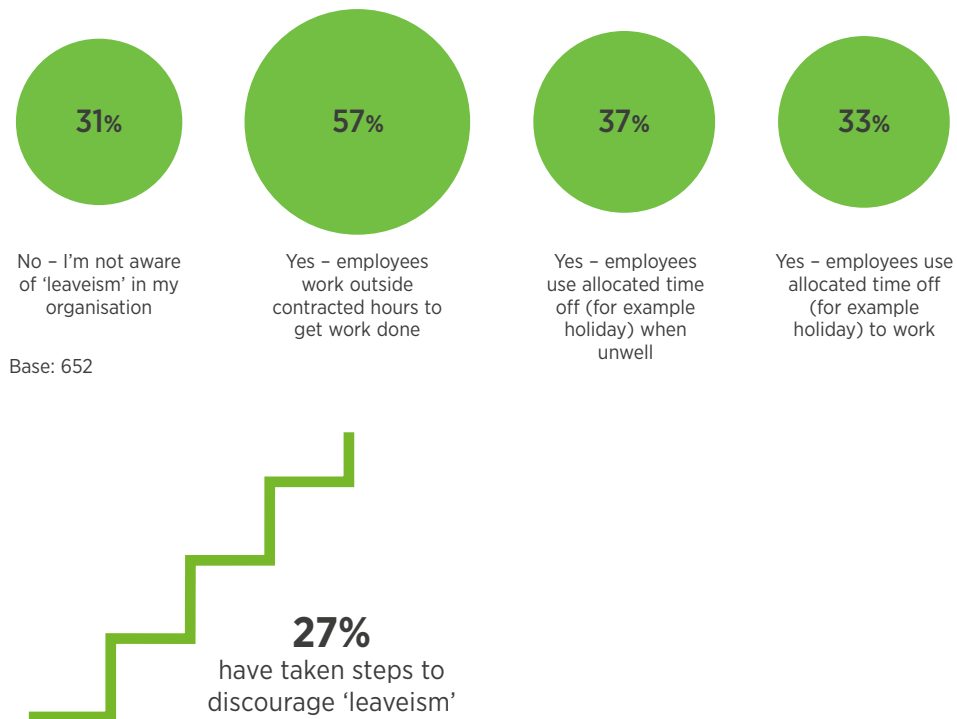
Over two-thirds (69%) of respondents report that ‘leaveism’ (people using allocated time off, such as annual leave, to work or if they are unwell, or working outside contracted hours) has occurred in their organisation over the past year. Nearly three-fifths report that employees work outside contracted hours to get work done, nearly two-fifths report that employees use allocated time off such as holiday entitlement when unwell, and a third that employees use allocated time off to work (Figure 25).

Respondents who have observed ‘presenteeism’ in their organisations are also more likely to have observed ‘leaveism’ (72%) than those who haven’t (49%). ‘Leaveism’ is somewhat less common in organisations that are more focused on employee well-being (that is, that have a standalone well-being strategy, senior leaders who have employee well-being on their agenda and line managers who are bought in to the importance of well-being).³

Just over a quarter (27%) of organisations that have experienced ‘leaveism’ have taken steps to discourage it over the past year (13% don’t know if they have or not). Smaller organisations are most likely to have done so (34% of SMEs with fewer than 250 employees have taken steps compared with 18% of large organisations with 1,000-plus employees). The most common steps taken to discourage ‘leaveism’ overall include better guidance for all employees and investigating its potential causes, for example workloads (Figure 26).

³ ‘Leaveism’ and have a standalone well-being strategy: $r_s = 0.13$, $p < 0.001$, $n = 674$; ‘leaveism’ and senior leaders have employee well-being on their agenda: $r_s = 0.08$, $p < 0.05$, $n = 657$; ‘leaveism’ and line managers are bought in to the importance of well-being: $r_s = 0.13$, $p < 0.01$, $n = 665$.

Figure 25: Extent of 'leaveism' over the last 12 months (% of respondents)



Understanding '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 underlines the importance of employers looking 'under the skin' of their attendance rates and patterns to fully understand the relationship between people's health and well-being. Monitoring and managing sickness absence rates is not enough: employers need to understand employee behaviour in relation to how they use their leave entitlement because it can't be healthy for people to habitually work when they should be relaxing. Neither, in the long term, will it contribute to their performance and the productivity of the organisation.

