




# HEALTH AND WELLBEING AT WORK 2022





The CIPD is the professional body for HR and people development. The registered charity champions better work and working lives and has been setting the benchmark for excellence in people and organisation development for more than 100 years. It has more than 160,000 members across the world, provides thought leadership through independent research on the world of work, and offers professional training and accreditation for those working in HR and learning and development.

The CIPD's *Health and wellbeing at work* survey, in partnership with Simplyhealth, examines the practices that organisations have put in place to support people's health at work. It provides people professionals and employers with benchmarking data on important areas such as absence management, wellbeing benefits provision and mental health. The survey for this 2022 edition was conducted online and sent to people professionals and senior HR leaders in the UK. In total, 804 organisations responded, covering more than 4.3 million employees.



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13

## Report

# Health and wellbeing at work 2022

## Contents

|    |  |    |
|----|--|----|
| 1  | Foreword from the CIPD                         | 2  |
| 2  | Foreword from Simplyhealth                     | 3  |
| 3  | Introduction                                   | 5  |
| 4  | Summary of key findings                        | 5  |
| 5  | The impact of COVID-19                         | 7  |
| 6  | How do employers manage health and wellbeing?  | 11 |
| 7  | Managing work-related stress and mental health | 18 |
| 8  | Tackling presenteeism and leaveism             | 24 |
| 9  | Causes of sickness absence                     | 28 |
| 10 | Managing absence and promoting attendance      | 29 |
| 11 | Conclusion                                     | 31 |
| 12 | Background to the survey                       | 32 |
| 13 | Appendix                                       | 34 |

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A big thank you also to Annette Sinclair, Research Consultant, for analysing the findings and writing the report with input from Rachel Suff, Senior Policy Adviser, CIPD.



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# 1 Foreword from the CIPD

We are very pleased to publish our twenty-second survey report exploring health and wellbeing trends and practices in UK workplaces, in partnership with Simplyhealth. The findings provide a valuable window on the world of work through the eyes of over 800 HR professionals. Optimising people's wellbeing is integral to the CIPD's purpose, to champion better work and working lives.

In a similar vein, health and wellbeing should be integral to an organisation's business goals and day-to-day operations – any efforts that treat it as an 'add-on' or 'nice to have' won't be effective. Last year, our findings showed how COVID-19 accelerated many organisations' activity on employee wellbeing. The challenge was always going to be how we ensure it remains a priority boardroom issue when the nation emerges from the pandemic. This year, there are already signs that the focus on health and wellbeing has waned slightly at the top table. Seven in ten (70%) HR respondents agree that employee wellbeing is on senior leaders' agendas, down from 75% last year, while 42% think that senior leaders encourage a focus on mental wellbeing through their actions and behaviour compared with 48% last year.

The leadership of an organisation is pivotal to making sure that health and wellbeing is taken seriously, is embedded in day-to-day people management practices, and is underpinned by good work. Senior leaders also have a defining influence on the culture and how people behave towards each other. Now, more than ever, we need leaders who are not afraid to show compassion, who consciously role-model healthy working practices and foster an environment where people feel safe to speak about health issues and seek help. We also need to recognise that this has been a very tough two years for those leading their organisations through the crisis and they may need support themselves.

HR professionals and managers have also played a central role in responding to the vast operational and people challenges exacerbated so much by the pandemic. Many must be feeling the strain. There are several findings from our 2022 survey that are testament to the hard work of many practitioners and others in their organisation who have put in place additional measures to bolster employee wellbeing during the pandemic, including people's mental health. More organisations are taking steps to tackle unhealthy 'presenteeism' and discourage people from working when they are ill.

Our HR community should also take heart from the progress that has been made in addressing health and wellbeing over the past few years – for example, there are definite signs of a more strategic and holistic approach and an increased focus on creating mentally healthy workplaces. There will always be room for improvement, but key areas that demand immediate action include:

- the need to address the stubborn gap between the responsibility on managers to support employee wellbeing and employers' investment in their capability to meet these high expectations
- more proactive steps to prevent or mitigate ill-health issues where possible, including early intervention to manage work-related stress
- effective strategies to support people with long-term health conditions, particularly long COVID as a new and complex condition affecting a significant number of employees.



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The impact of the past two years on people's health and wellbeing can't be overestimated. At the same time, this unprecedented period in our working lives has also presented opportunities: it's proven how fundamental employee wellbeing really is to organisational resilience, and it's given organisations the chance to learn from the experience of implementing new initiatives at scale and at speed. We need to hold on to these learnings to improve wellbeing practices and working lives now and in the future.



**Rachel Suff**  
Senior Policy Adviser,  
Employment Relations, CIPD

## 2 Foreword from Simplyhealth

The COVID-19 pandemic presented a set of challenges that few could have anticipated and prepared for. The impressive way that many workplaces adapted to an unprecedented period of upheaval is remarkable. The repercussions, not least for those dealing with long COVID, are likely to be with us for a considerable time.

This is the twelfth year of Simplyhealth's partnership with the CIPD, looking to shine a light on how the health and wellbeing of employees is being prioritised and where it could be improved, not only for their personal benefit, but in turn to enhance the productivity of businesses themselves.

The results of our latest survey indicate that some organisations may have stalled a little in their development of employee support strategies, perhaps as new challenges have presented themselves. Not least of these may be the shortage of labour in some sectors and increasing costs for most. Staff retention is even more crucial in such scenarios, and it is our firm belief that a proactive, caring approach to employees' wellbeing, both physical and mental, generates loyalty and stability.

Working from home allowed companies to navigate many of the problems caused by the pandemic and resulted in previously unthinkable flexibility in the workplace. Many have welcomed the opportunity to swap the daily commute with more time to exercise or eat more healthily. However, more than one in five still report poor work-life balance due to homeworking as a result of COVID-19. Homeworking may have brought a new set of issues for some employees. Isolation can have a profound effect on a person's state of mind, on their self-esteem and on their overall lifestyle. While 72% of HR respondents say they are providing new or better support for people working from home, it is naturally more



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challenging to recognise potential issues in remote work settings and it requires good communication with well-trained line managers.

This year the survey looked at the extent to which women's and men's health issues are provided for in health and wellbeing strategies. Women can experience many specific health needs throughout their lives, including menstrual complications, pregnancy loss, pelvic health, and menopause. Attention to women's health issues clearly lags behind other wellbeing concerns, particularly in the private sector, with no provision at all in many cases (nearly two-thirds not offering any provision in the case of menstrual health). All of these issues can cause deeply emotional as well as physical difficulties through what can be extremely challenging periods of women's lives. We recognise, of course, that health-related issues such as fertility treatment and pregnancy loss can affect men too. Men's health issues also receive very little focus by organisations in the survey.

It is a very positive step when employers acknowledge and offer support mechanisms that can help their employees with their specific health issues, such as employee assistance programmes that offer counselling services or quick access to an online doctor for health advice.

It is encouraging that a substantial proportion of organisations are including provision for working parents or carers of children (56% to a large or moderate extent), though for carers of elderly or ill relatives, another area that disproportionately affects women, it is much more variable (65% offering little or no provision).

Any long-term health condition can take an enormous toll on a person's mental health, and long COVID is no different. With 46% of the organisations surveyed saying they have employees who have experienced long COVID in the last 12 months, and a fifth (20%) saying they are unaware whether any have ongoing symptoms, it is likely that some sufferers are slipping through the net and are not receiving appropriate support. Self-imposed pressure to return to work too quickly and anxiety about the future are just some of the issues that an understanding employer can address.

While financial rewards remain a key element of the employment picture, the last couple of years have highlighted the difference that strong health and wellbeing strategies make to the way an organisation is regarded. To attract and retain the best team, employees need to feel valued and respected as individuals as well as for the contribution they make; business leaders who recognise and address this are likely to have a happier, healthier and more successful workforce.



**Angela Sherwood**  
Chief People Officer,  
Simplyhealth



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## 3 Introduction

This is the CIPD's twenty-second survey report exploring absence and wellbeing practices in UK workplaces, in partnership with Simplyhealth. The survey assessed the impact of the COVID-19 pandemic on employee attendance and health, and how organisations have responded to the crisis. Our analysis explores the policies and activities implemented in organisations across key wellbeing dimensions, including:

- strategies to support people with long COVID
- wellbeing benefits provision
- work-related stress and mental health
- tackling presenteeism and leaveism
- the causes and management of sickness absence.

The survey took place in November and December 2021 and gathered insights from 804 HR professionals spanning the private (57%), public (27%) and voluntary (16%) sectors. This main survey report is complemented by additional reports that explore aspects of health and wellbeing practice in more depth:

- **a guide for HR professionals** drawing on key survey findings to identify priority areas for action
- **a case study report** showing how two organisations – Leek United Building Society and the Scottish Council for Voluntary Organisations (SCVO) – have developed health and wellbeing strategies to support employees.

The aim of this research is to provide readers with a benchmarking and information resource on current and emerging health and wellbeing practices.

## 4 Summary of key findings

### The impact of COVID-19

- Two-thirds (67%) of organisations include COVID-19 among their top three causes of short-term absence (up from 39% last year) and just over a quarter (26%) report long COVID among their top causes of long-term absence. Almost one in ten (8%) organisations lost more than 25% of working time to COVID-19-related absence in the previous 12 months.
- Most organisations are taking additional measures to support employee health and wellbeing in response to COVID-19, most commonly through providing more tailored support to address individuals' needs and concerns (81%), an increased focus on employees' mental health (81%), and new or better support for people working from home (72%).
- A third of organisations (33%) have increased their budget for wellbeing benefits as a consequence of the pandemic.
- Nearly half (46%) of organisations have employees who have experienced long COVID (symptoms lasting 12 weeks or more) in the last 12 months. The majority are taking steps to support them, most commonly through occupational health assessments, tailoring support to individual needs and promoting flexible working. Fewer (26%) provide guidance/training for line managers on how to support people to stay at work when managing health conditions.



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### Just over half of organisations take a strategic approach to employee wellbeing

- Half of organisations (51%) take a strategic approach to employee wellbeing. These organisations are far more likely to report a number of positive achievements from their activity, at both the individual and organisational level.
- Health and wellbeing activity most commonly focuses on mental health (the main cause of long-term absence) but most also make some effort to promote values/principles, collective/social relationships, good work (for example, job design, work-life balance) and physical health. Financial wellbeing remains the most neglected area.
- There is considerable variation in the extent to which organisations include specific wellbeing provision for particular groups of employees (such as carers) or issues (such as bereavement, suicide risk and prevention, chronic health conditions or good sleep hygiene). Only a minority include provision for issues such as menstrual health and men's health.
- Nearly one in five (19%) are not currently doing anything to improve employee health and wellbeing.

### Less focus on health and wellbeing compared with the first year of the pandemic

- Seven in ten (70%) of HR respondents agree that employee wellbeing is on senior leaders' agendas (down from 75% last year) and 60% believe that line managers have bought into the importance of wellbeing (down from 67% last year). While these figures are lower than in the first year of the pandemic, the longer-term trend suggests that employee wellbeing has been gradually rising up the corporate agenda.
- Looking forward, nearly one in ten (9%) respondents expect their organisation's health and wellbeing budget to increase significantly over the next 12 months and a further 32% for it to increase slightly. Few anticipate decreases in their budget.

### Small dip in activity to reduce stress compared with the first year of the pandemic

- Two-thirds (66%) of respondents are extremely or moderately concerned about the impact of the pandemic on employees' mental health, down from 82% last year.
- We have seen a small dip in activity to address workplace stress compared with last year and fewer organisations are taking action to increase awareness of mental health issues or to identify mental ill health among staff who work remotely.
- However, the vast majority of organisations are taking action to support employee mental health at work, most commonly through employee assistance programmes, phased return to work or other reasonable adjustments, or access to counselling services.
- Just over two-thirds (68%) of respondents believe their organisation actively promotes good mental wellbeing (down from 77% last year). Around half believe they are effective in tackling workplace stress (52%) or in identifying and managing the mental health risks arising from COVID-19 (48%).

### More organisations are taking steps to tackle 'presenteeism'

- 'Presenteeism' (working when ill) remains prevalent. However, fewer HR respondents report observing it in the workplace (2022: 65%; 2021: 75%), although more report observing it among those working from home (2022: 81%; 2021: 77%).
- Over the last few years there has been a steady increase in the proportion of organisations that are taking steps to discourage presenteeism (53% of organisations in 2022 compared with 45% in 2021 and 32% in 2020).
- Two-thirds (67%) of HR respondents are aware of some form of 'leaveism' such as using holiday entitlement to work or when sick over the past 12 months. Just three in ten respondents (30%) report that their organisation has taken steps to tackle it, in little change from last year.
- Just half (51%) of organisations taking steps to address leaveism and 27% of those taking steps to address presenteeism are investigating their potential causes.





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### Line managers play a pivotal role but often lack the skills required

- The majority of organisations look to line managers to take primary responsibility for managing both short-term (70%) and long-term (61%) absence.
- Six in ten (60%) provide managers with training in handling short-term absence and 65% provide them with tailored support for managing long-term absence.
- Less than two-fifths (38%) of HR respondents agree that managers are confident to have sensitive discussions and signpost people to expert sources of help when needed; even fewer (29%) believe they are confident and competent to spot the early warning signs of mental ill health. This isn't surprising given that just over two-fifths (44%) of organisations are training managers to support staff with mental ill health.
- Management style remains among the most common causes of stress at work.

## 5 The impact of COVID-19

### Key findings

- One in 12 organisations (8%) lost more than 25% of working time to COVID-19-related absence in the 12 months prior to the survey; very few (3%) haven't suffered any pandemic-related absence.
- Most organisations are taking additional action on wellbeing in response to the pandemic, in particular by providing more tailored support to address individuals' needs and through an increased focus on people's mental health. Just over half (52%) have stepped up employee wellbeing support or benefits as a consequence of COVID-19.
- Just under half of organisations (46%) have employees who have experienced, or are experiencing, long COVID (that is, symptoms lasting 12 weeks or more) in the previous 12 months. Most of these are taking steps to support employees, most commonly through occupational health assessments, tailoring support to individual needs and promoting flexible working.

