



Not just free fruit: wellbeing at work

A literature review
December 2018

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Foreword by Lawrence Waterman OBE

“This review represents one of the British Safety Council’s contributions to establishing rigorous, evidence-based workplace interventions which enhance the wellbeing of everyone involved. It encourages commitment, clear thinking and effective action, not only to make our workplaces healthy and safe, but also to make a tangible impact in improving the lives of all workers.”



Lawrence Waterman OBE
Chair of the Board of Trustees
British Safety Council

Discussions of, and concerns about, health and wellbeing permeate our daily lives, whether it’s the “health” of health services around the world and the accessibility of good clinical care, the stresses of modern living and the toll on our minds and bodies, the impact of air pollution on life expectancy, or the importance of physical activity and good nutrition.

What we constantly seem to return to is a set of assertions: work sometimes contributes to ill health; the workplace can provide an environment where good health can be promoted; and everyone should play a role, as employers, managers and workers, to encourage and protect good health and wellbeing.

Ever since the birth of occupational health, when Bernardino Ramazzini in 17th century Italy recommended that physicians ask the occupation of their patients, there has been a strand of occupational health and safety which has sought to identify and control exposures to chemical and physical health risks at work. These include dusts such as asbestos and silica, hazards such as noise and vibration, and many other agents which can cause ill health. In recent years, our understanding has expanded with the recognition that both mental and physical health can be damaged by overwork, long hours and other work-related agents of stress.

This focus on the prevention of harm from work is now being supplemented by a growing desire to assist actively in the development of wellbeing. But too often, unlike the highly professional approach to risk assessment and risk control which has yielded improvements in preventing accidents and injuries, wellbeing efforts have been marked by a combination of real enthusiasm and commitment married to a woeful ignorance of what will, sustainably and effectively, make a difference.

The positivity of a moral impetus to look after each other is laudable. Yet there lies the risk that this positivity, coupled with a belief that workers who are truly “well” rather than merely not unwell will be more productive and happier at work and thus more likely to remain, could simply dissipate into incoherent programmes of free bananas and occasional “health weeks”, offering Indian head massage and aromatherapy.

This review represents one of the British Safety Council’s contributions to establishing rigorous, evidence-based workplace interventions which enhance the wellbeing of everyone involved. Like the comprehensive Mates in Mind programme for mental health and wellbeing, it encourages commitment, clear thinking and effective action, not only to make our workplaces healthy and safe, but also to make a tangible impact in improving the lives of all workers.

Preface

“Workers’ health and wellbeing can no longer be relegated to the bottom of managers’ ‘to do lists’, absent from strategy meetings, exempt from financial forecasts. The link between wellbeing and productivity is undeniable and calculable. It cannot be ignored.”

This review has two aims. Firstly, it seeks to define ‘wellbeing’ in workplace contexts, exploring the term’s varying connotations and applications. While occupational safety remains a key priority for employers across all sectors, there is growing public awareness of the impact health and wellbeing has on individuals, organisations and society as a whole.

Wellbeing at work examines the recent literature on both occupational health and wellbeing, as these are related and often dependent on each other.

Secondly, this review serves as a call to action for all senior leaders and executives, no matter the size or sector of their organisations. Workers’ health and wellbeing can no longer be relegated to the bottom of managers’ ‘to do lists’, absent from strategy meetings, exempt from financial forecasts. The link between wellbeing and productivity is undeniable and calculable. It cannot be ignored.

At the British Safety Council, we believe ‘no-one should be injured or made ill through their work’. This means protecting workers’ wellbeing to safeguard them from the hazards and risks which arise in the workplace, and to provide an environment which allows them to address issues which have arisen elsewhere. These steps not only include traditional health benefits but, crucially, the conditions which characterise the working day: workload, collegiality, autonomy and salary, to name a few.

Wellbeing at work means physical, emotional and mental health. This review interrogates the physiology and psychology of the working environment, with the twin aims of directing the employer to arrangements which protect wellbeing, while also helping all workers.



Wellbeing at work includes a number of case studies, from BAE Systems to our own British Safety Council, in order to show how organisations currently implement initiatives designed to protect and improve workers' wellbeing. It goes on to offer information about two major schemes, VitalityHealth's Britain's Healthiest Workplace, and the Workplace Wellbeing Charter, which have been established to help organisations carry out successful wellbeing interventions and evaluate their impact.

The review ends by examining the work being carried out on the public policy front. The 'wellbeing premium' is a proposed wellbeing grant, which has been championed by Liberal Democrat MP for North Norfolk, Norman Lamb. The grant aims to free up resource for organisations to invest in wellbeing initiatives, which may prove significant for some companies, especially micro-firms and small and medium-sized enterprises (SMEs). The 'wellbeing premium' is currently being trialled in the West Midlands.

Wellbeing at work is here to stay. Keeping your workers healthy means keeping your company healthy, creating the conditions for successful economic growth and productivity. Alongside their safety, workers' health and wellbeing need to be placed firmly at the top of the executive's agenda.



Introduction

Appreciation of how work impacts on individuals' wellbeing, and how individuals' wellbeing impacts on their work, is growing. Wellbeing is an issue moving rapidly up the public policy agenda.

“Despite the benefits of rapid technological advancement, the availability of remote working and the rise of the so-called ‘gig’ economy have led to more lone workers, a lack of separation between work and home, and feelings of greater work stress, pressure and intensity.”

Commentators have highlighted the realities of an ageing workforce, in which people work longer and retire later in life, and the concomitant issue of chronic illness predicted to affect more than 40% of the UK workforce by 2030.¹

The 2008 financial crisis and recession caused an increase in job insecurity. Furthermore, despite the benefits of rapid technological advancement, the availability of remote working and the rise of the so-called ‘gig’ economy have led to more lone workers, a lack of separation between work and home, and feelings of greater work stress, pressure and intensity.²

In recognition, 10 years ago the World Health Organisation (WHO) implemented an agenda entitled, *Workers’ Health: Global Plan of Action (2008–2017)*. It urged member states ‘to devise, in collaboration with workers, employers and their organisations, national policies and plans for implementation of the global plan of action on workers’ health as appropriate, and to establish appropriate mechanisms and legal frameworks for their implementation, monitoring and evaluation’.

Its ‘common principles’ stipulated that ‘all workers should be able to enjoy the highest attainable standard of physical and mental health and favourable working conditions’. Moreover, ‘the workplace should not be detrimental to health and well-being’.³

The UK government’s response came in the form of Professor Dame Carol Black’s pioneering study of the health of Britain’s working age population, *Working for a Healthier Tomorrow* (2008). She foregrounded preventative action and early intervention to ensure health and wellbeing, rather than a situation in which the employer reacts only after the worker has become ill.⁴ This study, well and widely received, placed at the centre the enlightened self-interest of employers creating workplaces which protected and enhanced health and wellbeing.



The problem of definition

Yet, what constitutes wellbeing? How might it be measured? A ubiquitous ‘catch-all’ term, ‘wellbeing’ is nowadays used to refer to everything: from a good diet, to a positive experience, to the protection of those suffering serious mental health conditions.

“The British Safety Council uses as its simple working definition of wellbeing, ‘a description of an individual’s ongoing state which enables a person to thrive or not.’”

In 2013 Professor Dame Sally C. Davies, Chief Medical Officer for England, highlighted the lack of consensus in her report on public mental health, cautioning against ‘well-being interventions’ being carried out without better understanding of the issues they seek to alleviate.⁵ The WHO characterises health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’. Mental health is defined as ‘a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’.⁶

Similarly, the National Institute for Health and Care Excellence (NICE) offers some useful guidelines on health and wellbeing in its new quality standard on *Healthy Workplaces* (2017):

Health relates to a person’s physical and mental condition. Wellbeing is the subjective state of being healthy, happy, contented, comfortable and satisfied with one’s quality of life. Mental wellbeing relates to a person’s emotional and psychological wellbeing. This includes self-esteem and the ability to socialise and cope in the face of adversity. It also includes being able to develop potential, work productively and creatively, build strong and positive relationships with others and contribute to the community.⁷

The British Safety Council uses as its simple working definition of wellbeing, ‘a description of an individual’s ongoing state which enables a person to thrive or not’. This has supported and informed our work on both mental and physical health and wellbeing.

In terms of workplace wellbeing initiatives, the *Harvard Business Review* describes ‘an organised, employer-sponsored program[me] that is designed to support employees (and, sometimes, their families) as they adopt and sustain behaviours that reduce health risks, improve quality of life, enhance personal effectiveness, and benefit the organization’s bottom line’.⁸ The Advisory, Conciliation and Arbitration Service (Acas) highlights the relative contexts of ‘wellbeing’ at work:

Strategic workplace initiatives are often most clearly defined by the way employers measure them. In terms of wellbeing, these range from measuring subjective, and sometimes fleeting, states of personal happiness and job satisfaction through to monitoring well-established ‘workplace stress’ standards, as well as assessing more objective factors relating to work organisation and the provision of information and advice on health issues.⁹

The problem of definition

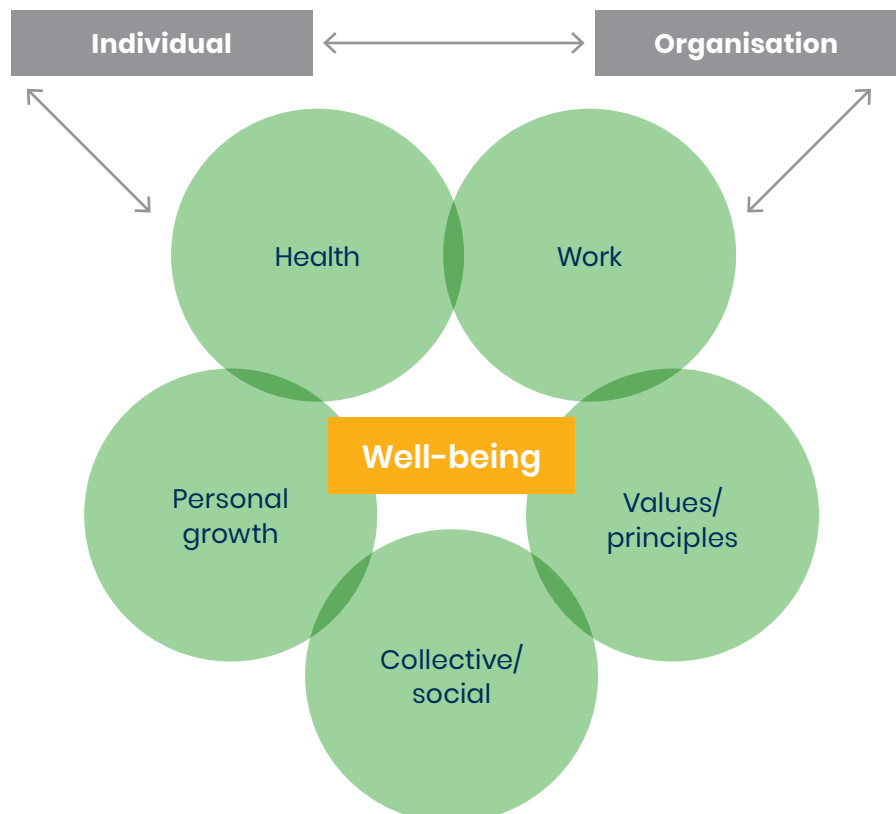


Finally, in their 2016 policy report, *Growing the Health and Well-being Agenda: From First Steps to Full Potential*, the Chartered Institute of Personnel and Development (CIPD) sets out the challenge for employers:

Creating an environment to promote a state of contentment which allows an employee to flourish and achieve their full potential for the benefit of themselves and their organisation.¹⁰

How might employers create this environment, and put these definitions into practice? As a guide, the CIPD has drawn on existing research to formulate a model in which wellbeing, both at an individual and organisational level, is comprised of 5 domains: health, work, personal growth, values/principles, collective/social:

CIPD well-being model – the five domains of well-being¹¹



The CIPD goes on to provide examples of what each domain might mean in a workplace setting:

Domain	Elements	Examples of well-being initiatives/activities
Health	Physical health	Health promotion, good rehabilitation practices, health checks, well-being benefits, health insurance protection, managing disability, occupational health support, employee assistance programme
	Physical safety	Safe working practices, safe equipment, personal safety training
	Mental health	Stress management, risk assessments, conflict resolution training, training line managers to have difficult conversations, managing mental ill-health, occupational health support, employee assistance programme
Work	Working environment	Ergonomically designed working areas, open and inclusive culture
	Good line management	Effective people management policies, training for line managers, sickness absence management
	Work demands	Job design, job roles, job quality, workload, working hours, job satisfaction, work-life balance
	Autonomy	Control, innovation, whistleblowing
	Change management	Communication, involvement, leadership
	Pay and reward	Fair and transparent remuneration practices, non-financial recognition
Values/principles	Leadership	Values-based leadership, clear mission and objectives, health and well-being strategy, corporate governance, building trust
	Ethical standards	Dignity at work, corporate social responsibility, community investment, volunteering
	Diversity	Diversity and inclusion, valuing difference, cultural engagement, training for employees and managers
Collective/social	Employee voice	Communication, consultation, genuine dialogue, involvement in decision-making
	Positive relationships	Management style, teamworking, healthy relationships with peers and managers, dignity and respect
Personal growth	Career development	Mentoring, coaching, performance management, performance development plans, skills utilisation, succession planning
	Emotional	Positive relationships, personal resilience training, financial well-being
	Lifelong learning	Performance development plans, access to training, mid-career review, technical and vocational learning, challenging work
	Creativity	Open and collaborative culture, innovation workshops ¹²



The problem of definition

“Fair wages, relationships with line managers and colleagues, job design, degree of responsibility and authority, workload, working hours, and opportunities for career development are vital components of workers’ wellbeing.”