Figure 26: Steps taken to discourage 'leaveism' among employees (% of those who have taken steps)



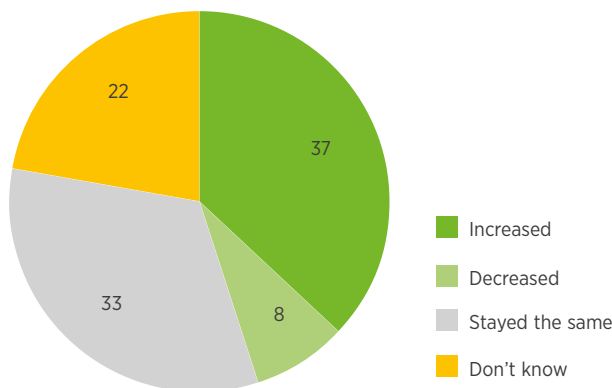
Base: 126

12 Work-related stress and mental health

Stress-related absence has increased over the last year in nearly two-fifths of organisations while even more report a rise in reported common mental health conditions. The majority of organisations are making some efforts to manage these issues, although nearly three in ten of those who include stress among their top three causes of absence are not taking any steps to reduce it. More positive findings this year show that more organisations are increasing awareness of mental health issues across the workforce.

Stress is among the top three causes of short- and long-term absence and is the *primary* cause of long-term absence in over a fifth of organisations (see Causes of absence). As Figure 27 shows, nearly two-fifths (37%) of respondents report that stress-related absence in their organisation has increased over the past year, 33% that it has stayed the same, while just 8% report it has decreased (22% don't know). It is most likely to have increased in larger organisations (51% of those with more than 1,000 employees report an increase compared with 28% of SMEs with fewer than 250 employees).

Figure 27: Has stress-related absence increased or decreased in your organisation over the past year? (%)

