CIPD
Championing better work and working lives

in partnership with simplyhealth

ANNUAL SURVEY REPORT

Absence Management 2015

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.

Absence Management

Annual survey report 2015

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- our two case study organisations, who kindly shared their absence and well-being approaches
- Simplyhealth, for their support and commitment at every stage of the research.

We hope that you find the research useful when considering your own absence management practices.

Please contact us if you have any questions or ideas based on our findings: **research@cipd.co.uk**

Foreword from the CIPD

We're delighted to be presenting our sixteenth annual *Absence Management* survey results, in partnership with Simplyhealth. The survey provides useful benchmarking data as well as highlighting the key trends that UK employers need to be taking action on.

Although overall absence levels have risen only marginally compared with last year, public sector absence has increased by almost a day. In this report we delve into the reasons for this, which are more complex than at first glance.

The number of organisations that told us they'd seen an increase in stress-related absence and reported mental health problems indicates these are both still causes for concern. Although our findings suggest that many employers are taking action when these issues occur, attention needs to shift to understanding and addressing contributory factors at work.

We believe an effective absence management approach is one which is coupled with a focus on health promotion and employee well-being. Proactively supporting well-being can prevent people from going off sick, or deal with an issue before it becomes a real problem. And with the estimated cost of absence to employers being around £550 per employee per year, the spotlight is very much on promoting workforce health.

With this in mind, this year we've increased the survey's focus on employee well-being, looking at the extent to which organisations are engaging in health promotion as part of their absence management methods. We found a diversity of approaches, with organisations tending to fall into two main groups. There are those that factor employee well-being considerations into business decisions, making sure it's on senior leaders' agendas and that line managers have bought into its importance. The other group is characterised by employers that do offer well-being initiatives but have a more reactive approach, with operational demands taking precedence over well-being considerations and long working hours the norm.

Not surprisingly, the organisations that have a target for reducing absence, or have absence levels as a key performance indicator, are considerably more proactive in their approaches. They are more likely to offer a range of well-being benefits and support rehabilitation back into work. But what's particularly interesting in this year's findings is the question we included about whether or not organisations had achieved their absence targets. We were then able to look at the absence management and employee well-being approaches that are associated with achievement of that target.

Finally, two opposing challenges have come to the fore this year: presenteeism and illegitimate absence. Presenteeism is clearly still an issue for many – people coming to work ill is not good for the individual or for their employer and needs to be recognised and tackled. Conversely, this year notably more organisations included 'illegitimate' absence in their top causes of absence for non-manual workers. To be able to tackle this effectively we first need to understand the reasons why some absence is classified this way. Our findings suggest some people may be 'pulling sickies' due to conflicting demands from home and work. Organisations offering flexible working and leave for family circumstances were less likely to report non-genuine absence in their top causes of absence. And there may be a difference in perception of what classifies being ill enough to stay off work.

In summary, with ongoing budget cuts, particularly in the public sector, well-being activity needs to be targeted at specific employee needs to have the most impact on health and therefore absence levels. Our survey findings suggest that more needs to be done to understand the root causes of absence through analysis of our absence data, identifying 'hotspots' where particular issues are most prevalent and combining absence data with other sources to draw out insights which can then inform where our well-being investment can best be made. To develop a culture of health and well-being, an inclusive approach is needed with activity that appeals to the diverse needs of the workforce and considers physical health, mental health and lifestyle factors. In your organisation, is employee well-being viewed as 'a nice to have' or fundamental to the way your business operates?

We hope the findings are useful in considering your organisation's approach to both absence management and well-being promotion. Over the coming year we will be focusing more on employee well-being which goes to the heart of our CIPD purpose of improving work and working lives.

Dr Jill Miller
Research Adviser, CIPD

Foreword from Simplyhealth

This is the sixth year Simplyhealth has sponsored the CIPD *Absence Management* survey, and we do so because we recognise the huge value it brings to organisations. Every year the survey delivers real insight into how businesses manage absence and helps to identify the latest key trends and issues. It's a valuable piece of research that we're proud to be part of.

This year's survey shows that minor illness remains the most common cause of short-term absence for the vast majority of organisations, while acute medical conditions, stress, musculoskeletal injuries, mental ill-health and back pain are most commonly responsible for long-term absence. It's important for employers to have well-being benefits and services in place that both encourage employees to look after their health and provide support when they need it.