What is clear, both from the ‘domains’ above and the wider literature, is that popular health promotion activities and wellbeing interventions (e.g. subsidised gym membership, free fruit, cycle to work schemes, company health insurance), which focus on the issues around and affecting work, can be beneficial, as long as the work itself is central to the conversation. Fair wages, relationships with line managers and colleagues, job design, degree of responsibility and authority, workload, working hours, and opportunities for career development are vital components of workers’ wellbeing. Problems in these areas can lead to or exacerbate ill-health and stress.

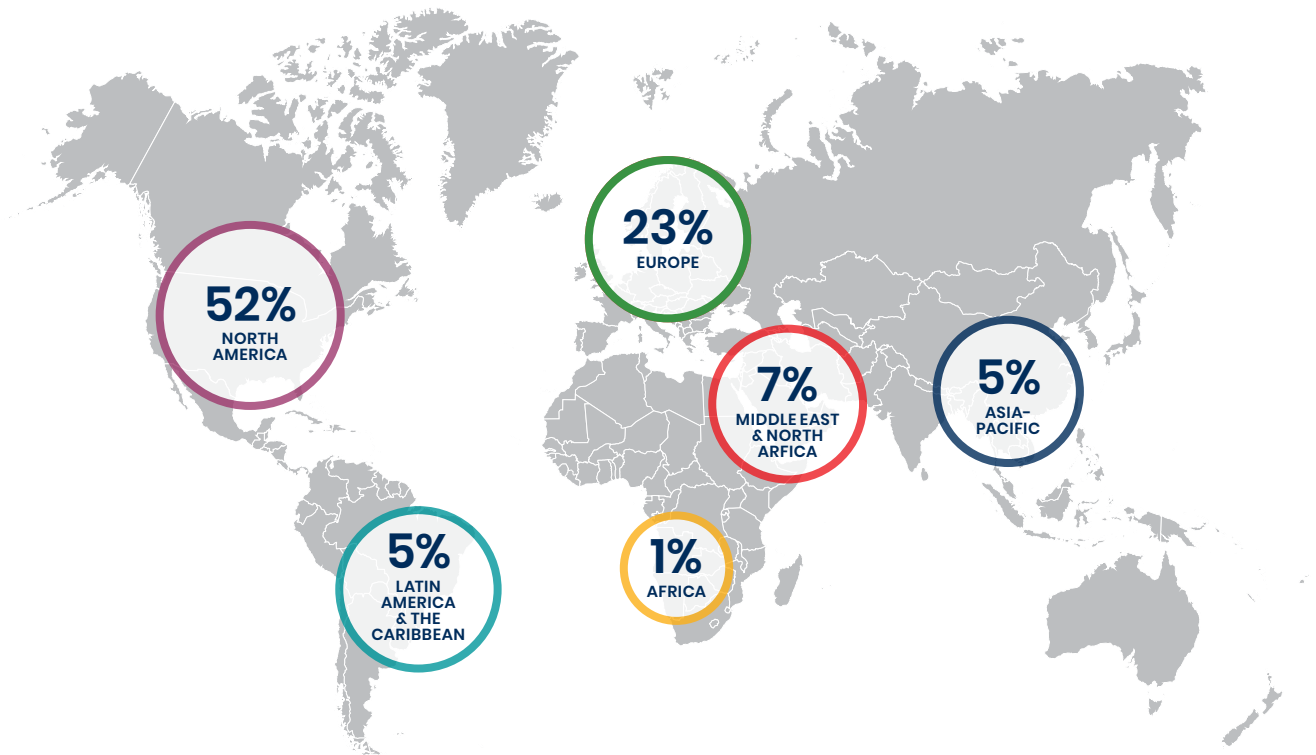
As Acas neatly summarises:

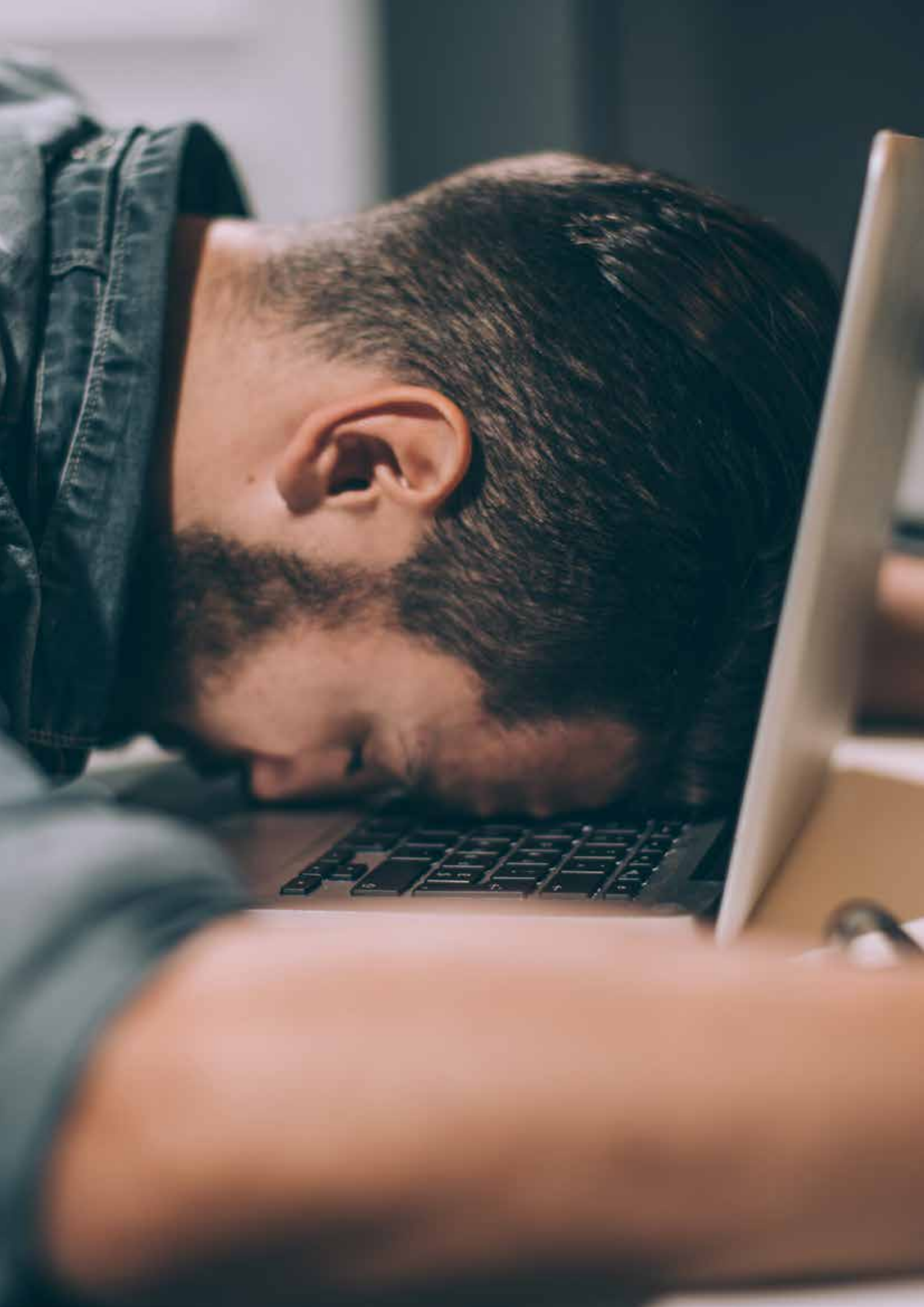
It is arguably easier to do something, and be seen to be doing something, about subjective wellbeing than it is to address bigger structural issues around, for example, employee voice, autonomy and pay.¹³

The global picture

According to the Global Wellness Institute, only 9% of the population has access to workplace wellbeing programmes. Within this, there are regional differentiations, with North America and Europe taking the largest shares:

Percentage of Employed Workers Who Have Access to Workplace Wellness Programmes/Services¹⁴





The UK picture

“Research, data and viewpoints on wellbeing at work are increasing in both scope and ambition, this review being indebted to many of them.”

The UK picture

Organisations are beginning to recognise, and act upon, the importance of workplace wellbeing. Research, data and viewpoints on wellbeing at work are increasing in both scope and ambition, this review being indebted to many of them. Alongside the aforementioned Acas, CIPD and Global Wellness Institute, such bodies as the Health and Safety Executive (HSE), Business in the Community, VitalityHealth's Britain's Healthiest Workplace, the Workplace Wellbeing Charter, Investors in People, Robertson Cooper, RAND Europe, Deloitte and PricewaterhouseCoopers routinely map trends and produce guidance to help employers look after workers' health and wellbeing.

The HSE's Management Standards (www.hse.gov.uk/stress/standards), designed to help mitigate stress at work, have been in place for almost 15 years. They cover the following 6 key areas of work design, which, if not properly managed, are associated with poor health, lower productivity and increased accident and sickness absence rates:

- **Demands** – this includes issues such as workload, work patterns and the work environment
- **Control** – how much say the person has in the way they do their work

- **Support** – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues
- **Relationships** – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour
- **Role** – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles
- **Change** – how organisational change (large or small) is managed and communicated in the organisation.¹⁵

More recently, however, there have been calls from the Work Foundation, the CIPD and Acas, among others, for the content and use of the HSE's Management Standards to be reviewed, to ensure that they better reflect today's changing world of work.¹⁶

“PAS 3002 aims to provide organisations with the ability to benchmark and audit themselves against the recommendations, to help them to establish early intervention measures to protect workers’ health, and to offer guidance regarding the ways in which the workplace can be used ‘to promote individual health and wellbeing’.”

BSI Group, the British Standards Institution (BSI), launched a new code of practice this year, PAS 3002, which provides organisations with recommendations ‘to establish, promote, maintain and review the health and wellbeing of workers’. It focuses on ‘how health and wellbeing should be incorporated into the working environment and how leadership can ensure health and wellbeing related services are available to employees’.

Developed with input from the CIPD, Hitachi, Nestle and Public Health England, among others, PAS 3002 proposes that 5 key principles should form the basis of an organisation’s approach to health and wellbeing:

- Capitalise on diversity and inclusion as an organisational strength
- Proactively support the physical and psychological health and wellbeing of workers
- Foster a work culture that offers strong, ethical relationships, a collaborative and communicative management style, and an organisational culture in which learning and development are encouraged
- Ensure jobs are designed so that they offer meaningful work
- Support good people management policies and practices

BSI explains that the development of PAS 3002 was propelled by ‘increasing stress in the workplace and an increased awareness of mental illness, growing support and encouragement for a diverse workforce, an increasingly ageing workforce, and a trend towards employees staying in work for longer’.