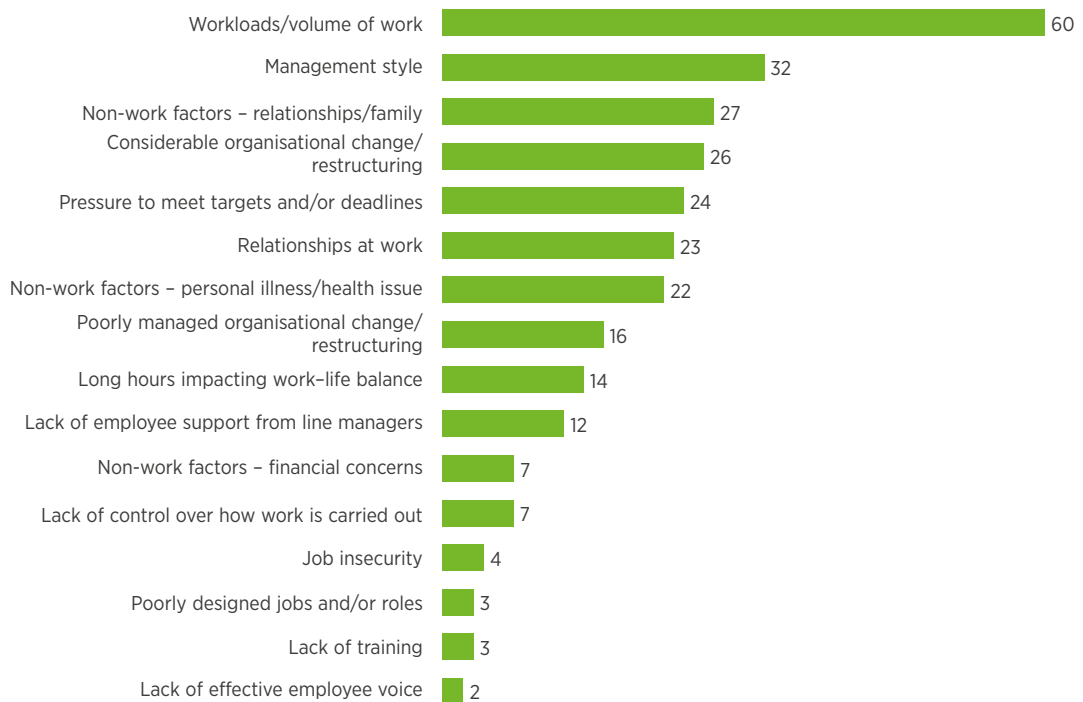


Base: 667

Workload remains the main cause of stress-related absence

The main causes of stress at work have changed very little over the last few years. Workload remains by far the most common cause (Figure 28), particularly in larger organisations (70% of those with more than 1,000 employees include it in their top three causes of stress compared with 55% of SMEs with fewer than 250 employees). Management style is now the second main cause of stress (third main cause in 2016). Larger organisations are also more likely to rank considerable organisational change/restructuring among their top three causes of stress (36% of those with more than 1,000 employees compared with 19% of SMEs).

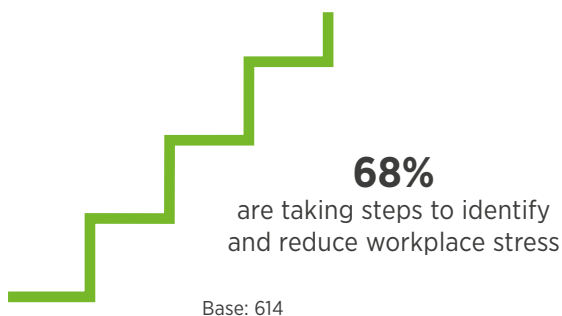
Figure 28: The main causes of stress at work (in top 3 causes, % of respondents)



Base: 611

More organisations are taking steps to identify and reduce stress

Just over two-thirds of organisations report they are taking steps to identify and reduce stress in the workplace, a small increase on previous years (2018: 68%; 2016: 63%; 2015: 56%; 2014: 60%).



As in previous years, the public sector is most proactive (81% are taking steps compared with 68% of non-profits and 63% of the private sector). This is in line with findings that

stress-related absence is significantly more of an issue for the public sector (Tables 2 and 3). Overall, however, nearly three in ten (29%) of those organisations that include stress among their top three causes of absence are not taking steps to identify or reduce workplace stress (36% of the private sector, 32% of non-profits and 16% of the public sector).

Organisations that have a standalone well-being strategy and senior leaders with well-being on their agenda are most likely to be taking steps to identify and reduce stress (Figure 29).

The importance of carrying out stress risk assessments

Our survey finds that 58% of organisations carry out a risk assessment or audit for stress and yet the Health and Safety Executive (HSE) points out that *‘employers have a legal duty to protect employees from stress at work by doing a risk assessment and acting on it’* (HSE 2018a). If you have five or more employees, you are required by law to record the risk assessment, which will help the organisation to manage the main risks to people from work-related stress. The HSE has a wealth of practical tools and resources to help organisations to carry out and record a risk assessment, including a risk assessment template (HSE 2018a). The HSE’s Management Standards are also a well-tested instrument to help organisations to identify and manage six areas of work design that can impact stress levels – demands, control, support, relationships, role and change (HSE 2018b). Given the continued high levels of work-related stress in this survey and the impact on people’s mental well-being as well as sickness absence, it’s imperative that employers meet their legal obligation to conduct a risk assessment to help protect employees from stress.

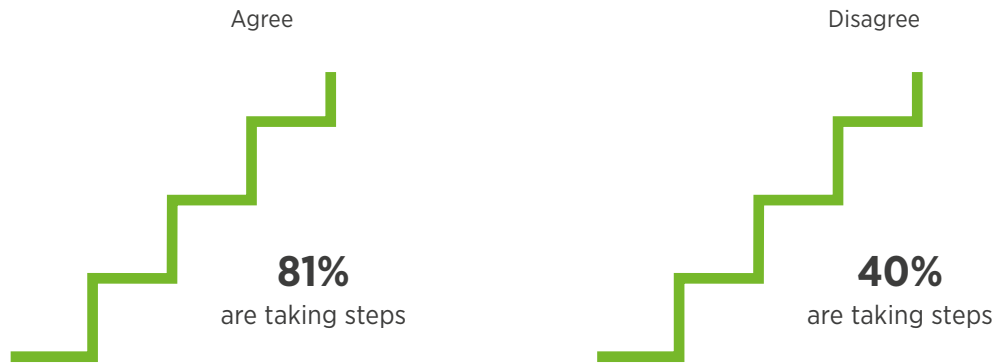
HSE. (2018a) *Stress risk assessment [online]*. Available at: www.hse.gov.uk/stress/risk-assessment.htm. [Accessed 14 March 2018].

