

Policy report

January 2016

Growing the health
and *well-being* agenda:
From first steps
to full potential



The CIPD is the professional body for HR and people development. The not-for-profit organisation champions better work and working lives and has been setting the benchmark for excellence in people and organisation development for more than 100 years. It has 140,000 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.

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Foreword from CIPD

Welcome to our employee well-being positioning report, written primarily for policy-makers and organisation leaders to effect change in UK workplaces.

Employee well-being is at the heart of our CIPD purpose: to champion better work and working lives by improving practices in people and organisation development for the benefit of individuals, businesses, economies and society. We believe that commitment to supporting employee well-being is one of the pillars underpinning shared value creation in organisations – for the employer, employee and wider society.

What does the concept of employee well-being mean? As we stated in our 2007 change agenda, *What's Happening with Well-being at Work?*, 'Well-being is more than an avoidance of becoming physically sick. It represents a broader bio-psycho-social construct that includes physical, mental and social health. Well employees are physically and mentally able, willing to contribute in the workplace and likely to be more engaged at work.'

We go on to explain how 'well-being at work, therefore, is not merely about managing a physical and cultural environment with the limited aim of not causing harm to employees. It requires organisations to actively assist people to maximise their physical and mental health. The well-being approach also brings benefits for people at all levels inside and outside the workplace. It makes the workplace a more productive, attractive and corporately responsible place to work. Positive well-being can also benefit the local community and, more broadly, the country as a whole because of well people requiring less support from the health services.'

In this report we review how employee health and well-being has risen sharply up the public policy agenda over the past ten years, and the extent to which well-being considerations are integrated into UK organisations. We look at how the changing nature of work, the workforce and the workplace is making a focus on individual well-being even more critical to broader organisational health and sustainability.

We examine what a healthy workplace looks like, drawing on evidence from the CIPD's past research

in this area as well as studies from other leading names in the field. Although unable to cover every aspect of employee well-being, we hope our work provides a useful overview and summary which can act as a springboard for further work and action. To explore our current work in this area, visit cipd.co.uk/well-being

We find there exists a spectrum of employer practice, ranging from those organisations for which employee well-being doesn't make it onto their agenda to those that offer well-being initiatives but may not support them in an integrated way through aligned leadership, people management and organisation culture. And then there's the minority of employers that are leading the way by seeing the well-being of their workforce as the foundation for their business, taking well-being considerations into account across every facet of their business.

We conclude that, despite significant advances in thinking and some evidence of forward-thinking practice, there remains an implementation gap. We provide recommendations for both employers and policy-makers to try to address this gap and turn acknowledgement of the importance of well-being into practice. We view the HR profession as the key enabler in raising the profile of employee well-being and making it a practical reality in workplaces across the UK and beyond.

We are also publishing a collection of thought pieces from academics, policy-makers and practitioners who we invited to write on a specific aspect of well-being at work. The aim of these thought pieces is to stimulate thinking and promote debate, which can in turn influence practice.

Together, this positioning paper and our collection of thought pieces will shape the focus of our next pieces of work in the area, highlighting where we think the CIPD's further contribution will be most impactful. Take a look at cipd.co.uk/well-being for other CIPD resources on employee well-being and engage with us on social media using #wellbeing16.

Dr Jill Miller, Research Adviser, CIPD

Rachel Suff, Public Policy Adviser, CIPD

Foreword from Sir Cary Cooper

This report highlights one of the most important HR issues of our time: the health and well-being of millions of people at work. The UK Government's Foresight report on mental capital and well-being highlighted the costs of over £100 billion for mental ill-health in the UK, and £27 billion to UK plc in terms of sickness absence, presenteeism and regrettable labour turnover. In addition, nearly 40% of all incapacity benefit at work is due to the common mental disorders of depression, anxiety and stress, now the leading causes of sickness absence and driver of presenteeism.

The report emphasises the role of HR in creating cultures where health and well-being are centre-stage in supporting efforts to improve workplace health, enhance productivity and have a more sustainable and motivated workforce. There are a range of action plans and ideas of how we might advance engagement, promote retention and – most important of all – achieve higher rates of productivity. With the

UK at the bottom of the G7 and near the bottom of the G20 countries in terms of productivity per capita, the way we manage people and create a culture that enhances employees' well-being are now bottom-line issues – not the 'nice to have' but a 'must have'. There are also lessons from this report on how we manage people in the future workplace. We need more socially and interpersonally skilled managers for the future, who provide people with some autonomy, who manage by praise and reward, not by fault-finding, who understand the benefits of flexible working and who create a culture of trust. As Lao Tzu of Taoism once wrote: *'A leader is best when people barely know he exists. When his work is done, his aim fulfilled, people will say "we did it ourselves".'*

We hope you will enjoy reading this report and finding HR nuggets you can use in your daily work.

Professor Sir Cary Cooper, President of the CIPD

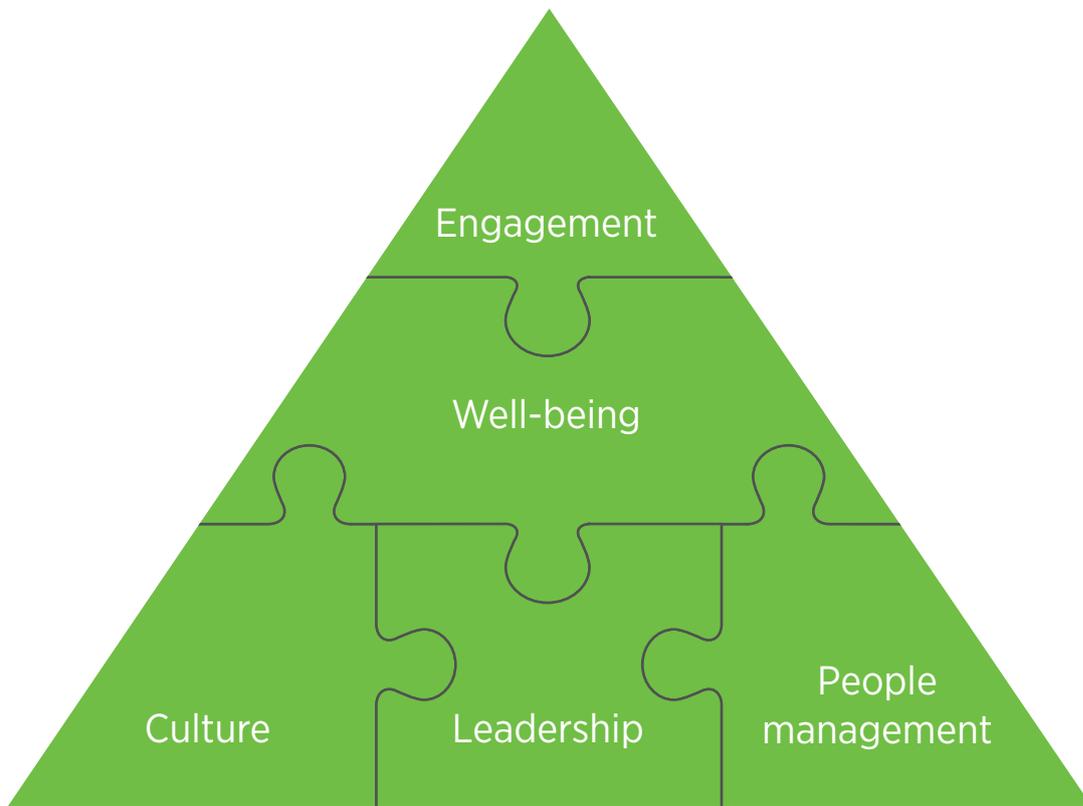
Executive summary

Workplace health and well-being has risen sharply up the public policy agenda over the past decade. This has been accompanied by growing recognition of the positive link between employee well-being and long-term organisational health. There also appears to be a much broader understanding and application of *holistic* health and well-being approaches on the part of many organisations. We welcome this progress but believe that there is still considerable scope for wider and more integrated implementation of employee well-being initiatives in the workplace.

The time is right to recreate the momentum generated by Professor Dame Carol Black's pioneering work when National Director for Work and Health from 2006 (a post that no longer exists). The world of work is moving at an ever-faster pace, and pressing environmental factors such as the ageing population only increase the responsibility on employers to not only mitigate the workplace risks to, but optimise, people's health and well-being.

We want to set an aspirational agenda for the future direction of workplace health and well-being. An effective employee well-being programme should be at the core of how an organisation fulfils its mission and carries out its operations and not consist of one-off initiatives. It is about changing the way business is done. As well as benefiting employees, an integrated approach to health and well-being can nurture heightened levels of employee engagement, and foster a workforce where people are committed to achieving organisational success. As our well-being pyramid shows (see **Figure 1: The CIPD well-being pyramid**), to truly achieve a healthy workplace an employer needs to ensure that its culture, leadership and people management are the bedrock on which to build a fully integrated well-being approach.

Figure 1: The CIPD well-being pyramid



The CIPD is the voice of a worldwide community of 140,000 professionals working in the fields of people management and development. Our members play a pivotal role in shaping the way in which organisations manage and treat people, putting us in a unique position to lift employer aspiration and transform workplace health and well-being. As such, it is HR professionals who hold the key to unlocking the potential for a much wider and more sustainable integration of health and well-being practices at work. HR practitioners are also in a position to influence wider management practice in organisations. Given that responsibility for implementing the many aspects of a holistic health and well-being model is likely to fall on line managers, this wider reach is essential.

Within the full report, we document some of our key research and statistics on the current state of employee health and well-being. We also publish our well-being model, which identifies five domains of well-being (**Figure 2: CIPD well-being model**). We have described and defined the domains with illustrative elements and examples of possible workplace initiatives (**Table 1: Illustrations of the five domains of well-being**).

Figure 2: CIPD well-being model – the five domains of well-being

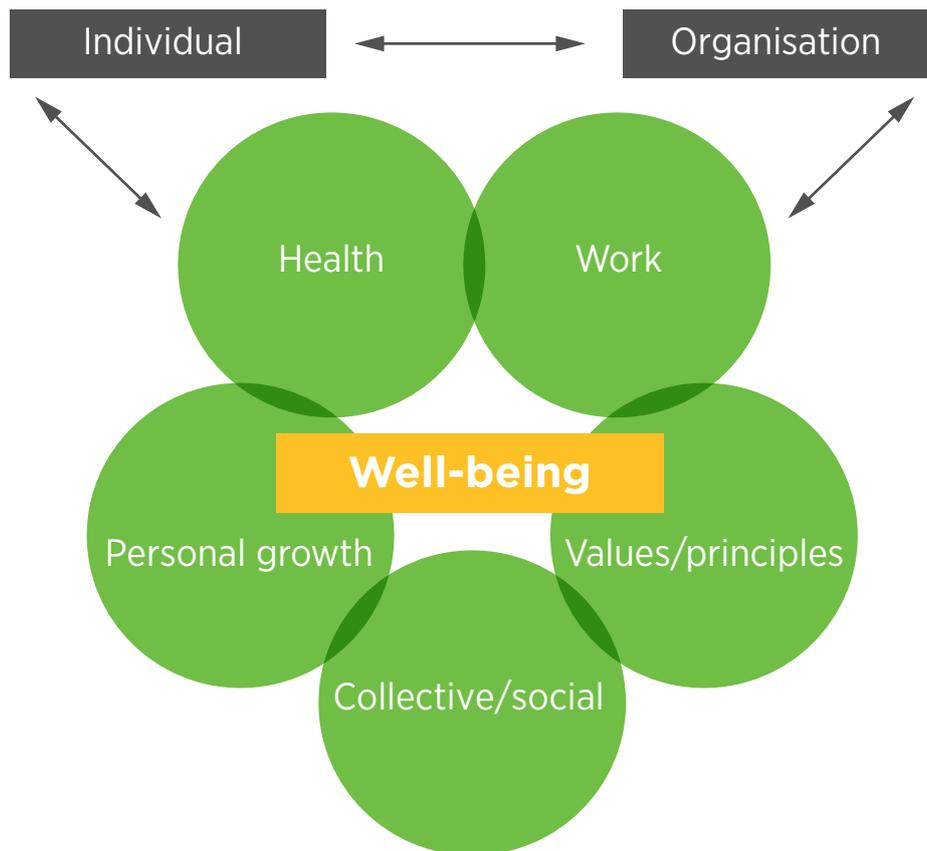


Table 1: Illustrations of the five domains of well-being

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

Domain	Elements	Examples of well-being initiatives/activities
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

While the list of elements and activities in **Table 1: Illustrations of the five domains of well-being** are helpful in enabling organisations to think about what is required in creating a well-being-focused organisation, it also demonstrates that there are large overlaps between the domains and that there is a high level of interdependence between them. For example, good line management should be a feature that runs through many of the domains. The well-being model also highlights the core symbiotic relationship between the organisation and the individual – the effectiveness of every well-being domain, element and initiative will depend on the interaction of both actors.

In the report, we build on our model to provide practical guidance on how employers can embed a holistic health and well-being approach that fits their organisation's needs. For HR professionals wanting to develop an appropriate employee well-being strategy in their organisation, key questions to consider are, first, what the strategy should cover and, second, how the strategy should be implemented. There is no 'one-size-fits-all' approach to designing an effective employee well-being strategy, and its content should be based on the unique needs and characteristics of its workforce.

Successfully implementing an employee health and well-being programme relies on particular employee groups and stakeholders assuming responsibility for certain aspects of it. The employer will need to define and communicate these roles and responsibilities. For example, as we have already highlighted, HR professionals have a pivotal role to play in steering the health and well-being agenda by ensuring that senior managers regard it as a priority, and that employee well-being practices are integrated in the organisation's day-to-day operations. Senior managers, meanwhile, are important role models, and line managers and employees are more likely to engage with health and well-being interventions if they see senior leaders actively participating in them. Crucially, senior managers also have the authority and influence to ensure that health and well-being is a strategic priority for the organisation and that it becomes embedded across its operations and culture.

There are few employers that would disagree that a workforce in a good state of health and well-being must surely contribute to enhanced business outcomes. This simple premise is as good a place to start as any when considering the business case for why an organisation should take action on employee well-being. However, if many employers are still not

prioritising health and well-being, we need to look seriously at how the 'business case' is articulated and communicated. For example, a business case will be persuasive only if it is relevant and based on the unique needs and desired outcomes for the employer in question. Convincing senior management to integrate well-being throughout the business may need to start with a pilot area or by highlighting pockets of good well-being practice that already exist, and the organisational benefits that can be realised. However, there is another perspective on why employers should take action to improve the health and well-being of their workforce, aside from the mutually beneficial impact it could have for employees and the business, which is that it's the right thing for enterprises in the twenty-first century to do for their people and for wider society.

We turn now to our key calls to action for employers and the HR profession, as well as recommendations for change within the wider public policy landscape.

Employers and HR

- The HR profession holds the key to unlocking the potential for a much wider and more sustainable integration of health and well-being practices at work. HR professionals are in a unique position to steer the health and well-being agenda in organisations and drive a systemic approach, including ensuring that senior managers regard it as a priority, and that employee well-being practices are integrated in the organisation's day-to-day operations.
- Line managers are pivotal in shaping employees' experience of work and bringing people management policies to life. They therefore have a vital role to play in managing and enhancing employee well-being, but are not always trained in key areas such as absence-handling. As a consequence they often lack the confidence, willingness or skills to implement policies and promote health and well-being, particularly in relation to stress management. Training is vital to ensure that managers have a clear understanding of health and well-being policies and responsibilities, and have the confidence and interpersonal skills required to implement policies sensitively and fairly and have difficult conversations with individuals where appropriate.
- Employers need to implement a holistic approach to health and well-being that is preventative and proactive, as well as reactive, with a focus on rehabilitation back to work. Their approach should promote good physical health, good

lifestyle choices and good mental health, as well as taking on board the importance of 'good work' in enhancing employee well-being.