PAS 3002 aims to provide organisations with the ability to benchmark and audit themselves against the recommendations, to help them to establish early intervention measures to protect workers’ health, and to offer guidance regarding the ways in which the workplace can be used ‘to promote individual health and wellbeing’.¹⁷ More information about PAS 3002 can be found here: <https://shop.bsigroup.com/ProductDetail?pid=000000000030384539>.

Charities including Mind, Inspire and Mates in Mind among others, are also focusing much needed attention on mental health in workplace and educational contexts. While some of these are industry-specific or focus on a particular aspect of wellbeing, they all emphasise the need for employers to take this issue seriously, stressing the necessity for workers’ health to be prioritised by senior leaders.



Employee Engagement

The UK picture

“While most organisations seem to have an awareness of workplace wellbeing, taking steps to improve it year on year, the most pressing issue is the information, engagement and involvement of workers in the interventions offered.”

While the UK certainly has access to a broad range of wellbeing interventions in comparison with the rest of the world, there are still improvements which could be made. In 2016, the CIPD surveyed 1,091 organisations across the UK, in reference to 3.8 million employees. The findings showed that 10% of UK organisations have ‘a standalone well-being strategy in support of their wider organisation strategy, while a further 25% have a well-being plan/programme as part of a wider people strategy. Smaller organisations are more likely to act flexibly on an ad hoc or individual basis. Just 8% are not currently doing anything to improve employee health and well-being’.¹⁸

Between 2017 and 2018, the Reward & Employee Benefits Association (REBA), in association with Punter Southall Health & Protection, carried out an online survey of 250 wellbeing, Human resources (HR) and employee benefits specialists across a range of industries. The findings, in REBA’s *Employee Wellbeing Research 2018* report, show that only 16% of employers ‘have a defined mental health strategy in place’. 37% ‘plan to introduce one in the next 12 months and a further quarter (26%) by 2020. This suggests that by the early 2020s more than three-quarters (78%) of UK companies will have a defined mental health strategy’.

Regarding corporate wellbeing programmes, REBA observes that ‘almost half (45%) of organisations’ have ‘a defined wellbeing strategy in place – up from less than a third (30%) in 2016. 84% of those without one are planning to introduce one either within the next 12 months or over the next three years’. These strategies mostly focus on ‘physical activity (85%), health and safety in the workplace (85%) and mental health (84%), while nearly three-quarters (73%) address work-life balance and over two-thirds (69%) cover nutrition and healthy eating’. While wellbeing spending is rising, ‘it remains relatively low, with a median spend of just £26 to £50 per year per employee, even at organisations with a wellbeing strategy in place’.¹⁹

While most organisations seem to have an awareness of workplace health and wellbeing, taking steps to improve it year on year, the most pressing issue is the information, engagement and involvement of workers in the interventions offered. REBA reports that 30% of employers say that ‘wellbeing strategies are primarily driven by a desire to increase employee engagement’, while 23% want ‘to improve organisational culture’.²⁰

WELLBEING IN THE WORKPLACE



NATURAL LIGHT HELPS WITH THE BODY CLOCK. IMPROVES MOOD & OVERALL VITALITY

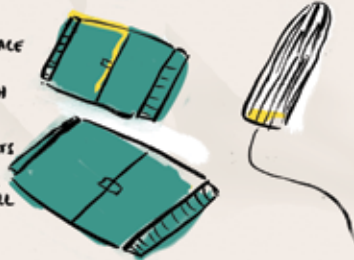


PLANTS, FLOWERS & INCLUDING ANY FORM OF GREENERY CAN HELP WITH MENTAL CALMNESS & RELAXATION IN STRESSFUL SITUATIONS. ALSO ALLOWING THE FLOW OF OXYGEN IN ENCLOSED SPACES.

PLENTY OF WATER THROUGHOUT THE DAY HELPS WITH CONCENTRATION, KEEPS THE BODY & MIND HYDRATED.



FREE FEMINE HYGIENE WILL HELP WOMEN IN THE WORKPLACE WHERE UNEXPECTED MENSTRUATION CAN MAKE GETTING ON WITH THE WORKING DAY ANXIETY INDUCING. ACCESS TO THESE PRODUCTS WITHOUT THE WORRY OF HAVING TO PURCHASE, WILL HELP WITH OVERALL MENTAL RELAXATION.



OUTDOOR EATING AREAS HAVING THE OPTION IN BREAK TIMES TO EAT OUTDOORS, TO HELP GET FRESH AIR, RELAX, & GET THE DAILY DOSE OF NATURAL LIGHT TO RE-CHARGE THE BODY.



COMPASSION FOR WORK COLLEAGUES WHEN THEY'RE UNWELL MAKES THE WORKING ENVIRONMENT PLEASANT. BUILDING MORE TRUST & POSITIVE RELATIONSHIP WITH ONE ANOTHER.



HOT BEVERAGES WHILST WORKING CAN PROVIDE STIMULUS TO THE MIND, RELAX NERVES & ADD AN ADDED COMFORT WITHIN STRESSFUL WORK ENVIRONMENTS.

The UK picture

“If organisations’ ambitions are to be achieved, with actively engaged workers benefitting from successful mental health and wellbeing strategies, the leadership of health and wellbeing must, unequivocally, come from the highest level.”

Two-thirds of respondents in CIPD’s survey had tried ‘to improve communications to staff about the well-being benefits on offer and how to access them’.²¹ However, beyond staff surveys, there is little evidence to show if workers are significantly involved in the creation of wellbeing interventions. This is a gap in our knowledge, given the importance of such involvement in the success of any intervention to improve the health or wellbeing of workers.

According to REBA’s survey, ‘mental health in the workplace is the top priority for almost three in five (60%) CEOs in the UK and the area of employee wellbeing with which their board is most concerned’. However, it is both significant and worrying that at the same time, wellbeing ‘programmes are not being driven by the board’. Only 8% of respondents say that their board ‘actively drives the organisation’s wellbeing agenda’, with 5% saying that their board ‘has little or no interest in employee wellbeing’.²²

If organisations’ ambitions are to be achieved, with actively engaged workers benefitting from successful mental health and wellbeing strategies, the leadership of health and wellbeing must, unequivocally, come from the highest level.



Types of wellbeing interventions

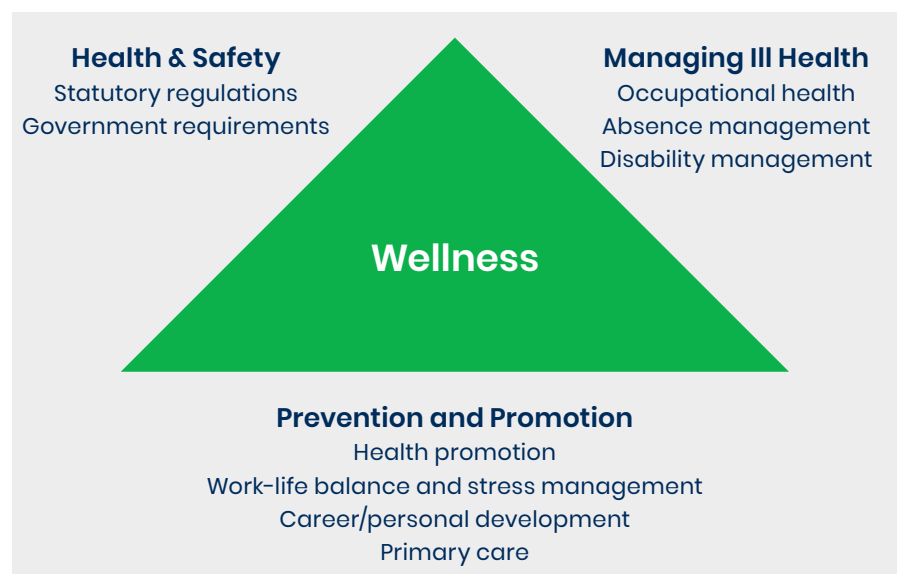
In its much cited 2008 report, *Building the Case for Wellness*, PricewaterhouseCoopers (PwC) split workplace health and safety interventions into three broad categories:



Health & Safety: Statutory regulations, Government requirements

Managing Ill-Health: Occupational health, Absence management, Disability management

Prevention and Promotion: Health promotion, Work-life balance and stress management, Career/personal development, Primary care



1. **Health and Safety:** These interventions are driven by government policy initiatives and shaped by statutory requirements.

2. **Management of Ill Health:** These interventions focus predominantly on 'reactive interventions' and include occupational health, rehabilitation, long-term disability management, return to work schemes and absence management programmes.

3. **Prevention and Promotion:** There is a range of interventions that could fall under the prevention and promotion banner, including: health promotion activities, work/life balance, time management schemes and primary care management.²³

Types of wellbeing interventions

In the last decade, since Professor Dame Carol Black and PwC ‘built the case’, workplace wellbeing initiatives have grown exponentially. Data from Britain’s Healthiest Workplace highlights the myriad of interventions currently being implemented:



PHYSICAL ACTIVITY

Provision of information on physical activity

Talks or workshops on the benefits of physical activity

Locker room with showers available at worksite

Walk or cycle to work schemes

Bicycle purchase schemes

Bicycle storage facilities

Onsite gym or fitness facility

Offsite gym / health club membership discount

Fitness classes

Bootcamps

Sponsored walks or runs

Running clubs or other informal groups

Employer-wide step or activity challenges

Wearable fitness trackers provided by your employer

Stairs initiatives (e.g. inviting stairs or stair challenges)

Other exercise opportunities (e.g. walking trails)

NUTRITION

Healthy eating information

Talks or workshops on nutrition and its health impacts

Access to fresh drinking water (other than tap water)

Access to a microwave

Access to a fridge

Fresh fruit and vegetables in the workplace

Healthy food alternatives in vending machines

Healthy food alternatives in canteens

Calorie intake calculator or canteen menus with calorie information

Overweight and body fat assessment for customised nutritional advice

Dietician/nutritionist services

SMOKING

Smoking cessation information

Individual smoking cessation programme

Group smoking cessation programme

Online smoking cessation programme

Cognitive Behavioural Therapy or counselling

Other assistance to quit smoking

ALCOHOL

Information on problem drinking

Alcohol counselling

Other assistance related to problem drinking

HEALTH SUPPORT

Provision of health information

Workshops on physical and mental health issues

Health and Wellbeing team discussions and activities

Employee Assistance Programme

Occupational health / safety programme



Musculoskeletal disorders prevention programmes

Basic clinical screening offered through an employer-provided wellness day (e.g. blood glucose, blood pressure)

Condition-specific screening, such as for cancer

Executive medicals and advanced screening

Disease management (management of long term conditions such as diabetes, asthma, chronic obstructive pulmonary disease)

Support in returning to work after illness

Vaccination (e.g. flu vaccine) onsite or in partnered clinics

Nurse advice line

GP advice line

Virtual GP service (telemedicine)

On-site health clinics / medical services

SLEEP AND FATIGUE

Information on good sleeping habits

Apps/programs promoting healthy sleep

Events promoting healthy sleep

Place where you can rest

Information on fatigue

Fatigue management interventions

MENTAL HEALTH AND WELLBEING

Mental health and wellbeing information

Training on common mental health conditions (such as depression, anxiety disorders etc.)