HSE. (2018b) *What are the Management Standards? [online]* Available at: www.hse.gov.uk/stress/standards/ [Accessed 14 March 2018].

Figure 29: Percentage of organisations that are taking steps to identify and reduce stress-related absence by senior leader and line managers’ approach to well-being (% of respondents)



Employee well-being is on senior leaders' agendas.



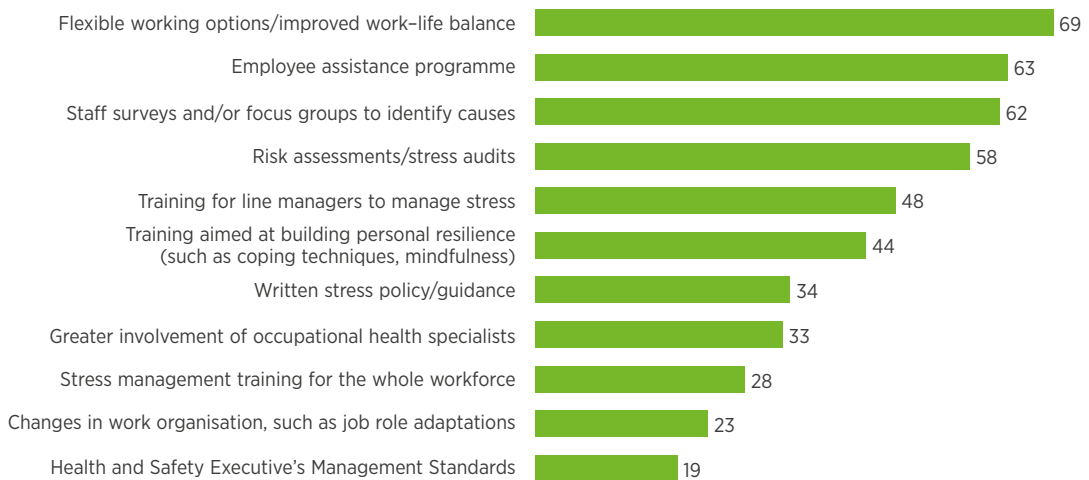
Base: 600

Organisations that attempt to identify and reduce stress do so using a range of methods (Figure 30). Flexible working options/improved work-life balance, employee assistance programmes, staff surveys and/or focus groups to identify causes, and risk assessments/stress audits remain among the most common methods used, followed by training for line managers to manage stress.

This year many more organisations are providing training aimed at building personal resilience (such as coping techniques, mindfulness) compared with previous years (2018: 44%; 2016: 26%; 2015: 24%). There is a slight increase in the proportion of organisations providing stress management training for the whole workforce (2018: 28%; 2016: 22%).

As we've found in previous years, the public sector are most proactive in their efforts to manage stress and are more likely than organisations from other sectors to use all of the methods listed in Figure 30 with the exception of employee assistance programmes and changes in work organisation (where there are no significant sector differences).

Figure 30: Methods used to identify and reduce stress in the workplace (% of respondents that take steps to manage stress)



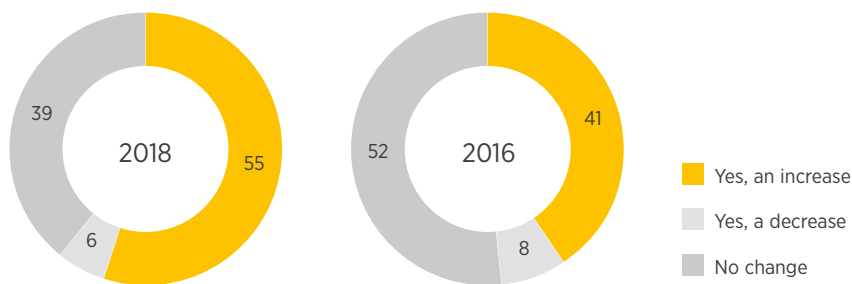
Base: 405

Managing mental health

This year more organisations include mental ill health among their main causes of absence (Figure 20). Over a fifth now report that mental ill health is the *primary* cause of long-term absence (22% of organisations compared with 13% in 2016) and nearly three-fifths include it among their *top three* causes of long-term absence (56% of organisations compared with 42% in 2016).