This year's survey was conducted 18 months into the COVID-19 pandemic, in autumn 2021. The year began with a sharp rise in infections and a third national lockdown. COVID-19 cases fell during the spring but rose again when the Delta variant led to a new wave of infections, followed by the highly transmissible Omicron variant. In response, the Government increased the COVID-19 alert level from Level 3 to Level 4, a sharp reminder that the pandemic was not over.

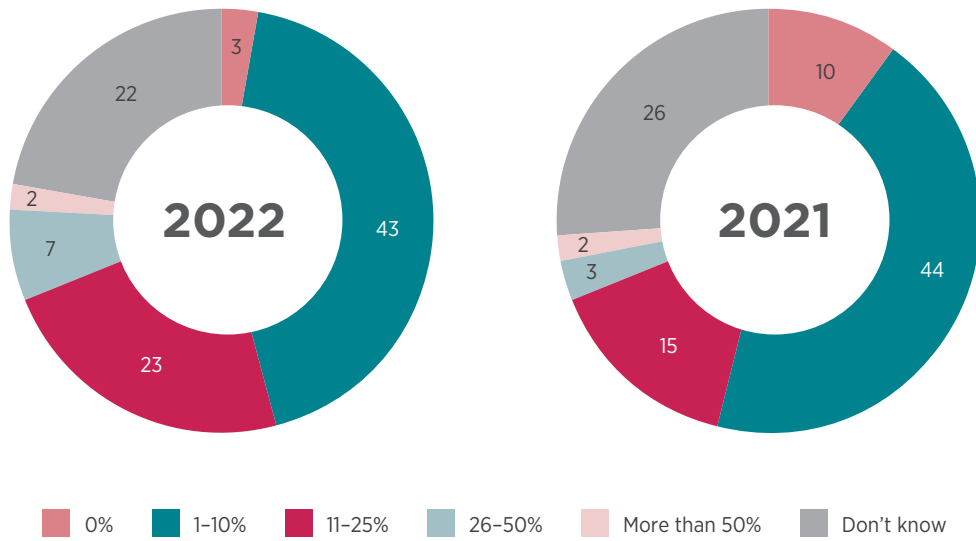
The impact of the pandemic on organisations' absence levels has been considerable, according to our findings. One in 12 (8%)<sup>1</sup> organisations lost more than 25% of working time to COVID-19-related absence over the preceding 12 months and very few (3%) report they have not suffered any such absence (see Figure 1). Moreover, the survey was conducted before the Omicron variant accelerated the number of cases to record levels, amplifying the threat of mass staff absences.

<sup>1</sup> Figure 1 shows rounded percentages.



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**Figure 1: Excluding time furloughed or lost to business closures, what proportion of working time has been lost due to COVID-19 in the last 12 months (including confirmed cases, self-isolation, quarantine, shielding)?**



Base: 582 (2022); 419 (2021).

### Organisations' responses to COVID-19

The pandemic has continued to have an extensive impact on ways of working and patterns of behaviour, with widespread implications for people's wellbeing. It's encouraging that the vast majority of organisations have taken additional action to support employees as a consequence, most commonly through providing more tailored support to address individuals' needs and concerns and an increased focus on employees' mental health, as last year (Figure 2). This reflects the high level of participants' concern regarding the impact of the pandemic on levels of stress and mental health (see [Section 7](#), Managing work-related stress and mental health).

Just under three-quarters of organisations (72%) are providing new or better support for people working from home and nearly half (47%) are encouraging more responsible use of digital technologies. Healthy working practices such as regular movement breaks, time away from screens and time away from work are essential for health and wellbeing.

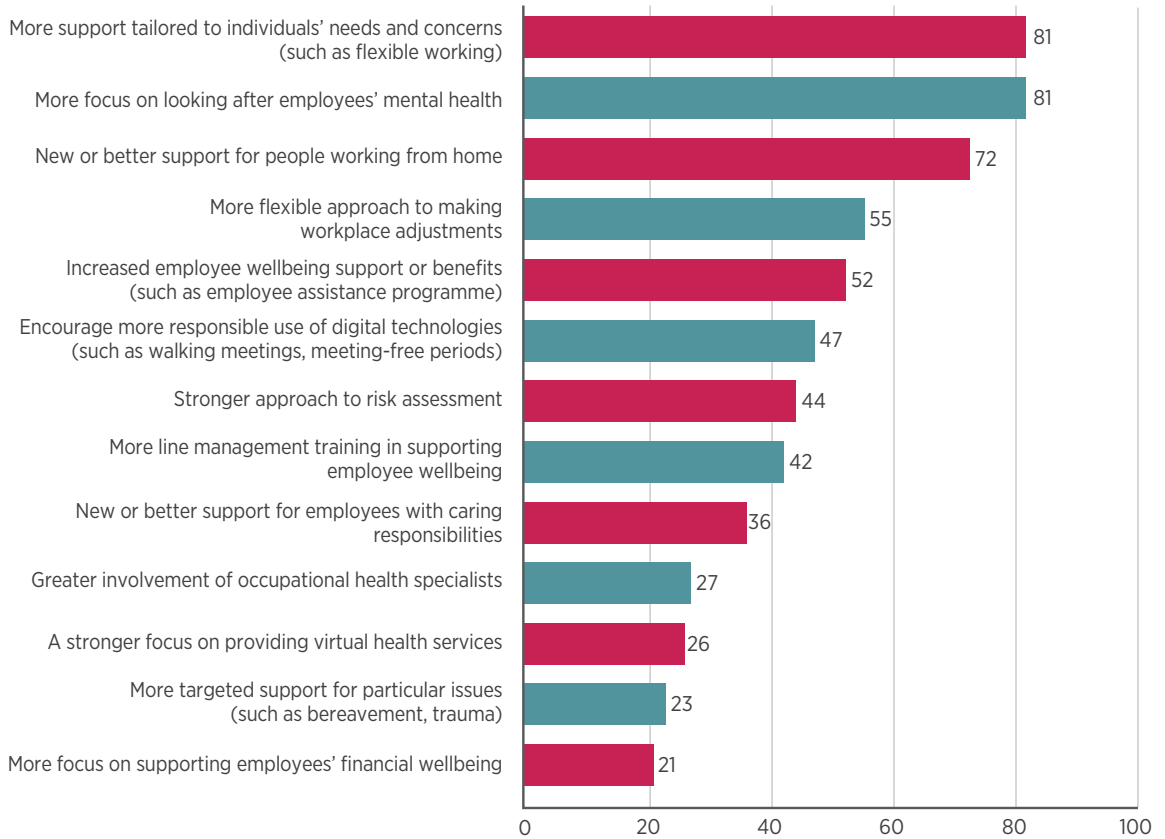
Around two-fifths (42%) are providing more line management training to support employee wellbeing. Line managers are in a critical position to pre-empt threats to wellbeing, address risks and encourage healthy working practices. Ensuring they are supported and equipped to do this effectively is crucial during periods of change, especially when they themselves are faced with additional demands in adapting to new working practices.

The proportion of organisations taking a stronger approach to risk assessment in response to the pandemic has fallen in comparison with last year (2022: 44%; 2021: 56%). This may reflect the establishment of improved practices in the initial response to the pandemic, changing perceptions regarding the level of risk COVID-19 presents, or changing priorities. Similarly, fewer organisations are providing new or better support for employees with caring responsibilities in response to COVID-19 (2022: 36%; 2021: 47%).

Over half (52%) of organisations have responded to COVID-19 by increasing the wellbeing support or benefits they provide and a third (33%) have increased their budget for wellbeing benefits as a consequence (Figure 3). Over a quarter (26%) are focusing on providing more virtual health services (Figure 2).

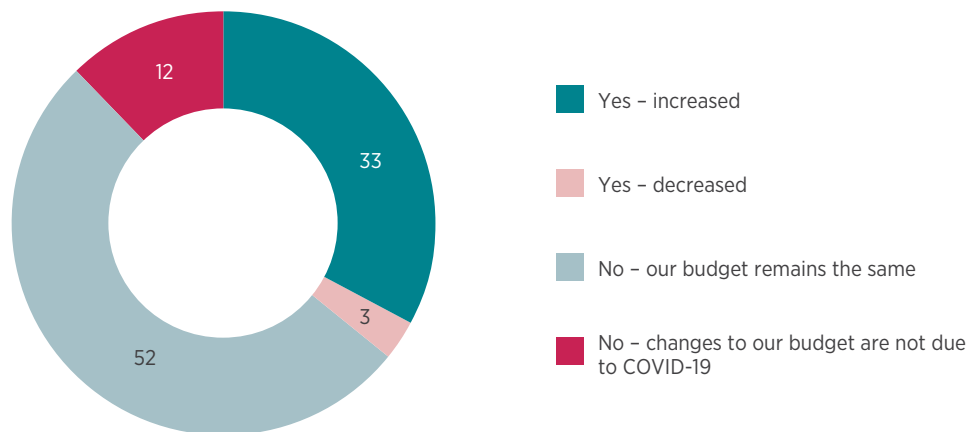
A key focus of the Government’s plan to combat the pandemic is its national vaccination programme. Therefore, it’s encouraging that just over two-thirds of organisations (68%) provide paid time off for employees to attend vaccinations (see [Section 13](#), Appendix .

**Figure 2: Additional measures taken to support employee health and wellbeing in response to COVID-19 (% of organisations with health and wellbeing activity)**



Base: 542.

**Figure 3: Has your organisation’s allocated budget for wellbeing benefits changed as a consequence of COVID-19? (%)**



Base: 596.



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## Long COVID is an ongoing concern

The [National Institute for Health and Care Excellence \(NICE\)](#) defines post-COVID syndrome, or long COVID, as ‘*signs and symptoms that develop during or following an infection consistent with COVID-19 which continue for more than 12 weeks and are not explained by an alternative diagnosis*’.

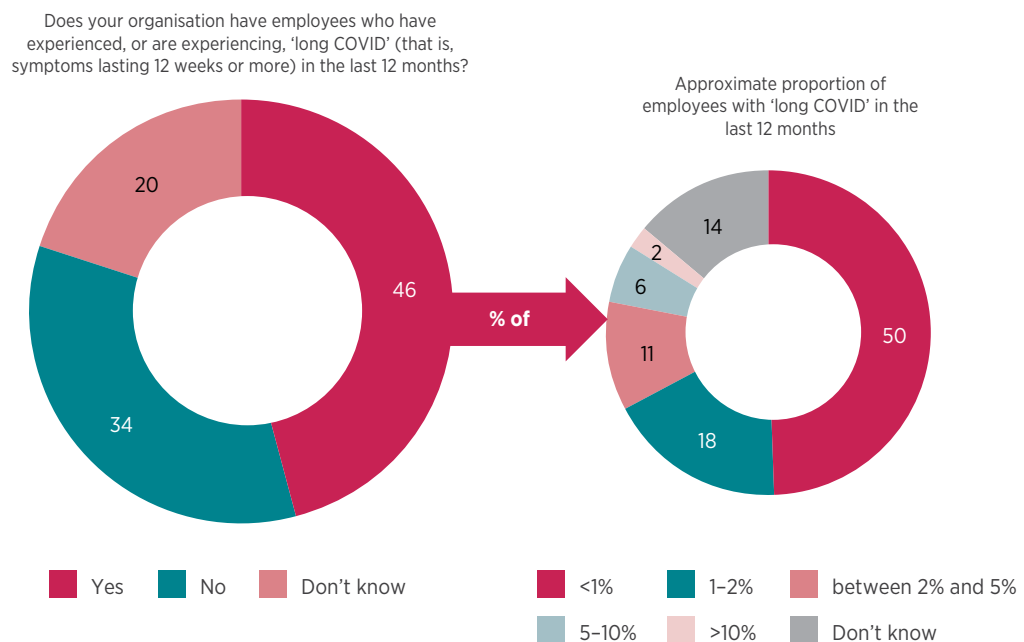
The [prevalence](#) and impact of long COVID is emerging as a significant concern, with one in five people experiencing symptoms lasting 5–12 weeks, and one in ten reporting symptoms after 12 weeks or longer. The science and medical communities are still learning about the true impact of long COVID on an individual’s physical and mental health, but it’s clear the condition needs attention from people management professionals. The condition may not yet be fully understood or defined, but it can have serious debilitating implications for individuals.

This year, we included new questions to explore organisations’ experience of employees with long COVID and their efforts to support them.

Nearly half (46%) of respondents report their organisation has employees who have experienced, or are experiencing, ‘long COVID’ in the last 12 months (Figure 4). Most of these believe the proportion with long COVID is small, although one in 12 (8%) report that more than 5% of their employees have experienced long COVID symptoms over the last year. Moreover, these figures are likely to underestimate the issue, as not all employees with the condition are likely to report it and not all respondents knew whether any (or how many) employees had long COVID symptoms.

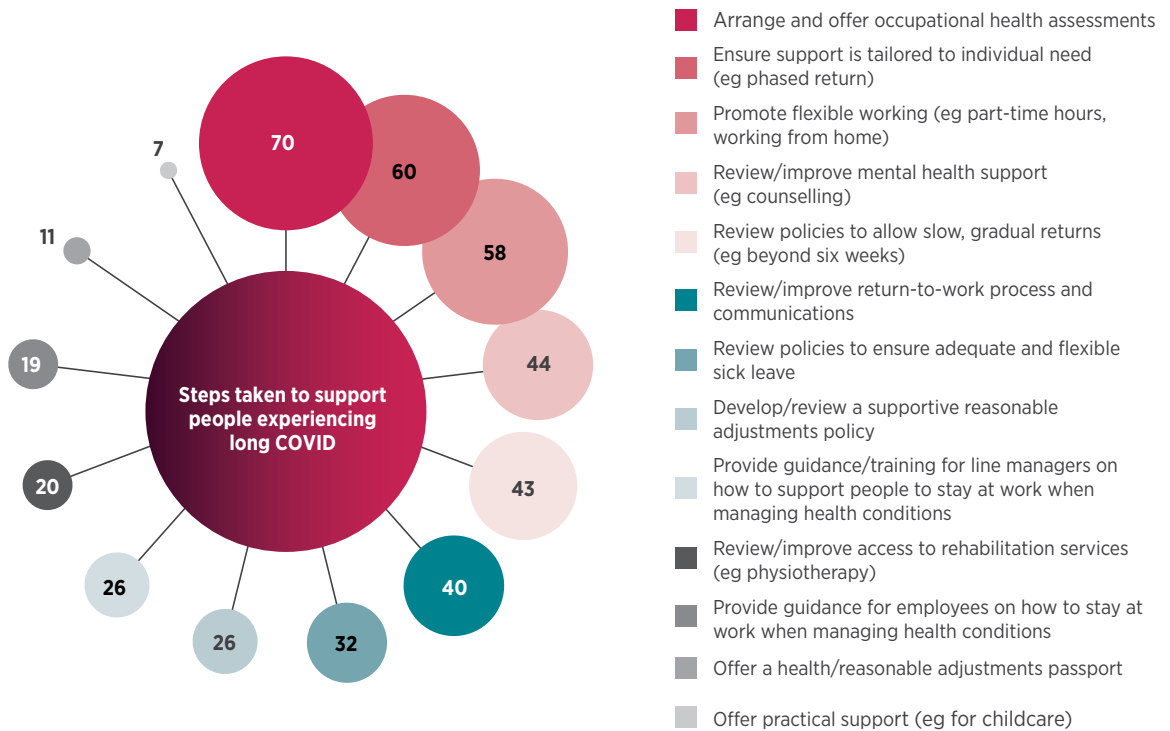
Most organisations that have identified employees with long COVID are taking steps to support them, most commonly through occupational health assessments, tailoring support to individual needs and promoting flexible working (Figure 5). Overall, 44% have reviewed/improved policies to support mental health, although this is more common in the public sector (53%, compared with 35% of private sector organisations and 43% of non-profits).