- An employer's approach to employee well-being needs to be sustainable and linked to both the organisation's corporate strategy and workforce needs, and integrated within every aspect of its people management activities.
- Creating a healthy culture is perhaps the greatest challenge for organisations; it requires commitment from senior leaders and managers and, for many, a reassessment of priorities and considerable changes in work culture and organisation. A culture that isn't supportive of well-being can undermine an organisation's efforts where there is a perceived disconnect between rhetoric and reality. The benefits of a well-being culture are not limited to reduced absence and reduced absence costs – organisations that genuinely promote and value the health and well-being of employees will benefit from improved engagement and retention of employees with consequent gains for performance and productivity.
- Further understanding of the mutually reinforcing relationship between employee well-being and employee engagement can help HR to implement effective health and well-being programmes in their organisation and build a more compelling business case for future investment and commitment by senior managers.
- Too few organisations evaluate the organisational impact of their health and well-being activities and it is vital that HR practitioners monitor and report on a range of health, employee satisfaction and organisational measures to build a strong case to convince senior management of the need for ongoing financial commitment to health and well-being.

Government and wider public policy action by stakeholders

- A key challenge is achieving a joined-up policy approach on the part of government, as called for by Professor Dame Carol Black when National Director for Health and Work, and the many agencies and stakeholders whose work impacts on the workplace health agenda, including government departments, healthcare providers and business. This applies equally to the localism agenda, whereby responsibility for aspects of health and social care has shifted away from Whitehall, providing scope for more joined-up action to improve health and well-being at a local level.

- Human capital reporting has a vital role to play in helping organisations to measure, report and benchmark the health and well-being of their people, and the CIPD's Valuing your Talent research provides the framework to encourage accountability by enabling organisations to develop and monitor indicative metrics and outcomes for employee well-being and engagement. We call on the Government to establish human capital management (HCM) reporting standards for FTSE 350 organisations on core agreed HCM information, such as total cost of workforce investment, recruitment and retention costs, annual investment on training and development and employee engagement scores. This data can be used to ensure companies include a clear and more consistent narrative on how they invest in, develop and manage the health and well-being of their people and the link to business strategy and performance in their annual reports. The Government should lead by example by ensuring that consistent HCM reporting is embedded in the annual reporting of all public sector organisations as a means of providing more insight into how the public sector invests in and manages its people to improve resilience, health and well-being and drive value for service users.
- Providing and promoting more financial incentives for employers could encourage a greater number of organisations to invest in this area. There should be further and serious consideration of the case for introducing wider tax incentives

for employers that invest in a health and well-being programme for staff, as highlighted in NHS England's five-year forward review, which says: *'there would be merit in extending incentives for employers in England who provide effective NICE recommended workplace health programmes for employees.'*

- It is time to review the HSE's Management Standards to ensure that they capture societal and workplace changes over the past ten years.
- More work and guidance is needed to improve the use of the 'fit note' to support employers in improving the return to work of people who may be fit for work where appropriate, particularly in relation to more comprehensive training and support for GPs.
- It is crucial that the Government provides adequate guidance and support for GPs and employers on the new Fit for Work service, and that its planned evaluations of the new service are comprehensive and action-oriented.
- Anti-stigma campaigns such as 'Time to Change' (<http://www.time-to-change.org.uk>), run by the leading mental health charities Mind and Rethink Mental Illness, can have a significant impact in raising awareness about mental health and helping to reduce the stigma and discrimination around mental ill-health. There is scope for wider action to promote such campaigns on the part of employers, government and other stakeholders.

Introduction

This report provides an overview of some of the main developments in the workplace health and well-being agenda over the past decade and highlights future priorities for the HR profession. It demonstrates that research and support for employee well-being has come a long way during this period, but there is still a significant way to go before organisations and employees can fully realise the benefits of a healthy working-age population. There has been good progress on many fronts, and there is growing evidence of a much broader understanding and application of holistic health and well-being approaches in many workplaces. However, it is also clear that many organisations have not yet embraced the health and well-being agenda and could benefit from greater investment in the well-being of their workforce.

The growing complexity of organisational life and its wider environmental, societal and demographic context brings added urgency to the health and well-being agenda. The fast-changing world of work and the fluctuating demands that it places on employers and employees means that our grasp of health and well-being imperatives can never stand still; it needs to constantly evolve to not only mitigate the impact on, but optimise, people's health and well-being.

This report:

- positions HR as a key enabler for more widespread implementation of health and well-being programmes by employers
- focuses on how employers can best implement health and well-being interventions to achieve sustainable long-term benefits for organisations, employees and wider society
- explores how the business case can be better developed and communicated to encourage more effective action by employers
- considers how the wider public policy framework can support and encourage employers to implement holistic health and well-being approaches
- highlights some of the key areas where the CIPD will focus its future research and guidance to help employers integrate health and well-being programmes in their organisation.

The momentum generated by Professor Dame Carol Black's pioneering work as National Director for Health and Work from 2006 to embed a joined-up public policy approach to health and well-being has not been maintained at the same level in recent years. There have been some important initiatives developed in the past few years, but some commentators point to the research and policy vacuum since the disappearance of the National Director for Health and Work role in 2011 and the narrowing of the focus of the DWP's health, work and well-being team (Shreeve and Bevan 2014). However, the expectation on employers to play their part in developing good health and well-being practice will only increase.

There has been a shift in responsibility for people's well-being towards enterprises and voluntary action on the part of good employers, which is not completely misguided. This shift and the crucial role played by workplaces in promoting health and well-being was underlined by Professor Dame Carol Black's review of the health of the working age population in 2008 (Black 2008). UK workplaces can play an important role in improving people's well-being through health promotion and ill-health prevention activities, through early detection of some symptoms and by encouraging lifestyle changes. Having a well-being approach can bring benefits for people at all levels inside and outside the workplace. Research suggests that a culture of well-being, driven by great people management, is good for employees and good for business. It makes the workplace a more productive, attractive and socially responsible place to work. Positive well-being can also benefit the local community and, more broadly, the country as a whole because of people requiring less support from health services.

As the obligation for addressing employee health focuses increasingly on employers, at the same time the wider economic environment is becoming more unpredictable and challenging for organisations. Public policy drivers, such as an ageing workforce and poor productivity performance, mean that taking action to improve organisational health and well-being is becoming an even greater imperative for the country. But what responsibility are enterprises feeling or assuming for their people's well-being? Are they consciously accepting this responsibility or do

many lack the necessary know-how and guidance to implement sustainable change? These are some of the questions this report will explore.

This report on the future direction of workplace health and well-being is about aspiration; it's about changing the way business is done. For a healthy and leading economy we know we need to increase productivity, but this has to happen in a sustainable way. If we imagine two worlds, one where well-being is at the core of how a business operates and one where well-being doesn't even make it onto the agenda, what would each look like? The former is likely to nurture heightened levels of employee engagement as well as well-being, and foster a workforce where people are willing to exert discretionary effort on behalf of the organisation. The latter world is likely to be characterised by high levels of long-term sickness, presenteeism, high training costs due to turnover, few staff with over five years' service and, in some cases, people who are at risk of burning out or actively disengaging. Both contrasting visions have significant business performance implications.

Traditionally, the term 'employee well-being' has often been translated by employers into specific initiatives that are unlikely to be part of a cohesive well-being strategy or linked to the organisation's overall business strategy. But if we set a more aspirational agenda for organisations, the impact for individuals, business and society could be significantly greater. Health and well-being is not just about initiatives; it's about aspiring to position employee well-being as a continuous thread that runs through every operational decision, a cultural lens that guides everything we do and how we do it – in business terms, a systems approach.

This leads us to the unique role that the CIPD can play to help improve people's health and well-being because, despite the enhanced awareness of workplace health issues and the wider promotion of a strong business case for taking action, there remains a stubborn implementation gap for health and well-being initiatives at work. Further, while there is exemplary practice on the part of some employers, in many cases employee well-being interventions consist of one-off initiatives that do not support longer-term organisational health. The CIPD's mission is to improve work and working lives – therefore, optimising the health and well-being of individuals while at the same time enhancing organisational health and performance sits at the very heart of what we are trying to achieve through our reach in workplaces. It is an imperative that we build momentum on this agenda.

The CIPD is ideally placed to question and change the way individuals, employers and society think about employee well-being. We can gather evidence-based research from our members to help drive forward the wider health and well-being public policy agenda in the most effective way. Through challenging the established beliefs about what well-being is all about and the value we attach to it, we can turn policy into practice and influence employer behaviour at a micro level. The CIPD's 140,000 members play a pivotal part in implementing employment and people management policies and stimulating change in workplaces across every section of the UK economy. As such, it is HR professionals who hold the key to unlocking the potential for a much wider and more sustainable integration of health and well-being practices at work.

As the voice of a worldwide community of 140,000 HR professionals working in the fields of people management and development, we can inspire the very people who are most likely to be in a position to make a real difference to workplace health and well-being. Affecting change in organisations may start with the core of our HR membership, who will have the strategic vision to embrace health and well-being and the practical capability to integrate it in their organisations in a way that supports business goals and employees. But our reach goes much further in terms of influencing wider management practice in organisations. Given that responsibility for implementing the many aspects of a holistic health and well-being model is likely to fall on line managers, this wider reach is essential.

We already have a strong foundation of health and well-being practical tools and guidance on which to build. We will be looking for opportunities to extend the range of support we provide for HR professionals and managers in line with the development of our research and thought leadership across the health and well-being spectrum.

For example, this year we will be publishing a practical tool for practitioners to help them bring about change and develop a holistic health and well-being programme.

We'll review the work to date in this report, scoping the landscape and current organisational practice. From this we are then able to identify what a healthy workplace looks like and the role of different stakeholders in making this a reality. Finally, we will examine the wider policy framework for health and well-being, calling out key areas for future reform and moving forward the agenda.

From ‘health and safety’ to holistic health and well-being in the workplace

The importance of employee health and well-being has risen sharply up the public policy agenda over the past ten years or so, encouraging a broader and more sophisticated understanding of what the concept means in UK organisations. Historically, measures to safeguard the well-being of employees focused on the much narrower management of ‘health and safety’ and steps to reduce the risk of injury and ill-health associated with work. The steady increase in government-led initiatives has been accompanied by a growth in well-being practices on the part of many employers that address the psychosocial, as well as the physical, aspects of working life.

Many factors have influenced, and continue to influence, the workplace health agenda. First, the nature of work itself has changed in multiple ways, including vast technological and global trends and the shift from an industrial to a services- and knowledge-based economy. While risks to workers’ health from physical hazards still exist, particularly in some industries, they have been significantly reduced economy-wide. Since the introduction of the Health and Safety at Work Act 1974, fatal injuries to employees have fallen by 87%, while reported non-fatal injuries have fallen by 77% (Health and Safety Executive 2014). However, complex changes in the world of work mean that individuals are now at risk from other organisational and wider environmental pressures. People’s work and domestic lives have become more entwined and there is strong evidence pointing to an intensification of work (CIPD 2014; CIPD 2015c).

The huge increase in the reported prevalence of mental health conditions by the mid-2000s and the accompanying spiral in the number of incapacity benefit (IB) claimants were a key concern to government – by 2006, according to the Department for Work and Pensions (DWP), the proportion of IB claimants suffering from a mental health condition had increased to 40% compared with 25% in the mid-1990s (DWP 2006). The growing incidence of stress and mental health conditions as a cause of sickness absence in UK workplaces was also a cause for concern. As well as helping to broaden the health and well-being agenda to recognise the increasing relevance of the psychosocial environment, the growing awareness of psychological risks at work have prompted specific government-led initiatives.

These include the introduction of management standards by the Health and Safety Executive (HSE) in 2004 to help employers to reduce work-related stress by carrying out a step-by-step risk assessment, and the launch in 2009 of ‘Working our way to better mental health’, the UK’s first national framework for mental health and employment (DWP and DH 2009).

Other factors that ensure employee health and well-being is a priority on the public policy agenda include demographic change, in particular an ageing workforce and the need for individuals to work longer to support their retirement and fund their pensions. For their part, employers increasingly need to tap into the skills of marginalised groups such as older workers and develop appropriate health and well-being strategies to enable their continued participation in the workplace. Other trends, such as the increase in obesity and growing recognition of significant health conditions such as musculoskeletal disorders (MSDs), are also driving action.

Establishing the links between work, health and well-being

In response to the challenges that it perceived in relation to the nation’s health, the Government launched a range of significant studies and strategies during the first decade of the twenty-first century. A number of these recognised the growing relevance of work to people’s health, including a DWP-commissioned scientific evidence review of the links between health, work and well-being. *Is Work Good for Your Health and Well-being?* by Waddell and Burton concluded that work is ‘generally good for physical and mental health and well-being’; however, ‘the provisos are that account must be taken of the nature and quality of work and its social context; jobs should be safe and accommodating’ (Waddell and Burton 2006, page ix).

Building on this premise, in 2008 Professor Dame Carol Black, then National Director for Health and Work (a post that no longer exists), published her groundbreaking review of the health of Britain’s working-age population, *Working for a Healthier Tomorrow* (Black 2008). At the heart of its new vision for health and work in Britain were three principal objectives:

- prevention of illness and promotion of health and well-being

- early intervention for those who develop a health condition
- an improvement in the health of those out of work – so that everyone with the potential to work has the support they need to do so.

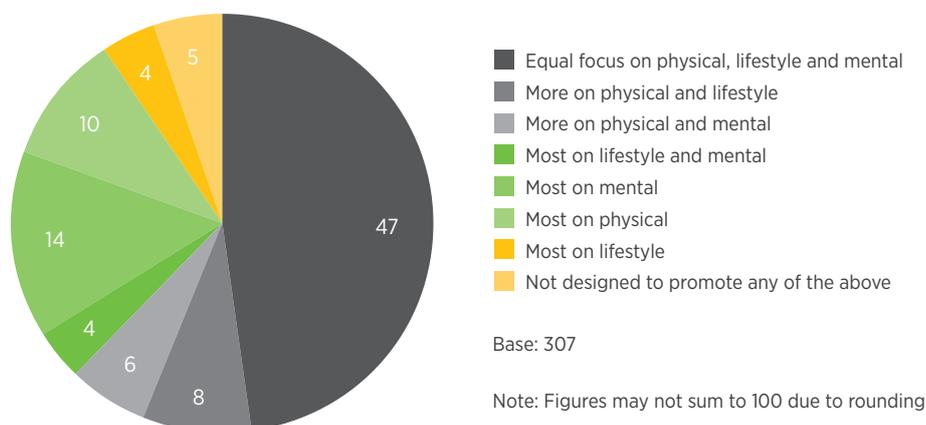
The review firmly positioned the workplace as key to promoting the nation’s health and well-being, and advocated a new, joined-up approach to health and well-being at work and beyond, including measures to help people to enter or return to work. Its public policy calls were far-reaching, such as recommending an expanded role for occupational health and shifting the emphasis from merely measuring the negative impact of ill-health to understanding the positive effects of good health and well-being practices. In terms of the workplace, Professor Dame Carol Black’s review emphasised the crucial role of line management skills in managing employee health and well-being and further paved the way for a more holistic approach to its promotion by employers.