Correspondingly, more respondents this year report an increase in the number of reported common mental health conditions, such as anxiety and depression, among employees in the last 12 months (Figure 31). Large organisations are most likely to report an increase (73% of organisations with more than 1,000 employees report an increase compared with 46% of SMEs with fewer than 250 employees).⁴

Figure 31: Changes in the number of reported common mental health conditions, such as anxiety and depression, among employees in the last 12 months (% of respondents)



Base: 534 (2018); 648 (2016)⁵

Increases in reported common mental health conditions are strongly related to increases in stress-related absence.⁶ Both are also associated with increased ‘presenteeism’, in line with findings from previous years: 55% of those who have noticed an increase in ‘presenteeism’ report an increase in stress-related absence compared with 34% of those who haven’t; 71% of those who have noticed an increase in ‘presenteeism’ report an increase in mental health issues compared with 49% of those who haven’t.⁷

Organisations that have managers with the confidence and competence to manage mental ill health, and particularly identify its early warning signs, are less likely to have experienced an increase in reported mental health conditions over the last year compared with those whose managers lack such skills (Figure 32):⁸ for example, just two-fifths (43%) of those who strongly agree that ‘managers are confident and competent to spot the early warning signs of mental ill health’ report an increase in common mental health conditions compared with over three-quarters (76%) of those who strongly disagree that managers have such confidence and competence.

⁴ Don’t know responses are excluded to improve comparability.

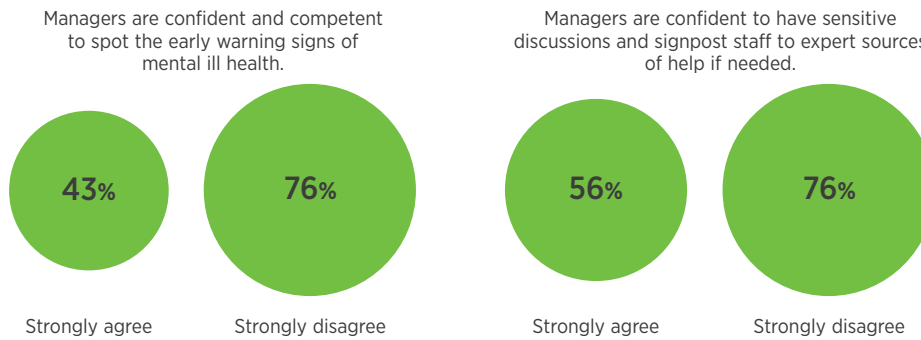
⁵ Don’t know responses are excluded to improve comparability across years.

⁶ $r_s = 0.60$, $p < 0.001$, $n = 465$ (Don’t knows excluded).

⁷ Don’t know responses excluded for comparability.

⁸ Change in reported mental health conditions and managers are confident and competent to spot the early warning signs of mental ill health: $r_s = -0.15$, $p < 0.01$, $n = 523$ (Don’t knows excluded); Change in reported mental health conditions and managers are confident to have sensitive discussions and signpost staff to expert sources of help if needed: $r_s = -0.11$, $p < 0.01$, $n = 523$ (Don’t knows excluded).

Figure 32: Increases in reported common mental health conditions by managers' skills and capabilities



Over two-fifths have a policy that covers mental health

In similar findings to 2016, only a small minority of organisations (6%) have a standalone mental health policy for employees. There have, however, been small increases in the proportion reporting that mental health is part of another policy or that they are developing a policy, so this year significantly fewer report they don't have any policy that covers mental health (Figure 33).⁹ Organisations are somewhat more likely to have, or to be developing, a policy if they have seen an increase in reported mental health issues over the past year (66% compared with 55% of those who haven't seen an increase).