Resilience, energy or stress management classes or programmes

Mindfulness classes or programmes

Massage or relaxation classes or programmes

Workload or time management training

Financial wellbeing courses or programmes

Employee Assistance Programmes

Counselling or psychotherapy services

Cognitive Behavioural Therapy or other types of psychological therapy

Other mental health support – onsite/telephone/mobile app/online

Coaching (one-on-one sessions on mental health and wellbeing)

Volunteering or charity work

DIGITAL HEALTH

Wellbeing app targeting a broad range of physical health, mental health and lifestyle issues

Wellbeing app targeting specific health issues, such as weight, exercise, or mental health

Digital platform which provides incentives for healthy behaviours

Online coaching

Health and Wellbeing surveys²⁴

Types of wellbeing interventions



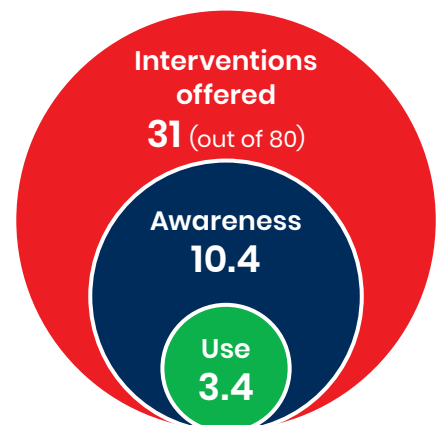
Whether the organisation be small or large, public or private sector, wellbeing interventions must be tailored to workers' needs, and vitally have the support, attention and inclusion of senior management. The key challenge is to engage workers in the initiatives on offer, and promote the benefits. As Britain's Healthiest Workplace has analysed, employers

face constraints when investing in wellbeing interventions. When they do, engagement is usually low. The findings below are from the 2017 Britain's Healthiest Workplace survey, which included responses from 167 organisations and 31,950 employees.

Top Challenges Cited by Employers in Planning or Establishing a Wellness Programme



Awareness and Utilisation Rates of Wellness Interventions on Offer²⁵



“Here in the UK, the issue of ‘other priorities’ outweighing worker health and wellbeing seems particularly significant among small and medium enterprises (SMEs).”

Furthermore, there is little point investing in any workplace intervention without at least attempting to assess its impact, both positive and negative, financial and non-financial (see section, ‘How can organisations evaluate the impact of their wellbeing interventions?’). Otherwise, how can employers begin to understand the needs of their workforce, and take steps to improve health and productivity?

The commitment needs to be from all areas of the organisation. Citing the data on page 24 as an example, it is noteworthy that almost two-thirds of employers (63%) cite ‘other priorities’ as taking precedence over wellbeing. Moreover, almost half of employees (47%) seem disinterested. If only 3.4 wellbeing interventions out of 31 are being used, then something is awry: with the intervention itself and/or the way it is being communicated.

Here in the UK, the issue of ‘other priorities’ outweighing worker health and wellbeing seems particularly significant among small and medium enterprises (SMEs). SMEs are defined loosely as organisations with between 10 and 250 employees.²⁶

A survey of 500 SMEs, conducted for Bupa in 2015, explains the paradox. While 76% of SME leaders who experienced the long-term sickness absence of a worker declared that it had a ‘significant impact’ on growth, only 46% said that health and wellbeing will be ‘a key consideration’ as they develop their business. 43% stated that they will ‘never consider

providing health and wellbeing benefits’. As this review will argue, health and wellbeing are an integral part of growth and productivity. They need to be treated as such.

SMEs are inadvertently risking growth by only investing in employee health benefits when they reach about 40 workers. This is counterproductive. Bupa’s survey found that 28% of SME leaders thought they were not of the size at which they needed ‘to take employee health and wellbeing seriously’. 12% thought ‘over 100 employees’ was an appropriate size, while a third (32%) thought health and wellbeing was only the domain of large businesses.

Richard Norris, Bupa’s Consumer Sales Director, observes that health and wellbeing ‘should be an integral part of their growth strategy from the start’. He states:

If small business owners continue to sideline employee wellbeing, they risk losing market share and good talent to more supportive competitors. By supporting the health and wellbeing of their people, leaders are helping to protect the long-term health of their business.²⁷

Both the Federation of Small Businesses and the CIPD support this view. There are 5.5 million small businesses in the UK.²⁸ Health and wellbeing need to be ‘linked to the employer’s corporate strategy and based closely on the specific needs of the organisation and its workforce’ from the outset.²⁹

Why should employers invest in wellbeing programmes?

“How might we quantify the health benefits of free fruit at work? Is a cost-benefit analysis worthwhile? Moreover, the idea that employers should approach occupational health and wellbeing from the ROI perspective first, rather than the moral and legal one, is in itself problematic.”

According to the Society of Occupational Medicine, organisations run workplace wellbeing initiatives for the following reasons:

- To improve work performance and productivity
- To reduce costs associated with absenteeism, presenteeism and disability
- To reduce healthcare costs
- To improve the culture of the organisation and retain existing employees
- To improve the organisation's image, attract talented employees and fulfil corporate social responsibility obligations.³⁰

Aviva's *Health of the Workplace Report* (2012) surveyed 1,000 employers and 1,000 employees from a variety of sectors. The report found that 78% of employers 'feel they're demonstrating their commitment to corporate social responsibility by looking after the health of their staff'.

At the same time, there's a call for more transparency from senior leaders about the measures they take to improve workplace wellbeing. 53% of employees surveyed 'felt their employer would be encouraged to take more care of their employees' health if they were obliged to report their progress in an annual company report'.³¹

In addition to improved productivity, much has been written on the potential 'return on investment' (ROI) and financial benefits of health and wellbeing programmes.³² However, while savings can be easily costed in some aspects of occupational safety and health (for example, the implementation of equipment to reduce physical strain in load handling or the use of equipment to reduce the concentration of dust particles in the air),³³ the task is not so straightforward when it comes to the relative notion of 'wellbeing'.

Academics pinpoint the lack of high quality research on ROI, and the difficulties of randomised control trials, for example.³⁴ How might we quantify the health benefits of free fruit at work? Is a cost-benefit analysis worthwhile? Moreover, the idea that employers should approach occupational health and wellbeing from the ROI perspective first, rather than the moral and legal one, is in itself problematic.

“The reality is that wellness program[me]s and investing in employee wellness more broadly are frequently linked with qualitative outcomes such as improved employee morale, improved engagement, improved job satisfaction, reduced presenteeism, reduced stress etc.”

Should a senior leader invest in a cancer screening programme for the potential ROI? This approach is unlikely to lead to a successful health promotion programme or a happy, productive workforce. The Global Wellness Institute asks:

*whether ROI is the appropriate measure for workplace wellness program[me]s at all, given that the value of these program[me]s is often intangible and given the inherent limitations of a “programmatic” approach to employee wellness. There seems to be an expectation that workplace wellness program[me]s should generate returns that are far higher than those of other types of corporate investments. The reality is that wellness program[me]s and investing in employee wellness more broadly are frequently linked with qualitative outcomes such as improved employee morale, improved engagement, improved job satisfaction, reduced presenteeism, reduced stress etc.*³⁵

Health, wellbeing and productivity

The Global Wellness Institute estimates that the economic implications of workers’ ill-health, in terms of medical costs and lost productivity, could reach 10–15% of global economic output.³⁶ The key propeller of better living standards and long-term growth, productivity has been in decline in the UK since the 2008 financial crisis. Employers, business leaders and policy-makers seek to recover a “lost decade” of performance.³⁷

The HSE’s latest figures report 1.4 million workers suffering from work-related ill health (new or long-standing) in 2017/18.³⁸ As the UK trails behind its G7 counterparts and most of the G20, an increasing amount of research is being undertaken to explore the link between workers’ health, wellbeing and productivity.³⁹

The two most common measures used to explore this link are absenteeism and presenteeism. Evaluating absence caused by ill-health is quite straightforward, as most organisations keep records of sickness absence. However, presenteeism is more difficult: the worker is visible and ‘present’ in the workplace but might be restrained or limited by health issues, physical and/or mental. The effect of presenteeism is two-fold: it can worsen the worker’s condition and result in lost productivity for the organisation.⁴⁰

The Office for National Statistics (ONS) estimates that the UK lost 131.2 million working days due to sickness in 2017.⁴¹ This amounts to 4.1 days per worker, the lowest recorded since 1993, when it was 7.2 days per worker.⁴² While the estimated costs of sickness absence vary, the numbers are worrying. In 2013, a PwC survey proposed that sick days accounted for ‘£28.8bn of the UK’s overall £31.1bn absence bill’.⁴³

In 2017, analysis from the Centre for Economic and Business Research (Cebr) calculated a cost of £18bn in lost productivity, predicting a rise to £21bn in 2020 and reaching £26bn in 2030.⁴⁴ Why is productivity stalling, despite reduced sickness absence?

Why should employers invest in wellbeing programmes?

“Why is productivity stalling, despite reduced sickness absence?”

A key factor is the rise in presenteeism. While difficult to quantify, ‘the presence of ill people at work can be more costly to the business than their absence’: the illness can be passed on to other colleagues; sick workers cannot work as effectively and may make expensive errors; they take more time to get well and may even, however inadvertently, create lower morale amongst colleagues.⁴⁵

The CIPD’s current analysis of *Health and Well-Being at Work* (2018) is based on responses from 1,021 organisations, in reference to 4.6 million employees. It reports that 86% of respondents have observed some form of presenteeism over the last year, increasing from 72% in 2016. The survey also assesses ‘leaveism’: that is, ‘people using allocated time off, such as annual leave, to work or if they are unwell, or working outside contracted hours’. 69% of respondents have observed leaveism over the past 12 months.⁴⁶

Research undertaken by VitalityHealth for the Britain’s Healthiest Workplace scheme, the UK’s most detailed and comprehensive study of workplace wellbeing, suggests that on average about a month (30.4 days) of productive time is lost per employee, per year, due to absence and presenteeism.⁴⁷ The HSE estimates that 26.8 million working days were lost due to work-related ill-health in 2017/18.⁴⁸

Reasons for sickness absence

The reasons for sickness absence are familiar: minor illnesses (e.g. coughs and colds) are the most common, accounting for 34.3 million lost days (26.2% of the total days lost) in 2017. In the same year, musculoskeletal conditions (MSK) (e.g. back pain, neck and upper limb problems) accounted for the sickness absence of 20.8% of 50–64 year olds and 18.7% of 35–49 year olds.⁴⁹

The most noteworthy and worrying factor is the ongoing rise of mental health issues, including stress, depression, anxiety and other psychological and psychiatric disorders. The ONS reports ‘an increase in the proportion of younger workers aged 25 to 34, who attribute their sickness absence to mental health conditions, rising from 7.2% in 2009 to 9.6% in 2017, an increase of 2.4 percentage points.’⁵⁰ Notwithstanding the human cost, 15.8 million days were lost as a result of mental ill health (11.5% of the total days lost) in 2016.⁵¹ The HSE’s figures for 2017/18 report 15.4 million working days lost due to work-related stress, depression or anxiety.⁵² The impact on productivity is self-evident.

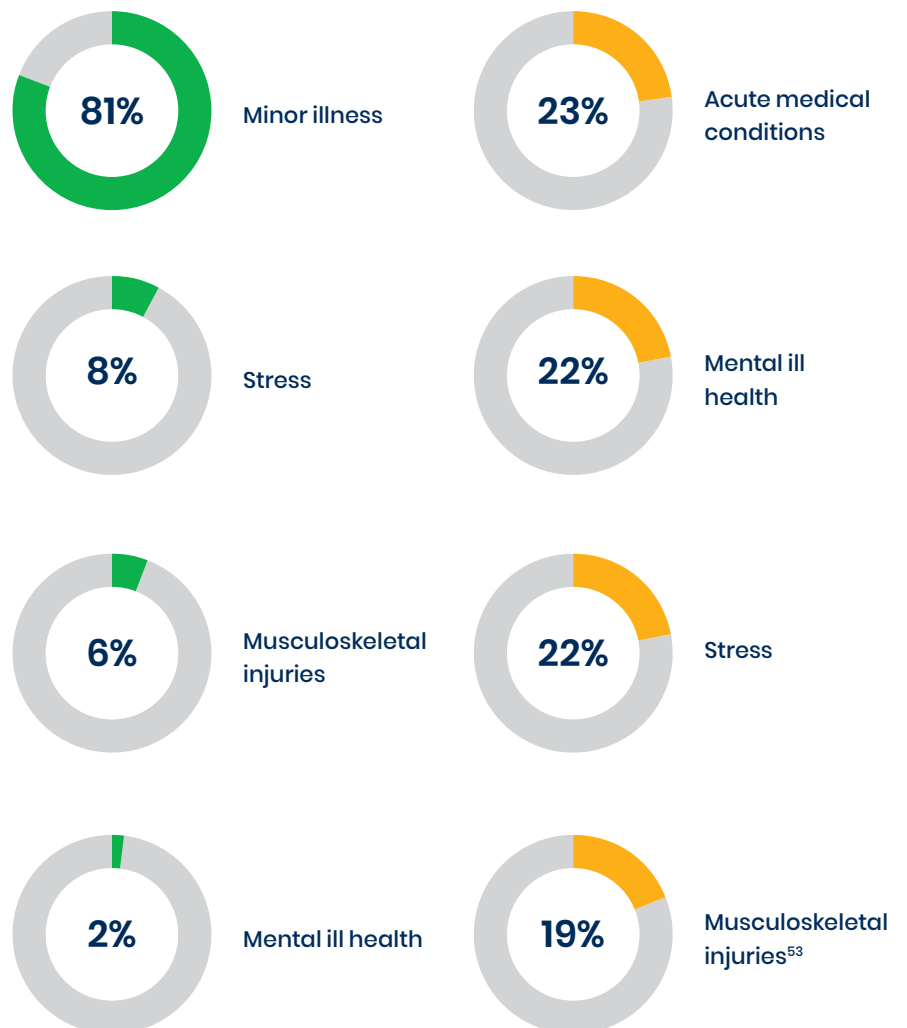


The CIPD outlines the latest statistics as to the common causes of short- and long-term sickness absence. It is startling that mental ill health and stress together make up almost half (44%) of long-term absence, overtaking MSK injuries:

The most common cause of absence (% of respondents)

Short-term (base=653)

Long-term (base=605)

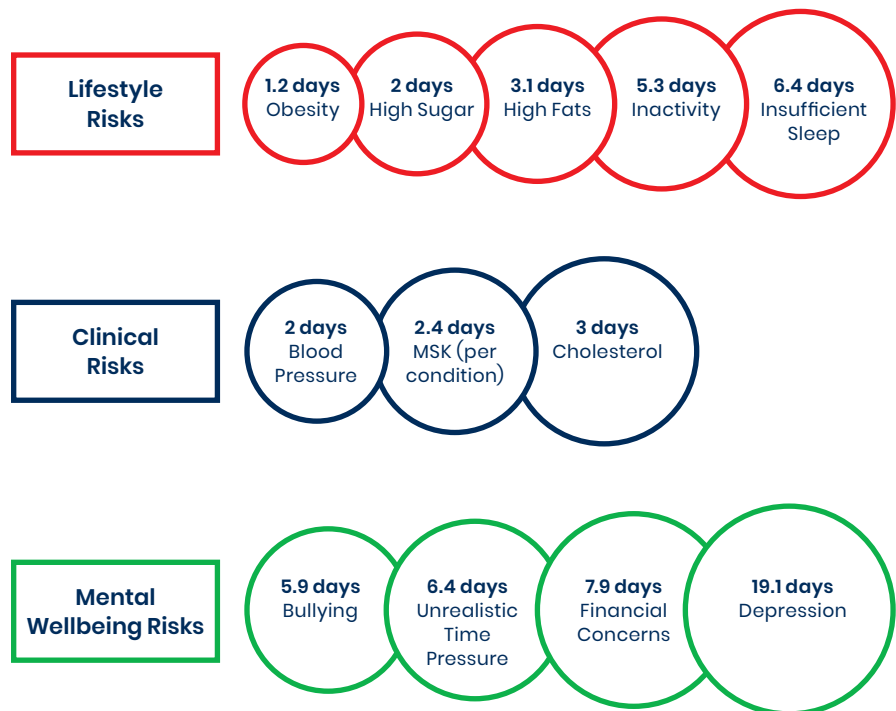


Why should employers invest in wellbeing programmes?



Is it possible to identify specific risk factors within these causes of sickness absence and presenteeism? Britain's Healthiest Workplace's analysis of the available data offers some guidance to help organisations help their employees:

Risk factors, not only health episodes, significantly impact on productivity



Cross-sectional analysis: Independent effect of modifiable drivers of work impairment, as determined across 98,000 distinct employees over 3 years (2015-2017)⁵⁴

“While the issues are complex and difficult to handle, Britain’s Healthiest Workplace’s data gives both employers and employees an invaluable indication of where the current risks are.”

Britain’s Healthiest Workplace’s research, assessing almost 100,000 employees during 2015 to 2017, foregrounds the relationship between mental ill health and productivity. By far, most days lost per year were due to depression (19.1 days). The risks are internal, external, and by no means mutually exclusive. For example, insufficient sleep, high blood pressure and unrealistic deadlines may all be related risk factors, which could explain why a worker cannot perform well. Equally, a colleague’s clinical depression may be worsening due to personal or domestic factors outside the workplace. Or, s/he may be being bullied at work.

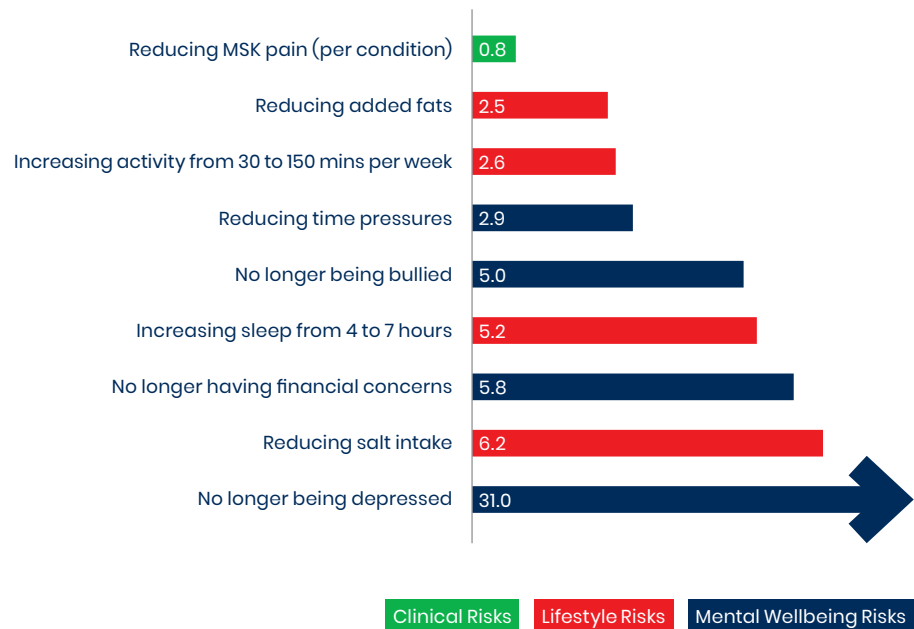
While the issues are complex and difficult to handle, Britain’s Healthiest Workplace’s data gives both employers and employees an invaluable indication of where the current risks are. Furthermore, the research provides guidance on what can be achieved when improvements are made. The results overleaf show the reduction in both absence and presenteeism for given improvements in lifestyle choices and other risk factors:

Why should employers invest in wellbeing programmes?



If employees reduce their risks, they become more productive

Reduction in work impairment days associated with reduction in risk factors: independent effects



Longitudinal analysis: Reduction in work impairment associated with reductions in risk, as determined across a cohort of 7,247 employees, who participated in the Britain's Healthiest Workplace survey every year over the period 2014-2016⁵⁵

Assessing the data from over 7,000 employees over a three-year period, Britain's Healthiest Workplace suggests a strong correlation between lost work days and employee health. Again, depression is a clear leader, with a month's worth of work (31.0 days) per year regained when this risk factor dissipates.

It makes logical sense that improvements in physical activity, diet, sleep and reduced financial burdens should lead to better working lives and higher productivity.

However, Britain's Healthiest Workplace, together with such collaborators as the University of Cambridge and RAND Europe, represents the first major effort to quantify the difficult expression, wellbeing, to produce accessible data, and to explore the fluctuating relationship between employee health, wellbeing and productivity in practical terms.⁵⁶



Good work and wellbeing

There is a growing body of research which links ‘good work’ to wellbeing. The recent *Taylor Review of Modern Working Practices* (2017) investigates what ‘good work’ means in the 21st century digital economy.⁵⁷ Other studies foreground the correlation between job satisfaction and reduced sickness absence.⁵⁸ Earlier research by the Work Foundation also provides useful information in this area.⁵⁹

“The objectives of national job quality measurement are to support the work many organisations already do through their staff surveys, to serve as ‘a practical tool to inform employers of the key determinants of job quality’, to encourage more employers to measure these determinants, and ultimately to ‘support improvements in work for citizens across the UK’.”

Studies argue that ‘good work’ signifies:

- Employment security
- Work that is not characterised by monotony and repetition
- Autonomy, control and task discretion
- A balance between the efforts workers make and the rewards that they receive
- Whether the workers have the skills they need to cope with periods of intense pressure
- Observance of the basic principles of procedural justice
- Strong workplace relationships (social capital).⁶⁰

Calling for the government to ‘place equal importance on the quality of work as it does on the quantity’,⁶¹ the *Taylor Review* recognised that “quality of work” needs to be more clearly understood, defined and measured.⁶² In February 2018, the government’s Good Work Plan committed to enacting the *Taylor Review*’s recommendation that it ‘should identify a set of metrics against which it will measure success in improving work, reporting annually on the quality of work on offer in the UK’.⁶³

The recently published *Measuring Good Work*, by the Measuring Job Quality Working Group led by the Royal Society of Arts (RSA) and the Carnegie UK Trust, outlines '18 priority measures of job quality, to form the basis for a new national set of metrics'.⁶⁴ These measures, classified according to the CIPD's dimensions of job quality,⁶⁵ cover:

Job Quality Dimensions



Good work and wellbeing



Given that the current Labour Force Survey (LFS), conducted by the ONS, already contains 6 of the measures of job quality proposed by the Working Group, *Measuring Good Work* recommends that the LFS should add the other 12 measures, at an estimated cost of approx. £200,000 per annum, plus set up costs.⁶⁷ As well as 'comprehensive, free and publicly available', the report recommends that the metrics should be consistently updated, interactive and 'segmented by employment sector, employment status, business type and size, country, region, and a range of sociodemographic characteristics'.⁶⁸

The objectives of national job quality measurement are to support the work many organisations already do through their staff surveys, to serve as 'a practical tool to inform employers of the key determinants of job quality', to encourage more employers to measure these determinants, and ultimately to 'support improvements in work for citizens across the UK'.⁶⁹

Some UK businesses are incorporating the principles of ‘good work’ in radical new ways:

“In light of recent debates around fair pay and the gender pay gap, Smarkets’s novel approach takes a step forward in addressing such imbalances.”

Case Study

Smarkets: UK Betting Exchange, based in London
www.smarkets.com

Workers decide pay, not bosses

At Smarkets, employees’ pay is decided by fellow colleagues, as opposed to management. The company conducts a yearly pay review, during which colleagues are asked to suggest salaries for each other. The pay system is open, democratic and entirely transparent.

In light of recent debates around fair pay and the gender pay gap, Smarkets’s novel approach takes a step forward in addressing such imbalances. If ‘good work’ means the ‘observance of the basic principles of procedural justice’ as the Work Foundation argues, then Smarkets’s pay system shifts this ‘observance’ from management to all employees, encouraging collective responsibility for pay, a fundamental aspect of any company’s success.⁷⁰

Case Study

Virgin Media, UK Media Company, based in Hook, Hampshire
www.virginmedia.com

Unlimited annual leave

Following the example of Netflix, Virgin Media has introduced unlimited annual leave to its workers. Since 2014, employees have had the autonomy to take holidays as they wish, and the responsibility to fulfil their duties at the same time.

According to Richard Branson, founder of the Virgin Group, ‘it is left to the employee alone to decide if and when he or she feels like taking a few hours, a day, a week or a month off, the assumption being that they are only going to do it when they feel a hundred per cent comfortable that they and their team are up to date on every project and that their absence will not in any way damage the business – or, for that matter, their careers!’⁷¹ The policy only applies to salaried staff.

While this approach seems to work both for Virgin and Netflix, among others, commentators exercise a note of caution. The law currently obliges companies to allow their employees to take a statutory minimum of 28 days paid annual leave. Without a system which records annual leave, there’s a risk employees may feel pressure to take less than their legal entitlement, rendering employers in breach of their statutory obligations.⁷²

Good work and wellbeing

“The aim is to help colleagues experiencing debt issues and protect them against the inflated interest rates which often accompany credit cards, pay day loans and expensive overdrafts.”