Stress is an area where employers can genuinely support their staff. When stress levels rise it can point to issues with workload and culture, which is within the gift of employers to change. However, this year's survey shows that less than three-fifths of organisations are taking steps to identify and reduce stress in the workplace. It's therefore unsurprising that two-fifths of respondents feel that stress-related absence in their organisation has increased over the past year. Employers need to take a proactive approach if they are to genuinely care for the health and well-being of their staff.

Encouragingly, nearly three-quarters of organisations believe it is possible to reduce employee absence and two-fifths have a target in place to do so. However, just a quarter of organisations achieved their 2014 target, while a further 38% almost achieved it. This shows that merely having a target isn't enough; organisations need to link it to their overarching business strategy and continually measure and evaluate it to ensure it remains on track. Managing absence is a continual process, and should be done with both the business objectives and employee well-being in mind.

We hope that the insights from this year's survey help organisations to develop successful well-being strategies that are good for employees and good for business.

Corinne Williams
Head of Human Resources
Simplyhealth

Summary of key findings

This report sets out the findings of the CIPD's sixteenth national survey of absence management trends, policy and practice. The analysis is based on replies from 578 organisations across the UK in reference to 1.5 million employees.

'Just a quarter of organisations achieved their 2014 target, while a further 38% almost achieved it.'

Absence levels

The average level of employee absence has increased slightly compared with last year, from 6.6 to 6.9 days per employee, although it remains lower than in 2013 (7.6 days). There is, however, considerable variation in absence levels across and within sectors. Average absence has increased most in the public sector (where it is now 50% higher than in the private sector), while it has decreased slightly in manufacturing and production. The level of absence also tends to be higher in larger organisations, regardless of sector.

On average, manual workers have 1.5 more days' absence per year than non-manual workers.

Targets to reduce absence

Nearly three-quarters of organisations believe it is possible to reduce employee absence and two-fifths have a target in place to do so. Just a quarter of organisations achieved their 2014 target, while a further 38% almost achieved it.

Cost of absence

Less than two-fifths of organisations monitor the cost of employee absence. The public sector and larger organisations are most likely to do so.

The overall median cost of absence per employee (£554) has fallen slightly compared with previous years, although there is considerable variation across organisations. As in previous years, the median absence cost is considerably higher in the public sector.

Causes of absence

Minor illness remains the most common cause of short-term absence, followed by musculoskeletal injuries, back pain and stress. The most common causes of long-term absence are acute medical conditions, stress, musculoskeletal injuries, mental ill-health and back pain.

Thirty per cent report non-genuine absence is a top cause of short-term absence for manual workers and 23% for non-manual workers. This year we have seen an increase in the proportion of organisations including illegitimate absence among their top causes of long-term absence for non-manual workers (14%, up from 3% in 2014), except in the public sector, where fewer include this among their top causes of absence.

The public sector is more likely than the private to rank stress, mental ill-health and musculoskeletal injuries among their top five causes of short- and long-term absence.

Managing absence

Most organisations (94%) have a written absence/attendance management policy and collect absence data (87%). They most commonly use this data to identify 'hotspots' where certain issues are prevalent and take action to address these. Just under

three-fifths use absence as a key performance indicator (KPI).

Overall, two-thirds of organisations have introduced changes to some aspect of their approach in the last year. Developing line manager capability to manage absence was the most common change made, as was the case last year, although the proportion doing so reduced across all sectors. Introducing or revising monitoring procedures was also among the most common changes organisations have made. Slightly more introduced or revised well-being benefits compared with last year, mainly due to a substantial increase in the proportion of manufacturing and production organisations doing so.

Return-to-work interviews and trigger mechanisms to review attendance are most commonly ranked among organisations' most effective methods of managing short-term absence. These are also the most common methods used, along with giving sickness absence information to line managers, leave for family circumstances and disciplinary procedures for unacceptable absence.

Return-to-work interviews also remain the most common method for managing long-term absence, followed by occupational health involvement, giving sickness absence information to line managers, risk assessments to aid return to work, trigger mechanisms to review attendance and flexible working. As in previous years, occupational health involvement is most commonly ranked among organisations' most effective methods for managing long-term absence.