**Figure 4: The extent of ‘long COVID’ (that is, symptoms lasting 12 weeks or more) in organisations**



Around two-fifths have reviewed/improved policies to allow gradual returns (43%) and improve return-to-work processes and communications (40%). Fewer (26%) provide guidance/training for line managers on how to support people to stay at work when managing health conditions and just under a fifth (19%) provide guidance for employees.

**Figure 5: What steps, if any, has your organisation taken to support people experiencing long COVID (% of organisations that have some employees with long COVID symptoms)**



Base: 301.

## 6 How do employers manage health and wellbeing?

### Key findings

- The focus on wellbeing has waned somewhat compared with the first year of the pandemic, although it remains higher than in previous years.
- Half of organisations (51%) take a strategic approach to employee wellbeing, while 36% are ‘much more reactive than proactive’.
- As in previous years, mental health is the most common focus of wellbeing activity. Access to counselling services and employee assistance programmes remain the most common wellbeing benefits provided. Financial wellbeing remains the most neglected area.

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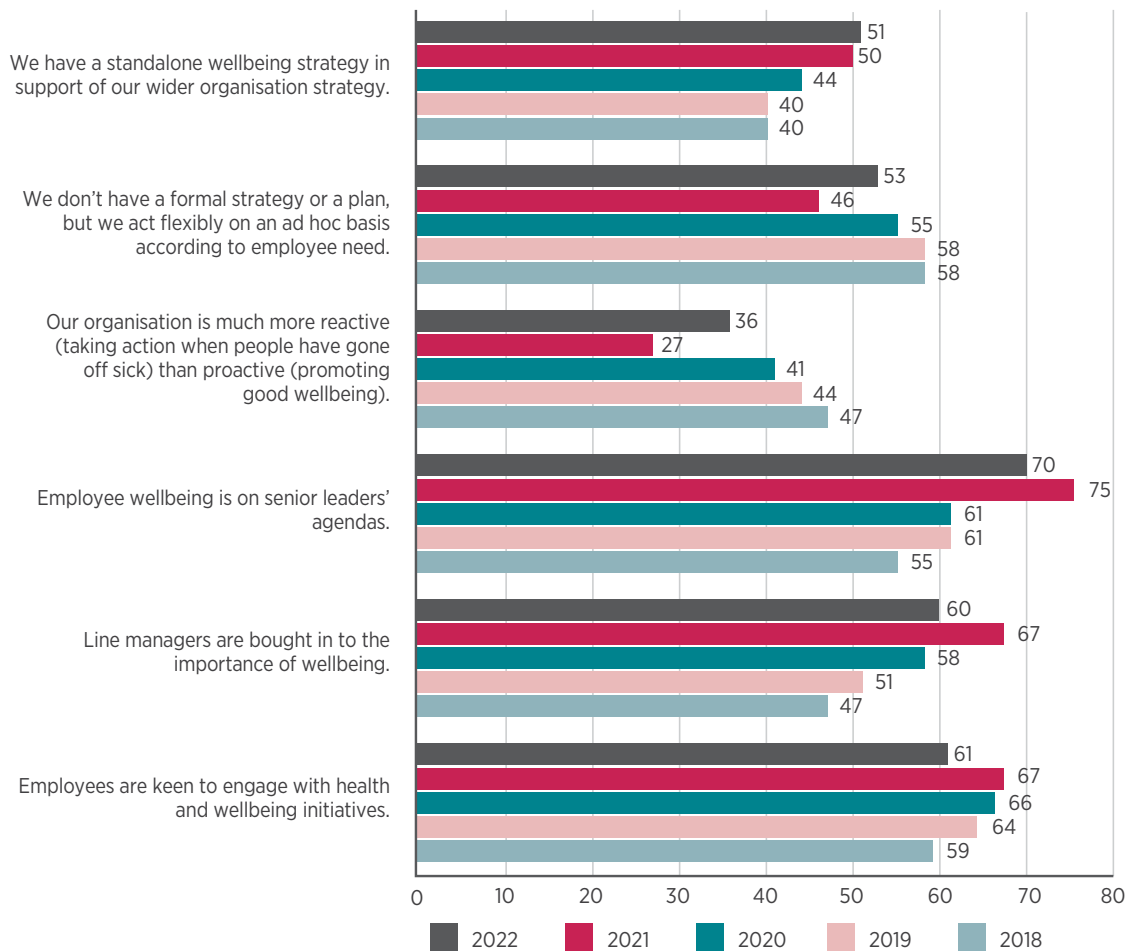
**Key findings (continued)**

- Health and wellbeing activity usually includes at least some provision for carers, bereavement, suicide risk and prevention, chronic health conditions and disabilities, and alcohol or drug misuse. Fewer organisations include any provision for menstrual health, fertility issues, men’s health, good sleep hygiene or menopause transition.
- Organisations that take a strategic approach to wellbeing are far more likely to report a number of positive outcomes for both employees and the organisation.

**The position of health and wellbeing in organisations**

The heightened focus on health and wellbeing during the first year of the pandemic (as shown in our *Health and wellbeing at work survey 2021*) has waned somewhat over the last year (Figure 6).

**Figure 6: The position of health and wellbeing in organisations (% of respondents who agree/strongly agree)**



Base: 802 (2022); 668 (2021); 1,018 (2020); 1,056 (2019); 1,016 (2018).



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While this is disappointing, the overall trend for the last five years suggests that employee wellbeing is gradually rising up the corporate agenda: 70% of respondents agree that employee wellbeing is on senior leaders' agendas this year compared with 55% in 2018, and 60% believe that line managers have bought into the importance of wellbeing (up from 47% in 2018).

Just over half of organisations (51%, up from 40% in 2018) have a standalone wellbeing strategy (Figure 6).

Overall, nearly one in five respondents (19%) report their organisation is not currently doing anything to improve employee health and wellbeing, rising to 24% of SMEs. The larger the organisation, the more likely it is to have a strategic approach to health and wellbeing (see Figure 7).

### Wellbeing budgets stand firm in the main

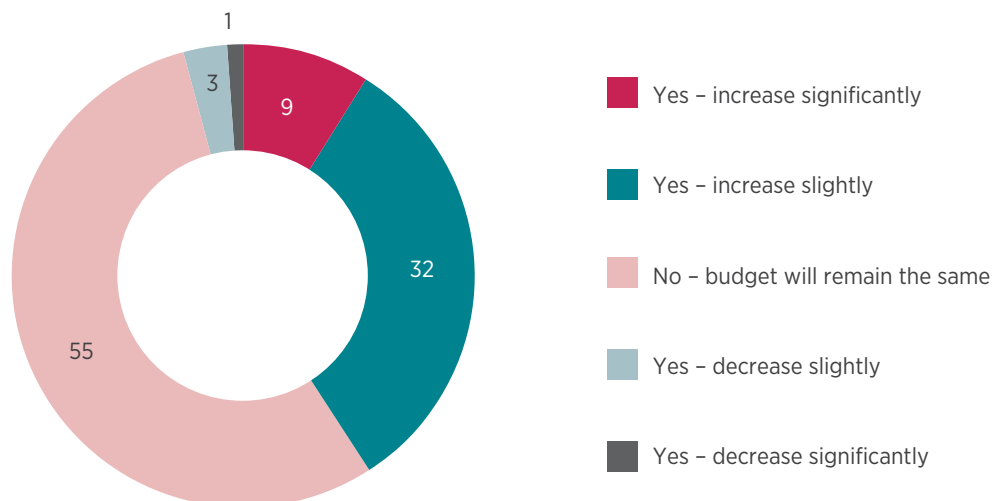
As noted above (Figure 3), a third of organisations (33%) increased their wellbeing spending over the last year in response to COVID-19. Looking forward, four in ten organisations expect their health and wellbeing budget to increase over the next 12 months (Figure 8). Very few organisations anticipate decreases in their budget.

**Figure 7: Approach to employee wellbeing in organisations (% of respondents that agree/strongly agree)**



Base: 593.

**Figure 8: Do you expect your health and wellbeing budget to change over the next 12 months? (%)**



Base: 593.

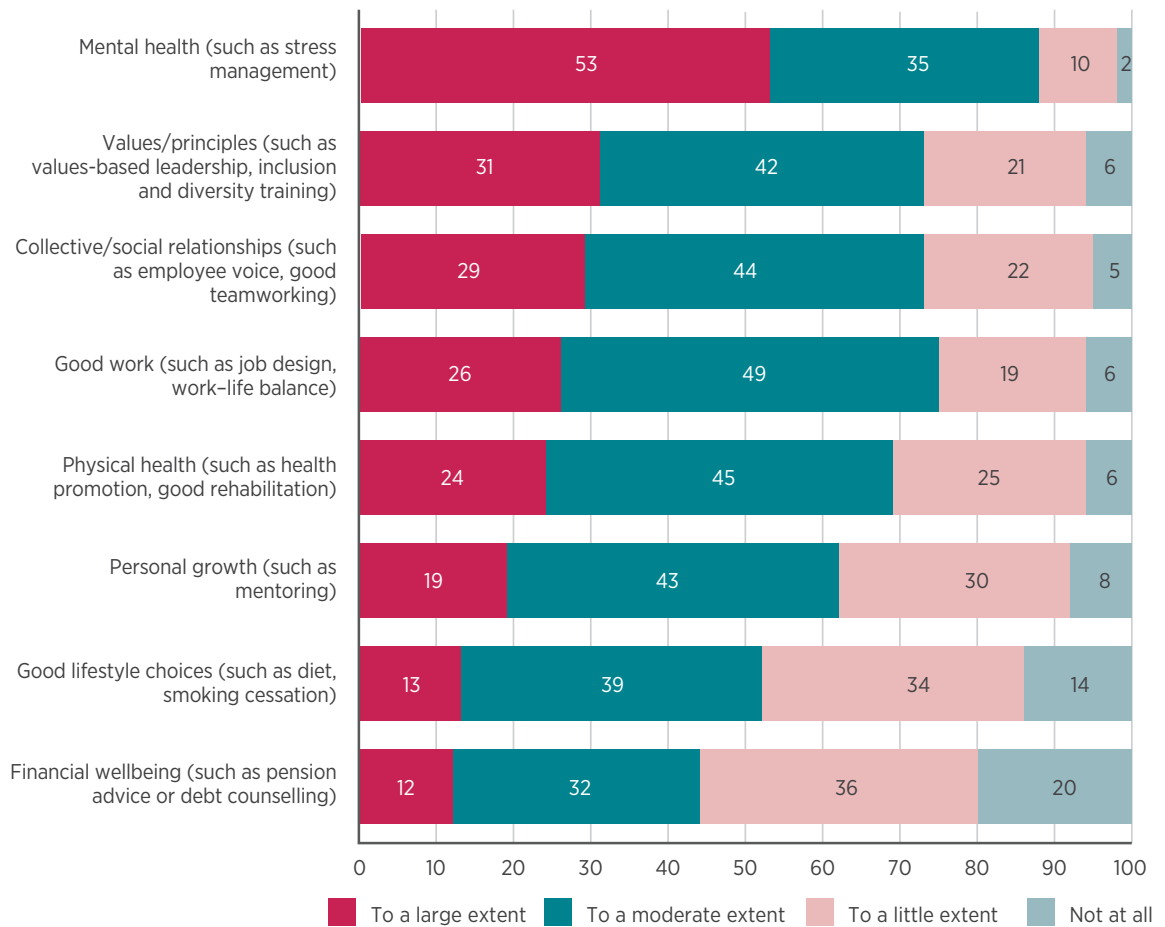


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**Mental health remains the most common focus of health and wellbeing activity**

Organisations with wellbeing activity were asked which aspects of wellbeing their efforts are designed to promote. In similar findings to last year, mental health remains the most common priority, with more than half (53%) reporting their activity is focused on this area ‘to a large extent’ (Figure 9). Most organisations also promote values/principles (values-based leadership), collective/social relationships, good work (for example, job design, work-life balance) and physical health. It’s disappointing that financial wellbeing remains the most neglected area, with under half focusing on this important aspect of wellbeing.

**Figure 9: To what extent is your employee health and wellbeing activity designed to promote:**



Base: 575 (organisations that take steps to improve employee health and wellbeing).