Case Study

Anglian Water (UK Water Company, based in Huntingdon)
www.anglianwater.co.uk

and Neyber, Financial Wellbeing Firm, based in London
www.neyber.co.uk

Loan consolidation scheme

Anglian Water, in collaboration with Neyber, a financial wellbeing company, has introduced a loan consolidation scheme, allowing their employees to borrow money and repay from salary deductions, at low interest rates. The aim is to help colleagues experiencing debt issues and protect them against the inflated interest rates which often accompany credit cards, pay day loans and expensive overdrafts.

Monica Kalia, co-founder of Neyber, argues that credit cards, for example, charge about 20% interest each year. ‘Refinancing £10,000 of such debt at Neyber’s mid-rate of 6.9 per cent would save customers £101 a month.’⁷³

Anglian Water first piloted the scheme with 10% of their employees (chosen by postcode) in 2016. It has now been rolled out to all staff. About 4% of employees signed up to the pilot, and the percentage remains about the same now the scheme is up and running. While this is a small proportion of employees, Anglian has surveyed its staff to assess the merit of this benefit. After the pilot, 82% of employees said they valued the scheme and 52% declared that they would consider using it in the future.⁷⁴

Workplace culture and wellbeing

This review has emphasised the link between workers' wellbeing and productivity throughout. As argued, 'wellbeing' or 'wellness' means different things in different contexts and is often the subject of personal experience and perception. We might make the case for 'productivity' itself being a similarly loaded term. How much work is enough? Who decides?



Relations between workers, colleagues and management are crucial to wellbeing, no matter the workplace. As shown earlier, Britain's Healthiest Workplace's data identifies a direct correlation between bullying at work and work impairment, noting about 6 days lost per year, due to both absence and presenteeism (see p. 30). Bullying has become a quantifiable risk to workers' wellbeing, with the capacity to cause mental, emotional and physical harm.

The British Safety Council defines workplace bullying as 'unwanted, unacceptable behaviour in a professional environment, involving embarrassment, humiliation and/or intimidation'. Bullying and blame culture can vary in both method and intensity, ranging from exclusion from meetings or projects, shouting at workers and offensive emails, to obstructing workers from career development and even physical violence.

The refusal to treat workers as the human beings they are can quickly escalate into bullying and blame culture. These problems are easily identifiable in every workplace. What can employers do to tackle them?

Good work and wellbeing

“The British Safety Council defines workplace bullying as ‘unwanted, unacceptable behaviour in a professional environment, involving embarrassment, humiliation and/or intimidation.’”

Case Study
British Safety Council,
based in London
www.britsafe.org

Founded in 1957, the British Safety Council is a health and safety training provider and campaigning charity, which seeks to ensure that no one is injured or made ill through their work. With 135 members of staff, the British Safety Council has offices in both London, UK and Mumbai, India.

In 2017, when the HR team reviewed the monthly sickness statistics, it was noted that two members of staff from the same division were taking sick leave for anxiety on a few occasions. This triggered the HR Manager to speak to the staff concerned, to identify if they needed any support. During the conversation, it was noticed that the staff members were unhappy about their line manager’s behaviour. They felt insecure about raising these concerns formally, as they believed it would lead to them losing their job.

Subsequently, a formal complaint was made to HR against the line manager, regarding bullying and harassment. The situation caused serious distress. The workers were unable to eat or sleep, and their fear of coming into work brought about severe anxiety.

Fellow colleagues had to encourage the workers to approach HR. Both the leadership team and HR department sought to understand the severity of the bullying, talking directly with the workers involved, the line manager in question, and other staff members in strict confidence.

By taking this action and leading on the issue, the matter was quickly resolved with a small staffing restructure and manager training. The employees were then able to continue in their respective roles without further harassment or intimidation.

“The refusal to treat workers as the human beings they are can quickly escalate into bullying and blame culture. These problems are easily identifiable in every workplace. What can employers do to tackle them?”

The HR team at the British Safety Council reviewed the harassment and bullying policy and procedures after this case, as important lessons were learned. A ‘Dignity at Work’ clause was added to the staff handbook, stating that:

All staff are expected to treat each other with respect, dignity and courtesy [...]. Showing greater sensitivity in the way we address each other can help to reduce prejudice and stereotyping. This will help us to build more positive workplace relationships.

Further recommendations included:

- Monthly monitoring of sickness absence by both HR and line managers, in order to identify patterns swiftly and support colleagues who may be having difficulties, whether they be work-related or personal.
- Every line manager must conduct a face-to-face return to work interview if a staff member calls in sick, even if it is just for one day. This is current British Safety Council policy.

- Managers must be appropriately trained in mental health awareness and the relevant support needed, so they have the confidence to communicate with colleagues with care and sensitivity.
- All organisations must have a formal policy, and procedures in place, to handle harassment and bullying at work.
- HR must establish a process to reiterate policies to staff frequently.
- Ongoing training in people management skills must be provided to all managers.

The approach is also tackling the challenge presented by new mobile communication tools. There is little doubt that technological advancement and social media (e.g. emails, Skype) has furthered workplace communication, allowing workers to contact each other with rapid speed, no matter where they might be in the world. Yet, if used carelessly and incorrectly, such tools can lead to miscommunication and misinformation, and can escalate blame culture.⁷⁵

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depression
doesn't always
look serious

don't be afraid to talk if
you're feeling down

BRITISH
SAFETY
COUNCIL

Mental wellbeing

As this report has outlined, mental ill health is now recognised as a significant cause of sickness absence and presenteeism in the workplace. Workers are increasingly citing anxiety, stress and depression as reasons why they are unable to perform productively in their respective roles.

“The stigma around mental ill health is certainly weakening, though sadly not fast enough. Workplace prejudice lingers.”

Studies estimate that over 5 million UK workers could be suffering from a mental health condition each year.⁷⁶ Deloitte’s 2017 study into mental health, *Mental Health and Employers: The Case for Investment*, which supported *Thriving at Work*, the governmental review led by Dennis Stevenson and Paul Farmer, estimates that ‘poor mental health costs UK employers £33bn – £42bn each year. This is made up of absence costs of c. £8bn, presenteeism costs ranging from c. £17bn – £26bn and turnover costs of c. £8bn’.⁷⁷

A 2018 survey, conducted by the British Chambers of Commerce (BCC) and Aviva, reports that ‘almost 30% of businesses have seen an increase in the number of staff taking time off for mental health reasons’. Furthermore, 33% of business leaders ‘have also noticed an increase in the length of time that staff are taking off due to mental health issues’. 1,020 businesses located throughout the UK were surveyed.⁷⁸

The Stevenson/Farmer review finds that ‘300,000 people with a long term mental health problem lose their jobs each year’.⁷⁹ The issue is pressing. It needs to be prioritised and addressed: by government, by employers and by individuals. The stigma around mental ill health is certainly weakening, though sadly not fast enough. Workplace prejudice lingers.

Louise Aston, Wellbeing Director for Business in the Community, spoke last year of:

*the very real threat of disciplinary action, demotion or dismissal for employees experiencing mental ill health. This is a huge injustice. We must challenge the myth that people cannot perform at their best if they have a mental health issue. The elephant in the room is the way we manage performance, and the need to make reasonable adjustment for people with physical OR mental health issues. To achieve this requires a transformative cultural shift by senior executives, by HR and by occupational health, all working together to end discrimination against mental health issues.*⁸⁰

While employers cannot cure psychological or psychiatric conditions, in the same way as they cannot cure cancer or a broken leg, it is vital that mental ill health is recognised as the debilitating sickness it can be. It can render sufferers scared, incapacitated and vulnerable.

Mental wellbeing

“There are practical ways in which employers can help colleagues within the working environment. First and foremost, they need to acknowledge and look after their own mental health. Secondly, they should not be fearful of broaching the subject.”

In certain cases, the only course of action might be referral to occupational health, reduced hours, or a period of leave. However, there are practical ways in which employers can help colleagues within the working environment. First and foremost, they need to acknowledge and look after their own mental health. Secondly, they should not be fearful of broaching the subject. Acas advises managers to:

focus on those factors that they can control when it comes to mental health and not worry as much about those areas they cannot control. In other words, some wellbeing interventions, though lacking scientific rigour, may provide employers with the chance to get a handle on hitherto dauntingly complex problems. For example, offering flexible hours is not going to cure depression in itself but may signal a willingness to listen to an employee's concerns.⁸¹

The CIPD's 2016 *Employee Outlook* survey, which focused on mental health, studied the data from 2,056 respondents from a variety of sectors and industries. It offered some insight into how employees perceive the level of mental health support in their respective workplaces. The top 5 types of provision are:

- Phased return to work (32% of employees)
- Access to flexible working (30%)
- Access to occupational health services (27%)
- Access to counselling services (27%)
- Access to an employee assistance programme (19%)

Aside from the top 2 (phased return to work and access to flexible working), this statistical snapshot suggests that most mental health support takes place outside the workplace, in the hands of other services. Occupational health, counselling services and employee assistance programmes together make up for 73% of the support employees feel exists. This is a start. Something is better than nothing. Yet the CIPD also calls attention to the meagre proportion of line managers who themselves receive training to support the mentally ill workers who work for them: 10%.⁸²

“For example, offering flexible hours is not going to cure depression in itself but may signal a willingness to listen to an employee’s concerns.”

The aforementioned REBA *Employee Wellbeing Research 2018* report suggests that ‘mental health in the workplace is the top priority for almost three in five (60%) CEOs in the UK and the area of employee wellbeing with which their board is most concerned’.⁸³ BCC and Aviva’s 2018 survey further suggests that awareness of mental health in the workplace is slowly improving, with the topic ‘becoming less taboo for both employees and employers alike’. The findings show that small steps are being taken. BCC and Aviva report that 36% of employers are supporting staff with mental health issues by reviewing individual workloads, and 35% are reviewing flexible working options.

It is clear, however, that significantly more needs to be done. Only 20% of employers said that they organise counselling for their staff. Almost half (49%) ‘said that they did not access occupational health support for their staff from external bodies, and 10% were not aware of any available support’. 18% of employers said that they arrange training for managers to better support staff, which is only a slight improvement on the 10% reported in the CIPD’s 2016 *Employee Outlook* survey.⁸⁴

Mind’s 2017/2018 Workplace Wellbeing Index, which surveyed 43,892 members of staff from 74 organisations, observes that employees who feel their line manager supports their mental health are 11 times more likely to feel comfortable to disclose a mental health problem (78%) than those who do not (7%).⁸⁵

Another 2018 study, by scholars from the London School of Economics and Political Science (LSE), ‘highlights the importance of effective policies and practices which help managers to actively support employees with depression, including strategies to facilitate better workplace performance’.⁸⁶ Published in the *BMJ Open* and involving more than 16,000 employees and managers across 15 countries, the research examined ‘variations in manager reactions and support for people with depression’. It investigated ‘how these reactions are related to (1) absenteeism and (2) presenteeism due to depression among employees with self-reported depression’. The participating countries were: Brazil, Canada, China, Denmark, France, Germany, Great Britain, Italy, Japan, Mexico, Spain, South Africa, South Korea, Turkey and the USA.

Mental wellbeing

“Managers who have support and training in dealing with mental health issues are more likely to recognise and act on problems earlier, which can prevent further worsening of the problem.”

The findings showed that ‘on average, living in a country with a greater prevalence of managers saying that they avoided talking to the employee about depression was associated with employees with depression taking more days off work’ (absenteeism). Furthermore, ‘living in a country with a higher GDP was marginally associated with employees with depression taking more days off work’. Higher country GDP was also ‘associated with greater presenteeism among employees with depression’.