In line with previous years' findings, public sector organisations are most likely to include mental health as part of another policy (51% compared with a third of private and non-profit organisations) and less likely to report they have no policy that covers mental health (29% compared with 44% of private sector and 45% of non-profit organisations).

More organisations are increasing awareness of mental health issues

Most organisations (83%, the same proportion as in 2016) are taking some action to manage employee mental health at work (Figure 34). The most common measure is to offer a phased return to work and/or other reasonable adjustments. Employee assistance programmes and access to counselling are also among organisations' most common approaches, as in previous years. This year, however, a significantly higher proportion of employers report they are increasing awareness of mental health issues across the workforce (51%, up from 31% in 2016 and 2015). There is also a three-fold increase in the proportion of organisations with mental health/well-being champions (18%, up from 6% in 2016 and 4% in 2015).

The proportion of organisations training line managers to support staff with mental ill health stands at 32%, up from 22% in 2016 – but given the vital role that managers play in promoting good well-being and managing people when they experience mental ill health, it's still disappointing that just under a third adequately equip them for this role.

Larger organisations and those in the public sector (and to a lesser extent the non-profit sector) are more likely to take all of the actions in Figure 34. Just 3% of the public sector and 9% of non-profits are not taking any action at all, compared with 22% of the private sector.

⁹ Chi square=23.72, df=3, p<0.001, n=1,355

Figure 33: Does your organisation have an employee mental health policy? (% of respondents)

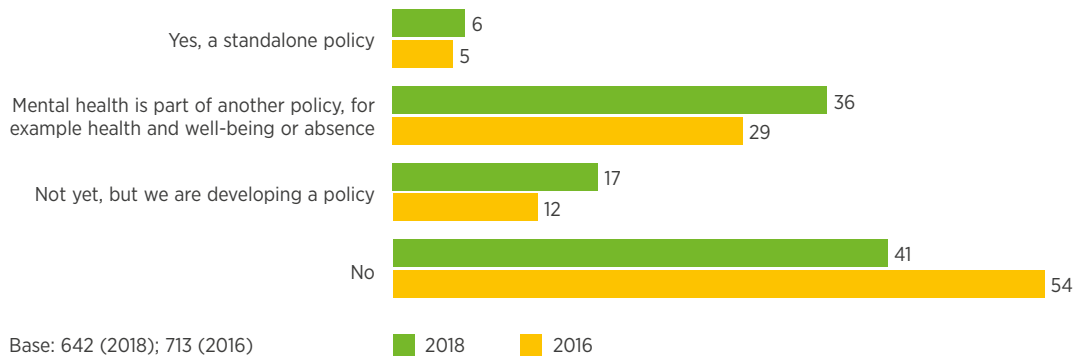


Figure 34: Action to manage employee mental health at work (% of respondents)



Nearly half of organisations actively promote good mental well-being

Around half of respondents agree that their organisations encourage openness about mental health, are effective at supporting people with mental ill health and actively promote good mental well-being. Less than a third, however, agree that senior leaders encourage a focus on mental well-being through their actions and behaviour. Moreover, respondents are 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 35). This isn't surprising given the low number of organisations that provide training for managers in this area (Figure 34).