Organisations that have a target for reducing absence or who use absence as a KPI are considerably more proactive in their approach to absence management. They are more likely to use methods to monitor and discourage absence, as well as promote health and facilitate rehabilitation. Organisations that achieved their absence targets were significantly more likely to manage absence through promoting health and well-being than those that did not achieve their targets.

Work-related stress

Overall, two-fifths of respondents report that stress-related absence in their organisation has increased over the past year, although this rises to half of public sector organisations. Larger organisations, across all sectors, are also more likely to report stress-related absence has increased. Very few report that stress-related absence has decreased.

Workload remains the most common cause of stress, followed by non-work relationships/family, management style and relationships at work.

Less than three-fifths of organisations are taking steps to identify and reduce stress in the workplace. Public sector and non-profit organisations that rank stress among their top five causes of absence are particularly likely to be making efforts to address it. In contrast, nearly half of private sector organisations that rank stress among their top causes of absence are not taking any steps to address it.

The most common methods used to reduce stress are staff surveys, flexible working options/improved work–life balance and risk assessments/stress audits. Half of organisations invest in training for line managers to effectively identify and manage stress in their team but fewer offer stress management training for the whole workforce or training aimed at building personal resilience. Fewer public sector organisations are offering stress management training for the whole workforce compared with last year, although they remain more likely to provide stress-related training than organisations from other sectors.

Managing mental health

Overall, two-fifths of organisations claim an increase in reported mental health problems (such as anxiety and depression) among employees in the past 12 months. Larger organisations are particularly likely to report an increase.

We have seen a small increase in the proportion of organisations that provide training to help managers effectively manage and support staff with mental health problems (30%, up from 23% in 2014). Training most commonly covers how to spot early warning signs of possible issues, where to signpost employees to support and how to have a good-quality conversation with staff that are experiencing mental health issues.

Most organisations are taking some action to promote good mental health, most commonly through counselling, flexible working options/improved work–life balance and employee assistance programmes, although the use of a counselling service has fallen in comparison with last year.

Employee well-being

Organisations tend to fall into two camps in their approach to well-being. Just under half report that operational demands tend to take precedence over well-being considerations, while a similar proportion assert they take employee well-being into consideration in business decisions, that employee well-being is on senior leaders' agendas and that line managers are bought into the importance of well-being.

'Organisations fall into two camps in their approach to well-being.'

Just 8% of organisations have a stand-alone well-being strategy in support of their wider organisation strategy, while a fifth have a well-being plan/programme as part of their wider people strategy. Both are more common in the public sector as well as larger organisations. Smaller organisations are more likely to act flexibly on an ad hoc or individual basis.

Overall, half of organisations had made changes to their approach to well-being in the past 12 months, although those with a formal strategy/programme were more likely to do so. For most, the changes involved improving communications to staff about the well-being benefits on offer and how to access them. Smaller proportions had introduced or revised how they monitor employee usage of offerings or made significant changes to enhance the physical working environment to promote well-being. Very few had slimmed their offering.

Most organisations provide one or more well-being benefits. As in previous years, access to counselling services and employee assistance programmes are the most common benefits on offer. Organisations that had achieved their 2014 absence target are more likely to offer a range of well-being benefits compared with those that haven't. Overall, nearly half of organisations with well-being activities report they focus equally on physical health, mental health and good lifestyle choices.

Two-thirds of organisations with a well-being strategy/plan or initiatives consider the specific needs of employees with childcare or other caring responsibilities when designing or making changes to their well-being approach. Half consider the needs of older workers.

A third of organisations report an increase in people coming to work ill in the last 12 months. 'Presenteeism' is more likely to have increased where long working hours are seen to be the norm and where operational demands take precedence over employee well-being. Those who have noticed an increase in presenteeism are nearly twice as likely to report an increase in stress-related absence and more than twice as likely to report an increase in mental health problems. Nearly three-fifths (56%) of those who have noticed an increase in presenteeism have not taken any steps to discourage it.

Over a third of organisations report their well-being spend has increased this year in comparison with the last financial year. Just 6% report it has decreased. Looking forward to 2016, similar changes are anticipated. Just one in seven of those who invest in employee well-being evaluate the impact of their spend, most commonly through surveys but also through measuring ROI.