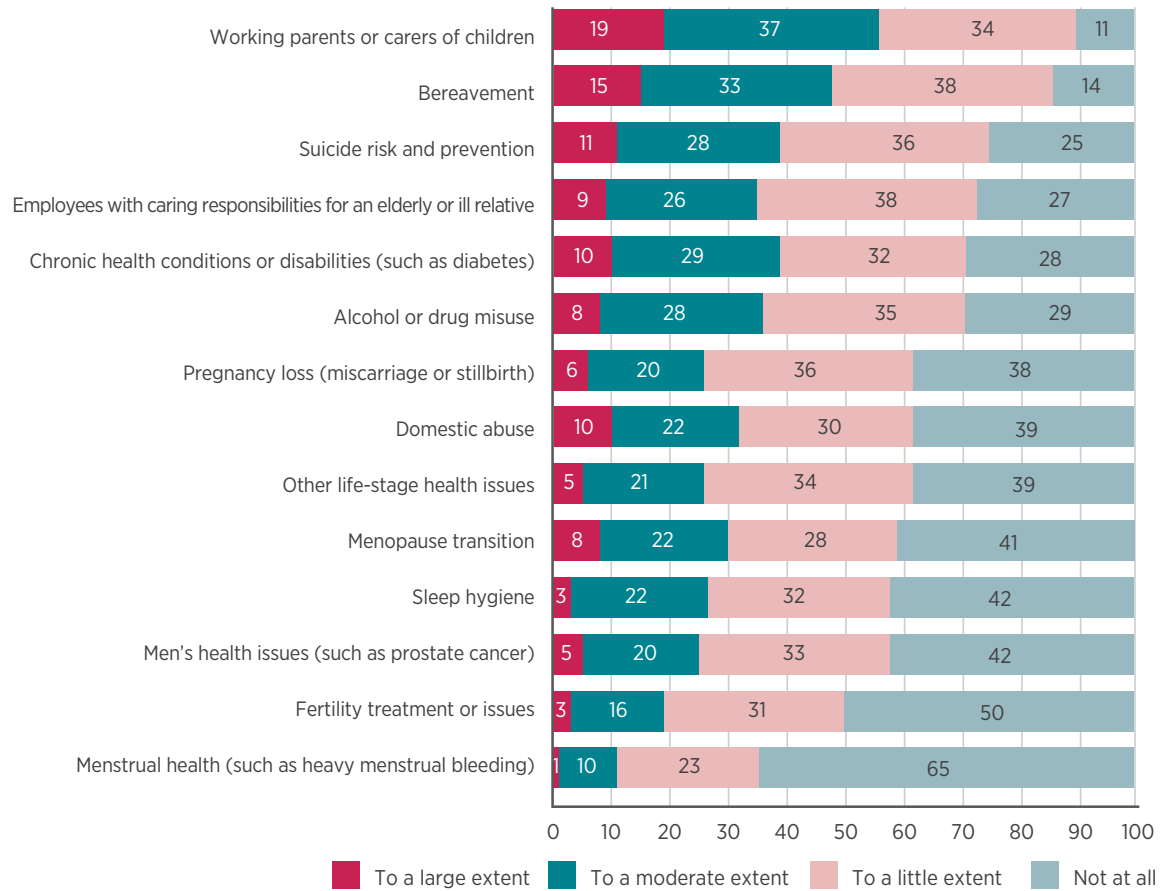
**Wellbeing provision**

This year we included a new question to explore the extent of health and wellbeing provision for specific issues and groups of employees. Nearly two-thirds (56%) include provision for working parents/carers of children, and just under half (49%) for bereavement, to a large or moderate extent.

The degree to which organisations focus on other issues, such as elder-care responsibilities, suicide risk and prevention, chronic health conditions or disabilities, alcohol or drug misuse, or domestic abuse, is more mixed, with a substantial minority offering no support at all for these issues (Figure 10). Issues such as menopause transition, sleep hygiene, men’s health issues, fertility treatment or issues, and menstrual health receive less attention.



**Figure 10: Does your employee health and wellbeing activity include provision (for example, policies, guidance, awareness-raising or line manager training) for any of the following? (%)**



Base: 577 (organisations that take steps to improve employee health and wellbeing).

Public sector organisations are considerably more likely to include provision for all these issues compared with their counterparts in the private and non-profit sectors. In particular, they are more likely to include provision for:

- domestic abuse (51% to a large or moderate extent, compared with 37% of non-profits and 20% of the private sector)
- menopause transition (50% to a large or moderate extent, compared with 32% of non-profits and 19% of the private sector)
- employees with caring responsibilities for an elderly or ill relative (53% to a large or moderate extent, compared with 35% of non-profits and 26% of the private sector).

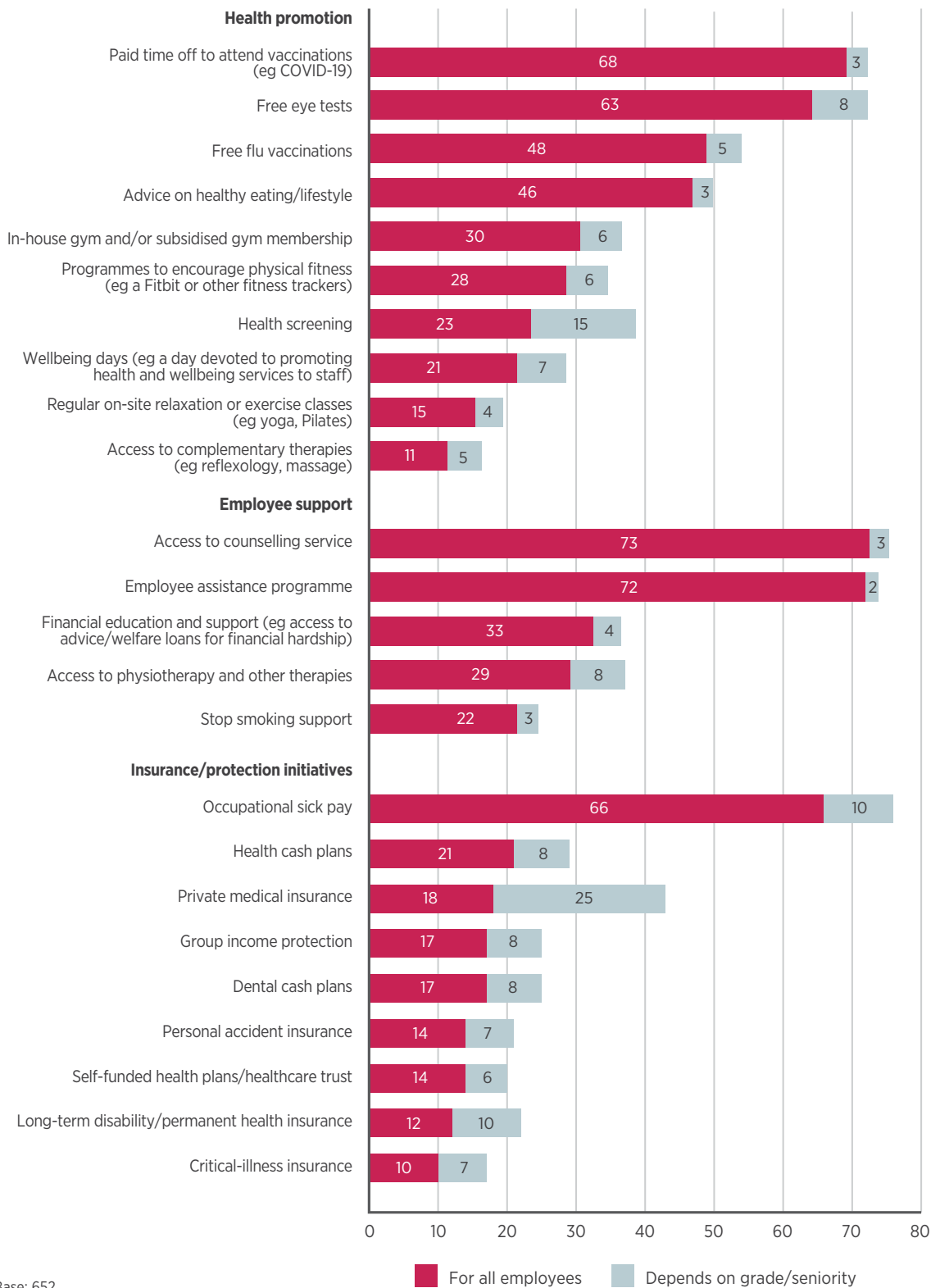
Larger private sector and non-profit organisations are also more likely to provide support in all these areas than smaller ones.

### Wellbeing benefits on offer

Most organisations provide a combination of wellbeing benefits to provide support, promote good health and protect income. As in previous years, access to counselling services and employee assistance programmes are the most common benefits provided by around three-quarters of organisations (Figure 11). Far fewer provide any financial education and support (37%), in line with our findings above (Figure 9) that financial wellbeing is the least common focus of wellbeing activity.

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Figure 11: Employee wellbeing benefits provided by employers (%)



Base: 652.

The vast majority of organisations offer some form of health promotion benefit. Nearly three-quarters (71%) are encouraging employees to take up vaccinations (for example, for COVID-19) through paid time off, and more than half (53%) offer free flu vaccinations (at least for some groups of staff). Free eye tests are also commonly provided as in previous years.

Overall, two-thirds (66%) of organisations have occupational sick pay schemes for all employees and an additional 10% have them for some groups of employees. They are

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particularly common in the public sector (see [Appendix](#)). Three-fifths of organisations (61%) offer some other form of insurance or protection initiative, at least to some groups of staff, in little change from previous years. These are more common in the private sector.

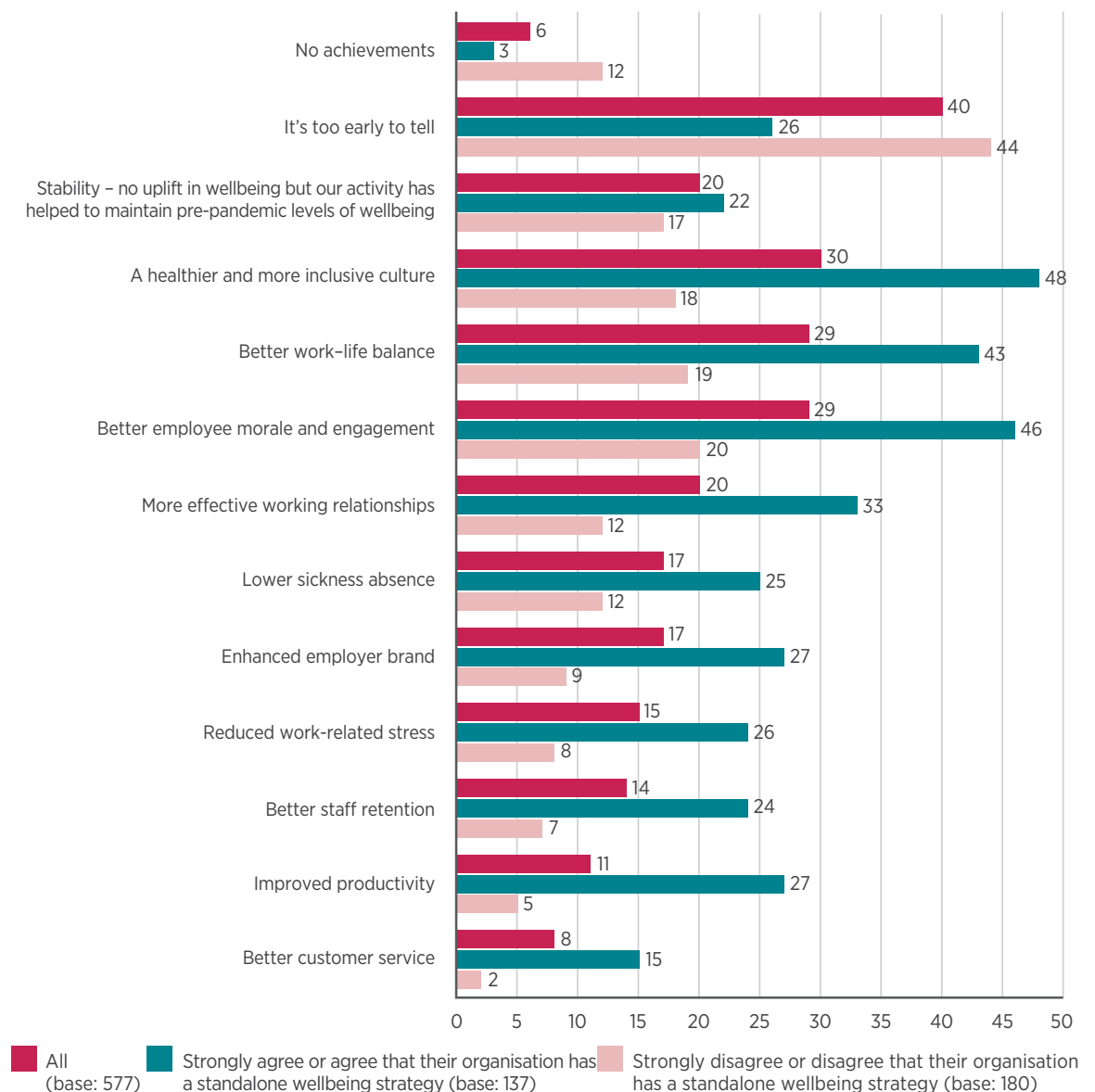
Public and non-profit sector organisations are more likely than those in the private sector to offer counselling services and employee assistance programmes. Free flu vaccinations, financial education and support, stop smoking support and advice on healthy eating are also more commonly on offer in the public sector (see [Appendix](#)).

### The impact of health and wellbeing activity

Just 6% of respondents report their organisation’s health and wellbeing activity has not resulted in any positive benefits, although two-fifths (40%) report it’s too early to tell and one in five (20%) report their activity has not led to an uplift in wellbeing but it has helped to maintain pre-pandemic levels.

Figure 12 shows that organisations that take a strategic approach to wellbeing are far more likely to report a number of positive outcomes for both employees and the organisation.

**Figure 12: What has your organisation’s employee health and wellbeing activity achieved? (% with health and wellbeing activity)**



Over a quarter (27%) of those with a standalone health and wellbeing strategy report improved productivity compared with just 5% of those that don't, for example. These findings highlight the importance of taking a targeted, strategic approach to wellbeing, and the wider organisational gains that are possible from concerted investment in wellbeing.