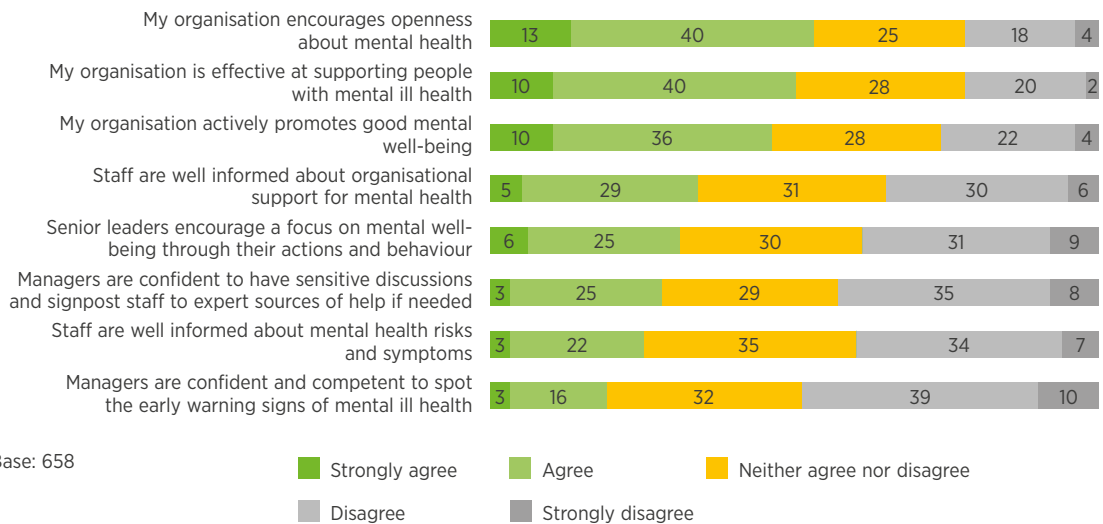
As we found in our 2016 survey, respondents from organisations that train managers to support staff with mental ill health have more faith in managers' confidence and competence to identify and manage mental health issues than those that don't provide training. A third (32%) of respondents from organisations that do train 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 13% of those that don't provide training) and 39% agree that managers are confident to have sensitive discussions and signpost staff to expert sources of help if needed (compared with 22% of those

that don't train managers). Nevertheless, these figures show that even where training is provided, most are ambivalent or disagree that managers have the skills and confidence to manage mental health issues. This highlights the importance of ongoing reviews of training initiatives so that they can be revised and improved for maximum effectiveness.

Organisations that are increasing awareness of mental health issues across the workforce are four times more likely to agree that staff are well informed about mental health risks and symptoms, three times more likely to agree that staff are well informed about organisational support for mental health and twice as likely to report that their organisation encourages openness about mental health, compared with those that are not increasing awareness of mental health issues.

Public sector respondents are most likely to agree that their organisation actively promotes good mental well-being (64%, compared with 39% of private sector and 48% of non-profit organisations). This corresponds with our findings above that the public sector is most active in taking steps to manage employee mental health at work.

Figure 35: Organisational support and promotion of mental health (% of respondents)



13 Background to the survey

This is the eighteenth annual CIPD survey to explore issues of health, well-being and absence in UK workplaces. This year the survey has been 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. The survey was completed by 1,021 respondents in November 2017.

The survey consists of 29 questions completed through an online self-completion questionnaire.

As in previous years, this survey explores absence rates and causes, work-related stress, mental health and 'presenteeism', as well as organisations' efforts to manage these issues. New topic areas to reflect current and developing areas of the field have also been added. This year new questions examine approaches to managing disability and long-term health

conditions, and the impact of technology on employee well-being and 'leaveism' (people using allocated time off such as annual leave to work or if they are unwell, or working outside contracted hours). We also ask organisations what their health and well-being activity is achieving.

Sample profile

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

Over three-quarters of respondents (77%) answered the questions in relation to their whole company/organisation, while 13% answered in relation to a single site and 7% in relation to a single division. A small minority responded for specific regions, sites or teams.

Respondents come from organisations of all sizes. Medium-sized organisations are particularly well represented (Table 4).

Half of respondents work in private sector services, 15% in manufacturing and production, 23% in the public sector and 13% in voluntary, community and not-for-profit organisations (referred to in the report as 'non-profit organisations'), in a similar distribution to previous years (Table 5).

Table 4: Number of people employed in respondents' organisations (% of respondents reporting for whole organisation)

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

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

Table 5: Distribution of responses, by sector

	Number of responses	%
Manufacturing and production	150	15
Agriculture and forestry	2	0
Chemicals, oils and pharmaceuticals	13	1
Construction	19	2
Electricity, gas and water	7	1
Engineering, electronics and metals	36	4
Food, drink and tobacco	21	2
General manufacturing	10	1
Mining and quarrying	0	0
Paper and printing	8	1
Textiles	3	0
Other manufacturing/production	31	3

Continued on next page

Private sector services	509	50
Professional services (accountancy, advertising, consultancy, legal, etc)	129	13
Finance, insurance and real estate	69	7
Hotels, catering and leisure	42	4
IT services	44	4
Communications	11	1
Media (broadcasting and publishing, etc)	24	2
Retail and wholesale	61	6
Transport, distribution and storage	26	3
Call centres	7	1
Other private services	96	9
Public services	231	23
Education	69	7
Central government	33	3
Local government	50	5
Health	51	5
Other public services	28	3
Voluntary, community and not-for-profit ('non-profit organisations')	131	13
Care services	21	2
Charity services	54	5
Housing association	18	2
Other	37	4

Base: 1,021

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.