The Government’s response to Professor Dame Carol Black’s review took forward the importance of a holistic approach to health and well-being: *‘We need to ensure that workplaces support individuals across this spectrum, from identifying risk, through supporting those with health conditions, to improvement in overall health and wellbeing’* (DWP and DH 2008). It also set in motion a number of initiatives recommended in Professor Dame Carol Black’s review, including the introduction of a ‘fit note’ to replace the ‘sick note’. It laid the groundwork for the development of the new ‘Fit for Work’ service, which provides health and work advice to help employers to manage sickness absence, including free GP referral for an occupational health assessment for employees who have reached, or expect to reach, four weeks’ sickness absence.

At the same time, the Chief Scientist in the Government Office for Science in the Department of Business, Innovation and Skills initiated the Foresight Project on Mental Capital and Wellbeing, which had a Secretary of State as the sponsor and Professor Cary Cooper as lead scientist. After two years of research, involving over 85 sciences reviews and over 300 leading academics globally, the report was published and presented to the Government and the Cabinet Secretary’s Permanent Secretaries in 2008. There were a number of recommendations on how the Government and industry could enhance well-being and minimise the depletion of mental capital. These recommendations were evaluated by the Government’s Chief Economists and other leading economists from a cost-benefit point of view. All the studies, recommendations and costings were published in 2010 (Cooper et al). A number of these recommendations have been implemented in law (for example, the right to request flexible working is now open to all and not just parents) or in practice (for example, regular well-being audits to identify inhibitors to enhancing mental capital).

The CIPD 2015 *Absence Management* survey, produced in partnership with Simplyhealth and covering 1.5 million employees, identified considerable variation in the extent to which organisations’ health and well-being activity embraces a holistic approach, and the extent to which it is designed to promote good physical health, good lifestyle choices and good mental health (CIPD 2015a). Overall, nearly half of organisations with well-being activities focus equally on all three aspects (see **Figure 3: Focus of employee health and well-being activity**).

Figure 3: Focus of employee health and well-being activity (% of respondents with well-being strategies/plan/programme or initiatives)



Good work is good for well-being

For most people, their work is ‘a key determinant of self-worth, family esteem, identity and standing within the community, besides, of course, material progress and a means of social participation and fulfilment’, Professor Dame Carol Black highlighted in her 2008 review (Black 2008, p4). The Government’s response called for ‘greater overall recognition of the importance of good work in maintaining health and well-being’, further broadening the concept of health and well-being and paving the way for an exploration of the environmental factors linked to well-being, such as work organisation and intensity (DWP and DH 2008, p70). ‘We want to see increases in the proportion of businesses and workers who report that their workplaces have in place the processes that characterise good work, including the provision and uptake of health and well-being initiatives/ support, stress management, flexible working and effective methods of worker engagement,’ announced the Government’s response document. The Work Foundation’s research to develop the concept of ‘good work’ focuses on the features of jobs that make it a favourable experience for workers, have been linked to positive health and well-being outcomes and also boost productivity, thereby benefiting employers at the same time (Brinkley et al 2010). According to Coats and Lekhi (2008), these features include:

- 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).

The quality of line management is also key to promoting the different dimensions of ‘good work’. ‘Good line management can lead to good health, well-being and improved performance,’ Professor Dame Carol Black’s review asserted (Black 2008, p11) – a theme we will return to in this paper.

The CIPD’s own mission is to improve work and working lives. Our 2014 *Megatrends* report *Are We Working Harder Than Ever?* explores some of the dimensions that are central to the consideration of what constitutes ‘good work’ (CIPD 2014). It identifies a sense of work becoming a more intense experience with greater workloads and pressures to meet deadlines, customer demands and performance targets. If employees feel they are working harder, it is not because they are working longer hours. Average hours worked per year have been falling for decades and the average working week for a full-time employee has fallen since 1998. The proportion of employees in Britain in strong agreement that their job requires them to work very hard was, in 2010, the second highest in Europe (behind the Ukraine). Perceptions of workload and deadline pressures are above the European average.

Our autumn 2015 *Employee Outlook* survey, in partnership with Halogen Software, surveyed over 2,000 UK employees and found that almost two-fifths (38%) of employees are under excessive pressure at work at least once a week. Employees in the public sector are significantly more likely than those in the private and voluntary sectors to say that they feel this way (CIPD 2015c).

The CIPD *Megatrends* report contains an important proviso: that a sense of having to work hard is not necessarily damaging to employee well-being (CIPD 2014). In a 2010 survey, it notes, employees who saw their jobs as most demanding had the highest average job satisfaction. Problems arise when job demands create a sense of excessive pressure. This often has a negative impact on work performance and relationships with managers, colleagues and customers. Employees feeling under excessive pressure on a regular basis are also more likely to be dissatisfied with their job, more likely to be seeking to leave their employer, more likely to be suffering anxiety and stress and reporting negative effects on their physical and mental health.

Health, well-being and engagement: key pieces of the same jigsaw

The concept of ‘good work’ leads us to consider how employee engagement fits within the employee well-being framework. There is no universally agreed definition of employee engagement, and MacLeod and Clarke discovered more than 50 definitions during the research for their landmark 2009 report *Engaging for Success* (MacLeod and Clarke 2009). However, it is clear that some commonly agreed indicators of employee engagement, such as organisational commitment, discretionary effort and

a sense of achievement at work (Dromey 2014), are closely associated with aspects of 'good work'. For example, Purcell found that the most powerful predictors of commitment include employee trust in management, satisfaction with the work itself, job challenge and a sense of achievement from work (Purcell 2010).

MacLeod and Clarke place employee well-being at the heart of its employee engagement model from the outset: *'we believe it is most helpful to see employee engagement as a workplace approach designed to ensure that employees are committed to their organisation's goals and values ... and are able at the same time to enhance their own sense of well-being'* (MacLeod and Clarke 2009). Their 2014 paper points to a number of academic studies supporting the links between employee engagement and well-being, resilience and absence, such as Brunetto et al (2012) reporting that work engagement is associated with higher levels of psychological well-being, and Soane et al (2013) finding that *'meaningful work leads to lower levels of absence because people are engaged with their work'* (MacLeod and Clarke 2014).

The 2014 report points to the 'virtuous circle' of the 'strong correlation' between high well-being and engagement levels, and their mutually reinforcing relationship (MacLeod and Clarke 2014). As an illustration of this, Barclays Retail Bank (reported in *Personnel Today*) found that while engagement levels accounted for about 16% of the variation in productivity levels, this increased to 24% when psychological well-being was included, suggesting that high well-being increases the impact of high engagement.

The level of sickness absence on the part of employees who are engaged versus those who are not provides evidence of perhaps the most explicit link between engagement and well-being. According to research by Aon Hewitt (2012, reported in MacLeod and Clarke 2014), organisations with highly engaged staff reported staff taking an average of seven absence days a year, half the 14 days a year reported in 'low-engagement' organisations. Further, employees in 'high-engagement' organisations were significantly less likely to report workplace stress (28% compared with 39% in low-engagement companies).

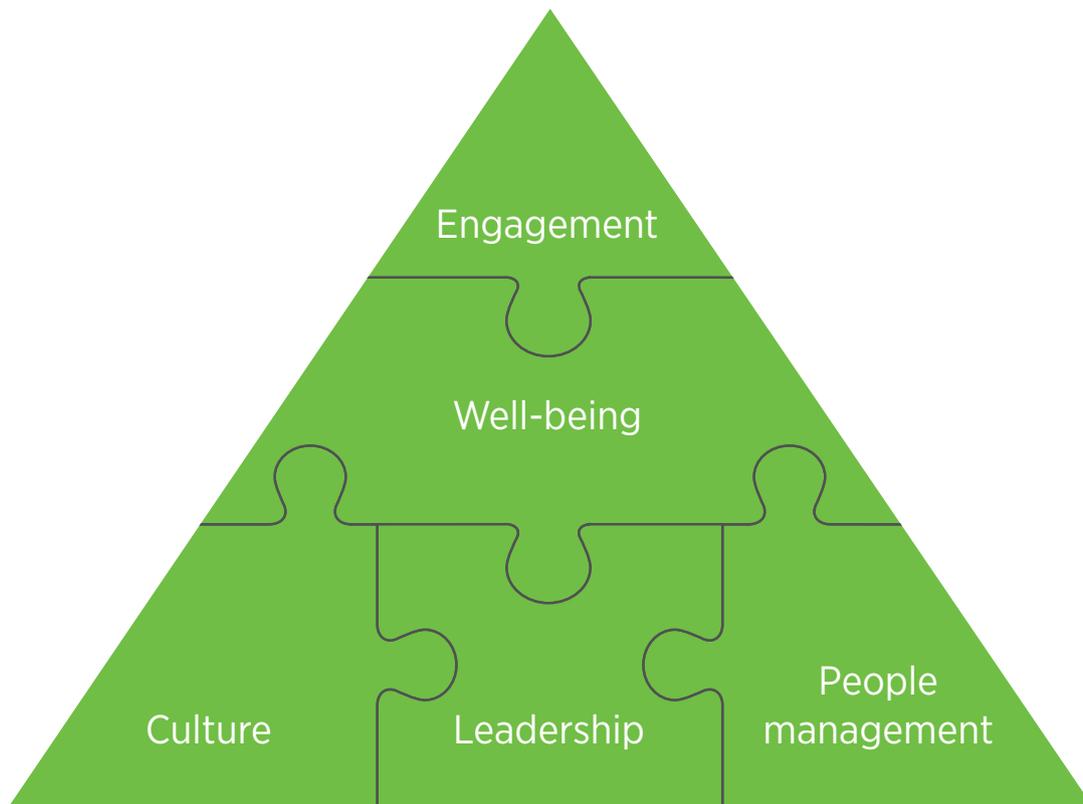
The CIPD has explored the impact of emotional and transactional employee engagement on well-being and business outcomes. Our report demonstrates that engagement is a complex issue that requires a depth of understanding: there are different levels of engagement and the distinction between emotional

and transactional engagement is an important one (CIPD 2012a). The data show a clear distinction between people doing the job because it's the one they have and people who express an emotional bond to their work, colleagues or the company they work for. It finds that emotional engagement has a strong and positive association with job-related well-being and a similarly strong, but negative, association with burnout and work-family conflict. Taken together, these results suggest that emotional engagement has a positive impact on individual health and well-being. Interestingly, the relationship between transactional engagement and the different aspects of well-being is the reverse. Transactional engagement has a moderate, but negative, association with job-related well-being.

The CIPD, with Affinity Health at Work, has undertaken more recent research on why health and well-being are vital to sustaining engagement (Lewis et al 2014). This study finds that it is the combination of employee engagement together with health and well-being that enables performance outcomes to be sustainable over time. It points to research by Towers Watson showing that highly engaged individuals with high levels of well-being are the most productive and happiest employees. Highly engaged employees with low levels of well-being, meanwhile, tend towards high levels of productivity but are more likely to leave their organisations and to experience high levels of burnout.

The research discussed here provides strong evidence that well-being and employee engagement are mutually reinforcing and inextricably linked in organisations. The CIPD believes that to truly achieve a healthy workplace an employer needs to ensure that its culture, leadership and people management are the bedrock on which to build a fully integrated well-being approach, as our well-being pyramid shows in **Figure 4**. Well-being initiatives that are introduced in isolation are likely to be met with cynicism by employees, dropped when budgets are tight and never seen as more than an add-on gesture if these firm foundations are not in place.

Figure 4: The CIPD well-being pyramid



Consideration of the mutually reinforcing relationship between health and well-being and employee engagement demonstrates how much more sophisticated the business case for investing in employee well-being is becoming. It also shows how there has started to be a positive shift from analysing the negative impact of people's ill-health on organisational performance to trying to capture the potential impact of good employee health and well-being. In the next section we will consider why wider recognition of the business case for health and well-being has not been translated into more comprehensive action by employers.

The business case: more compelling but not enough resonance?

The evidence is increasing...

Traditionally, articulating the business case for managing people's health has focused on quantifying the negative impact of ill-health. Professor Dame Carol Black's review estimated the annual economic cost of working-age ill-health at well over £100 billion (Black 2008). Building a persuasive business case for employers typically includes presenting the enormous macro cost of sickness absence – around £14 billion a year in the UK, according to the CBI's 2013 sickness absence survey (CBI 2013). The CIPD 2015 *Absence Management* survey pegs the overall annual median cost of absence per employee at £554. However, this figure is unlikely to capture the full impact of employee absence if all the potential indirect costs (such as lost productivity, impaired customer service and lower employee morale) as well as the direct costs are not taken into account, as these less tangible effects are very difficult to quantify (CIPD 2015a).

Breaking down the negative impact to a micro level and quantifying the annual financial cost of an employee's sickness absence – as articulated in the CIPD absence survey – makes the business case more tangible for employers. However, the majority of organisations do not measure the cost of sickness absence and those that do are unlikely to analyse fully the direct and indirect costs. The CIPD 2015 *Absence Management* survey finds that less than two-fifths of employers analyse the cost of employee absence, with public sector and larger organisations most likely to do so (CIPD 2015a).

Aggregating the extensive cost of ill-health and sickness absence to the economy and business is important and can galvanise government to act, but does not necessarily motivate individual employers to improve workforce health and well-being. However, more recent developments to analyse the potential return on investment in employee well-being provide a more positive rationale to encourage employers to embed a health and well-being intervention. PricewaterhouseCoopers (PwC) research, commissioned by the Health Work Wellbeing Executive, points to 'a wealth of evidence' in the academic and non-academic literature suggesting a positive link between the introduction of wellness programmes in the workplace and

improved business key performance indicators (PricewaterhouseCoopers 2008). The available literature suggests that programme costs can quickly be translated into financial benefits, says the report, either through cost savings or additional revenue-generation. Benefit-cost ratios, which measure the financial return for every unit of cost expenditure, were found in the systematic literature reviews ranging up to 10.1.

Defining a business case for employers to evaluate the hard financial return of any investment in health and well-being is probably more articulated in the US, because of the influence of operating in a privatised healthcare industry. For example, *Personnel Today* recently reported on an article from the *Journal of Occupational and Environmental Medicine* about a well-being programme at US retailer Price Chopper Golub Corporation (Silcox 2015). The programme has returned \$4.33 for every \$1.00 invested, according to an analysis of medical claims data over a three-year period from 2008 to 2010. Reductions in medical costs were identified for several groups of workers, with an average saving of \$133 per participant in the wellness plan, totalling \$285,706 over the three years analysed.

Our own research shows that organisations which evaluate their well-being spend are twice as likely to have increased their spending and more likely to increase their projected spend (CIPD 2010). This implies that evaluations of well-being spend generally conclude that investing in well-being is worthwhile.