*'Senior managers need to engage with all colleagues and not just assume what they need. Different groups need different things.'*

**Respondent from large public sector health organisation**

*'Keeping people well also protects operational resilience.'*

**Respondent from transportation and storage SME**

## 7 Managing work-related stress and mental health

### Key findings

- In last year's survey report, with very high levels of concern about the impact of the pandemic on employees' mental health, we saw an increase in efforts to reduce stress and promote good mental health. This year, levels of concern have slipped somewhat, although two-thirds (66%) of respondents remain extremely or moderately concerned about the impact of the pandemic on employees' mental health (last year, it was 82%). This year, there's a corresponding reduction in the proportion of organisations taking a number of steps to address stress and promote mental health.
- Overall, however, the longer-term trends are still encouraging in terms of organisations' focus on mental wellbeing. For example, more than two-thirds (68%) of respondents believe their organisation actively promotes good mental wellbeing.
- The impact of employers' efforts is not what it could be, however; for example, around half of respondents believe their organisation is effective in tackling workplace stress (52%) or in identifying and managing the mental health risks arising from COVID-19 (48%).
- Respondents remain less positive regarding the skills and confidence of managers to support and assist with mental health. Management style also remains among the most common causes of stress at work.

### Stress at work

Our findings below (see [Causes of absence](#)) show that stress continues to be one of the main causes of short- and long-term absence. In very similar findings to last year, nearly four-fifths (79%) of respondents report some stress-related absence in their organisation over the last year, and this figure rises to 90% of large organisations (with more than 250 employees).



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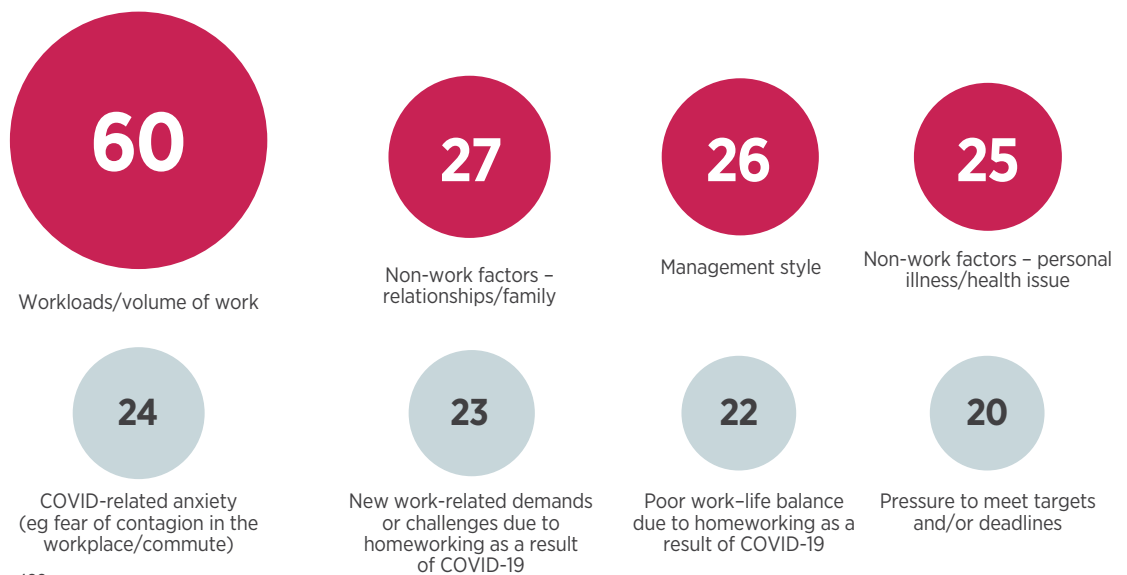
### COVID-19 is among the main causes of stress at work

Workloads remain by far the most common cause of stress at work, as in previous years (Figure 13). In some organisations the COVID-19 pandemic will have significantly increased workloads, both directly (for example, due to additional operational demands and health and safety procedures) and indirectly (for example, due to higher than usual levels of absence affecting staffing levels).

COVID-19 has also created additional stress. Nearly a quarter (24%) of organisations include COVID-related anxiety (such as fear of contagion) among their top three causes of workplace stress. We have seen a slight fall in the proportion including new work-related demands or challenge due to homeworking as a result of COVID-19 (2022: 23%; 2021: 31%), although it's not clear if this is due to more employees returning to the workplace, improved support from employers, or adjustments by employees. More than one in five report that poor work-life balance due to homeworking as a result of COVID-19 is a main cause of stress-related absence.

'Management style' remains among the most common causes of workplace stress, highlighting the importance of effective management practices and training.

Figure 13: The most common causes of stress at work (%)



Base: 482.

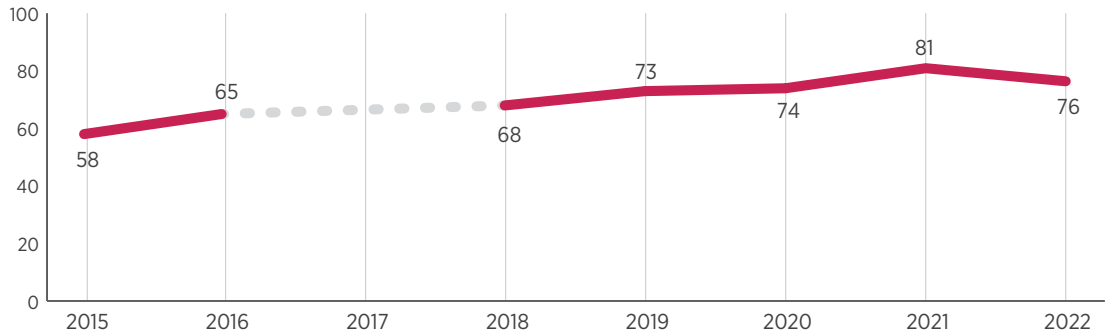
### Three-quarters of organisations are taking steps to identify and reduce stress

Just over three-quarters (76%) of organisations that report stress-related absence are taking steps to address it. This figure is slightly lower than last year, but a small improvement on previous years (see Figure 14). Public and non-profit organisations are more likely to take action than those in the private sector (public sector: 85%; non-profits: 80%; private sector: 70%).



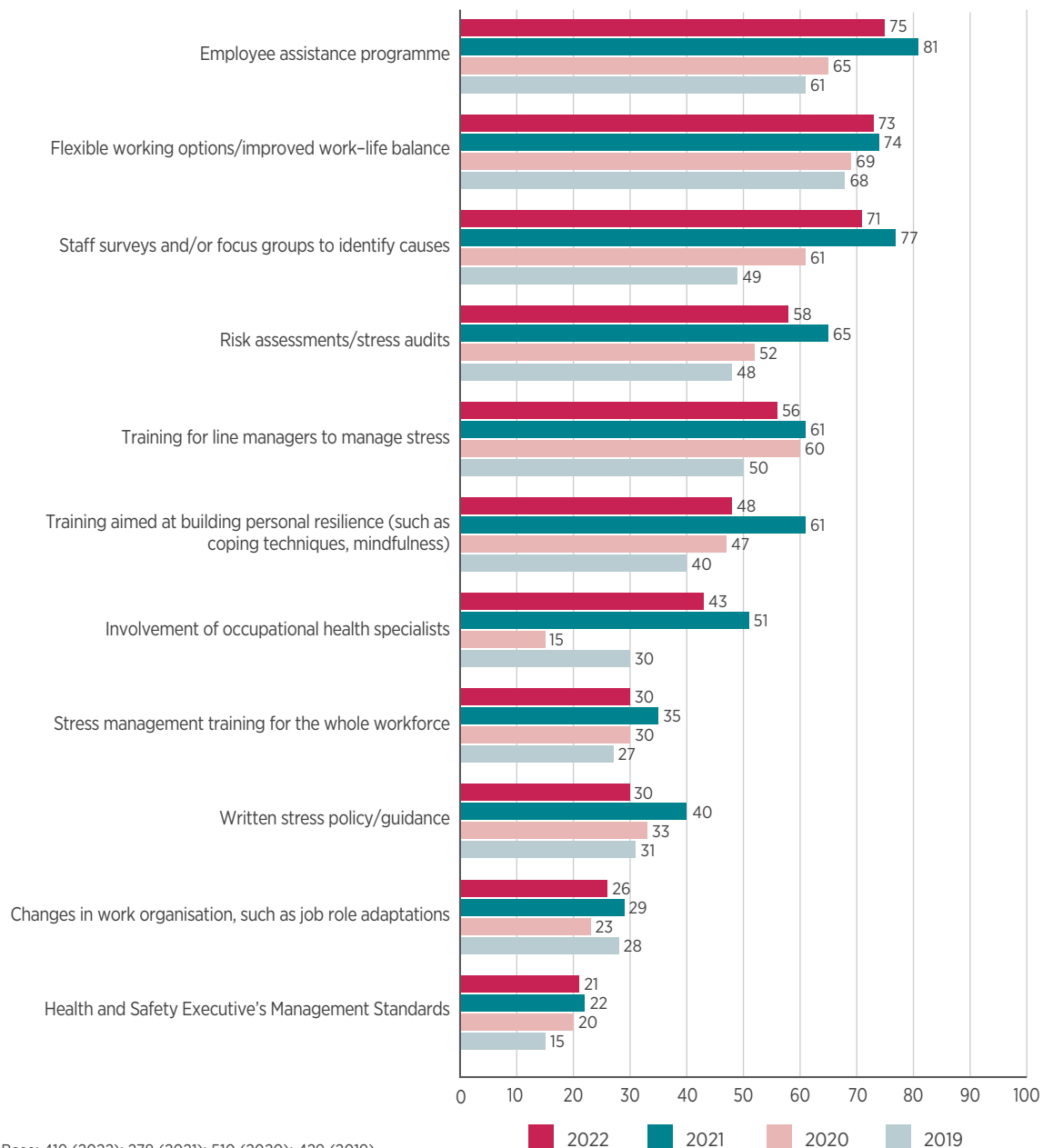
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**Figure 14: Proportion of organisations that are taking steps to identify and reduce stress at work (% of respondents that report stress-related absence in their organisation)**



Base: 455 (2022); 346 (2021); 561 (2020); 482 (2019); 483 (2018); 585 (2016); 455 (2015). Note: No report was published in 2017.

**Figure 15: Methods used to identify and reduce stress in the workplace (% of respondents in organisations that are taking steps)**



Base: 419 (2022); 278 (2021); 510 (2020); 429 (2019)



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### Methods used to identify and reduce stress

Employee assistance programmes, flexible working options/improved work-life balance and staff surveys or focus groups to identify causes remain the most common methods used to identify and reduce stress. Figure 15 on the previous page suggests, however, that the increased focus on identifying and reducing stress observed last year has waned somewhat this year, although the use of most methods is at least somewhat higher than in previous years.

Public sector organisations are more likely to use most of the methods shown in Figure 15. In particular, they are more likely to involve occupational health specialists (68%, compared with 45% of non-profits and 28% of the private sector) and conduct risk assessments/stress audits (78%, compared with 59% of non-profits and 46% of the private sector).

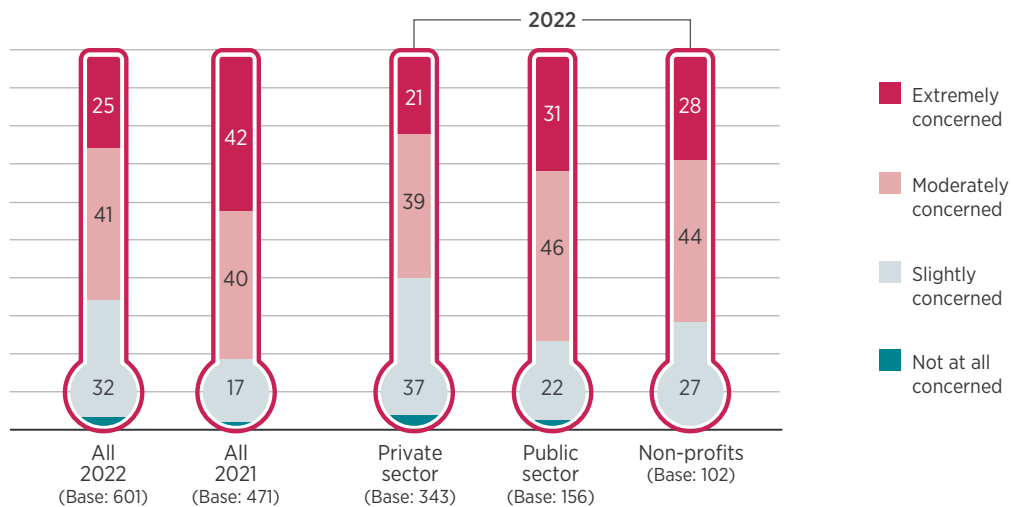
In similar findings to previous years, just over half (52%) of respondents in organisations that are taking steps to tackle stress believe that their organisation is effective at managing work-related stress (17% disagree/strongly disagree that they are effective). Many may still be getting to grips with the new challenges arising from the pandemic and struggling to operate with reduced staffing levels. The continued disruption caused by the pandemic emphasises the need for organisations to develop flexible resourcing strategies.

### Concerns about mental health

Mental ill health has been a significant and growing concern for organisations over the past few years. It is the most common cause of long-term absence and the main focus of organisations' wellbeing activity. The pandemic has exacerbated rates of stress and anxiety for many, with some groups of people (such as keyworkers and those with a pre-existing mental health condition) particularly affected.

A quarter of respondents (25%) are extremely concerned about the impact of the pandemic on employees' mental health and a further 41% are moderately concerned. Just 2% report they are not at all concerned. Respondents from the public sector and non-profit organisations are most likely to be extremely concerned (Figure 16).<sup>2</sup> These figures show that levels of concern are still high, albeit lower than last year.

**Figure 16: Are you concerned about the impact the COVID-19 pandemic has had/is having on employees' mental health? (%)**



<sup>2</sup> Respondents from public sector health organisations are most concerned (55% are extremely concerned and a further 32% moderately concerned).