The research further found, perhaps surprisingly, that ‘living in a country with a greater prevalence of managers actively offering help to employees with depression was associated with higher levels of presenteeism’.⁸⁷ The researchers propose that ‘a supportive manager is most important in helping employees to remain motivated and feel valued while performing their duties in the workplace’.⁸⁸ They go on to foreground a number of key points from current and previous research:

- *Working in a context where managers are actively supporting employees with depression [is] associated with greater comfort around the issue of depression among employees and more openness among those with depression.*
- *Managers who have support and training in dealing with mental health issues are more likely to recognise and act on problems earlier, which can prevent further worsening of the problem.*
- *Some literature has noted a tendency among management to instigate disciplinary sanctions as a way to improve productivity among underperforming employees, rather than trying to understand the underlying issues and provide support to overcome them. This may increase concealment of problems and thereby work against facilitating an environment of social acceptance and disclosure, which could be important to optimising productivity.*
- *Existing research suggests that even in high-income countries, effective workplace policies for prevention and support of mental health problems are often lacking: a 2015 OECD [Organisation for Economic Co-operation and Development] report noted that no countries demonstrated an advanced strategy for helping employees with mental health problems at work, though some individual companies are developing rigorous approaches.*
- *Support is needed for managers to directly support employees to feel open and comfortable in discussing mental health issues. This is in addition to programmes which effectively facilitate early intervention practices and support for and recognition of depression among employees, as well as clear transition and referral pathways for employees who need to take time off and for those returning to work.⁸⁹*

“The stigma around mental ill health is born of fear, ignorance and misinformation.”

The study concludes by observing that ‘manager reactions to employees with depression can reflect broad cultural and organisational features that directly relate to employee productivity’. It argues that ‘the business case for intervention through better managerial response is exemplified by the substantial costs associated with mental health problems and evidence from a number of studies that mental health can improve through workplace programmes, with economic benefits to employers’.⁹⁰

If the culture change in workplace mental health is to have any hope of succeeding, line managers need much more information and guidance about how to spot the signs of illness than they currently appear to be receiving. They need this guidance to help them to initiate a conversation with the employee, and the tools to continue the conversation in the appropriate way moving forward. Line managers cannot be expected to pluck these skills out of the air, given the sensitivities involved.

Mental health awareness should be a mandatory part of any management training scheme. The stigma around mental ill health is born of fear, ignorance and misinformation. Effective, compulsory education for line managers provides the first step towards open communication in the workplace, a workforce better informed and confident enough to discuss mental health issues, and healthier, more productive workers.

As well as better informed line managers and better mental health policies, there are other preventative measures which could be of benefit to workers with mental health issues. Resilience or mindfulness training for employees and the use of mental health ‘champions’ or ‘first aiders’ are being recognised as positive ways in which organisations might support mental wellbeing.

According to the CIPD 2016 *Employee Outlook* survey, about 10% of organisations offer resilience or mindfulness training for employees.⁹¹ Examples of mindfulness and resilience include: deep-breathing exercises, thought substitution (replacing a negative thought or memory with a positive one), other visualisation techniques (e.g. meditation), crafts (knitting, crochet), art, yoga and tai chi.

Mental wellbeing



Studies have shown that the arts and humanities can have a positive, therapeutic effect on mental wellbeing, especially for those suffering with stress, depression and/or anxiety. Professor Dame Carol Black has identified singing, dance classes and reading groups, to name but a few, as remedial contributors to workplace wellbeing.

As the All-Party Parliamentary Group (APPG) inquiry report on *Creative Health: The Arts for Health and Wellbeing* pointed out last year, 'the arts do not yet feature in NICE guidance on workplace health'. Aligned with the APPG's recommendation that this should 'be looked at in conjunction with a wider consideration of the arts in health', it would be useful to investigate more fully the benefits of the arts and humanities on workers' wellbeing.⁹²

Mental health 'champions' or 'first aiders' refer to people who are trained to inform others about mental health issues. Within the workplace they can become a designated confidant for colleagues suffering with mental health issues, providing support, guidance and friendship. More information about becoming a Mental Health First Aider can be found here: www.mhfaengland.org, and further resources focusing on the workplace can be found here: www.mhfaengland.org/mhfa-centre/resources/for-workplaces.



Mates in Mind – mental health charity, based in London

www.matesinmind.org

Mates in Mind is a registered charity which aims to raise awareness, address the stigma of poor mental health and improve positive mental wellbeing in the UK construction industry. Mates in Mind is a collaboration of two founding partners: Health in Construction Leadership Group and the British Safety Council. It is supported by the core partner charities Mind, Samaritans and Inspire, as well as Mental Health First Aid (MHFA) England.

The charity supports construction companies in creating, communicating and delivering a comprehensive approach to mental wellbeing. Since 2017, Mates in Mind's work in mental health awareness and training delivery has gained over 150 supporters, reaching more than 150,000 workers.

For example, with Mates in Mind's guidance and support, Uxbridge-based construction company, Galliford Try, has trained 61 internal facilitators in mental health awareness. 763 Galliford Try employees have completed Mates in Mind's 'Start the Conversation' session, which encourages workers to begin thinking and talking openly about mental health. 283 Galliford Try line managers have attended Mates in Mind's 'Manage the Conversation' workshop, which focuses on mental wellbeing and ill health in workplace environments, helping managers to better understand mental health and support their teams. Furthermore, Galliford Try has trained 78 Mental Health First Aiders since partnering with Mates in Mind.⁹³

Mental wellbeing

“In addressing the mental health and wellbeing of their workers, Your Homes Newcastle and Mount Anvil provide some examples of best practice.”

“I am a strong woman, I’m a senior manager in a large organisation, I like horses and motorbikes and I take tablets for depression.”

Case Study

Your Homes Newcastle (YHN) – Housing Association, Newcastle upon Tyne

www.yhn.org.uk

Your Homes Newcastle is responsible for managing over 26,000 homes owned by Newcastle City Council, as well as over 2,000 other properties throughout the city. The organisation employs over 800 people. Alongside initiatives covering such issues as healthy eating, exercise, cancer, alcohol, drug awareness and smoking, YHN has developed a cohesive strategy to address workplace mental health. In addition to special leave, reasonable adjustments and flexible working, the association has steadfastly focused on preventative measures:

- 24-hour employee assistance helpline
- Private counselling service through Relate (staff can use this confidentially, without notifying anyone at YHN, including management)
- Contact Support Colleagues – available to help resolve conflicts with management or other colleagues
- Staff network groups relating to disability
- LGBT and straight allies
- E-learning modules on coping with stress
- 18 Mental Health First Aiders.

These interventions were implemented during 2016–17. The success of YHN’s approach stems not only from the support of senior managers, but crucially, their inclusion. YHN’s Managing Director signed the Time to Change⁹⁴ pledge to help end mental health discrimination, which spearheaded an organisational commitment to tackle mental ill health head on. Furthermore, a blog written by one of YHN’s Assistant Directors served as the catalyst for a cultural shift. She wrote:

I am a strong woman, I’m a senior manager in a large organisation, I like horses and motorbikes and I take tablets for depression.

Her honesty has helped to create an environment in which colleagues can speak about their own mental health without fear or judgement. Furthermore, YHN reports a 32% reduction in absence relating to mental ill-health in 2017, when compared with the same period in 2016. These efforts have also been recognised in the wider business community. In 2017, YHN was the first business in Newcastle to achieve Ambassador status in the North East Better Health at Work Award scheme.⁹⁵



Case Study

Mount Anvil – Real Estate Developer, based in London
www.mountanvil.com

Mount Anvil has been constructing and developing London homes since 1991. It has built more than 5,000 homes, with over 1,500 in progress. The company employs about 180 members of staff.

As Mount Anvil is a construction company, many of its workers find themselves away from home for long periods of time. Recognising this, Mount Anvil has set up a bespoke 'Phone Home' service, which provides on-site teams with WiFi-enabled booths and iPads, helping workers to contact their families easily, whenever they may need.

Another successful initiative has been the establishment of 'Money Doctor' workshops, which offer workers free financial advice, to help lessen the burden of money worries. Alongside money management, Mount Anvil has developed action plans designed specifically to support those suffering with mental health issues, in addition to free private healthcare and half-price gym membership.

Mount Anvil's attempt to create a holistic plan to look after its workers' mental and physical health was recognised with a Bronze award at Mind's Workplace Wellbeing Index Awards in 2018.⁹⁶

In addressing the mental health and wellbeing of their workers, Your Homes Newcastle and Mount Anvil provide some examples of best practice.

How can organisations evaluate the impact of their wellbeing interventions?

“Is more investment in occupational health required? Are employees worried with debt, or other financial issues? Would access to a gym assist a colleague with an MSK condition?”

The CIPD's latest *Absence Management* survey finds that only 17% of organisations investing in employee wellbeing evaluate the impact of their spend.⁹⁷ A recent 2018 review of workplace health and wellbeing interventions by RAND Europe also notes that ‘academically rigorous methods of data collection or evaluation are not being used to investigate their effectiveness’.

The report, commissioned by Public Health England, observes that ‘the workplace wellbeing sector appears vibrant but is still maturing in its ability to provide strong evidence for health and wellbeing outcomes’.⁹⁸ Given the pressures employers face, it is easy to understand how wellbeing might slip down the agenda.

Furthermore, where to start? Which intervention is the most important? If several are needed, how can senior leaders identify their workers’ health and wellbeing issues and help to prevent illnesses before they occur? Is more investment in occupational health required? Are employees worried with debt, or other financial issues? Would access to a gym assist a colleague with an MSK condition? How do organisations construct a sustainable, flexible wellbeing strategy, tailored to their workers’ personal, and often changing, needs?

There are two current schemes which offer organisations, no matter their size or sector, a comprehensive ‘health check’. Moreover, they are confidential and informed by the very latest research in this area:

1. Britain’s Healthiest Workplace – online survey for employers and employees

Since 2013, the aforementioned Britain’s Healthiest Workplace, run by VitalityHealth, has conducted an online wellbeing survey, targeted at all organisations across the UK. Over 370 companies and 124,000 employees have so far participated. The survey aims to help workers to be healthier and address potential health issues, thereby increasing both morale and productivity for the whole organisation. The scheme runs annually, and is available to all employers with 20 or more employees. Participation is free. Britain’s Healthiest Workplace helps organisations to:

- understand the health and wellbeing profile of their employees across a number of dimensions, such as lifestyle behaviours, clinical indicators, mental wellbeing, and workplace stress.
- establish attitudes to health, and motivation to change, amongst employees.
- understand the extent to which existing wellbeing facilities are being used, and their overall effectiveness in improving employee health.
- provide benchmarking against other participating organisations.
- establish best practice solutions to inform future HR strategies.



Organisations have the freedom to participate in the survey at any time of year. Britain's Healthiest Workplace enables employers and employees to assess their progress over time, thereby seeing which interventions are working, which are not, and where the gaps are.

At no cost to the business, the survey helps employers to develop and modify their investment in wellbeing initiatives. In addition, because workers and employers participate in the scheme at the same time, Britain's Healthiest Workplace encourages collective responsibility for workplace health, addresses the issue of employee engagement and fosters ongoing dialogue between worker and employer.

Participating employers receive a detailed Organisational Health Report, giving unique insights into the health profile of the organisation and its employees, while each participating employee receives a Personal Health Report in real-time, which includes their Vitality Age.⁹⁹

More information about Britain's Healthiest Workplace is available here: www.vitality.co.uk/business/healthiest-workplace.

Britain's Healthiest Workplace: Case Study
Skyscanner, Travel Fare Aggregator Website and Travel Metasearch Engine, based in Edinburgh
www.skyscanner.net

Skyscanner has about 10 offices around the world, employing over 800 employees.¹⁰⁰ In 2017, the company won 'Healthiest New Entrant' for medium-sized organisations (alongside Thames Tideway and Sika & Everbuild Building Products) at the Britain's Healthiest Workplace awards. This was in recognition for a range of wellbeing initiatives, encompassing not just physical and mental health, but leisure and good working practices too. Some of these include:

- Company bonus schemes
- A share incentive plan
- Flexible working
- Healthcare, dental and optical cover
- Extra annual leave (available to buy)
- Subsidised massages
- No workplace dress code
- Free soft drinks and fruit juices
- Barista coffee machines
- Leisure activities including table tennis, foosball, PlayStation and Xbox
- Skyscanner university programme (employees can choose courses and personal development programmes, without approval from a manager)
- Multipurpose quiet room (for relaxation or spiritual/religious purposes).

How can organisations evaluate the impact of their wellbeing interventions?