...but employee well-being is far from integrated in most organisations

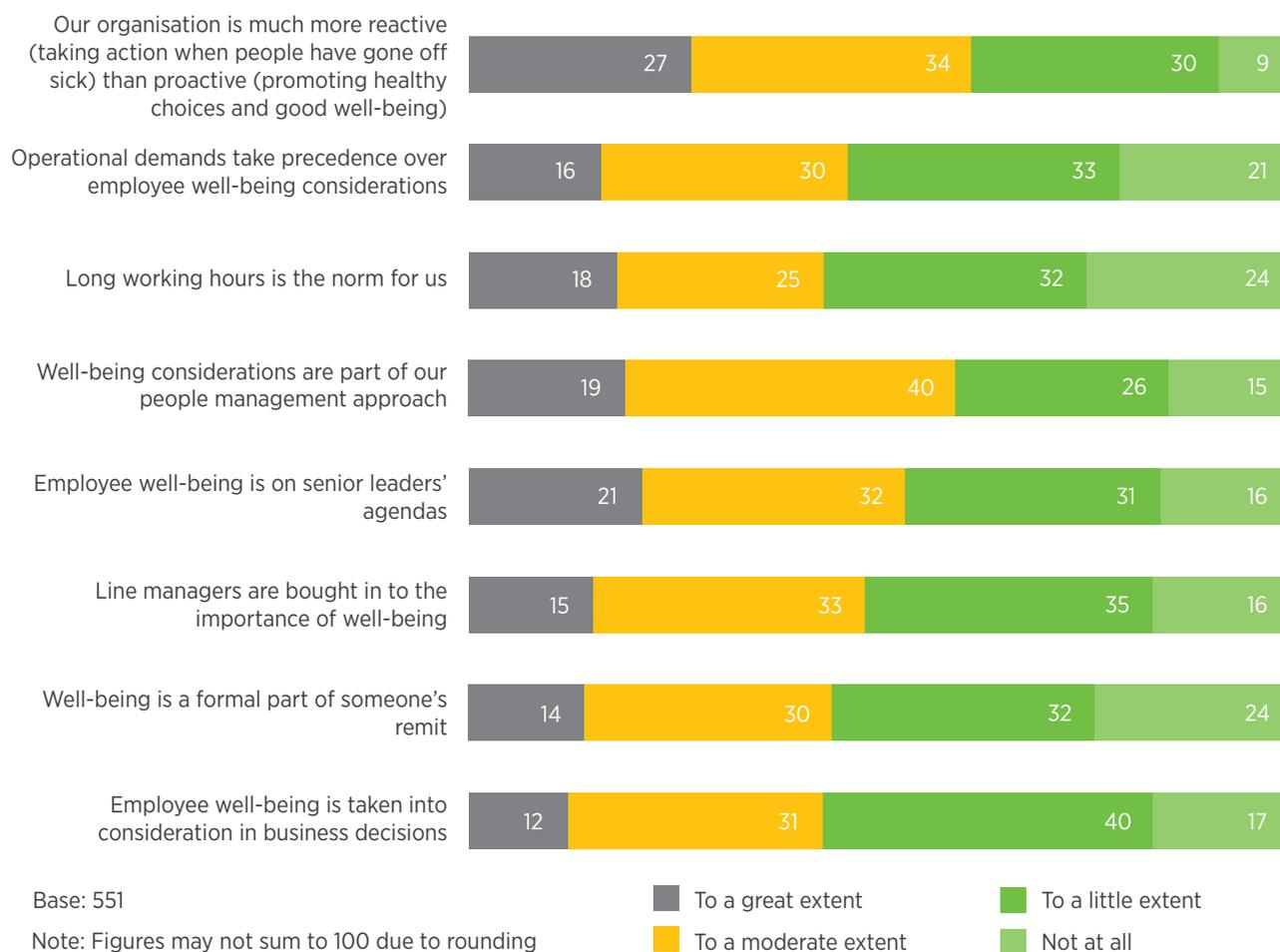
The concern is that the growing recognition of the importance of workplace health and well-being has not been matched by consistent and comprehensive action on the part of many employers. Edenred's 2015 Well-being Barometer found that only 26% of employers see employee well-being as a priority, despite an overwhelming 97% believing in the link between well-being and organisational performance (Calnan 2015). These figures capture the most pressing question about presentation of the health and well-being business case: if a majority of employers recognise that there is a compelling

business case, why does this not translate into more of them prioritising health and well-being and implementing appropriate interventions?

Our 2015 *Absence Management* survey found that organisations are split regarding the value they attach to employee well-being and how actively they promote it (CIPD 2015a). The findings provide a useful insight into the current state of employee well-being in organisations, and the priority employers

attach to it (see **Figure 5: Organisations' approach to employee well-being**). For example, most employers are more reactive than proactive in their approach, with employee well-being taken into account in business decisions either not at all or to a little extent in the majority of cases (57%), and just under half (46%) report that operational demands tend to take precedence. Encouragingly, employee well-being forms part of most organisations' people management approach (59%).

Figure 5: Organisations' approach to employee well-being (% of respondents)



The Work Foundation's new Health at Work Policy Unit (HWPU) identifies the barriers to employers implementing health and well-being interventions at work as one of its key research priorities (Bajorek et al 2014). At an employer level, it points to the failure at the planning stage to capture and articulate the economic benefits of health and well-being in a way that resonates with business and is integrated in, and tailored to, individual business needs. Limited senior management engagement with workplace health and well-being and budgetary constraints represent

further barriers to employer action at the planning stage. At the implementation stage, a lack of communication about the features and benefits of health and well-being programmes limits employee and management engagement and motivation towards these initiatives and prevents an organisational shift towards participation. At the evaluation stage, if organisations fail to capture all the benefits of their programmes, making a business case for further interventions becomes difficult.

The CIPD is currently undertaking far-reaching research to explore, and help shape, the HR profession for the future. A key element of this framework is how the importance of individual and societal outcomes in attaining sustainable competitive advantage is shifting into focus. The reality is that carefully managing all relevant stakeholders, including employees and the community, can create shared value for all stakeholders. The concept of 'shared value' can be defined as *'the policies and operating practices that enhance the competitiveness of a company while simultaneously advancing the economic and social conditions of the community in which it operates'* (Porter and Kramer 2011).

Our recent research involved a series of focus groups and a survey of nearly 6,000 HR practitioners, business leaders and line managers in the UK, US, Asia, Middle East and North Africa (CIPD 2015b). Employee well-being is a key dimension of the research, and 'shared value' was consistently mentioned in response to the question, 'what comes to mind when you think of a healthy workforce?', as one middle manager based in the UK succinctly summed up:

'Healthy teams are more likely to feel in the right frame of mind to give great service to our customers.'

In one case study organisation, software engineering company Cougar Automation, business leaders described their vision of happy employees delivering an excellent service, creating happy customers, which drives profitability. The workforce is viewed as the starting point of the value chain, and as the main stakeholder in the business. Cougar demonstrates its commitment to employee happiness through devolved decision-making, giving people a high level of autonomy and flexibility in their work.

Our research shows that health and well-being does not have to be treated as an 'add-on' or 'nice-to-have' activity by organisations – if employers place employee well-being at the centre of their business model and view it as the vital source of value-creation, the dividends for organisational health can be significant. However, many organisations have not yet reached the point of fully embracing a 'shared value' concept in relation to employee and organisational health. Around half (47%) of respondents to the survey said that they always apply the value 'work should be good for people' in their own role, with a further 35% suggesting that they apply this value but may compromise it under

certain circumstances. Approximately one in seven (15%), however, thought it didn't apply or was 'nice to have but not imperative'. Survey respondents clearly feel the pressure of conflicting organisational priorities, and the well-being value can be difficult to apply in practice when stakeholder priorities conflict.

What will convince employers to take action on well-being?

If many employers are still not prioritising health and well-being, it means that we need to look seriously at how the 'business case' is articulated and communicated. Until an employer has implemented, and evaluated the benefits of, a health and well-being programme, it may not be possible to project bottom-line benefits to the organisation in financial terms. There could be pockets of good well-being practice in an organisation, where line managers foster a healthy workplace and culture – but embedding health and well-being across the organisation requires commitment from the top team and a willingness to allocate resources. Convincing senior management to integrate well-being throughout the business may need to start with a pilot area or highlighting one of those pockets of good well-being that already exists. Demonstrating in practical and tangible terms what the impact has been on key organisational areas such as employee engagement, customer service, absence levels and performance could then persuade the leadership team to extend its provision across the organisation. A 'business case' will be persuasive only if it is relevant and based on the unique needs and desired outcomes for the employer in question.

Another practical and engaging way of encouraging more integrated adoption of a health and well-being framework by employers is by demonstrating how other organisations have implemented, and benefited from embracing, well-being. One example is our case study of South Liverpool Homes (SLH), which has put in place a holistic health and well-being programme that is fully integrated into the business (see **Case study**, page 29). By pointing to concrete business results over a given period at SLH, including a significant fall in sickness absence, a quantifiable cost saving and an increase in customer satisfaction to 90%, it is possible for other employers to envisage the potential benefits that they could realise from investment in this area.

There are few employers that would disagree that, if their employees are in a good state of health and well-being, this must surely contribute to successful performance and enhanced business outcomes. In a corporate world where even the terminology

'business case' has become slightly hackneyed, this simple premise is as good a place to start as any.

There is another perspective on why employers should take action to improve the health and well-being of their workforce, aside from the mutually beneficial impact it could have for employees and the business, which is that it's the right thing to do. For instance, the World Health Organization (WHO) refers to other reasons (for example, legal compliance) for creating a healthy workplace framework aside from the *'hard, cold facts of economics and money'*, and links the argument to business ethics and the moral imperative (Burton 2010, p6).

Although the core premise for investing in employee well-being is universal, how we craft and communicate the 'business case' for employers to take action on health and well-being needs to be organisation-specific. This requires a more sophisticated and nuanced perspective which takes into account your organisation's current perspective and stakeholder priorities. Fostering good health and well-being across the workforce simply makes good business sense: yes, there will be tangible and measurable outcomes for those organisations that adopt a strategic and sustainable approach to well-being. But does the core argument always have to focus exclusively on 'the business case' and the expected economic return for employers? No, because this could limit how policy-makers and the CIPD, as a membership body, can engage with employers and inspire them to invest in well-being. This does not mean that we can't present a compelling vision of the difference that a healthy workforce could make to an organisation – but that vision has to be flexible enough to appeal to each employer in its own right.

Evaluating employee well-being

It is undoubtedly challenging for employers to measure the impact of their well-being initiatives but it is a crucial element of building a case for future investment by the board or leadership team. The CIPD 2015 *Absence Management* survey found that just one in seven (14%) of organisations that invest in employee well-being evaluate the impact of their spend (CIPD 2015a), a proportion that needs to rise if HR and other stakeholders want to build a strong business case to convince senior leaders of the need for future investment in this area. Organisations that have a formal well-being strategy or plan are most likely to evaluate the impact of their spend (34% compared with 13% of those that don't have a formal strategy but have well-being initiatives). In addition,

organisations with a target for reducing employee absence are more likely to evaluate the impact of well-being spend than those that don't (25% versus 12%).

A report by PricewaterhouseCoopers (PwC) says that evaluation methods should capture critical aspects of participation as well as measuring both short- and long-term strategic aims of the wellness programme. In some cases, a simple dashboard of success highlighting key performance indicators may be sufficient as a measure of success for some employers (PricewaterhouseCoopers 2008). Ongoing evaluation must continue to inform programme development and design to ensure the programme has maximum impact and reach and continues to meet changing employee needs, notes the report. Modelling the financial impact of wellness programmes need not be an overelaborate or complicated process, it says, providing certain data requirements are met. *'In general, financial models focus on identifying and estimating programme costs and benefits, then calculating financial variables such as the net present value (NPV), internal rate of return (IRR) or break even point (BEP). Such measures are readily understood by senior management and provide meaningful insights into a programme's financial viability.'* (PwC 2008, p41).

The best approach is to identify the key organisational targets or goals the programme is designed to achieve and then to monitor achievement against those targets. Targets and goals can take many shapes. They can be organisational measures, or more closely related to employee health and job satisfaction. Staff surveys can, over a period of time, gauge how individuals are feeling about initiatives and measure a range of key indicators. Some of these are highlighted in **Table 2: Key indicators**.

The health measures described are objective measures that can be gathered by occupational health practitioners as part of a health surveillance programme. Occupational health data should always be kept confidential. Employee satisfaction is most commonly measured in an employee survey. However, consideration could be given to carrying out a survey related to a particular initiative. The organisational measures are objective measures that organisations would normally be tracking as part of their normal operation. The organisational measures are often viewed as the most persuasive by senior management, keen to see the value of any well-being initiatives in terms of organisational benefits.

Table 2: Key indicators

Health measures	Employee satisfaction measures	Organisational measures
Lowered body mass	Employee engagement	Productivity and customer service levels
Reduced cholesterol/blood pressure levels	Presenteeism	Retention levels
Return-to-work times	Organisational commitment	Absence rates
Increased exercise	Job satisfaction	Referral times to occupational health
Reduced substance abuse	Voluntary resignations	Ethical and safety standards
Reduced anxiety/depression	Positive working relationships	Ill-health retirements

What does a healthy workplace look like?

There are many varied definitions of well-being. The CIPD believes that well-being at work initiatives need to balance the needs of the employee with those of the business. We define it as:

‘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.’

Adopting a holistic approach to well-being involves much more than an avoidance of people becoming physically sick. The World Health Organization describes health as ‘a state of complete physical,

mental, and social well-being and not merely the absence of disease or infirmity’. It describes mental health as ‘a state of well-being in which every individual realises 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’.

Table 3: Common causes of long-term absence states the most common causes of long-term absence as found in the CIPD 2015 *Absence Management* survey, conducted in partnership with Simplyhealth (CIPD 2015a). Organisations need to consider the extent to which these common causes relate to their workforce when designing appropriate health and well-being interventions. However, an employer’s reactive approach to ill-health needs to be married with its active promotion of well-being.

Table 3: Common causes of long-term absence (%)

	Most common cause		In top 5 most common causes	
	Manual	Non-manual	Manual	Non-manual
Acute medical conditions (for example stroke, heart attack and cancer)	19	22	53	51
Stress	17	26	49	58
Mental ill-health (for example clinical depression and anxiety)	13	14	48	49
Musculoskeletal injuries (for example neck strains and repetitive strain injury, but excluding back pain)	16	8	50	38
Back pain	11	6	43	32
Injuries/accidents not related to work	6	6	31	25
Recurring medical conditions (for example asthma, angina and allergies)	5	4	27	25
Minor illness (for example colds/flu, stomach upsets, headaches and migraines)	5	5	17	17
Work-related injuries/accidents	3	1	17	7
Pregnancy-related absence (not maternity leave)	2	2	13	16
Home/family/carer responsibilities	1	1	11	16
Drink- or drug-related conditions	0	0	2	2
Absence due to non-genuine ill-health (‘pulling a sickie’)	0	6	8	14

Base: Manual 310; Non-manual 394

PricewaterhouseCoopers (PwC) research, commissioned by the Health Work Wellbeing Executive, notes the critical shift from a reactive to proactive approach to employee health issues and sets out a conceptual model for wellness

covering three main types of interventions (PricewaterhouseCoopers 2008):

- **health and safety:** these interventions are driven by government policy initiatives and shaped by statutory requirements

- **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
- **prevention and promotion:** there are 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.

Implementing this definition requires organisations to actively help people to maximise their physical, social and mental health. Some of the most important aspects include employees having meaningful and challenging work and the opportunity to apply their skills and knowledge in effective working relationships

with colleagues and managers in a safe and healthy environment. Well-being-oriented organisations provide employees with the tools to get the job done and the opportunity to achieve personal aspirations while maintaining work-life balance.

Therefore, organisational strategies aimed at reducing sickness absence and promoting good physical health (for example, activities to increase employees’ physical activity, smoking cessation support, healthy eating policies and advice on alcohol and drug misuse), while often a vital part of an employer’s health and well-being approach, are but the tip of the iceberg. **Table 4: Employee well-being benefits provided by employers** shows the range of well-being-specific benefits provided by employers and available to all employees, according to the CIPD 2015 *Absence Management* survey.