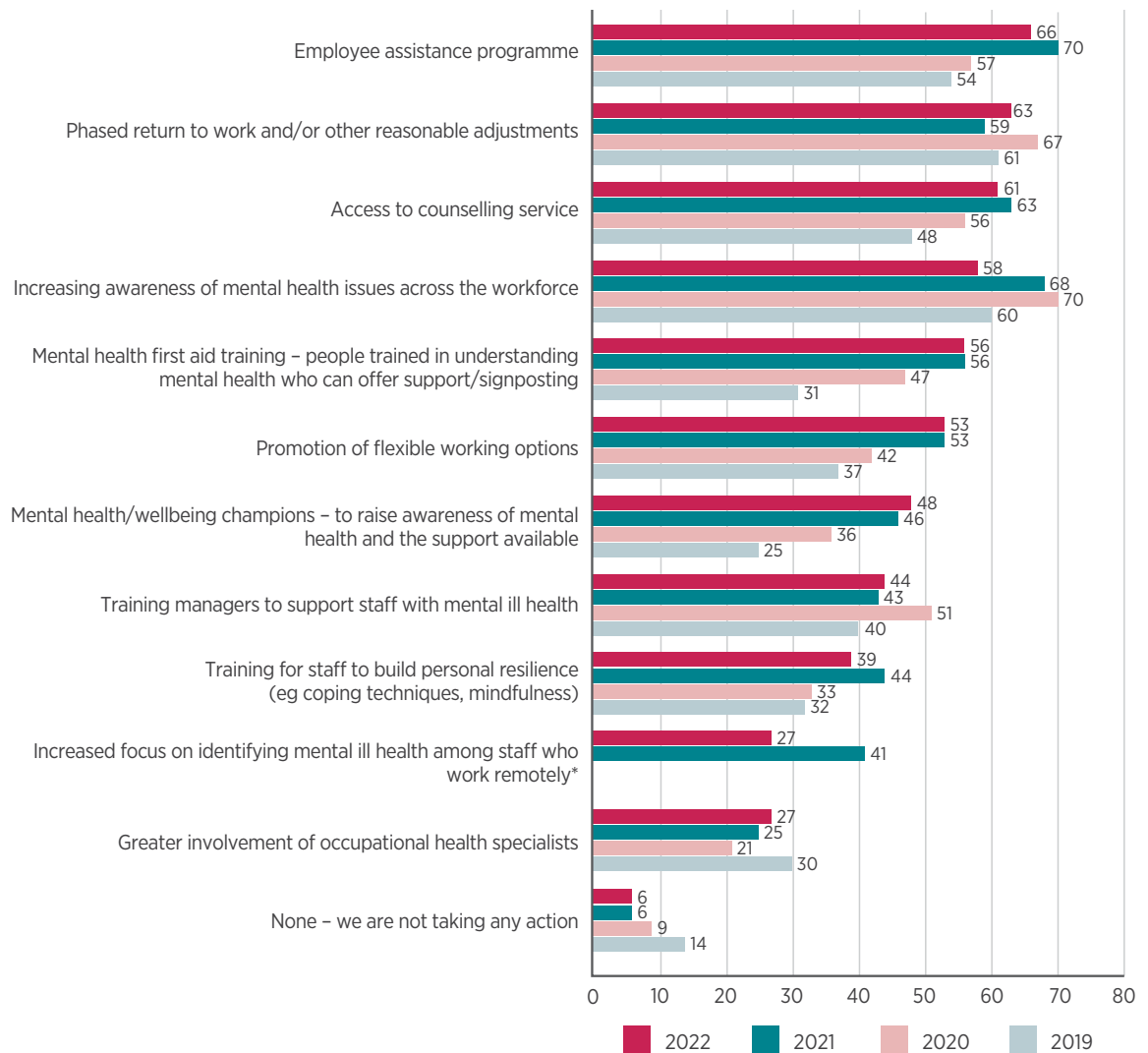
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The vast majority of organisations are taking action to support employee mental health at work, most commonly through employee assistance programmes, phased return to work and/or other reasonable adjustments, or access to counselling services (Figure 17). Larger organisations and those in the public sector are more likely to use most of these methods.

Over the last few years, we have seen growth in the number of methods to support mental health, a trend that accelerated last year as the pandemic increased concerns about this. The growth has stalled somewhat this year, but for the most part the longer-term trend remains positive.

However, our findings indicate a considerable reduction in the proportion of organisations that have increased their focus on identifying mental ill health among employees who work remotely (27% this year compared with 41% in 2021). This may partly reflect the trend for workers to return to workplaces in the months preceding the survey. Nevertheless, ONS data<sup>3</sup> shows that 30% of working adults were working from home at least some of the time in the first week of November 2021.

**Figure 17: Actions taken to manage employee mental health at work (%)**



Base: 606 (2022); 471 (2021); 751 (2020); 675 (2019).  
 \* No comparable figures for previous years, as this was a new option.

<sup>3</sup> ONS data (accessed 5 January 2022).





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Given our findings (Figure 13) that the demands and challenges posed by homeworking and its impact on work-life balance are among the most common causes of workplace stress, it's important that organisations maintain close connections and support for homeworkers. It's also disappointing that well under half (44%) are training managers to support staff with mental ill health given the critical role they play in identifying early warning signs of distress or poor mental wellbeing, making adjustments and signposting to support.

*‘Regular mental health surveys give us an action plan for our road map to improve the mental health and wellbeing culture.’*

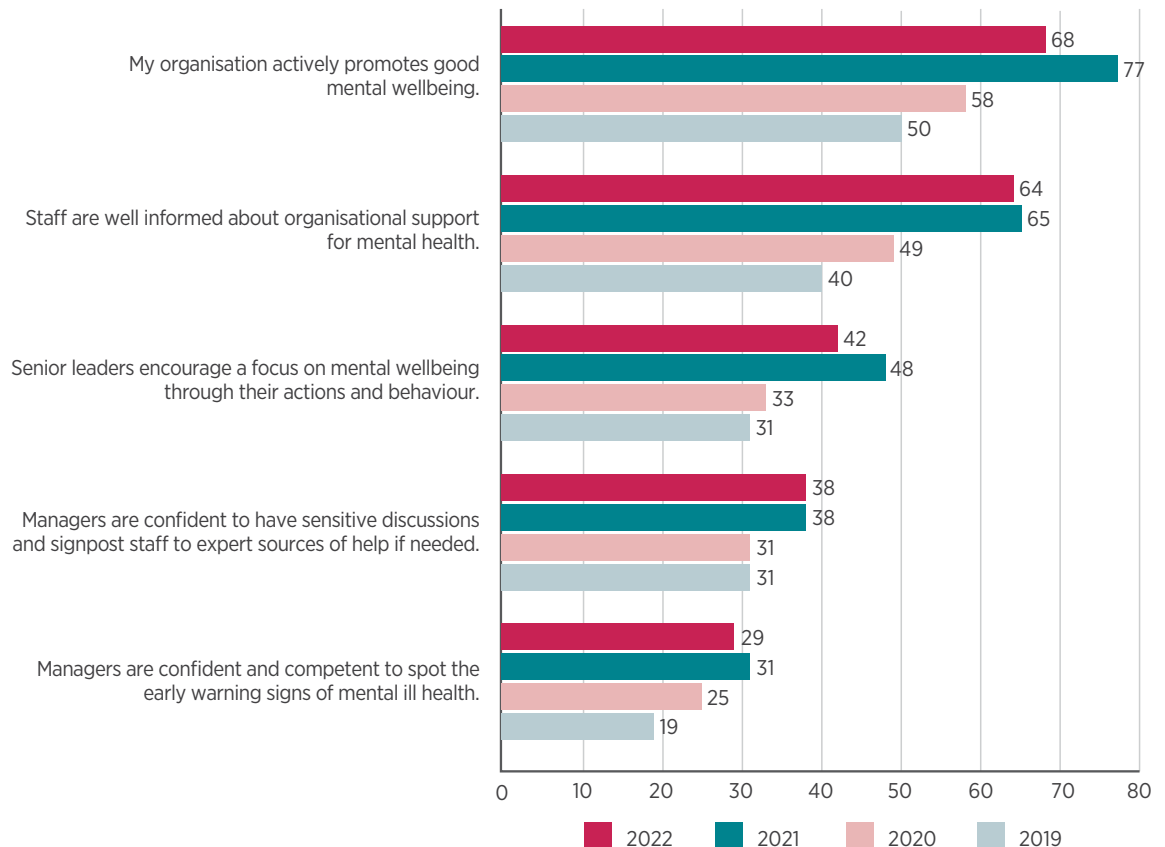
Private sector SME

### Effectiveness in promoting good mental health

Just over two-thirds of respondents (68%) believe their organisation actively promotes good mental wellbeing and nearly as many (64%) believe that employees are well informed about organisational support for mental health (Figure 18). However, it's disappointing that we are not seeing stronger leadership on this issue; just over two-fifths (42%) agree that senior leaders encourage a focus on mental health through their actions and behaviour.

As in previous years, respondents remain less positive regarding the skills and confidence of managers to support people's mental health. Well under half (38%) agree that managers are confident to have sensitive discussions and signpost people to expert sources of help when needed, and even fewer (29%) that they are confident and competent to spot the early warning signs of mental ill health.

Figure 18: Effectiveness in promoting positive mental health (%)



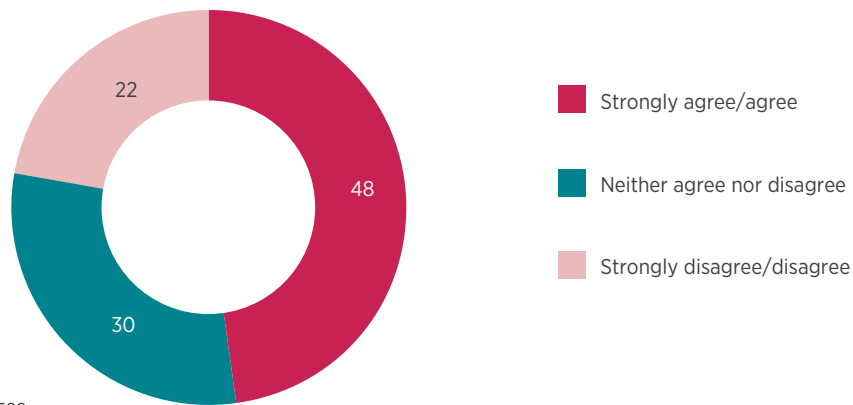
Base: 605 (2022); 470 (2021) 749 (2020); 658 (2019); 658 (2018).



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While the vast majority (81%) of organisations increased their focus on mental health in response to the pandemic (Figure 2, above), just under half (48%) believe that they have been effective at identifying and managing the mental health risks arising from COVID-19 (Figure 19). It has clearly been a difficult period for many organisations, with staff shortages, high absence levels, business uncertainty and people’s personal challenges adding to the pressures of the pandemic. But supporting employees to help ensure they have the mental and physical resilience to function in their roles where possible is critical. Organisations cannot afford to lose good employees to mental ill health, burnout or stress.

**Figure 19: My organisation has been effective at identifying and managing the mental health risks arising from COVID-19 (%)**



Base: 599.

## 8 Tackling presenteeism and leaveism

### Key findings

- Presenteeism among employees in the workplace has fallen, although it is somewhat more prevalent among homeworkers compared with last year and is observed in the majority of organisations. Just over half (53%) of organisations are taking steps to address presenteeism, up from 45% last year.
- Two-thirds (67%) of respondents have observed some form of leaveism, such as employees working outside contracted hours or using holiday entitlement to work, over the past 12 months. Just three in ten respondents (30%) report their organisation has taken steps to address this unhealthy practice over the last 12 months, in little change from last year.
- There’s an increase in the proportion of organisations reviewing the use of digital technology and the ability of employees to ‘switch off’ when not working.
- Just half (51%) of those taking steps to address ‘leaveism’ and 27% of those taking steps to address ‘presenteeism’ are investigating their potential causes.



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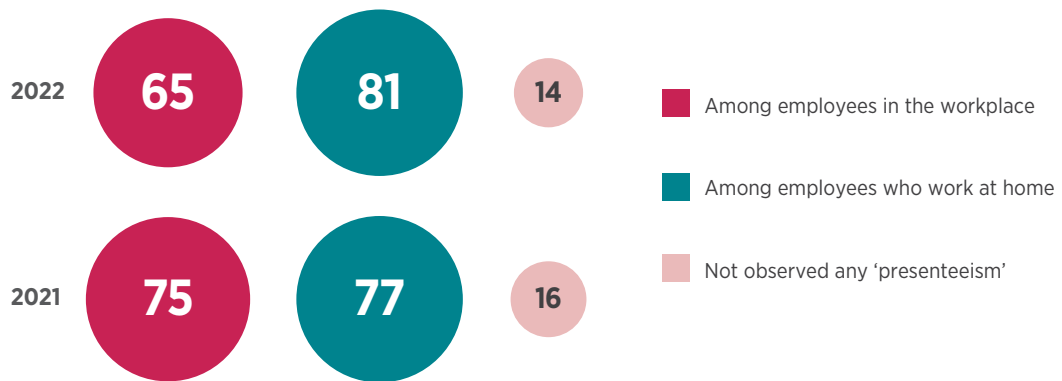
Presenteeism (people working when unwell) and leaveism (employees using allocated time off such as annual leave to work or if they are unwell, or working outside contracted hours) are not the signs of a healthy workplace. With debate continuing about the wellbeing risks of an ‘always on’ culture and the rapid increase in homeworking, organisations need to ensure that the boundaries between people’s work and home lives do not become blurred.

**More organisations are taking steps to discourage ‘presenteeism’**

Over the last few years our findings have shown that presenteeism takes place in almost all organisations. This year’s evidence shows that it remains prevalent, although it is more commonly observed among employees who work at home than among employees in the workplace (Figure 20). Encouragingly, Figure 21 shows an increase in the proportion of organisations taking steps to address ‘presenteeism’ over the last few years.

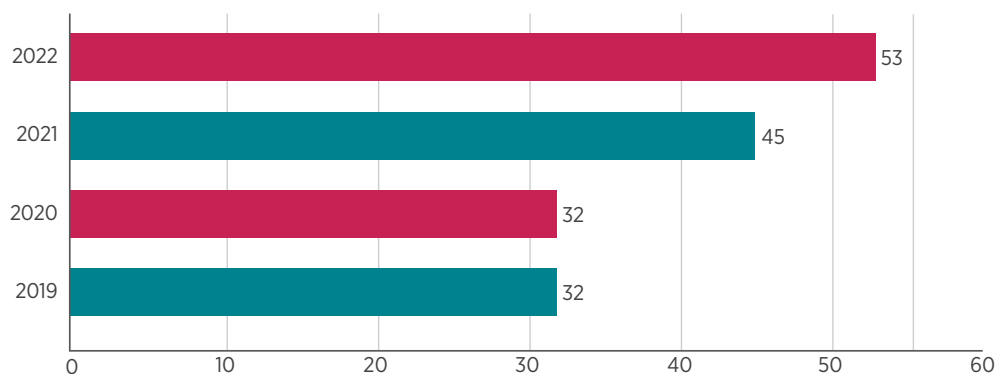
This year we revisited how organisations are attempting to tackle presenteeism, an area last explored in 2019. As then, the most common approach employed is for managers to ask people who are unwell to take time off sick (Figure 22). Just two-fifths, however, provide training/guidance for line managers to spot warning signs, which is particularly important with the rise in virtual working.