1 Level of employee absence

Average absence rates vary considerably within and between sectors. On average, annual absence levels increased slightly compared with last year, although the manufacturing and production sector saw a small decline in average absence. Nearly three-quarters of organisations believe it is possible to reduce their absence level and two-fifths have a target in place to do so.

The majority of organisations (87%) collect absence data, with public sector organisations most likely to do so (public sector: 95%; private services: 84%; manufacturing and production: 85%; non-profits: 85%).[1]

There was considerable variation in reported levels of absence, with some organisations reporting very high absence.[2] In order to avoid a few extreme cases skewing the results, we report the 5% trimmed mean (Table 1).[3] This suggests that average absence levels have increased slightly compared with last year, although they remain lower than in 2013.

Considerable variation across and within sectors

Figure 1 shows that average absence levels have increased most in the public sector compared with last year, while smaller increases are observed in non-profits and private sector services. In the manufacturing and production sector, absence levels have decreased slightly compared with last year. Absence levels remain considerably higher in the public and non-profit sectors compared with the private sector, although there is some indication of a fluctuating but downward trend in absence in the non-profit sector and, despite the increase in public sector absence this year, it remains lower than in 2010 and 2011.

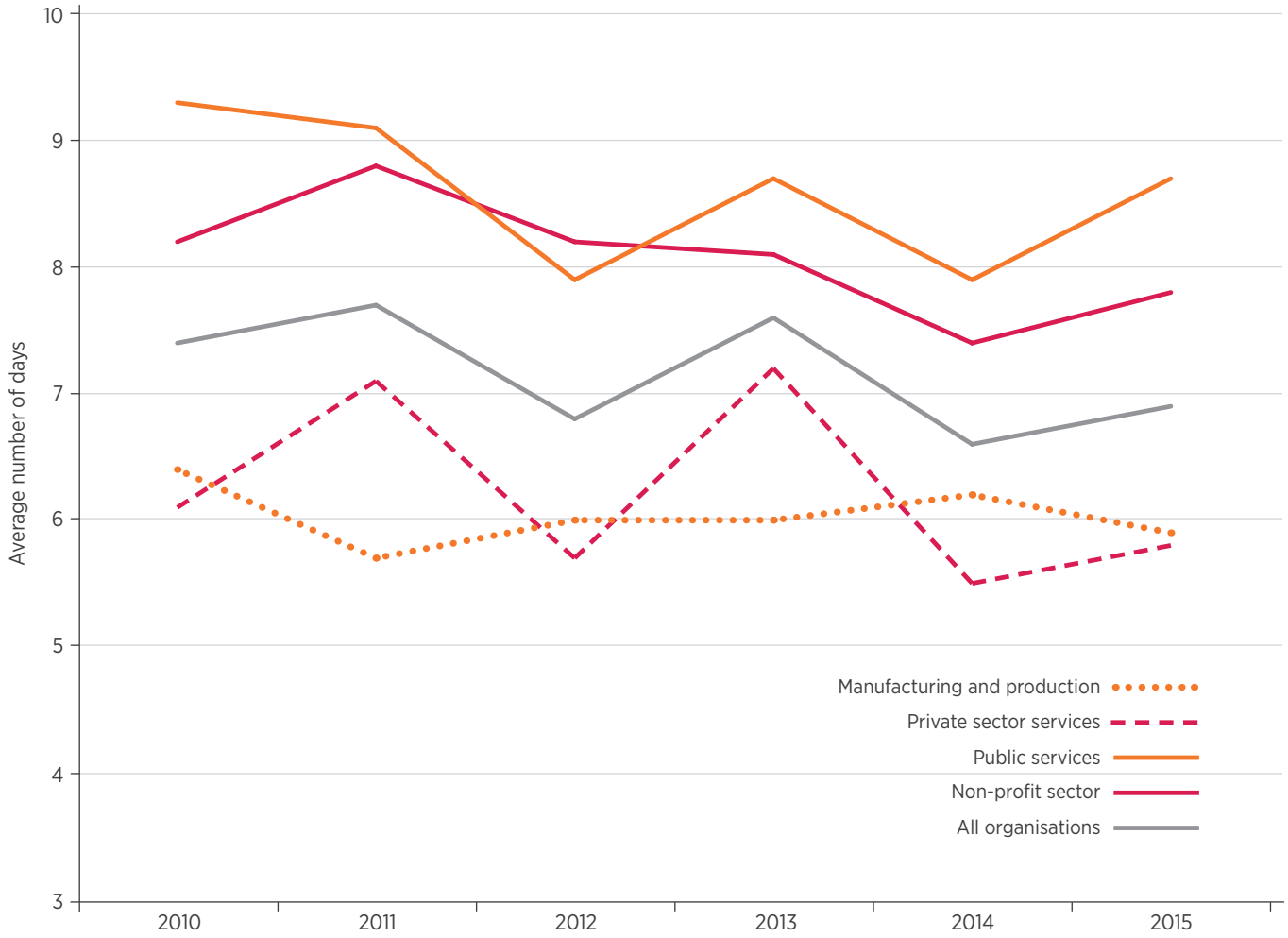
'Absence levels have increased most in the public sector.'