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

Employee support	All organisations
Access to counselling service	60
Employee assistance programme	49
Emotional intelligence training	7
Health promotion	All organisations
Access to physiotherapy	30
Advice on healthy eating	29
Health screening	28
Stop smoking support	27
Healthy canteen options	21
Subsidised gym membership	18
On-site massages	17
Well-being days	17
Free fresh fruit	15
Mindfulness	13
In-house gym	13
Relaxation or exercise classes	11
Walking/pedometer initiatives	10
Standing desks	7
Personalised healthy living programmes	6
Insurance/protection initiatives	All organisations
Private medical insurance	19
Long-term disability/permanent health insurance/income protection	16
Healthcare cash plans	21
Dental illness insurance	11
Personal accident insurance	10
Group income protection	9
Self-funded health plans/healthcare trust	9

Base: 563

The growing complexity and fast-changing nature of today's workplace requires organisations to apply an even broader definition of employee well-being that takes on board almost every aspect of management practice and its impact on individuals. Kraybill (2003, referenced in Tehrani et al 2007), for example, defines some of the essential factors leading to organisational and personal well-being as:

- values-based working environment and management style
- open communication and dialogue
- teamworking and co-operation
- clarity and unity of purpose
- flexibility, discretion and support for reasonable risk-taking
- a balance between work and personal life
- the ability to negotiate workload and work pace without fear of reprisals or punishment
- being fairly compensated in terms of salary and benefits.

In 2014, Wiley-Blackwell published a series of six volumes on different aspects of well-being, including one which reviewed research to date on workplace well-being (Chen and Cooper [Series Editor], 2014). It includes a section looking at organisational strategies to promote well-being that cover some of the key health and well-being areas that employers will need to be aware of, for example cancer, leadership behaviour, workplace mistreatment and stigma, and return to work. These studies demonstrate the wide-ranging nature of employee well-being in today's workplaces.

A holistic approach also means that, when implementing a health and well-being strategy, employers need to take into account the factors outside the workplace that impact on employee well-being – individuals do not necessarily leave their personal lives at home when they come to work and line managers should be confident and competent to have conversations with staff if they are facing pressures outside of work. For example, as the workforce ages, many older workers could be experiencing caring responsibilities for aged or ill parents, often while still caring for their own children.

The more recent inclusion of effective mental well-being policies and practices (such as stress management provision and training line managers to

have difficult conversations with staff and signpost to external specialist sources of mental health support if necessary) on the part of many employers is a big step forward in terms of addressing the psychological aspects of health and well-being at work. Financial wellness is another crucial element of a holistic approach to employee well-being – money worries can contribute directly to employee mental stress, and the financially stressed are more likely to suffer conditions such as fatigue and heart attacks as well as alcohol and drug abuse. CIPD research shows that many employers are missing an opportunity to use their reward package to promote workplace wellness. Building on our 2012 financial education guide, we are planning future research and employer guidance on financial well-being that will also identify employee groups which require tailored support (CIPD 2012b).

A healthy workplace is one that includes effective policies for dealing with all of the 'people' aspects of employment, such as diversity and inclusion, communication and consultation, engagement and work-life balance. Attention also needs to focus on 'good work' and the way work is organised, the degree of control and autonomy that people have over their work, and the organisational culture. Many of these factors are interrelated and it is only by addressing their overall potential impact that an organisation's well-being approach can be fully optimised. That any organisation's approach to promoting good employee health and well-being needs to be positive, proactive and preventative goes without saying.

Investors in People 'Health and Wellbeing' Award

Investors in People (IiP) has developed a 'Health and Wellbeing' Award that can be linked to its overall IiP management framework and accreditation.

The award, which is supported by the Department of Health, provides a useful framework that organisations can follow, even if they don't intend to apply for accreditation. IiP says that, like the Standard, the Health and Wellbeing Award is flexible, easy to use and outcome-focused.

Online resources available from the IiP website provide some additional good practice, practical examples and advice around many of the issues covered by the award. The award contains ten indicators, or areas of organisational activity, against which the organisation will be assessed, and the evidence requirements are broken down into top manager, manager and people categories. See **Table 5: IiP Good Practice Health and Wellbeing Award**.

Table 5: IIP Good Practice Health and Wellbeing Award (2014, online)

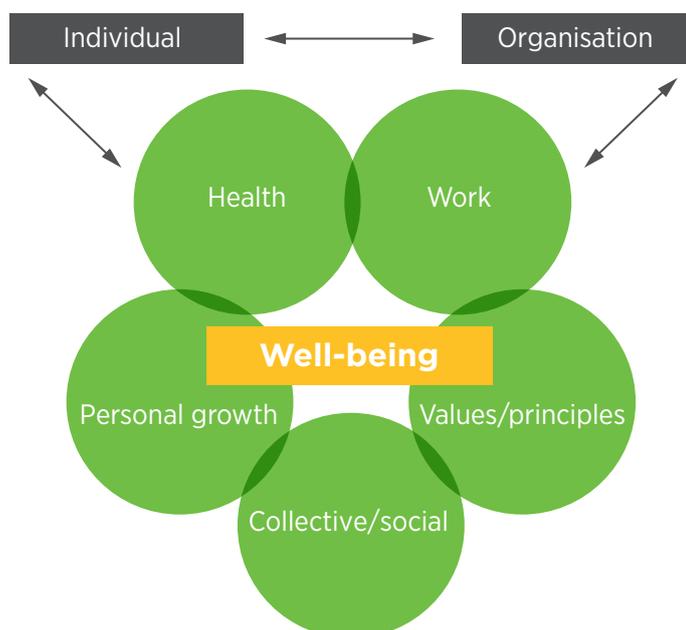
Indicator	Description
1 Health and well-being strategy	A strategy for improving people’s health and well-being is clearly defined and understood.
2 Health and well-being resources	Activities are resourced to meet the organisation’s health and well-being needs.
3 People management strategies	Strategies for people’s health and well-being are designed to promote equality of opportunity and work-life balance.
4 Leadership and management strategy	The capabilities managers need to lead, manage, develop and support people’s health and well-being needs are clearly defined and understood.
5 Management effectiveness	Managers are effective in leading, managing and developing and supporting their health and well-being needs.
6 Recognition and reward	People’s contribution to the organisation is recognised and valued.
7 Involvement and empowerment	People are encouraged to take ownership and responsibility by being involved in decision-making and are given relevant information about health and well-being.
8 Effective health and well-being	The organisation’s approach to people’s health and well-being is effective.
9 Performance measurement	Investment in people’s health and well-being makes a difference to the performance of the organisation.
10 Continuous improvement	Improvements are continually made to the way health and well-being is managed and developed.

The CIPD well-being model

In 2007, the CIPD set up an advisory group to research and identify some useful principles for the development and introduction of employee well-being in the workplace. As a result we published guidance containing a well-being model (Tehrani et al 2007). We have refreshed this model and brought it up to date with developments in the workplace

over the intervening years. The model identifies five domains of well-being (**Figure 6: CIPD well-being model**). We have described and defined the domains with illustrative elements and examples of possible workplace initiatives (**Table 6: Illustrations of the five domains of well-being**).

Figure 6: CIPD well-being model – the five domains of well-being



While the list of elements and activities is helpful in enabling organisations to think about what is required in creating a well-being-focused organisation, it also demonstrates that there are large overlaps between the domains and that there is a high level of inter-dependence between them. For example, good line management should be a feature that runs through many of the domains – not only is it central to healthy relationships in the workplace, it is a crucial part of any organisation’s absence management and stress management provision as well as being a core enabler

for effective employee voice, personal development and an open and collaborative culture. The well-being model also highlights the core symbiotic relationship between the organisation and the individual – the effectiveness of every well-being domain, element and initiative will depend on the interaction of both actors. For example, while it may be the responsibility of the employer to develop and implement a good health promotion programme, its success will depend on the employer’s effective communication of the offering and the participation of employees.

Table 6: Illustrations of the five domains of well-being

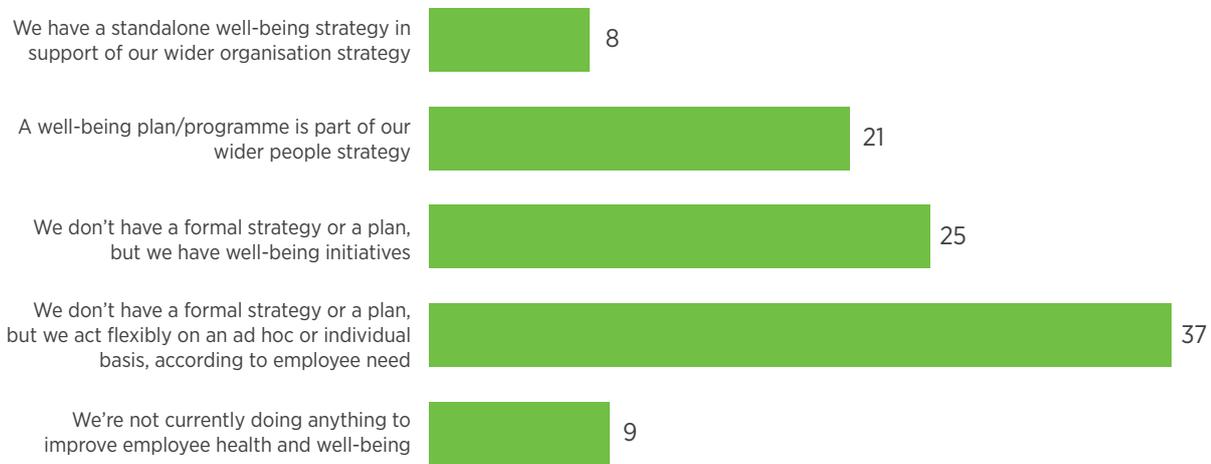
Domain	Elements	Examples of well-being initiatives/activities
HEALTH	Physical health	Health promotion, good rehabilitation practices, health checks, well-being benefits, health insurance protection, managing disability, occupational health support, employee assistance programme
	Physical safety	Safe 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

An organisational approach to health and well-being

This brief overview of how the thinking and research on employee health and well-being has developed to become a more comprehensive definition, and the ever-stronger business case for its adoption by employers, has a number of implications. The most pressing questions for government and organisations like the CIPD are how best to encourage much wider adoption of health and well-being practices in the workplace, and how public policy can support employer action in this area. For individual employers, the question is how best they can introduce or improve their own health and well-being programmes.

Our 2015 *Absence Management* survey explored how embedded formal employee well-being strategies are in organisations – and the evidence indicates an overwhelming lack of formality and integration on the part of most employers (CIPD 2015a). As **Figure 7: Formal well-being strategies by sector** shows, just 8% have a standalone well-being strategy in support of a wider organisation strategy. A fifth have a well-being plan/programme as part of their wider people strategy (rising to 47% of organisations with more than 5,000 employees).

Figure 7: Formal well-being strategies by sector (% of respondents)



Base: 562

For organisations that are incentivised to invest in the health and well-being of their workforce, however, the guiding principle to emerge is that an effective employee well-being strategy needs to go far beyond a series of standalone initiatives. The adage ‘the whole is greater than the sum of its parts’ has become particularly apt for how employee well-being should be applied in the workplace. An employer’s well-being strategy needs to acknowledge not only the physical and psychological factors that affect employee health and well-being, but also wider cultural and societal issues. Careful thought is needed as to how the well-being strategy builds on, and is aligned to, the organisation’s health and safety framework.

This means that health and well-being demands a more sophisticated response from employers. It should not be viewed as a discrete activity but as an inseparable element of an employer’s corporate strategy, the very essence of how the organisation

implements its business goals. This approach is illustrated very well by our case study of South Liverpool Homes, where the organisation’s health and well-being strategy is integrated across the business (see **Case study**, page 29).

For HR professionals wanting to develop an appropriate employee well-being strategy in their organisation, key questions to consider are, first, what the strategy should cover and, second, how the strategy should be implemented.

The first consideration is that there is no ‘one-size-fits-all’ approach to designing an effective employee well-being strategy, and its content should be based on the organisation’s unique needs and characteristics. This essentially involves applying a ‘contingency’ theory to its development, ensuring that adequate attention is paid to all of the core features of a holistic health and well-being approach while developing specific initiatives, or

placing special emphasis on, particular health and well-being requirements where they exist. The need for some of these design variations will be obvious – for example, a suitable health and well-being programme for a call centre company is likely to differ from that needed for a manufacturing plant. However, some of the differences in approach will be more nuanced and based on more detailed data and workforce characteristics – for example, an employer could detect a requirement for specific well-being initiatives based on evidence collected from employees, possibly via absence statistics, exit interviews and attitude surveys.

PricewaterhouseCoopers (PwC) research, commissioned by the Health Work Wellbeing Executive, provides a guide for the planning, execution and management of wellness programmes (PricewaterhouseCoopers 2008). The report says, *‘it is clear that wellness programmes vary among each employer based on a number of factors, including job type, health issues, organisation size and structure. However, the one theme that arose throughout our review is that successful wellness programmes are those which are specifically designed to meet employee needs’* (p27). *‘For wellness programmes to be effective, they need to focus on both improving the health and well-being of employees and on organisational change and development. As many large-scale initiatives fail without the appropriate supports, it is critical that an organisation ensures certain enablers are in place before implementing a wellness programme’* (p28). The three key enablers are: leadership; culture; and communication.

At the planning stage, PwC’s implementation framework outlines four phases:

- **Assessing need:** understanding the employee population through a needs assessment, for example via informal interviews, risk and/or stress assessments and employee surveys – to determine the scope, content and approach to wellness initiatives and ensure that the organisation is investing in the ‘right’ programmes.
- **Describing services and gap analysis:** a review of current health and well-being services and a gap analysis to identify any shortfall compared with identified needs.
- **Risk management and deciding priorities:** the organisation should clearly understand its priorities around wellness, which should flow from the reasons why it has decided to implement a wellness programme. Employer objectives may

be to decrease absenteeism, to improve morale or to directly respond to employee expectations. Regardless, organisations will be faced with a number of wellness initiatives and limited resources, so having a clear understanding of its wellness objectives (for example improving retention) will aid in decision-making among stakeholders.

- **Wellness options:** an organisation will have a number of options for promoting wellness in the workplace. By considering each option’s outcomes, outputs and attributes, such as short-, medium- and long-term cost implications, an organisation can decide how each option moves it towards its wellness goal. Assessment of the level of difficulty of implementation, potential timing, barriers (structural, staffing, and so on) should be considered at this stage as well.

Building a health and well-being strategy for the organisation that is contingent on its specific requirements is how employers can avoid the pitfall of developing a ‘menu’ of initiatives that are not joined up or closely linked to the needs of the organisation or its employees. Yes, a holistic approach to employee well-being does require concerted effort across a wide range of organisational dimensions, but it is how these programmes and initiatives are integrated with each other, and across the organisation’s people management practices, that they can become mutually reinforcing.

The second consideration is how a health and well-being strategy can be implemented in the organisation to achieve its optimum impact. **Figure 7: Formal well-being strategies by sector** shows that just 8% of employers have a standalone employee well-being strategy. With such a low proportion of employers even articulating health and well-being priorities in a strategic way, it could seem aspirational to suggest that, first, there needs to be a strategy and, second, that it should be integrated with the organisation’s corporate goals and everyday operations. However, this is what needs to happen if employers and employees will ever be in a position to reap the full potential of a holistic employee well-being programme that is embedded across the organisation. Students of HR theory will remember learning about the importance of integration; just as an organisation’s HR strategy should be linked to the corporate strategy, so organisations need to view health and well-being as central to achieving its corporate goals and make it a key consideration in operational decisions. This is how organisations can avoid short-termism and make employee well-being a long-term, sustainable activity.