**Figure 20: Are you aware of ‘presenteeism’ (people working when ill) in your organisation over the past 12 months? (%)**



Base: 579 (2022); 468 (2021).

**Figure 21: Organisations that have taken steps to discourage ‘presenteeism’ over the last 12 months (% of those experiencing ‘presenteeism’)**



Base: 493 (2022); 389 (2021); 661 (2020); 558 (2019).



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**Figure 22: Steps taken to discourage ‘presenteeism’ (% of respondents whose organisations are taking steps)**



Less than half (45%) report that leaders are role-modelling by not working when ill, although this is an improvement on 2019 (37%). Similarly, there’s an increase in the proportion reporting they are fostering a culture based more on outputs than inputs and/or are reviewing their health and wellbeing policies. Fewer (27%) are investigating the potential causes of presenteeism (such as workloads). This is clearly critical if presenteeism is to be effectively addressed in the long term.

It’s positive that more organisations are making efforts to address presenteeism, although more than a third (36%) are not taking any steps (11% don’t know).

**Leaveism remains prevalent**

The term ‘leaveism’ describes the use of allocated time off, such as annual leave, to work or when they’re unwell.<sup>4</sup> Our findings this year show that leaveism remains commonplace, with two-thirds (67%) of respondents reporting some sort of leaveism in little change from last year (Figure 23).

**Figure 23: Have you observed ‘leaveism’ in your organisation over the last 12 months? (% of respondents)**



<sup>4</sup> Hesketh, I. and Cooper, C.L. (2014) *Leaveism at work*. *Occupational Medicine*. Vol 64, No 3. pp146–47.



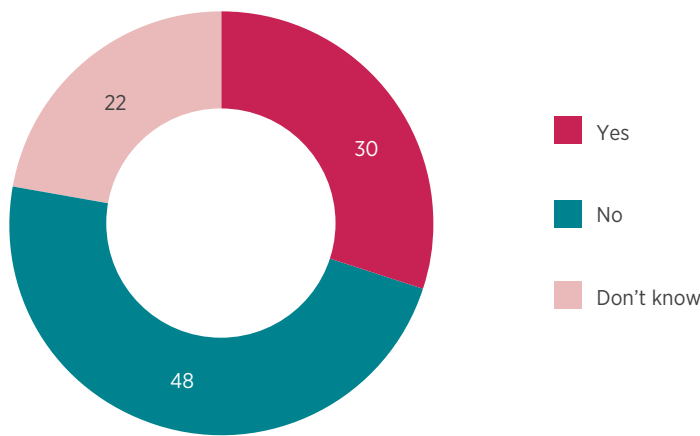
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### Just three in ten are taking steps to address leaveism

While there has been an increase in the proportion of organisations taking steps to address presenteeism, there has been little change in the proportion of organisations that are making efforts to address leaveism.<sup>5</sup> Just three in ten respondents (30%) report their organisation has taken steps over the last 12 months (see Figure 24).

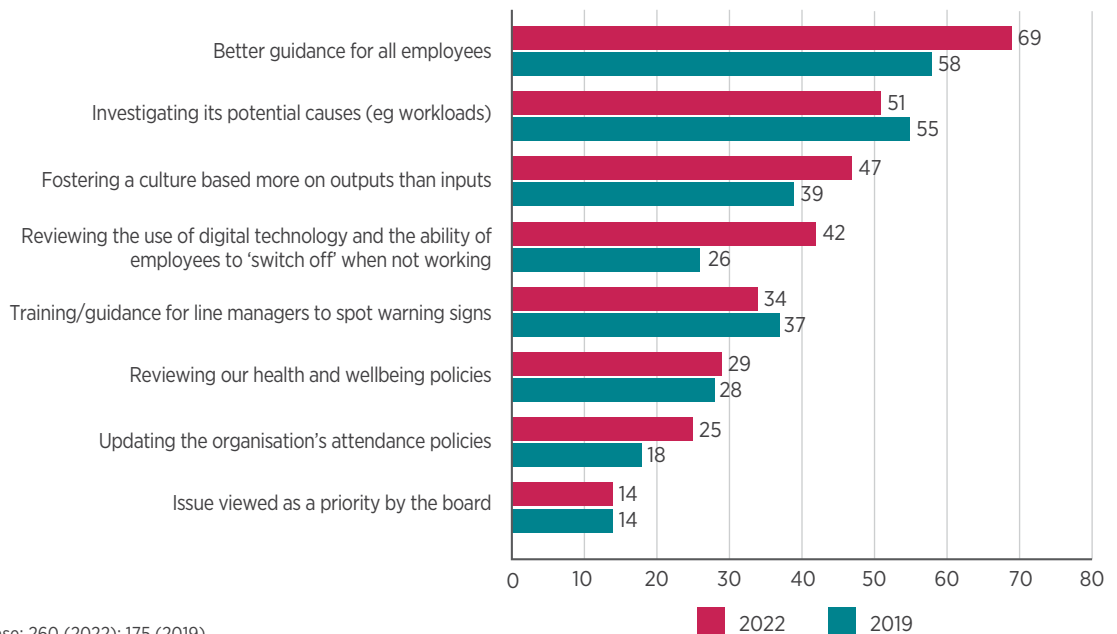
While there has been little change in the proportion of organisations that are taking steps to address leaveism, we have seen an increase in the proportion using several methods to do so compared with when we last asked this question in 2019 (Figure 25).

**Figure 24: Has your organisation taken steps to discourage ‘leaveism’ over the past 12 months? (% of those experiencing ‘leaveism’)**



Base: 514.

**Figure 25: Steps taken to discourage ‘leaveism’ (% of respondents whose organisations are taking steps)**



Base: 260 (2022); 175 (2019).

<sup>5</sup> More organisations this year didn’t know if their organisation was taking steps to address ‘leaveism’. If these are excluded, the proportion that report they are taking steps is similar to last year.



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In particular, more of those taking steps are reviewing the use of digital technology and the ability of employees to 'switch off' when not working. The most common approach, providing better guidance for all employees, is also being applied by more organisations.

There has been little change, however, in the proportion that are attempting to get to the root of leaveism through investigating its potential causes, although organisations are more likely to do this to address leaveism than presenteeism (51% versus 27% of those taking steps).

## 9 Causes of sickness absence

### Key findings

- Two-thirds (67%) of organisations include COVID-19 among their top three causes of short-term absence (up from 39% last year) and 12% include it among their top three causes of long-term absence. In addition, a quarter (26%) include long COVID among their main causes of long-term absence.
- Mental ill health remains the most common cause of long-term absence, followed by musculoskeletal injuries and stress. These are also among the most common causes of short-term absence as in previous years.

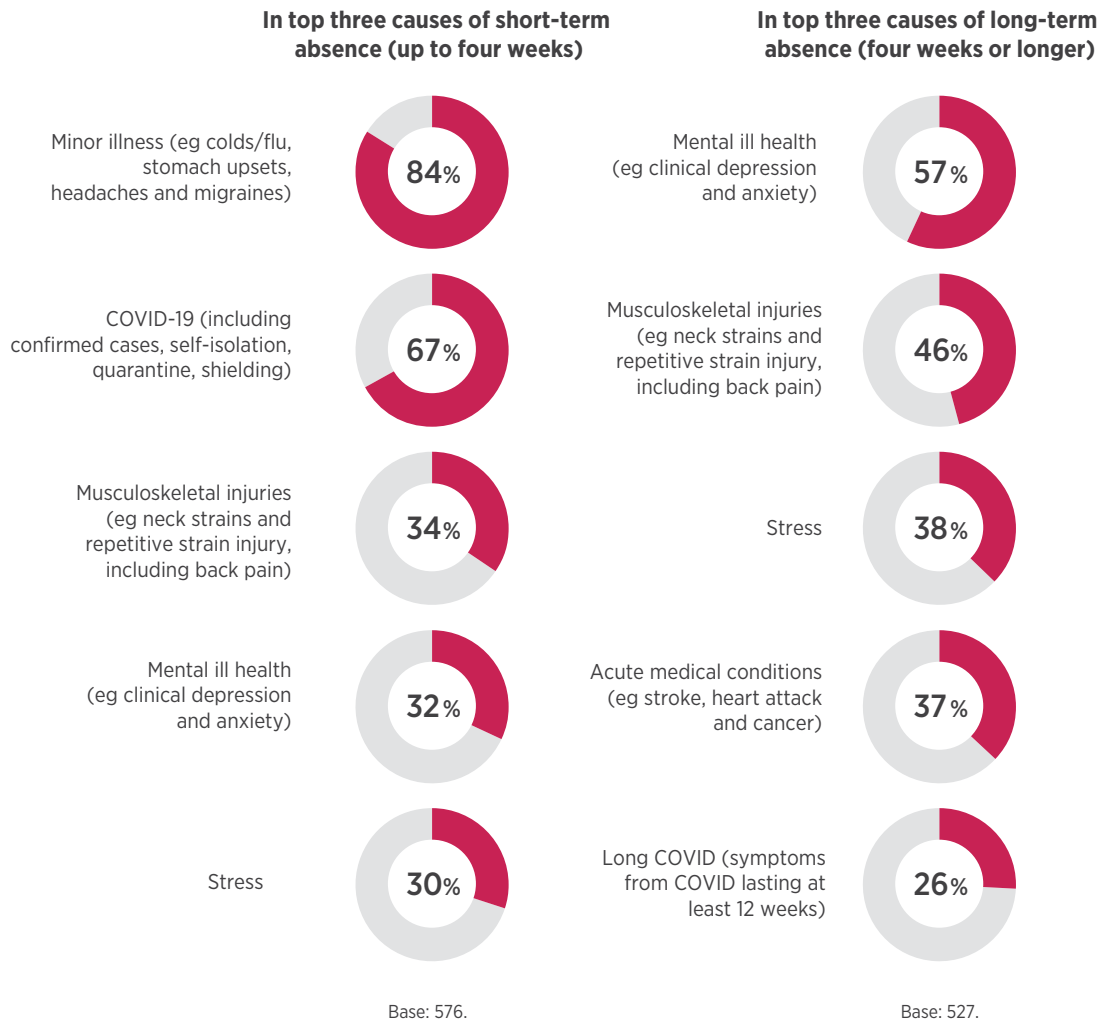
As discussed above (Figure 1), COVID-19 has had an enormous impact on employee absence, whether due to confirmed cases, self-isolation, quarantine or shielding, with just 3% of organisations reporting no COVID-related absence over the last year.

Over two-thirds (67%) of organisations include COVID-19 among their top three causes of short-term absence, up from 39% the previous year. A further 12% also include COVID-19 among their top three causes of long-term absence (a similar proportion to last year) and a quarter (26%) include long COVID (Figure 26).

The other main causes of absence are similar to previous years, with minor illness most commonly responsible for short-term absence. Mental ill health, musculoskeletal injuries, stress and acute medical conditions are the most common causes of long-term absence (four weeks or more).

As in previous years, manufacturing and production organisations and those in the public sector are more likely than those in private sector services or non-profits to include musculoskeletal injuries among their top causes of absence. The public sector is also more likely to include stress among their top causes of short- and long-term absence.

Figure 26: The most common causes of absence (% of respondents who include in their top three causes)



## 10 Managing absence and promoting attendance

### Key findings

- Most organisations use a combination of methods to manage absence and promote attendance. Return-to-work interviews, leave for family circumstances, trigger mechanisms to review attendance and changes to working patterns or environment remain the most common methods used.
- Line managers take primary responsibility for managing short-term (70%) and long-term (61%) absence in organisations. Six in ten (60%) provide managers with training in handling short-term absence and (65%) provide them with tailored support for managing long-term absence.

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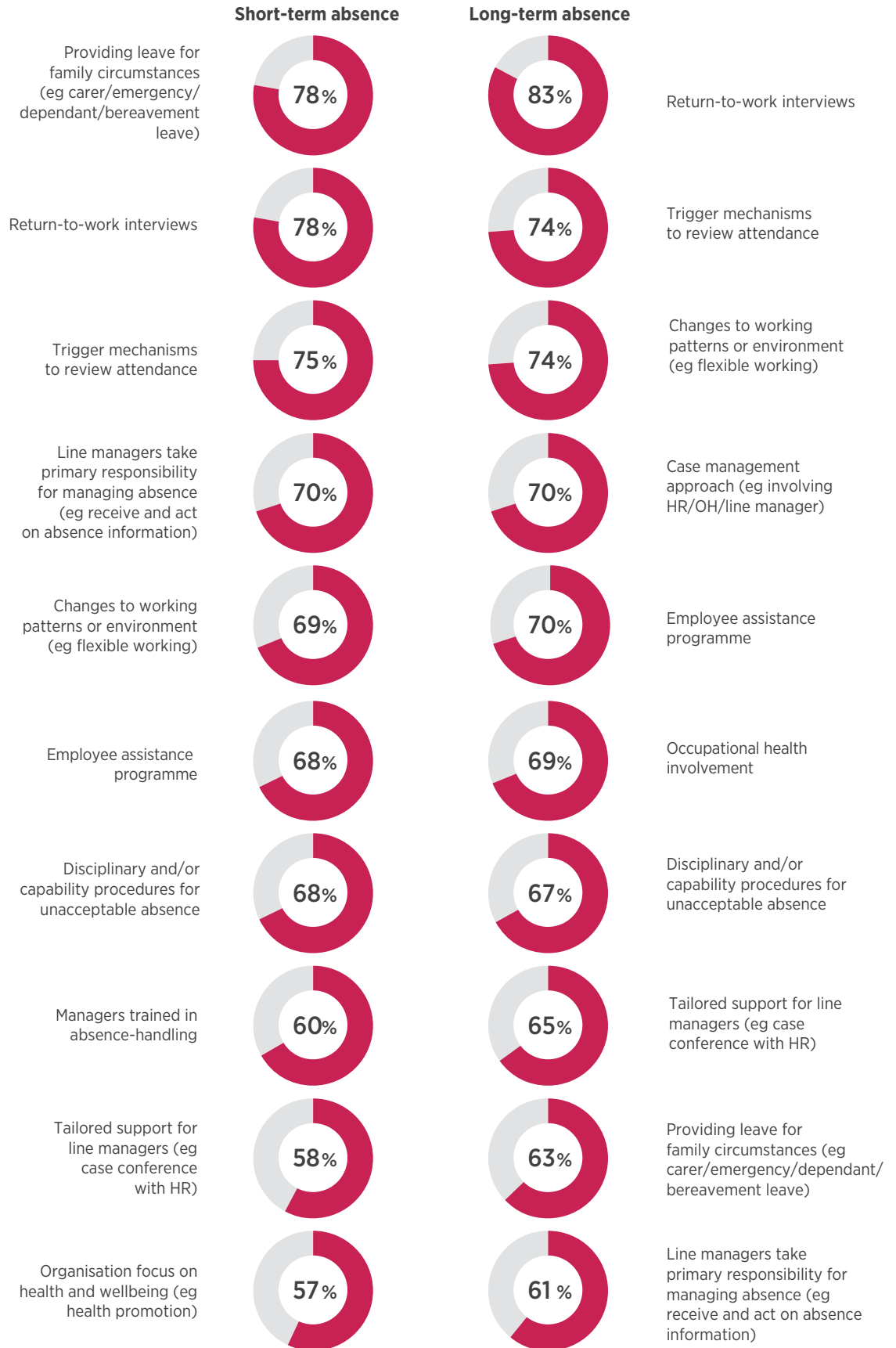
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**Figure 27: Top ten most commonly used approaches for managing short- and long-term absence (%)**



Base: 581.