Table 1: Average level of employee absence, per employee per annum

	Average working time lost per year (%)			Average number of days lost per employee per year		
	5% trimmed mean	Standard deviation	Mean	5% trimmed mean	Standard deviation	Mean
2015: all employees	3.0	4.4	3.7	6.9	10.1	8.3
2014: all employees	2.9	3.1	3.3	6.6	7.0	7.4
2013: all employees	3.3	3.9	3.8	7.6	9.0	8.6
2012: all employees	3.0	3.3	3.4	6.8	7.5	7.7
2011: all employees	3.4	3.5	3.8	7.7	8.0	8.7
2010: all employees	3.2	1.9	3.4	7.4	4.3	7.7

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

Figure 1: Average number of days lost per employee per year by sector (5% trimmed mean)



Tables 2 and 3 show that there is also considerable variation within sectors, particularly private sector services, although the small number of respondents in each industry means differences should be treated with caution.

The chemical, pharmaceuticals and oil industry, the retail and wholesale sector, public sector health organisations and non-profit care services reported particularly high average absence levels, as we've found in previous years.

Table 2: Average level of employee absence, all employees by industry

		Average working time lost per year (%)		Average days lost per employee per year	
	Number of respondents	5% trimmed mean	Mean	5% trimmed mean	Mean
Manufacturing and production					
Agriculture and forestry	0	–	–	–	–
Chemicals, oils and pharmaceuticals	7	4.9	5.5	11.1	12.6
Construction	3	n/a*	1.8	n/a*	4.2
Electricity, gas and water	0	–	–	–	–
Engineering, electronics and metals	26	2.3	2.5	5.2	5.7
Food, drink and tobacco	13	3.9	4.0	9.0	9.0
General manufacturing	7	2.6	2.6	6.0	6.0
Mining and quarrying	4	1.2	1.2	2.8	2.8
Paper and printing	3	n/a*	2.4	n/a*	5.4
Textiles	1	n/a*	0.5	n/a*	1.1
Other manufacturing/production	12	2.3	2.4	5.2	5.5
Private sector services					
Professional services (accountancy, advertising, consultancy, legal, etc)	29	1.4	1.4	3.2	3.3
Finance, insurance and real estate	18	2.7	3.3	6.1	7.6
Hotels, catering and leisure	3	n/a*	1.1	n/a*	2.6
IT services	18	2.2	2.6	4.9	5.8
Call centres	5	3.4	3.3	7.7	7.6
Media (broadcasting and publishing, etc)	3	n/a*	2.3	n/a*	5.3
Retail and wholesale	13	5.0	6.1	11.5	13.8
Transport, distribution and storage	14	2.9	3.5	6.6	7.9
Communications	3	n/a*	5.5	n/a*	12.5
Other private services	40	3.4	5.1	7.8	11.6
Public services					
Central government	16	3.9	4.0	8.8	9.0
Education	31	3.9	4.4	8.8	10.1
Health	22	4.4	4.6	10.0	10.4
Local government	20	3.5	3.5	8.0	7.9
Other public services	16	3.5	3.5	8.1	8.0
Non-profit sector					
Care services	15	5.5	6.8	12.5	15.4
Charity services	24	2.5	2.6	5.7	6.0
Housing association	19	3.6	3.7	8.3	8.5
Other voluntary	12	3.4	3.6	7.7	8.3

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

'Manual workers have 1.5 more days' absence per year than non-manual workers.'