In terms of staff engagement, Skyscanner's integrated strategy has reaped rewards. The company's employee survey reports that:

- 95% of employees believe Skyscanner ensures their wellbeing at work
- 91% feel their work environment is conducive to effective working
- 85% believe they can balance work and personal commitments
- 96% feel their co-workers are supportive.¹⁰¹

Britain's Healthiest Workplace: Case Study
Forster Communications, Social Change PR Agency, based in London
www.forster.co.uk

Forster Communications, a small PR agency in Southwark, won 'Britain's Healthiest Workplace' for small organisations (alongside Ruffer and Health Innovation Network) in 2017. Again, a combination of wellbeing interventions and good working practices contributed to the company's achievement. Forster Communications is an employee-owned business, with 20 employees. Some of its wellbeing interventions include:

- Flexible working (shared core hours with flexible start/finish times, the option to work from home being available to all employees)
- Extra holiday for cycling/walking to work
- Mindfulness and nutrition workshops
- Free breakfast and fruit
- Free company loan bikes, cash back for cycling to meetings, cycle confidence training
- Regular personal development reviews, which include attention to working environment and workload
- Employee assistance programme
- Themed activities, focused on weakening the stigma around mental ill health
- Paid time off for volunteering
- Running clubs
- VR technology for meditation in the office.



Elizabeth Gaudin, Senior Consultant at Forster Communications, describes the company's comprehensive approach to health and wellbeing, with 'regular reporting to the Board on key metrics and indicators' ensuring that the issue is discussed at the highest level.

Furthermore, Forster Communications frequently communicates with colleagues regarding the benefits on offer. In terms of mental, as well as physical, health, Gaudin foregrounds the necessity of having an open, honest culture, mental health policies in place, and the capacity to support line managers in the implementation of them.

The advantages of this approach are self-evident. At Forster Communications:

- Employees take on average 2 days off sick per year, 15% less than the sector average.

According to recent surveys conducted at the company:

- 100% of employees are proud to work for Forster Communications
- 93% of employees say Forster Communications motivates them to go beyond what they would in a similar role elsewhere
- 30% of employees cycle to work.¹⁰²

2. The Workplace Wellbeing Charter – national award scheme

www.wellbeingcharter.org.uk

The Workplace Wellbeing Charter (WWC), established in 2008, provides both guidance and accreditation, with the aim of improving health, safety and wellbeing in the workplace.

The Charter covers 8 topics:

- Leadership
- Absence Management
- Health and Safety
- Mental Health
- Smoking
- Physical Activity
- Healthy Eating
- Alcohol and Drug Misuse.

While Britain's Healthiest Workplace offers an online service, the WWC involves face-to-face interaction and guidance. Accreditors will visit the workplace to:

- Review the evidence portfolio
- Conduct interviews or small focus groups with staff from different departments and job roles about their experience of health, safety and wellbeing
- Tour the site to see further evidence of the implementation of health, safety and wellbeing activity
- Document the evidence compiled against the standards of the WWC, and record this appropriately.

How can organisations evaluate the impact of their wellbeing interventions?



After accreditation each organisation receives:

- A post-assessment report
- A certificate valid for two years
- Use of the WWC logo for 2 years
- Listing on the national website www.wellbeingcharter.org.uk.

While any organisation can participate in the WWC, for support and accreditation there are associated charges, based on size of organisation.

For organisations based in London, there is the London Healthy Workplace Charter, endorsed by the Mayor of London, which operates in a similar way as the national scheme. Details can be found at www.london.gov.uk/what-we-do/health/healthy-workplace-charter. There is also the Mindful Employer Charter, in place since 2004, which employers can sign to show their commitment to positive workplace mental health. More information can be found here: www.mindfulemployer.net/charter.

RAND Europe analyse the effect of the WWC in their 2017 report, *Workplace Wellbeing Charter: Analysis of Take-Up and Impact*.¹⁰³

The Workplace Wellbeing Charter: Case Study **BAE Systems, Global Defence, Aerospace and Security Company, based in London**

www.baesystems.com/en/home

BAE Systems employs about 83,400 people across the globe, implementing a comprehensive wellbeing strategy which has been in place for many years.

Initiatives include:

- A designated wellbeing group for every BAE site across the UK. The groups include managers, union representatives and health advisers
- On site six-point health check measuring BMI and cholesterol, among others
- Healthy eating displays in the canteen, free fruit every Tuesday to all employees, sugar awareness days and healthy eating competitions
- Employee assistance programme – telephone or face-to-face counselling offered 24 hours a day
- Stoptober and No Smoking Day, no smoking policies and competitions around smoking
- Free cycling maps, discount cards for exercise and other incentives for employees to go outside



- New manufacturing facility with more room around machines, humidity controls, an improved canteen, outdoor picnic tables and healthier snacks in vending machines
- Regular communication with employees regarding the initiatives on offer, using newsletters, presentations from managers and information stands
- Advice and information from occupational health officers.

BAE Systems views the WWC as a helpful auditor of its wellbeing interventions. The accreditation process 'involves a substantial review of internal processes and existing wellbeing programmes'. BAE Systems first applied for WWC accreditation in 2010. They received it in 2011, reapplying in both 2013 and 2015. The company's planned construction of an on-site gymnasium came directly from advice received from the WWC during one of the latest accreditation processes.

From 2011 to 2015, BAE Systems reported a decrease in sickness absence from 277 (2011) workers to 98 (2015), without a corresponding reduction in the number of workers.¹⁰⁴

The Workplace Wellbeing Charter: Case Study

The Dearne Advanced Learning Centre (Dearne ALC), Secondary School, based in South Yorkshire

www.thedearnealc.org

Located in one of the country's most deprived areas, 53% of Dearne ALC's students are eligible for Pupil Premium funding. The school has about 960 students and 126 members of staff. Dearne ALC's health and wellbeing strategy incorporates 4 main areas:

- Health Management (working with organisations to provide staff with regular health checks and wellbeing programmes)
- Prevention and Care, focusing on absence management, helping staff return to work and assistance with commutes. Dearne ALC's absence management activities include regular catch-ups and keep-in-touch days, to help workers make the transition from sick leave back to work. Other measures include occupational health support and sports classes
- Activities to assist with work-life balance, including an on-site visit from a car mechanic, ironing and dry-cleaning services and team building events
- Leadership and Management – the establishment of line managers, flexible working and leave measures.

How can organisations evaluate the impact of their wellbeing interventions?



Dearne ALC's participation in the WWC is aligned with a strategic investment in health and wellbeing initiatives, dating back to 2013. With the support of their local Barnsley Metropolitan Borough Council, Dearne ALC won a Bronze Award from Investors in People in 2015. Barnsley Council itself praised Dearne ALC the year before, recognising the school's achievements with a Silver Award for 'Good Practice in Workplace Health'. WWC accreditation offered Dearne ALC a supportive way of assessing the progress and impact of the school's wellbeing initiatives.

With a very small budget (£1,500 shared amongst the 126 staff members), Dearne ALC has seen meaningful change: 'the most noticeable and direct results of health and wellbeing initiatives were found in staff absence levels (leading to lower supply teacher costs), while team building activities led to improved morale and staff engagement'.

According to Mrs Chris Robinson, Dearne ALC's Principal, improved staff wellbeing is linked directly to pupil outcomes. Dearne ALC has seen an increase in pupils gaining A* and A grades, an achievement Mrs Robinson partly attributes to the better atmosphere and enhanced staff motivation levels at school. Student attendance was up by over 3% in 2 years. The share of young people in the region who were Not in Education, Employment, or Training fell to below 2%.

In terms of absence management:

- Absence among teaching staff fell from 752.2 days in 2012-13 to 341.8 days in 2014-15
- Absence among associated staff fell from 483.9 days in 2012-13 to 225.8 days in 2014-15.¹⁰⁵

As shown earlier, only about 1 in 6 (17%) organisations evaluate the impact of their health and wellbeing initiatives. Both Britain's Healthiest Workplace and the Workplace Wellbeing Charter provide easy, supportive ways of addressing this problem. In view of the long-term effects of poor health and wellbeing on productivity outlined, surely it is worth reaping the benefits of such schemes?



Policy change – helping employers to help their workers

One way in which the government could incentivise organisations and, crucially, their senior leaders, to invest in wellbeing strategies would be to offer financial incentives for those businesses making the effort. For example, Norman Lamb, Liberal Democrat MP for North Norfolk, is currently championing the ‘wellbeing premium’.

“As Lamb has argued, the prospective benefits of wellbeing grants to businesses are remarkable: ‘reduced benefit payments, potentially improved tax revenues, reduced use of the NHS and improved productivity.’”

Echoing thoughts Simon Stevens, Chief Executive of NHS England, voiced in 2014, Lamb proposes that the government should offer organisations a wellbeing grant, to help them find the resources necessary to implement the interventions best suited to their workers.

Both Lamb and Shaun Subel, Director of Corporate Wellness Strategy for VitalityHealth, posit the argument that because the UK is covered by the NHS, funded by the tax system, employers do not face the health insurance financial burden which exists in the USA, for instance. There is therefore little incentive for employers to look after their workers, exacerbating the problem and worsening productivity.

While Lamb’s focus is mental health, the proposition could, in principle, be widened out to other aspects of health and wellbeing. Lamb’s proposal was put out to consultation last year, and funding has been awarded for a trial of the ‘wellbeing premium’ in the West Midlands. He is working with Superintendent Sean Russell, West Midlands Police Mental Health Lead & Director of Implementation for the West Midlands Mental Health Commission.

Russell is conducting the West Midlands pilot scheme with up to 148 organisations, all of which are SMEs. Sectors include retail, engineering, schools and manufacturing, among others. The trial started in September 2018 and will run for 12 months. The data will be collected over the following year, with results due in March 2020.



The Health and Work unit in the government has awarded £700,000 for the Randomised Control Trial pilot, in which companies in the intervention arm are given a 50% or 100% grant, to spend on wellbeing interventions. The scheme covers the broad areas of mental health, musculoskeletal disorders, physical activity, lifestyle, financial health, caring, and domestic abuse, as well as building enablers in the management team.¹⁰⁶

Alongside the trial, the West Midlands Combined Authority has established the 'Thrive at Work Wellbeing Programme', a free accreditation and awards programme designed to improve workplace wellbeing in the region. Organisations of all sizes and sectors can take part. More information about the 'Thrive at Work Wellbeing Programme' can be found here: <https://www.wmca.org.uk/what-we-do/thrive/thrive-at-work>.

As Lamb has argued, the prospective benefits of wellbeing grants to businesses are remarkable: 'reduced benefit payments, potentially improved tax revenues, reduced use of the NHS and improved productivity'. Looking at cost-effectiveness, the £700,000 for SMEs in the West Midlands seems a pittance compared to the £18bn in lost productivity cited earlier, a figure only predicted to rise. Crucially, the grant scheme serves as a temporary helping hand. It gives organisations the financial resource they need to initiate interventions, which will be integrated strategically and ultimately pay for themselves.¹⁰⁷

According to Deloitte's latest 2018 *Global Human Capital Trends* report, 88% of UK businesses and HR leaders are trying to improve workers' wellbeing, and implement successful health promotion programmes in their respective organisations. Given the risks to growth SMEs face by neglecting wellbeing, the 'wellbeing premium' may well give them a fighting chance.¹⁰⁸

Conclusion

Wellbeing at work has scrutinised the literature on workplace wellbeing, to illuminate the various ways in which investment in wellbeing initiatives can have a transformative effect on all companies.

“Workers are the lifeblood of all businesses, large or small. No company can survive without them. Looking after their wellbeing is not only the right thing to do. It also makes good financial sense.”

Correlating the connections between workers’ physical and mental health, absenteeism, presenteeism and productivity, this review emphasises the material benefits of prioritising workplace wellbeing.

In recognition of the pressures companies face in a 21st century global market, **Wellbeing at work** offers detailed information about schemes which help organisations identify their health and wellbeing needs quickly and effectively. Britain’s Healthiest Workplace and the Workplace Wellbeing Charter have been established to urge executives and senior leaders to take wellbeing at work seriously, to incorporate workers’ health at strategic level, and to engage employees in the advantages of participating in wellbeing interventions.

Workers are the lifeblood of all businesses, large or small. No company can survive without them. Looking after their wellbeing is not only the right thing to do. It also makes good financial sense.

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