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The vast majority of organisations (97%) take steps to manage absence and promote attendance (Figure 27). The methods used are very similar to last year. Most use a combination of approaches to both deter absence (such as trigger mechanisms to review attendance, restricting sick pay or disciplinary/capability procedures) and provide support (such as leave for family circumstances, changes to working patterns or environment, employee assistance programmes and occupational health services). Just under three-fifths (57%) focus on health and wellbeing activities (such as health promotion) as part of a proactive approach to absence management.

The majority of organisations look to line managers to take primary responsibility for managing both short-term (70%) and long-term (61%) absence. Six in ten (60%) provide managers with training in handling short-term absence and (65%) provide them with tailored support for managing long-term absence.

As in previous years, public sector organisations are more likely to use a wide range of approaches to manage absence. In particular, they are considerably more likely to use stress counselling (71%, compared with 55% of non-profits and 38% of the private sector), in line with findings that stress-related absence is more common in this sector. As in previous years, private sector organisations are more likely to provide private medical insurance.

## 11 Conclusion

Science and medicine have moved at a phenomenal rate to help the world combat COVID-19 and its variants. Many employers, including the HR community, have also put tremendous effort into protecting people's health and wellbeing during a tumultuous two years. The disease itself continues to evolve, with long COVID being just one of the additional burdens it bestows on populations across the globe.

More than two years on from the onset of the pandemic, we hope the immediate health crisis is in retreat. But the health impacts of COVID-19 will be with us for a long time and need to be factored into organisational plans. As well as embedding support for individuals with long-lasting symptoms of COVID-19 within their wider health and wellbeing framework, organisations need to ensure they have effective mental health support in place. Neither can we afford to sideline the importance of people's physical health, especially with the additional risks posed by the more sedentary practice of homeworking.

The key link in the employee wellbeing chain is the supportive role that line managers play. Managing people, and supporting their health, is a big job – and an important one. Line managers are under considerable pressure in the current climate, and they will also be experiencing many of the same concerns as those they manage. The continuing impact of COVID-19 and other health-related issues means they will be managing a potentially complex mix of personal situations in their teams.

As a priority, organisations need to ensure their line managers have the confidence and capability to nurture trust-based relationships with those they manage, so individuals feel they can talk about any work or wellbeing issues. To perform this role effectively, managers need the behaviours, education and skills they will only gain from receiving effective training, support and expert guidance. They also need the time and space to devote to people management, which should be a core part of their role. This is one of the compelling reasons why the attention of senior leaders needs to be firmly focused on health and wellbeing. Even if it already is, HR professionals should continue to build the business case for ongoing commitment and investment from the board by demonstrating the impact of their health and wellbeing activity.

## 12 Background to the survey

This is the twenty-second annual CIPD survey to explore issues of health, wellbeing and absence in UK workplaces. The survey was conducted online from November to December 2021. The analysis is based on responses from 804 organisations, covering more than 4.3 million employees.

The survey consists of 23 questions completed through an online self-completion questionnaire. Many questions remain the same as previous years, to provide useful benchmarking data on topics including wellbeing, absence, presenteeism and leaveism, work-related stress and mental health. We also explore organisations' responses to supporting employee health and wellbeing through the COVID-19 pandemic, including support for those suffering from long COVID.

### Sample profile

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

Most respondents (80%) answered the questions in relation to their whole company/organisation, although 10% answered in relation to a single site and 7% in relation to a single division. A small minority responded for specific regions or parts of the business.

Respondents come from organisations of all sizes (Table 1) and work within a wide range of industries (Table 2). Overall, 57% work in the private sector (42% of respondents in private sector services, 15% in manufacturing and production), 27% in the public sector and 16% in voluntary, community and not-for-profit organisations (referred to in the report as 'non-profits'). This distribution is similar to previous years.

**Table 1: Number of people employed in respondents' organisations (% of respondents reporting for whole organisation)**

|                 | 2022 | 2021 | 2020 | 2019 | 2018 | 2016 | 2015 | 2014 | 2013 |
|-----------------|------|------|------|------|------|------|------|------|------|
| Fewer than 50   | 14   | 15   | 14   | 11   | 11   | 18   | 18   | 14   | 13   |
| 50-249          | 29   | 26   | 31   | 33   | 36   | 34   | 38   | 37   | 38   |
| 250-999         | 23   | 24   | 23   | 23   | 21   | 19   | 22   | 21   | 22   |
| 1,000-4,999     | 18   | 19   | 16   | 18   | 18   | 14   | 13   | 15   | 14   |
| More than 5,000 | 17   | 16   | 15   | 15   | 15   | 15   | 10   | 13   | 13   |

Base: 634 (2022); 506 (2021); 797 (2020); 802 (2019); 788 (2018); 912 (2016); 467 (2015); 413 (2014); 499 (2013).

**Table 2: Distribution of responses, by sector**

|  | Number of respondents | %         |
|--|-----------------------|-----------|
| <b>Private sector</b>  | <b>459</b>            | <b>57</b> |
| Manufacturing  | 72                    | 9         |
| Professional and business services (legal, accounting, architectural and engineering, advertising and market research) | 57                    | 7         |
| Financial and insurance  | 43                    | 5         |
| Information and communication  | 38                    | 5         |
| Construction   | 36                    | 4         |
| Health   | 35                    | 4         |
| Wholesale and retail   | 32                    | 4         |
| Transportation and storage   | 17                    | 2         |
| Accommodation and food services  | 16                    | 2         |
| Education  | 16                    | 2         |
| Utilities (electricity, gas, water, sewage, waste management)  | 11                    | 1         |
| Arts, entertainment and recreation   | 10                    | 1         |
| Primary industries (agriculture, forestry, fishing, mining and quarrying)  | 5                     | 1         |
| Real estate  | 5                     | 1         |
| Public administration  | 1                     | 0         |
| Other  | 65                    | 8         |
| <b>Public services</b>   | <b>217</b>            | <b>27</b> |
| Public administration  | 63                    | 8         |
| Education  | 59                    | 7         |
| Health   | 47                    | 6         |
| Financial and insurance  | 4                     | 0         |
| Transportation and storage   | 4                     | 0         |
| Wholesale and retail   | 4                     | 0         |
| Arts, entertainment and recreation   | 3                     | 0         |
| Utilities (electricity, gas, water, sewage, waste management)  | 3                     | 0         |
| Construction   | 2                     | 0         |
| Information and communication  | 2                     | 0         |
| Professional and business services (legal, accounting, architectural and engineering, advertising and market research) | 1                     | 0         |
| Other  | 25                    | 3         |
| <b>Voluntary, community and not-for-profit</b>   | <b>128</b>            | <b>16</b> |
| Health   | 33                    | 4         |
| Education  | 14                    | 2         |
| Arts, entertainment and recreation   | 6                     | 1         |
| Financial and insurance  | 5                     | 1         |
| Construction   | 2                     | 0         |
| Primary industries (agriculture, forestry, fishing, mining and quarrying)  | 2                     | 0         |
| Professional and business services (legal, accounting, architectural and engineering, advertising and market research) | 2                     | 0         |
| Real estate  | 2                     | 0         |
| Accommodation and food services  | 1                     | 0         |
| Information and communication  | 1                     | 0         |
| Manufacturing  | 1                     | 0         |
| Utilities (electricity, gas, water, sewage, waste management)  | 1                     | 0         |
| Wholesale and retail   | 1                     | 0         |
| Other  | 57                    | 7         |

Base: 668.



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### Note on abbreviations, statistics and figures used

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

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

SMEs refer to organisations with fewer than 250 employees.

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

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

All figures in tables and graphs have been rounded to the nearest percentage point. Due to rounding, percentages may not always total 100.

## 13 Appendix

### Wellbeing benefits on offer, by sector (%)

|   | All respondents<br>Base: 652 | Manufacturing and production<br>Base: 93 | Private sector services<br>Base: 277 | Public services<br>Base: 173 | Non-profit sector<br>Base: 109 |
|---|------------------------------|--|--------------------------------------|------------------------------|--------------------------------|
| <b>Health promotion</b>   |                              |  |                                      |                              |                                |
| <b>Paid time off to attend vaccinations (such as COVID-19)</b>  |                              |  |                                      |                              |                                |
| For all employees   | 68                           | 62                                       | 65                                   | 73                           | 73                             |
| Depends on grade/seniority  | 3                            | 5  | 5                                    | 1                            | 2                              |
| <b>Free eye tests</b>   |                              |  |                                      |                              |                                |
| For all employees   | 63                           | 65                                       | 57                                   | 70                           | 68                             |
| Depends on grade/seniority  | 8                            | 11                                       | 10                                   | 3                            | 6                              |
| <b>Free flu vaccinations</b>  |                              |  |                                      |                              |                                |
| For all employees   | 48                           | 43                                       | 43                                   | 68                           | 36                             |
| Depends on grade/seniority  | 5                            | 4  | 7                                    | 3                            | 3                              |
| <b>Advice on healthy eating/lifestyle</b>   |                              |  |                                      |                              |                                |
| For all employees   | 46                           | 41                                       | 38                                   | 59                           | 47                             |
| Depends on grade/seniority  | 3                            | 4  | 5                                    | 0                            | 0                              |
| <b>In-house gym and/or subsidised gym membership</b>  |                              |  |                                      |                              |                                |
| For all employees   | 30                           | 26                                       | 28                                   | 40                           | 23                             |
| Depends on grade/seniority  | 6                            | 12                                       | 8                                    | 2                            | 3                              |
| <b>Programmes to encourage physical fitness (eg walking/pedometer initiatives such as a Fitbit or other fitness trackers)</b> |                              |  |                                      |                              |                                |
| For all employees   | 28                           | 23                                       | 27                                   | 38                           | 18                             |

Depends on grade/seniority 6 10 8 2 3

**Health screening**

For all employees 23 32 18 28 17

Depends on grade/seniority 15 20 19 7 11

**Wellbeing days (eg a day devoted to promoting health and wellbeing services to staff)**

For all employees 21 16 16 30 26

Depends on grade/seniority 7 10 8 3 7

**Regular on-site relaxation or exercise classes (eg yoga, Pilates)**

For all employees 15 9 13 21 17

Depends on grade/seniority 4 5 6 2 3

**Access to complementary therapies (eg reflexology, massage)**

For all employees 11 13 11 10 11

Depends on grade/seniority 5 9 7 2 4

**Employee support**

**Access to counselling service**

For all employees 73 63 63 87 85

Depends on grade/seniority 3 5 4 2 2

**Employee assistance programme**

For all employees 72 67 66 79 83

Depends on grade/seniority 2 5 2 0 1

**Financial education and support (eg access to advice/welfare loans for financial hardship)**

For all employees 33 30 29 46 26

Depends on grade/seniority 4 6 5 0 4

**Access to physiotherapy and other therapies**

For all employees 29 25 27 39 24

Depends on grade/seniority 8 15 11 3 6

**Stop smoking support**

For all employees 22 19 17 36 14

Depends on grade/seniority 3 5 4 1 4

**Insurance/protection initiatives**

**Occupational sick pay**

For all employees 66 57 52 86 77

Depends on grade/seniority 10 16 14 1 6

**Health cash plans**

For all employees 21 29 24 11 24

Depends on grade/seniority 8 17 9 3 7

**Private medical insurance**

For all employees 18 15 31 3 11

Depends on grade/seniority 25 55 32 7 9

**Group income protection**

For all employees 17 24 23 6 13

Depends on grade/seniority 13 12 1 3





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| <b>Dental cash plans</b>                               |    |    |    |    |    |
|--|----|----|----|----|----|
| For all employees                                      | 17 | 18 | 19 | 12 | 18 |
| Depends on grade/seniority                             | 8  | 16 | 9  | 3  | 5  |
| <b>Personal accident insurance</b>                     |    |    |    |    |    |
| For all employees                                      | 14 | 20 | 17 | 7  | 12 |
| Depends on grade/seniority                             | 7  | 10 | 11 | 2  | 3  |
| <b>Self-funded health plans/healthcare trust</b>       |    |    |    |    |    |
| For all employees                                      | 14 | 19 | 12 | 14 | 13 |
| Depends on grade/seniority                             | 6  | 14 | 8  | 2  | 3  |
| <b>Long-term disability/permanent health insurance</b> |    |    |    |    |    |
| For all employees                                      | 12 | 12 | 18 | 6  | 9  |
| Depends on grade/seniority                             | 10 | 23 | 14 | 3  | 3  |
| <b>Critical-illness insurance</b>                      |    |    |    |    |    |
| For all employees                                      | 10 | 12 | 14 | 5  | 9  |
| Depends on grade/seniority                             | 7  | 11 | 9  | 2  | 3  |



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