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 from what could be expected by chance and to examine associations between measures.

14 References

CHARTERED INSTITUTE OF PERSONNEL AND DEVELOPMENT. (2016) *Growing the health and well-being agenda: from first steps to full potential [online]*. Policy report. London: CIPD. Available at: www.cipd.co.uk/knowledge/culture/well-being/health-agenda-report [Accessed 31 January 2018].

CHARTERED INSTITUTE OF PERSONNEL AND DEVELOPMENT. (2018) *UK Working Lives [online]*. Survey report. London: CIPD. Available at: <https://www.cipd.co.uk/knowledge/work/trends/uk-working-lives>

HESKETH, I. and COOPER, C.L. (2014) Leaveism at work. *Occupational Medicine*. Vol 64, No 3. pp146–7. Available at: <https://academic.oup.com/occmed/article/64/3/146/1439077>

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

	All respondents	Manufacturing and production	Private sector services	Public services	Non-profit sector
Health promotion					
Free eye tests					
All employees	67	72	66	65	71
Depends on grade/seniority	6	3	9	4	2
Advice on healthy eating/lifestyle					
All employees	41	43	35	56	37
Depends on grade/seniority	6	6	8	3	2
In-house gym and/or subsidised gym membership					
All employees	39	28	40	50	28
Depends on grade/seniority	8	12	10	4	2
Health screening					
All employees	29	38	22	44	20
Depends on grade/seniority	18	23	24	7	6
Free flu vaccinations					
All employees	35	33	35	45	25
Depends on grade/seniority	9	8	10	9	6
Programmes to encourage physical fitness (for example walking/pedometer initiatives such as a Fitbit or other fitness trackers)					
All employees	32	29	27	48	26
Depends on grade/seniority	9	11	13	5	3

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Well-being days (for example a day devoted to promoting health and well-being services to staff)

All employees	28	26	23	43	24
Depends on grade/seniority	8	10	11	4	4

Regular on-site relaxation or exercise classes (for example yoga, Pilates)

All employees	24	10	20	43	21
Depends on grade/seniority	7	11	9	4	3

Access to complementary therapies (for example reflexology, massage)

All employees	20	17	18	26	21
Depends on grade/seniority	8	10	10	4	6

Employee support**Access to counselling service**

All employees	63	58	55	81	70
Depends on grade/seniority	5	9	7	0	2

Employee assistance programme

All employees	62	58	59	73	57
Depends on grade/seniority	4	6	6	1	2

Access to physiotherapy and other therapies

All employees	30	31	26	41	27
Depends on grade/seniority	11	17	14	3	5

Stop smoking support

All employees	26	32	19	44	20
Depends on grade/seniority	6	7	8	2	4

Financial education (for example access to advice/welfare loans for financial hardship)

All employees	24	25	23	25	23
Depends on grade/seniority	8	10	10	4	5

Insurance/protection initiatives**Private medical insurance**

All employees	23	22	33	8	14
Depends on grade/seniority	32	52	39	13	16

Group income protection

All employees	19	22	24	10	13
Depends on grade/seniority	14	16	20	6	4

Long-term disability/permanent health insurance

All employees	17	18	22	11	10
Depends on grade/seniority	16	20	21	6	6

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Health cash plans					
All employees	23	24	24	17	31
Depends on grade/seniority	9	12	12	5	5
Dental cash plans					
All employees	21	21	24	14	18
Depends on grade/seniority	9	10	12	6	5
Personal accident insurance					
All employees	16	20	18	10	13
Depends on grade/seniority	12	13	16	7	4
Critical illness insurance					
All employees	14%	15%	19%	8%	8%
Depends on grade/seniority	12%	11%	17%	6%	6%
Self-funded health plans/healthcare trust					
All employees	14%	16%	14%	18%	6%
Depends on grade/seniority	10%	10%	14%	4%	4%

Base: 994



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