We also need to take account of the position of smaller organisations, which may lack the HR expertise and wider resources, such as access to occupational health services, compared with larger organisations. It is not surprising that the proportion of employers having a well-being plan/ programme as part of their wider people strategy almost doubling in the case of very large employers. More work needs to be done on the public policy front to support the challenges facing SMEs (where the majority of UK employees are based) and communicate a convincing business case outlining the need to take action on health and well-being. For their part, it may be more appropriate for smaller organisations to adopt a simpler health and well-being strategy. Nonetheless, there is no reason why this cannot be linked to the employer's corporate strategy and based closely on the specific needs of the organisation and its workforce.

Case study: Integrating well-being into business-as-usual at South Liverpool Homes

Information provided by: Colin Gibson, Head of HR and Organisational Development, South Liverpool Homes

Who are we?

South Liverpool Homes (SLH) is a housing association and manages around 3,700 homes. Our mission is to make South Liverpool the place to be. So even though our primary activity is housing and property maintenance, our impact is felt in the community with projects focused on tackling anti-social behaviour, building skills and opportunities and finding innovative ways of involving people in the local community.

The history

SLH had operated a well-being service since 2005 consisting of two part-time therapists employed to provide all colleagues with a six-weekly well-being service. Staff could book in for massages, reiki, hopi ear candles and other holistic remedies. However, the annual colleague engagement process highlighted that we needed to do more in the area to make well-being an integral part of working for us. In 2013 we kicked off a well-being review which directly supported our corporate plan.

As part of our 2022 strategy we have five overarching corporate aims – called our ‘Everys’ – and these aims guide everything we do:

- 1 Every Customer Happy
- 2 Every Place Perfect
- 3 Every Opportunity Taken
- 4 Every Penny Counts
- 5 Every Person Positive.

Our well-being focus sits under the ‘Every Person Positive’ banner. If our employees are healthy and happy, we know they will provide a great service to our customers and help achieve our mission of making South Liverpool the place to be. We provide our colleagues with the opportunities, advice and support to enable them to become more resilient, fitter, maintain good health and improve their overall well-being.

Where did we start?

In May 2013 the project began by talking to colleagues about well-being and how SLH could support this. It was clear that colleagues were grateful for the existing well-being service but felt it was limited and not accessed by all. They wanted greater choice of offerings; we needed to understand what different people valued, and we considered what else we could offer that delivered at a time of choice and not necessarily within the workplace.

Within these conversations our colleagues highlighted a number of areas which were outside of the typical initiatives we associate with a well-being programme. In fact, some were concerned with wider employment practice, such as policies, terms and conditions, and the benefits package. With the scope of well-being extending into our overall people approach and how we operate as a business more generally, we realised this is how a focus on well-being will become part and parcel of what South Liverpool Homes is all about.

We took a phased approach to implementation to make sure that any ‘quick wins’ could be immediately implemented, while longer-term improvements which require more attention to detail and further exploration get the attention they need.

Case study: continued

Launching the new programme

We unveiled the new well-being offer to colleagues at a local leisure centre. We wanted to offer something more individualised as we know everyone who works for us has different needs and what is useful to people differs between life stages. We give all colleagues an annual well-being payment to be spent as they desire within well-being criteria. This responded specifically to colleague feedback around choice and personalisation while also leading to service savings for the business.

At this event we also provided a number of initiatives to support physical and mental well-being as well as nutritional advice and resilience workshops. Colleagues were offered the opportunity to meet with a life coach individually to discuss their concerns and to help them adopt a healthier attitude to life and work.

The feedback from the day was fantastic, with over 85% rating it as 'excellent'.

Implementing the next part of the new well-being plan

Following the launch, a number of initiatives were introduced to keep the momentum going. As well as the weekly fresh fruit delivery, colleagues are now equipped with juicers, soup makers and ingredients to make healthy lunches which are shared amongst all colleagues. While this supports health and well-being, an unintended outcome is the sense of teamwork and camaraderie that the initiative has created: for example, who can make the best soup? What new recipes have people tried?

We also offer annual health checks, a bike-to-work scheme, corporate membership at a local gym, 'SLH U Choose' benefits scheme and annual flu jabs protecting colleagues through the winter.

Who led the programme?

Our chief executive and head of HR and organisational development were key project members, talking directly to colleagues about how we could improve. Staff forum representatives acted as champions for the review, discussing directly with colleagues and then feeding back to the project group. In addition to the forums, mini surveys, drop-in sessions and team meetings were used to 'test' ideas and opinions about potential offers. It was key that the whole business 'owned' the focus on well-being and people could easily give their views on the programme content. We wanted colleagues to have a sense of ownership regarding the remit and outcomes.

The key to the success of our project was the engagement of colleagues and using the staff forum members as project champions. This helped to reduce any mystery around the project while also 'mythbusting' about what could happen or indeed what was happening.

How has integrating well-being into our business benefitted our organisation?

The major objective of this project was to improve the health and well-being of our colleagues. We knew that investment in this area would, in turn, then benefit the business, helping retain our talented staff, increasing staff productivity, and ultimately providing a great service to the South Liverpool community.

The revised well-being offer was primarily implemented in September 2013, with ongoing initiatives to date. The impact of our activity is as follows:

- Sickness absence for the period September 2013 – March 2014 decreased 54% in comparison with the same period 12 months earlier (September 2012 – March 2013) resulting in a cost saving of £25,000 to SLH. And the positive impact is being maintained, with the 2014–15 sickness absence figures being 15% lower than the 2013–14 figures.

Case study: continued

- In March 2015 we retained our first place in the *Sunday Times* 100 'Best Not-For-Profit Organisations to Work For' list. We had increased our employee engagement score in all factors since the previous year, including well-being, which showed a 15% improvement in many areas of the business.
- In achieving IIP Gold status in November 2013, the assessor evidenced '*flexibility in terms of support, evidence of compassionate managers and wellbeing events linked to reduced sickness*'.
- Overall, customer satisfaction has increased to 90% since the revision of our well-being offer.
- SLH took the top spot in the 'Best Health and Well-being Initiative' category at the 2014 CIPD People Management Awards.

Our achievements have been against a backdrop of both increased financial and operational performance and increased customer satisfaction, showing that SLH is operating as efficiently and effectively as it ever has done – which endorses the business case for supporting health and well-being amongst our colleagues.

What's next?

Our focus through 2015–16 is personal development and, in particular, career development for our aspiring colleagues. We know that as a relatively smaller organisation, we have limited promotion opportunities, but it's important that we support colleagues to maximise potential and performance in their current role while preparing them to meet their future goals and our future business needs. We currently offer mentoring opportunities, secondments to other parts of the business, and the opportunity to work on multi-disciplinary project teams.

We have also started to work towards achievement of the Workplace Wellbeing Charter and introducing a health promotion events calendar, ensuring activity is ongoing throughout the year.

Overall, well-being is intrinsic to what we do, both internally and externally. One of the key strategic themes of our 'Every Person Positive' is to 'create and sustain a happier and healthier workforce'. And a focus on well-being is integral to our people management approach – the first question that is asked at monthly one-to-ones is: 'How is your well-being?' Going beyond our own organisation, this focus is cascaded out to our neighbourhoods utilising the same principles we have adopted for our colleagues. For example, we promote the importance of healthy eating and exercise. It's simple, really: if our colleagues are healthy and happy, we know they will provide a great service to our customers and help achieve our mission of making South Liverpool the place to be.

What is the role of different stakeholders in the organisation?

Adopting an organisational approach to employee health and well-being carries with it distinct responsibilities for particular employee groups and other stakeholders – the well-being agenda is not a soft option and requires organisations and their people to be accountable for their health, performance and behaviour. As we have already emphasised, an effective well-being approach involves integrating health and well-being considerations into every aspect of how the organisation operates, including leadership,

culture and people management – what we refer to as a 'systems' approach. This level of integration demands the involvement and engagement of every stakeholder connected with that organisation. Therefore, any employer aiming to integrate a holistic and sustainable health and well-being programme needs to define and communicate the roles and responsibilities necessary for its successful implementation:

HR professionals

The HR profession has a pivotal role to play in steering the health and well-being agenda in organisations by ensuring that senior managers

regard it as a priority, and that employee well-being practices are integrated in the organisation's day-to-day operations. It is HR professionals who will have the strategic vision to embrace health and well-being as a holistic practice that should be aligned to corporate goals, because it is they who will appreciate the significant benefits that can be realised from such an approach. Because they form the vital link between all the key stakeholders in the health and well-being chain – including senior managers, line managers and occupational health – HR professionals are uniquely placed to communicate the organisational priorities for employee well-being. They can ensure that a strong and unified framework is developed and understood across the organisation, and encourage everyone to play their part.

It is only HR professionals who will have the expertise and experience to understand that at the heart of employee well-being and engagement lies good people management. It is HR professionals who are in the unique position to translate an effective employee well-being strategy, not only into specific health-promotion activities but across the breadth of the organisation's people management practices, including reward, retention, performance management and development.

With responsibility for many people management and well-being policies devolved to line managers in most organisations, again it is HR practitioners who can communicate their potential benefits and provide the practical guidance to encourage buy-in from managers. This should involve developing effective training for line managers, not only in building their competence to apply and promote health and well-being policies, but ensuring they have the confidence to manage employees' mental well-being and have difficult conversations when needed. As the key enablers in organisations, it is HR professionals who can bridge the gap between policy and practice, and ensure that well-being practices are implemented fairly and consistently across the workforce, reinforced by a culture with healthy and supportive relationships at its core. Finally, it is HR professionals who can develop the metrics and collate the evidence to build the much-needed business case to help ensure that the organisation continues to invest in employee health and well-being.

Senior managers

As with any organisational initiative, a lack of senior management commitment to health and well-being can be a major barrier to implementation. According to our 2015 *Absence Management* survey, around half (53%) report that employee well-being is on senior leaders' agendas and that line managers are bought

into the importance of well-being, to a moderate or great extent (CIPD 2015a). These organisations are more likely to agree that well-being considerations are part of their people management approach, that employee well-being is taken into consideration in business decisions and that well-being is a formal part of someone's remit.

The challenge for HR, the employee group most likely to champion the health and well-being agenda, is to convince the senior management team of the organisational benefits that investment in a programme can realise. Senior managers are crucial role models, and line managers and employees are more likely to engage with health and well-being interventions if they see senior leaders actively participating in them. It is senior managers who have the authority and influence to ensure that health and well-being is a strategic priority for the organisation and embedded across its day-to-day operations and culture. To achieve this goal, the organisation should assign overall responsibility for health and well-being to a senior manager who reports, or sits on, the board. To ensure that commitment to health and well-being is cascaded throughout the organisation and treated as a priority by line managers, the organisation should integrate health and well-being key performance indicators for managers in its performance management system.

Line managers

Good leadership and management practices are central to the successful implementation of a health and well-being strategy, and the Professor Dame Carol Black review drew a clear line of sight between good line management and good employee health (Black 2008). Research by the Department for Work and Pensions concludes that small changes in the workplace, particularly on the part of line managers and supervisors, can make a difference to the well-being of staff (DWP 2011). Our 2015 *Absence Management* survey found that developing line manager capability to manage absence was the most common change made by employers (48% of respondents), as was the case last year, although the proportion doing so reduced across all sectors (CIPD 2015a).

Where line managers are in a position to successfully implement the breadth of policies and practices that fall under the well-being umbrella, and there are strong relationships between managers and staff, the more likely they will be to create a team where employee well-being becomes an integral part of getting the job done. As guidance on our website for line managers, developed by AXA PPP healthcare, also makes clear, line managers have a crucial part

to play in creating the culture necessary to support a healthy organisation (AXA PPP healthcare 2012, p1). *'Managers should also appreciate how poor well-being at work adversely affects the organisation, using both financial measures and "softer" metrics, such as the impact of mental ill-health on colleagues' motivation and morale'* (AXA PPP healthcare 2012, p2). One sure way of engendering responsibility for employee well-being on the part of line managers is to incorporate appropriate health and well-being objectives as part of their performance. These should be developed and monitored in close collaboration with the manager.

Acas places the role of line managers at the heart of its six indicators of a healthy workplace (Acas 2012):

- line managers are confident and trained in people skills
- employees feel valued and involved in the organisation
- managers use appropriate health services, for example occupational health (OH) services, to tackle absence and help people back to work
- managers promote an attendance culture by conducting return-to-work discussions with employees returning from sickness absence
- managers and HR design jobs that are flexible
- managers are aware and equipped to manage common mental health problems.

Acas says that many line managers are only trained to focus on the specific tasks relating to their job; they often feel ill-equipped to manage issues such as absence, conduct, mental health problems, personal medical problems and poor working relationships. Similarly, the AXA PPP healthcare guidance points out that, *'equipping line managers to take on the management of issues such as employee absence, mental health problems and ongoing chronic illness in their teams is vital, but too many are trained to only focus on the specific, operational issues relating to their area of work. Often, managing these sensitive issues requires a potentially difficult dialogue with employees, where strong emotions may be aroused, requiring patience and skills. It is no surprise that many managers, without the training or skills needed to undertake these potentially awkward conversations, prefer to avoid them. Manager training can also help, for example, in conflict resolution'* (AXA PPP healthcare 2012, p2).

'Managers affect employee well-being at a number of different levels. For example, a manager's behaviour directly influences how team members feel about being at work. This can be an adverse effect, for example, if the manager is unclear about individuals' roles and responsibilities, or sets unrealistic goals and targets. Line managers are also the principal interface between the organisation and individual employees, influencing in his or her behaviour whether employees in the team are protected from excess pressure or other factors that may affect their wellbeing' (AXA PPP healthcare 2012, p2).

The guidance makes clear that training and education for line managers are vital – managers need to understand their central role in promoting well-being at work through their influence upon organisational culture and management style. Managers, if they are properly trained, supported and know their teams, can also help identify any problems at an early stage, for example, if an employee is struggling at work or exhibiting signs of mental ill-health. They can usefully be involved in addressing individuals' well-being issues, for example managing a long-term absence due to a mental health issue, or encouraging an employee to seek help from an employee assistance programme (EAP) or be referred to an occupational health (OH) professional. HR should ensure that management training covers all aspects of the well-being role, for example, how to identify symptoms of mental ill-health and to respond sensitively to concerns employees may raise. Holding difficult conversations is an area with which most managers struggle, particularly if they concern employees whose performance is beginning to be affected by problems outside work. Training can help, and should cover referring a case for help from an OH professional or other appropriate interventions such as referral to an EAP (AXA PPP healthcare 2012).

Managing for sustainable employee engagement and well-being: a behavioural framework

Recognising the crucial role that line managers play in enhancing health and well-being in their teams, as well as the close link between employee well-being and engagement, the CIPD has carried out extensive research to help boost management capability in this area, often in collaboration with Affinity Health at Work. One element of this work by the CIPD and Affinity Health at Work looked specifically at what line managers can do to enhance engagement while

also protecting well-being. From our research, we have developed a behavioural framework that sets out a series of indicators to help managers identify whether they are showing the appropriate behaviours or not – these are listed in a guidance document for managers (Lewis et al 2012). The five broad competency themes of ‘positive manager behaviour’ are outlined in our ‘managing for sustainable engagement’ guidance for employers and managers, and summarised in **Table 7: Managing for sustainable engagement framework**.