Higher levels of absence in larger organisations

Across all sectors, larger organisations tend to have higher levels of absence than smaller ones (Figure 2).[4] It is likely that absence is more disruptive and noticeable in smaller organisations and, moreover, sick pay schemes tend to be less generous, which may discourage absence or incentivise a speedy return to work.

Manual workers have more absence

Just 82 respondents reported average levels of absence for manual employees and 107 for non-manual employees. Findings from this reduced sample show little change in absence levels for manual and non-manual workers over the last few years[5] and show that, on average, manual workers have 1.5 more days' absence per year than non-manual workers (Table 3).

Targets to reduce absence

Overall, 71% of organisations believe it is possible to reduce employee absence, a similar proportion to previous years (15% do not think it is possible, 13% don't know). Organisations with more than 250 employees are particularly likely to believe it is possible to reduce current levels of absence.[6] Smaller organisations are more likely to believe they can reduce absence if their current average is three or more days per employee per year (Figure 3).

Figure 2: The effect of workforce size

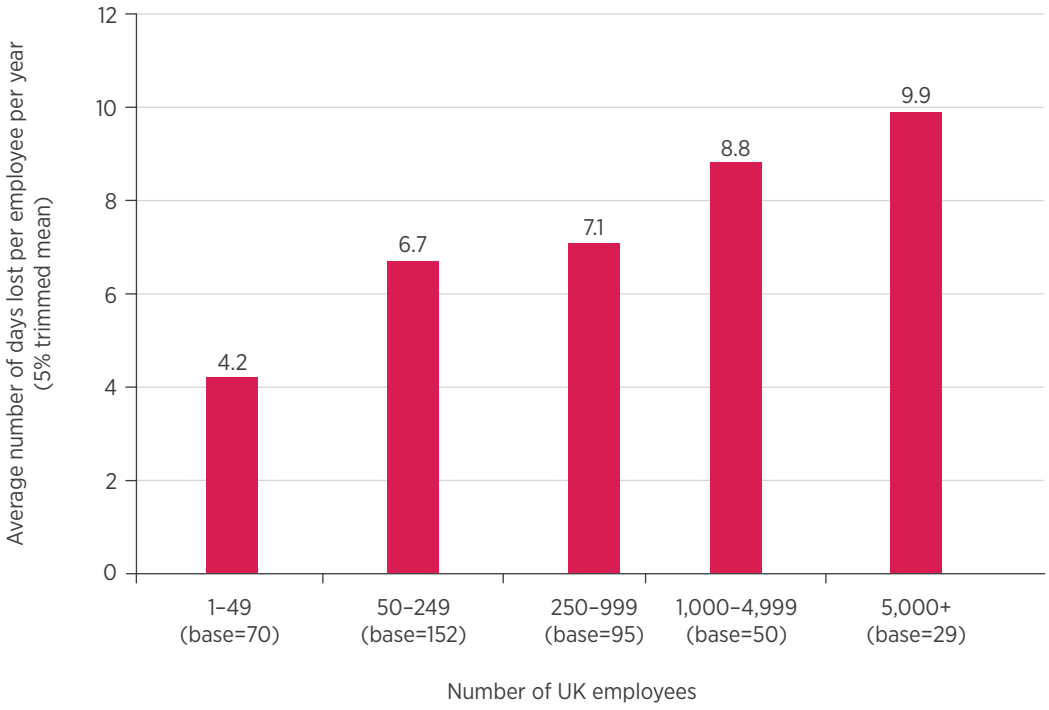
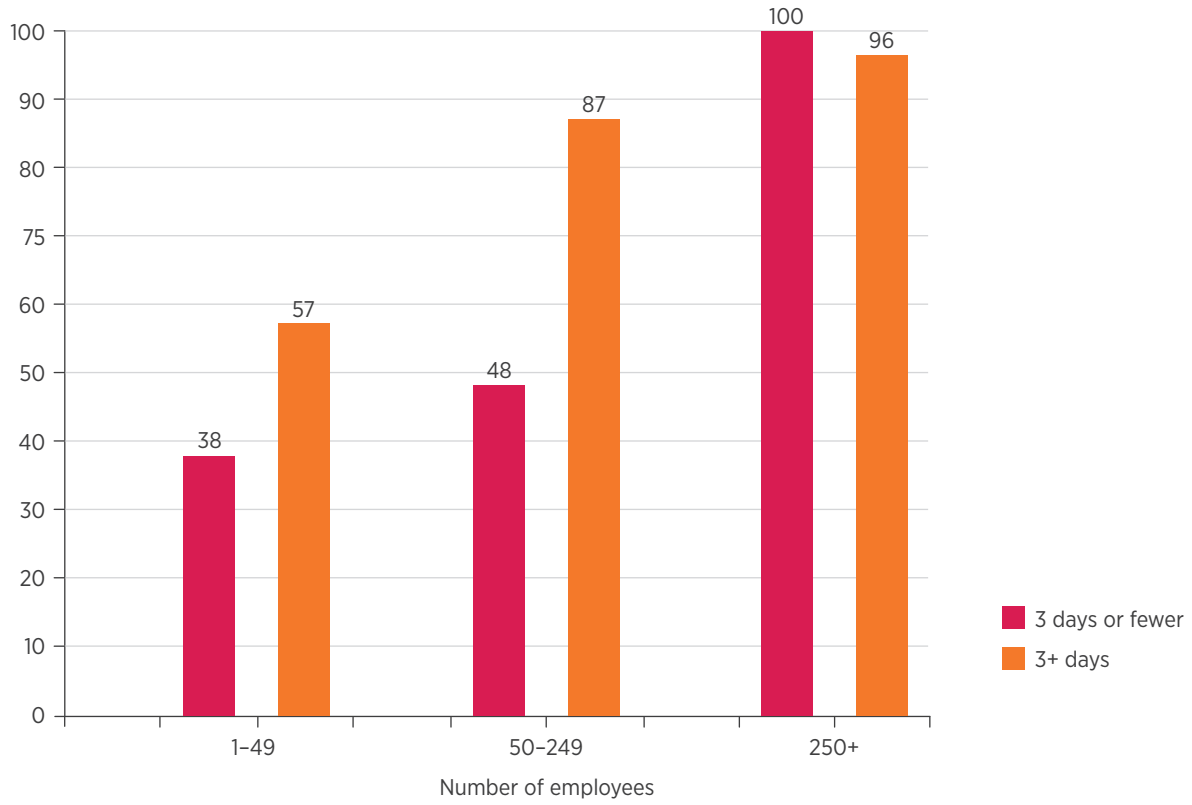