Table 7: Managing for sustainable engagement framework

Competency	Brief description
Be open, fair and consistent	Managing with integrity and consistency, managing emotions/personal issues and taking a positive approach in interpersonal interactions
Handle conflict and problems	Dealing with employee conflicts (including bullying and abuse) and using appropriate organisational resources
Have knowledge and clarity and give guidance	Clear communication, advice and guidance, demonstrating understanding of roles and responsible decision-making
Build and sustain relationships with teams	Personal interaction with employees involving empathy and consideration
Support employee development	Supporting and arranging employee career progression and development

Underlying these five behavioural themes are 54 behavioural indicators providing details of what each behavioural theme/competency means. These also form a 54-item questionnaire that is a measure of whether a particular manager is ‘managing for sustainable employee engagement’. These 54 indicators draw on the Managing for Sustainable Employee Engagement Questionnaire, the Management Competencies for Enhancing Employee Engagement Framework and the Management Competencies for Preventing and Reducing Stress at Work Framework.

The role of line managers in promoting good mental health

Much of the day-to-day responsibility for managing the mental health of employees falls on line managers, including implementing stress management initiatives and encouraging those with problems at work or home to seek help and support. Annual CIPD absence surveys consistently suggest that ‘poor management style’ is one of the top three causes of work-related stress, with almost a third (31%) identifying it as a cause in our 2015 *Absence Management* survey (CIPD 2015a).

The National Institute for Health and Clinical Excellence (NICE) has produced guidance on promoting mental well-being, which covers the

importance of the line manager role (NICE 2009). NICE argues that organisations need to strengthen the ability of line managers to promote employee well-being, in particular by developing a supportive leadership style and management practices. This requires HR practitioners and senior leaders to promote a management style that encourages participation, delegation, constructive feedback, mentoring and coaching. Training and development programmes for managers will need to recognise and promote these skills, and managers should be equipped to motivate and develop people in their teams, particularly if certain individuals need support with performance or engagement issues. Managers must be made aware of how their leadership styles promote or damage the mental well-being of their teams, and be able to respond sensitively to employees’ emotional concerns and symptoms of mental ill-health, NICE recommends.

Anti-stigma campaigns such as ‘Time to Change’ (<http://www.time-to-change.org.uk>), run by the leading mental health charities Mind and Rethink Mental Illness, can have a significant impact in raising awareness about mental health and helping to reduce the stigma and discrimination around mental ill-health. There is scope for wider action to promote such campaigns on the part of employers, government and other stakeholders.

Recognising that there was a clear demand for specific guidance on managing the disclosure of mental health conditions, in 2011 we developed joint guidance with the mental health charity MIND to help organisations to embed disclosure within general guidance on mental health in the workplace (CIPD and MIND 2011). The guidance also contains information, practical advice and templates to help managers facilitate conversations about stress and mental health problems and put in place support so employees can stay well and in work – meaning they perform at their best for the business while the employer retains talent and expertise.

Encouragingly, our 2015 *Absence Management* survey identified a rise in the proportion of employers that provide training to help managers effectively manage and support staff with mental health problems; half (50%) of organisations invest in training for line managers to identify and manage stress in their teams, while 30% provide training to help managers effectively manage and support staff with mental health problems. **Table 8: What does the training related to mental health cover?** provides an overview of the type of training provided to managers (CIPD 2015a).

Table 8: What does the training related to mental health cover? (% of respondents who provide such training to managers)

Spotting early warning signs of possible issues	81
Where to signpost employees for support	77
How to have a good-quality conversation with staff who are experiencing mental health issues	73
Treating everyone as an individual with different needs	68
Preventing the impact of key workplace causes of poor mental health, for example planning workloads, providing meaningful work, dealing with workplace conflict	43
Dealing with disclosure	36
Considering and adjusting the link between own management style and employees' mental health	35
Ways to manage expectations of the rest of team in line with employee wishes	31
Other	3

Base: 151

Occupational health

Occupational health is a specialist branch of medicine focusing on health in the workplace. It is concerned with the physical and mental well-being of employees. Occupational health (OH) services have traditionally been understood in terms of a medical model. Most large private sector OH services providers are able to offer employers support with health and well-being from multi-disciplinary teams that include a diverse range of occupational health practitioners including physicians, hygienists, psychologists, ergonomic experts and occupational health nurses.

Only large organisations are likely to employ their own occupational health specialists. Most organisations will contact an external provider of occupational health services as and when they need it. The level of provision is likely to be determined by the size of the organisation and the nature of the operation. An organisation that operates in a

particularly hazardous area is likely to need more occupational health support than other organisations, for example.

As well as addressing issues that occur, a lot of the work of an occupational health service should be proactive, aiming to reduce potential problems in the workplace. Hence, the activities of occupational health are likely to include:

- implementing policy
- ensuring compliance with health and safety regulations
- minimising and eliminating hazards
- dealing with cases of drug and alcohol abuse
- offering pre-employment health assessment

- maintaining relations with appropriate bodies and individuals
- monitoring the health of employees after an accident, illness and during and after pregnancy
- managing clinic facilities, basic health checks and first aid
- advising on medical severance and ill-health retirement
- advising on ergonomic issues and workplace design
- promoting good health education programmes
- promoting healthy eating
- monitoring symptoms of work-related stress
- providing advice and counselling
- working with special needs groups.

Within an organisation occupational health is likely to work closely with those in HR and those responsible for health and safety. However, for occupational health to have the greatest impact on the organisation, it is important that line managers feel able to approach the occupational health adviser to discuss any concerns and issues.

When introducing occupational health to the workplace it is important to start by establishing what is required of the service. To do this, employers should:

- gain senior management involvement and commitment
- develop a mission statement to communicate the initiative – why, what and how
- conduct an audit to establish the existing position, if possible in numerical and financial terms
- benchmark against organisations in the local area, similar sector and nationally
- plan the way forward – what improvements are needed, what needs to be developed, what the priorities are, how success will be measured
- establish goals and targets relating to business needs
- develop a strategy to achieve the goals

- determine resources and assign responsibilities
- communicate to employees through group briefings, email, intranet, internal newsletters, and so on
- review and monitor progress regularly.

From 2015, occupational health services are now more widely available for employers through the new 'Fit for Work' service, which we will return to later in this paper.

Employees

Employee well-being involves:

- maintaining a healthy body by making healthy choices about diet, exercise and leisure
- developing an attitude of mind that enables the individual to have self-confidence, self-respect and to be emotionally resilient
- having a sense of purpose, feelings of fulfilment and meaning
- possessing an active mind that is alert, open to new experiences, curious and creative
- having a network of relationships that are supportive and nurturing (Canadian Centre for Management Development 2002).

Personal well-being exists within a social context. Recent years have seen individuals' lives affected by extensive social, lifestyle and employment changes, but despite these shifts people still have the same basic physical and mental needs for social support, physical safety, health and a feeling they are able to cope with life. However, individuals also need to take some responsibility for their health and well-being and employers should communicate the behaviour that it expects from employees. Our 2015 *Absence Management* survey found that 48% of employers had improved communication to staff about the well-being benefits they offer and how to access them (CIPD 2015a). People will only benefit from the well-being initiatives available at work, such as employee assistance programmes, if they are willing to participate in them and take care of their health and well-being outside work as well. Employers can encourage employees' involvement in their well-being programme by health promotion activities, and line managers can reinforce these messages as part of their regular conversations with staff.

According to our autumn 2015 *Employee Outlook* survey, there is room for improvement in how employers communicate their health and well-being

offering to staff (CIPD 2015c). Forty per cent of employees told us that their organisation does not promote employee health and well-being, while a further 14% confirmed that their organisation does promote health and well-being but they do not know what the initiatives consist of. Just a third of employees feel that their organisation as a whole is considerate of their well-being at work; however, on a more positive note, just over 70% of employees say that their manager is considerate of their well-being at work.

Building individual resilience

Over recent years, the concept of 'resilience' at both an organisational and individual level has become prominent in a workplace context. As the CIPD and Affinity Health at Work guidance says, a consistent theme among the range of definitions of resilience is a sense of adaptation, recovery and the ability to 'bounce back' despite adversity or change (CIPD 2011b).

Many of the interventions cited in the guide use approaches that closely model stress management interventions. It could be argued, therefore, that components of stress management interventions would be a good place to start thinking about resilience interventions for employees. Almost all of these individual intervention approaches draw upon psychological models such as acceptance and commitment therapy, cognitive behavioural therapy, mindfulness and techniques drawn from positive psychology. At the practitioner level particularly, there appears to be a good number of service providers drawing on one or more of these models to address individual resilience.

An Acas paper notes that some experts, such as occupational health professionals, have expressed concerns about the use of a resilience approach *'placing the onus for preventing and resolving issues that impact negatively on mental health or well-being onto the individual'*. If resilience is used as a means to pressurise individuals to 'toughen up' and 'bounce back' after a stressful encounter, or to put up with a greater workload and a faster pace, the outcome could be counterproductive and more likely to lead to greater levels of stress and burnout (Donaldson-Feilder and Podro 2012, p5). However, the paper emphasises that, where the concept of resilience is embedded in genuinely supportive well-being programmes, the benefits can be significant.

Acas points to the example of NHS Gloucestershire Primary Care Trust, which has introduced the 'Lighten-up Programme' aimed at improving overall well-being of staff both at home and at work. The programme helps employees to develop a range of strategies, including how to manage work-life balance more effectively, deal with conflict, and identify and

manage stress. As a result of the programme, NHS Gloucestershire reported a 16% reduction in absence for those attending the Lighten-up Programme, while the total cost of absence fell by 21%.

Robertson Cooper hosts the Good Day at Work movement and has undertaken considerable research into well-being, engagement and resilience. As part of this work, Robertson Cooper has created *i-resilience*, a report and online resources that include a first set of free integrated resilience tools for use by organisations (Robertson Cooper 2015). The *i-resilience* report reveals which of the four key components users naturally draw on for resilience – confidence, adaptability, purposefulness and the need for social support.

Promoting health and well-being

Employers need to promote their health and well-being programme on an ongoing basis to encourage participation by employees. The evidence suggests that take-up of specific well-being initiatives such as employee assistance programmes (EAPs), counselling and physical fitness activities increases if the organisation has an effective communication and promotion strategy. An employer has many channels and potential events – including emails, payslips, social media, the intranet, posters, and health and well-being days – at its disposal to boost awareness and interest on the part of staff. Some employers have a dedicated health and well-being microsite as part of their intranet where employees are signposted to the different initiatives and sources of support on offer. An employer will need to shape its communication strategy to suit the needs of its workforce, and be creative in how it reaches some employee groups who may be less keen to participate in health and well-being activities. If the organisation involves employees in the design and implementation of its health and well-being programme from the outset, it is more likely to gain buy-in from them.

The wider policy landscape for health and well-being at work

Well-being has become an increasingly significant element of public policy in the UK. In 2010, the Government launched its National Well-being Programme to measure the quality of people's lives and the Office for National Statistics (ONS) now produces annual figures on the 41 headline measures of national well-being. Since the Professor Dame Carol Black review in 2008, the role of employers in boosting the health of the working-age population has gained significant recognition. The National Institute for Health and Clinical Excellence (NICE) provides a framework of guidelines to support people's health and well-being, including one specifically focused on the workplace, 'Workplace policy and management practices to improve the health and well-being of employees', published in June 2015 (NICE 2015). In addition, in England there is a 'Workplace Well-being Charter' (<http://www.wellbeingcharter.org.uk/links.php>) whereby employers can demonstrate their commitment to the health and well-being of their workforce through self-assessment standards – this is supported by a regional network of health and well-being co-ordinators. In Wales, 'Healthy Working Wales' (<http://www.healthyworkingwales.wales.nhs.uk/home>) supports employers, individuals and a range of health professionals to help working-age people in Wales stay fit and healthy so they can remain in employment, or return to work following a period of ill-health. There are also a number of Scotland-based initiatives, including the Scottish Centre for Healthy Working Lives (<http://www.healthyworkinglives.com>), which runs an award programme and helps employers 'create a safer, healthier and more motivated workforce'.

The Public Health Responsibility Deal (<https://responsibilitydeal.dh.gov.uk>) – published under the 2010–15 Coalition Government – aims to tap into the potential for businesses and other influential organisations to make a significant contribution to improving public health and 'embodies the Government's ambition for a more collaborative approach to tackling the challenges caused by our lifestyle choices'. The pledges that employers can sign up to – covering areas such as alcohol consumption, diet, health at work and physical activity – aim to tackle key health problems that put a strain on the country's health budget.

Over the past few years, the Government's health and well-being initiatives have focused both on improving how the health and well-being of people in work is managed, and supporting more people with health conditions to enter employment. The latter policy objective has been supported within the context of far-reaching, sometimes controversial, changes to the UK's welfare and benefits system. In October 2010, the Government introduced 'Work Choice', a specialist employment programme for disabled people who need more help to find and keep a job. In December 2013, the Government published the disability and health employment strategy setting out its proposals for improving employment support for disabled people and those with health conditions (Department for Work and Pensions 2013). The 2015 Conservative Party Manifesto also made commitments to help specific groups of people back into work by pledging to review how best to support those suffering from long-term yet treatable conditions (for example, drug or alcohol dependency and obesity) back into work and by providing significant new support for mental health, with the aim of benefitting thousands of people claiming out-of-work benefits or being supported by 'Fit for Work' provision.

One area of possible public policy reform that could incentivise more organisations to implement a health and well-being programme is by introducing tax incentives – at present employers have little access to funding for health and well-being initiatives, which are taxed as benefits in kind. Providing and promoting a financial incentive for employers could encourage a greater number of employers to invest in this area. NHS England's five-year forward review, published in 2014, considers this possibility, pointing out that employers do pay National Insurance contributions which help fund the NHS, and a healthier workforce will reduce demand and lower long-term costs (NHS England 2014). It says that the Government has partially implemented the recommendations in the independent review by Professor Dame Carol Black and David Frost CBE, which allow employers to provide financial support for vocational rehabilitation services without employees facing a tax bill. The report continues: 'there would be merit in extending incentives for employers in England who provide effective NICE recommended workplace health programmes for employees.'

In this section we look at some of the main government initiatives that support employers in managing the health and well-being of their employees. The wider public policy framework for health and well-being, for example the public health remit, is far-reaching, but we focus primarily on key areas where review or further action could directly help employers, in particular HR professionals.

The HSE Management Standards

It's now ten years since the HSE introduced the Management Standards for work-related stress (<http://www.hse.gov.uk/stress/standards>). As well as defining the characteristics, or culture, of an organisation where the risks from work-related stress are being effectively managed and controlled, the Standards cover six key areas of work design that, if not properly managed, are associated with poor health and well-being, lower productivity and increased sickness absence. These are:

- demands
- control
- support
- relationships
- role
- change.

Many employers have adopted the framework set out in the Management Standards, and the Standards have proved to be a firm foundation for helping organisations to understand, manage and prevent stress across their workforce. However, there has been a considerable amount of change in society and in the world of work over the past decade – including a global recession – and how employers understand and manage mental well-being is also changing. It is time to review the Management Standards and make sure that they are meeting the needs of employers and fit with a holistic and all-embracing concept of well-being. The Work Foundation's Health and Work Policy Unit flagged up the need for *'clearer, more up-to-date and proactive advice and guidance to employers'*, including a review of the content and use of the HSE stress management standards, in its recent call for policy-makers to find ways to incentivise, encourage and support more employers to take action on employee health and well-being (The Work Foundation 2015). Acas has also called for a review of the Management Standards, pointing out that their continuing popularity may lie in the way

they isolate specific problems and provide practical and often relatively simple solutions to issues such as work overload and poor working relationships (Acas 2014). However, to go deeper and make the targeted interventions more meaningful, we need to be more sophisticated in our approach, says Acas: *'Why not review the stress standards and make them broader and more in line with what we have learnt about mental illness?'* (Wakeling 2015).