Table 3: Average level of employee absence, by sector for all, manual and non-manual employees

		Average working time lost per year (%)			Average days lost per employee per year		
	Number of respondents	5% trimmed mean	Standard deviation	Mean	5% trimmed mean	Standard deviation	Mean
All employees							
Manufacturing and production	76	2.6	2.7	2.9	5.9	6.1	6.6
Private sector services	146	2.5	5.9	3.6	5.8	13.4	8.2
Public services	105	3.8	2.6	4.1	8.7	5.9	9.3
Non-profit sector	69	3.5	4.6	4.0	7.8	10.5	9.2
Total	396	3.0	4.4	3.7	6.9	10.1	8.3
Manual employees							
Manufacturing and production	34	2.9	1.6	2.9	6.5	3.6	6.6
Private sector services*	28	1.9	2.7	2.2	4.4	6.1	5.2
Public services*	11	3.6	2.7	3.7	8.2	6.2	8.4
Non-profit sector*	9	3.1	3.6	3.4	7.1	8.2	7.7
Total	82	2.6	2.4	2.8	6.0	5.5	6.5
Non-manual employees							
Manufacturing and production	31	1.4	2.5	1.8	3.3	5.7	4.2
Private sector services	41	1.6	1.3	1.7	3.7	2.8	3.9
Public services*	21	3.6	2.0	3.6	8.1	4.5	8.2
Non-profit sector*	14	2.1	1.6	2.2	4.9	3.6	5.0
Total	107	2.0	2.0	2.2	4.5	4.5	4.9

* Not all respondents gave absence levels for manual and non-manual employees. Figures for these categories are based on a small number of respondents so should be treated with caution.

Figure 3: Proportion of organisations that believe it is possible to reduce current absence levels, by level of absence and size (%)



'Just 25% of organisations achieved their 2014 absence target.'