'Fit for Work' for employers

The fit note

The replacement of the 'sick note' with the 'fit note' in 2010 was a key recommendation of Dame Carol Black's review. Its aim was to enable GPs to indicate that a worker 'may be fit for work' and recommend a phased return to work or appropriate work and/or job adaptations. Our 2011 absence research found that just 11% of employers agreed that fit notes had helped them to reduce sickness absence (CIPD 2011a). Four years on, satisfaction levels with the fit note's effectiveness have not increased significantly and it is clear that further training and guidance for GPs is needed in areas such as understanding the work environments of patients and the relationship between health and work. A survey by the DWP as part of its evaluation process for fit notes found that GPs' use of the fit note varied significantly within and between practices, including the use of the 'may be fit for work' option, the provision of return-to-work advice and indicating the need for reassessment at the end of the fit note period (Shiels et al 2013).

A 2015 survey by manufacturers' organisation the Engineering Employers Federation (EEF) revealed that less than a quarter (22%) of employers said fit notes had helped them to facilitate earlier returns to work (Engineering Employers Federation 2015). The study found that insufficient training on the use of fit notes for GPs and other medical professionals, as well as a lack of collaboration with employers, was hampering them from being used effectively. According to the EEF, only one GP in eight has been trained in workplace health and only a small sum has been spent on GP training. Almost half (47%) of respondents believed that the advice given by GPs on employees' fitness for work in 2014 had deteriorated, and only 17% felt it had got better. Similarly, the CBI's 2013 absence survey noted that the fit note should have been the *'catalyst for major changes in the culture of sickness and rehabilitation'*, but the survey results showed that the fit note had not so far lived up to expectations – just one-fifth (19%) of employers reported that the fit note had helped their rehabilitation policies and just 10% were confident that doctors were sufficiently trained to use it differently from the old-style sick note (CBI 2013).

Fit for Work service

In 2011, David Frost CBE (then Director General of the British Chambers of Commerce) and Professor Dame Carol Black carried out an independent 'Review of Sickness Absence' for the Department for Work and Pensions. One recommendation was the creation of an occupational health (OH) service that could be used by GPs in supporting employers where an employee has been absent, or is likely to be absent, because of sickness for at least four weeks. In mid-2015, the government-funded Fit for Work referral service was fully available across England, Wales and Scotland (<http://fitforwork.org/employer/> and <http://fitforworkscotland.scot>). As well as providing 'free, expert and impartial work-related health advice', the service's OH professionals can provide step-by-step return-to-work plans tailored to the employee's needs. It was launched initially for referrals by GPs but rolled out for referrals by employers in autumn 2015.

The principle behind the new service – providing OH advice to a far greater range of organisations than were previously able to access it – is a progressive step. However, the principle and aims leading to the introduction of the fit note were similarly progressive but, five years on, a significant implementation gap remains and the fit note has not had the far-reaching positive impact on reducing employee sickness absence that was hoped. Given the central role that GPs play in referring employees to the new service, it is hoped that they will feel competent and confident to make appropriate referrals and use the service in an effective way, as the evidence suggests that this has not been the case to a large enough extent in relation to the fit note. Research by the Department for Work and Pensions in 2014 on likely referral rates estimated that GPs are likely to refer around one-third (36%) of their eligible patients (Department for Work and Pensions 2014). However, the proportion of referrals varied considerably between practices (from 11% to 72%), and GPs appeared to have interpreted eligibility for the new service in different ways.

So, how effective will the new service be in achieving its aims in practice? An article on our website by Debra Gers, senior practice support lawyer in the employment team at Blake Morgan, raises a number of concerns about the new service (Gers 2014). Awareness of it in 2014 was low and, crucially, this is a consent-based service, entirely voluntary on both the employee's and employer's part, which could seriously limit its effectiveness. Contrary to original expectations, there is no mandatory element. If the employee refuses to consent to the GP's referral, that is the end of the process; employees cannot be compelled to attend the assessment. Similarly,

the employee may refuse to consent to disclosing the return-to-work plan to the employer and, even if it is disclosed, the employer could disregard any recommendations made in it.

A report by The Work Foundation looks at how regulation could be used to strengthen links between employers and the Fit for Work service, and suggests that it could be made compulsory for employers to refer employees who are absent for more than four weeks to the service, especially if the voluntary approach currently being used proves ineffective (Bajorek et al 2014). It is early days for the new service but, given concerns regarding the effective use of the fit note and similar reservations about its expected impact, it is crucial that the Government provides adequate and ongoing guidance and support for GPs and employers on the Fit for Work service, and that its planned evaluations of the new service are comprehensive and action-oriented.

More cohesive public policy to support workplace well-being

Employers have a vital role to play in enhancing the health and well-being of their employees, but the action they take will be influenced by the much wider, complex public policy framework associated with the health and work agenda. Aside from developing and implementing effective policies as part of this wider framework, primarily the remit of government, the key challenge is achieving a joined-up and mutually reinforcing approach on the part of the many agencies and stakeholders whose work impacts on the workplace health agenda. As Acas points out, *'the broader issue of getting governments, healthcare providers, trade unions and employees to work together to achieve healthy, high-performing workplaces cannot be solved with a single initiative'* (Donaldson-Feilder and Podro 2012).

This perspective is reiterated by The Work Foundation; its Health at Work Policy Unit (HWPU) says that the burden of chronic health conditions (such as mental illness, chronic pain and MSDs) is growing steadily, yet national policy responses and local practice are attaching *'too little joined-up priority to interventions'* that could make a difference (Shreeve and Bevan 2014). It notes that far-reaching reform to institutions such as clinical commissioning groups (CCGs) and health and well-being boards (HWBs) are bedding down and beginning to deliver changes to welfare, healthcare and employment practice support, job retention and return to work for people with chronic conditions – but it is essential that *'policy makers across different departments, clinicians and employers attach more urgent priority*

to joined-up policy making and improving at a local level in response to this’.

The themes of localism and enhancing joined-up activity are expanded on in another paper by the HWPU that charts the former Coalition Government’s action to move responsibility for aspects of health and social care and for economic growth away from Whitehall to localities across England (mainly via the Health and Social Care Act 2012, which introduced changes to improve the integration of health and social care at a local level) (Shreeve et al 2015). As well as creating CCGs and HWBs, and local enterprise partnerships (LEPs), this includes moving public health functions to local authorities. These changes present *‘considerable potential to influence improvements in the health of the working-age population through greater joined-up activity at a local level’*, and the paper points to a number of good practice examples, including the co-commissioning of health and employment services between local authority and CCGs and the prioritisation of employment by local public health teams as they integrate their work across local authorities. However, because of the lack of a clear remit given by central government, there is a ‘systematic failure’ to comprehensively address the health of the working-age population at a local level. The report makes a number of recommendations to encourage a more joined-up approach across a range of dimensions, including incentivising and enabling local action to improve the health and well-being of the working age population and giving local areas the tools to improve the health and well-being of the working age population – for example, DWP should devolve greater responsibility to local areas for the re-commissioning of the Work Programme.

Reporting on health and well-being

One way of encouraging greater awareness of, and accountability for, employee well-being on the part of employers is to develop a reporting framework, an approach increasingly advocated by stakeholders connected with the workplace health agenda. According to an Acas paper, there are convincing arguments for greater transparency and reporting on well-being in the workplace (Donaldson-Feilder and Podro 2012). It flags up the 2003 government consultation on the inclusion of human capital management reporting as an indicator in operating and financial reviews and says that *‘maybe now is the time to revisit this area’*. The HPWU’s paper on policy options for improving workplace health in the UK says that, if the government understands and accepts that quality of employment and an employee’s health and well-being has implications

for business performance and social outcomes, there may be a case for increased regulation in what organisations should disclose and report regarding health and well-being measures and practices they undertake (Bajorek et al 2014).

The CIPD believes that human capital reporting has a vital role to play in helping organisations to understand, measure and report on the health and well-being of their people. In 2013, we launched ‘Valuing your Talent’, a research and engagement programme that we’ve been working on in collaboration with the UK Commission for Employment and Skills (UKCES), the Chartered Institute of Management Accountants (CIMA), the Chartered Management Institute (CMI), Investors in People (IIP) and the Royal Society for the Arts (RSA) (<http://www.valuingyourtalent.com>).

Valuing your Talent will enable more employers to realise the potential of their workforce. It will create the practical tools and meaningful indicators that business leaders, investors and stakeholders need to objectively assess the value of an organisation’s talent and people management practices. The ultimate goal of Valuing your Talent is to develop an open human capital management framework for the measurement of human capital that will make good people management and HR practices more visible, and encourage businesses to invest more strategically in their workforces.

Employee engagement and well-being form a core part of the Valuing your Talent framework. The framework contains indicative metrics that can be used by organisations. Within the framework, ‘employee engagement and well-being’ is described as an ‘output’ (‘outputs’ add measurable value to the organisation and are the result of effective human capital management activities), and the framework references its importance at the outcome level in the form of ‘culture’, whereby good culture as a business outcome is in part the result of high-quality employee engagement and well-being. The framework also considers some of the metrics that could be used to measure employee engagement and well-being. Data regarding the engagement of the workforce with the organisation already forms a major part of many organisations’ HR reporting and could be applied to a broader human capital measurement approach. Employee satisfaction and employee promoter scores are two widely used measures of employee engagement, for example. Measurement regarding well-being can include days lost to well-being-related issues, for example stress and associated mental health issues, plus quality and uptake of well-being initiatives.

Although some measures that can improve employee well-being, such as high levels of autonomy and high levels of line management, may be beyond regulatory interventions, other measures such as the use of occupational health services, sickness absence levels (including long-term absence), referrals to the Fit for Work service or OH, what employment health and well-being promotion activities and employee benefits are in place are possible measures for reporting (Bajorek et al 2014). Organisations could also be required to publish staff survey data including the level of employee engagement, security, fairness and trust in operational management and senior leadership, together with other measures such as voluntary resignations.

Valuing your Talent advocates a voluntary approach to human capital reporting but seeks to create a movement to change business behaviour, in which employers view investment in their staff, via skills and training, as a long-term asset rather than a cost. Managing and improving employee health and well-being is an integral part of that vision and measuring its impact on business performance will help to build the business case for future investment in this area. The CIPD's research *Investing for Sustainable Growth*, published in 2015 as part of the Valuing your Talent initiative, referenced the importance of reporting holistic, hard (quantitative) and soft (qualitative) measures.

Following its research with the investor community, the CIPD recommends that well-being is one of these important measures which is reported consistently to investors, regulators and other key external stakeholders in the form of engagement metrics – and that businesses work with the investment community to educate them about the importance of considering measures such as engagement and well-being when making long-term investment decisions.

Progressing the health and well-being agenda

Few will disagree that optimising the health and well-being of the working-age population makes good business sense, with mutual benefits for employer and employee, and this report highlights some of the supporting evidence. However, the report also makes clear that dissemination of a strong business case to support action on this front by employers has so far failed to have enough impact. Employers, in particular the HR profession, have a vital role in promoting employee well-being, but their health and well-being activities will be most effective if supported by wider, joined-up action by government and other stakeholders. Key recommendations and conclusions for employers and government to consider are set out below.

Employers and HR

- The HR profession holds the key to unlocking the potential for a much wider and more sustainable integration of health and well-being practices at work. HR professionals are in a unique position to steer the health and well-being agenda in organisations and drive a systemic approach, including ensuring that senior managers regard it as a priority, and that employee well-being practices are integrated in the organisation's day-to-day operations.
- Line managers are pivotal in shaping employees' experience of work and bringing people management policies to life. They therefore have a vital role to play in managing and enhancing employee well-being, but are not always trained in key areas such as absence-handling. As a consequence they often lack the confidence, willingness or skills to implement policies and promote health and well-being, particularly in relation to stress management. Training is vital to ensure that managers have a clear understanding of health and well-being policies and responsibilities, and have the confidence and interpersonal skills required to implement policies sensitively and fairly and have difficult conversations with individuals where appropriate.
- Employers need to implement a holistic approach to health and well-being that is preventative and proactive, as well as reactive with a focus on rehabilitation back to work. Their approach should promote good physical health, good

lifestyle choices and good mental health, as well as taking on board the importance of 'good work' in enhancing employee well-being.

- An employer's approach to employee well-being needs to be sustainable and linked to both the organisation's corporate strategy and workforce needs, and integrated within every aspect of its people management activities.
- Creating a healthy culture is perhaps the greatest challenge for organisations; it requires commitment from senior leaders and managers and, for many, a reassessment of priorities and considerable changes in work culture and organisation. A culture that isn't supportive of well-being can undermine an organisation's efforts where there is a perceived disconnect between rhetoric and reality. The benefits of a well-being culture are not limited to reduced absence and reduced absence costs – organisations that genuinely promote and value the health and well-being of employees will benefit from improved engagement and retention of employees with consequent gains for performance and productivity.
- Further understanding of the mutually reinforcing relationship between employee well-being and employee engagement can help HR to implement effective health and well-being programmes in their organisation and build a more compelling business case for future investment and commitment by senior managers.
- Too few organisations evaluate the organisational impact of their health and well-being activities, and it is vital that HR practitioners monitor and report on a range of health, employee satisfaction and organisational measures to build a strong case to convince senior management of the need for ongoing financial commitment to health and well-being.

Government and wider public policy action by stakeholders

- A key challenge is achieving a joined-up policy approach on the part of government, as called for by Professor Dame Carol Black when National Director for Health and Work, and the many

agencies and stakeholders whose work impacts on the workplace health agenda, including government departments, healthcare providers and business. This applies equally to the localism agenda, whereby responsibility for aspects of health and social care has shifted away from Whitehall, providing scope for more joined-up action to improve health and well-being at a local level.

- Human capital reporting has a vital role to play in helping organisations to measure, report and benchmark the health and well-being of their people, and the CIPD's Valuing your Talent research provides the framework to encourage accountability by enabling organisations to develop and monitor indicative metrics and outcomes for employee well-being and engagement. We call on the Government to establish human capital management (HCM) reporting standards for FTSE 350 organisations on core agreed HCM information, such as total cost of workforce investment, recruitment and retention costs, annual investment on training and development and employee engagement scores. This data can be used to ensure companies include a clear and more consistent narrative on how they invest in, develop and manage the health and well-being of their people and the link to business strategy and performance in their annual reports. The Government should lead by example by ensuring that consistent HCM reporting is embedded in the annual reporting of all public sector organisations as a means of providing more insight into how the public sector invests in and manages its people to improve resilience and health and well-being and drive value for service users.
- Providing and promoting more financial incentive for employers could encourage a greater number of organisations to invest in this area. There should be further and serious consideration of the case for introducing wider tax incentives for employers which invest in a health and well-being programme for staff, as highlighted in NHS England's five-year forward review, which says: *'there would be merit in extending incentives for employers in England who provide effective NICE recommended workplace health programmes for employees.'*
- It is time to review the HSE's Management Standards to ensure that they capture societal and workplace changes over the past ten years.
- More work and guidance is needed to improve the use of the 'fit note' to support employers in improving the return to work of people who may be fit for work where appropriate, particularly in relation to more comprehensive training and support for GPs.
- It is crucial that the Government provides adequate guidance and support for GPs and employers on the new Fit for Work service, and that its planned evaluations of the new service are comprehensive and action-oriented.
- Anti-stigma campaigns such as 'Time to Change' (<http://www.time-to-change.org.uk>), run by the leading mental health charities Mind and Rethink Mental Illness, can have a significant impact in raising awareness about mental health and helping to reduce the stigma and discrimination around mental ill-health. There is scope for wider action to promote such campaigns on the part of employers, government and other stakeholders.

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