Two-fifths of organisations have a target in place to reduce absence, rising to 48% of those that believe it is possible to reduce absence. Targets are more common in organisations with higher levels of absence.[7] In addition, targets are more common in larger organisations and the public sector (Table 4).

Just a quarter of organisations (25%), regardless of sector, achieved their 2014 target absence level, and a further 38% almost achieved it. Just under two-fifths failed to achieve their target, with larger organisations most likely to fail.[8]

Table 4: Organisations that have a target for reducing absence, by level of absence, sector and size (% of respondents)

	Average absence per employee per year			
	0–3 days		3+ days	
	% with target	Base	% with target	Base
Sector				
Manufacturing and production	38	13	52	61
Private sector services	10	42	35	99
Public services	0	7	72	98
Non-profit sector	25	12	46	54
No. of UK employees				
1–49	14	35	26	34
50–249	17	29	42	119
250–999	22	9	56	82
1,000–4,999	0	0	70	50
5,000+	0	1	85	27

2 The cost of absence

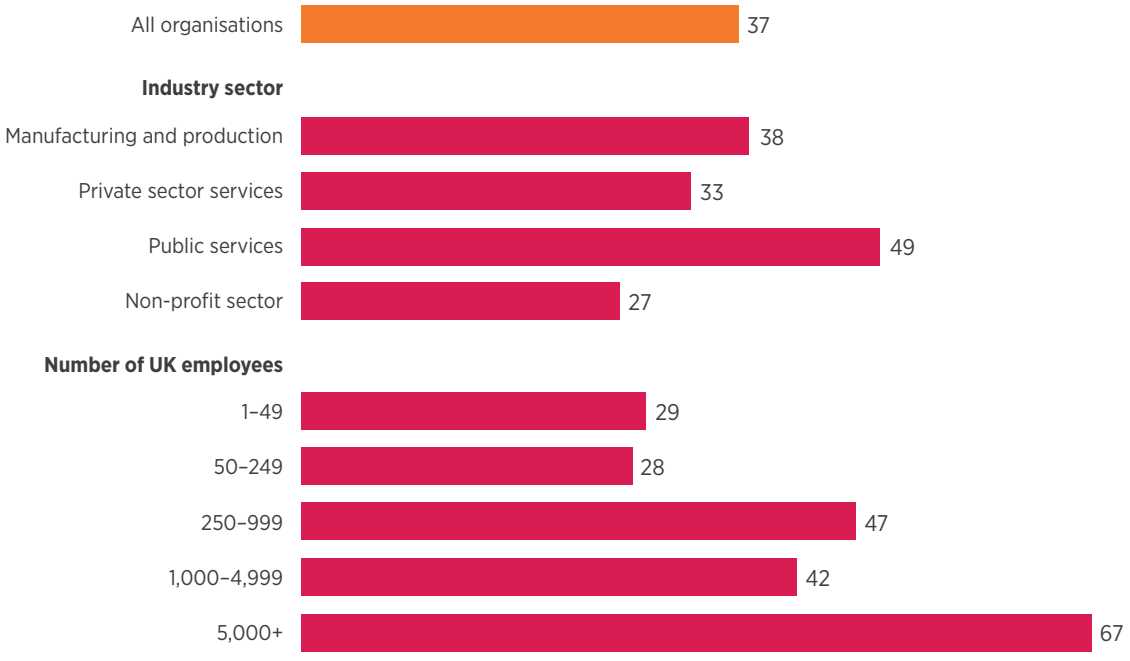
Absence costs vary considerably across organisations. The median annual absence cost per employee (£554) has fallen in comparison with previous years, despite the slight increase in absence levels.

Just under two-fifths of organisations report they monitor the cost of employee absence, showing little change from previous years. Larger organisations, and those in the public sector, are significantly more likely to monitor the cost (Figure 4).[9]

106 respondents reported their average annual cost of absence per employee. There is considerable variation in the figures reported and some extremely high responses.[10] In the past we have found that organisations include different costs in their calculations, which may partly explain the variation (CIPD *Absence Management* survey reports 2013 and 2012). The prevalence of some extremely high figures also raises the possibility that a few respondents misread the question and reported absence costs for the whole organisation rather than per employee. The median figures are therefore considered to be most representative of the sample and are reported on.

'The median absence cost is £554.'

Figure 4: Organisations that monitor the cost of employee absence (% of respondents)

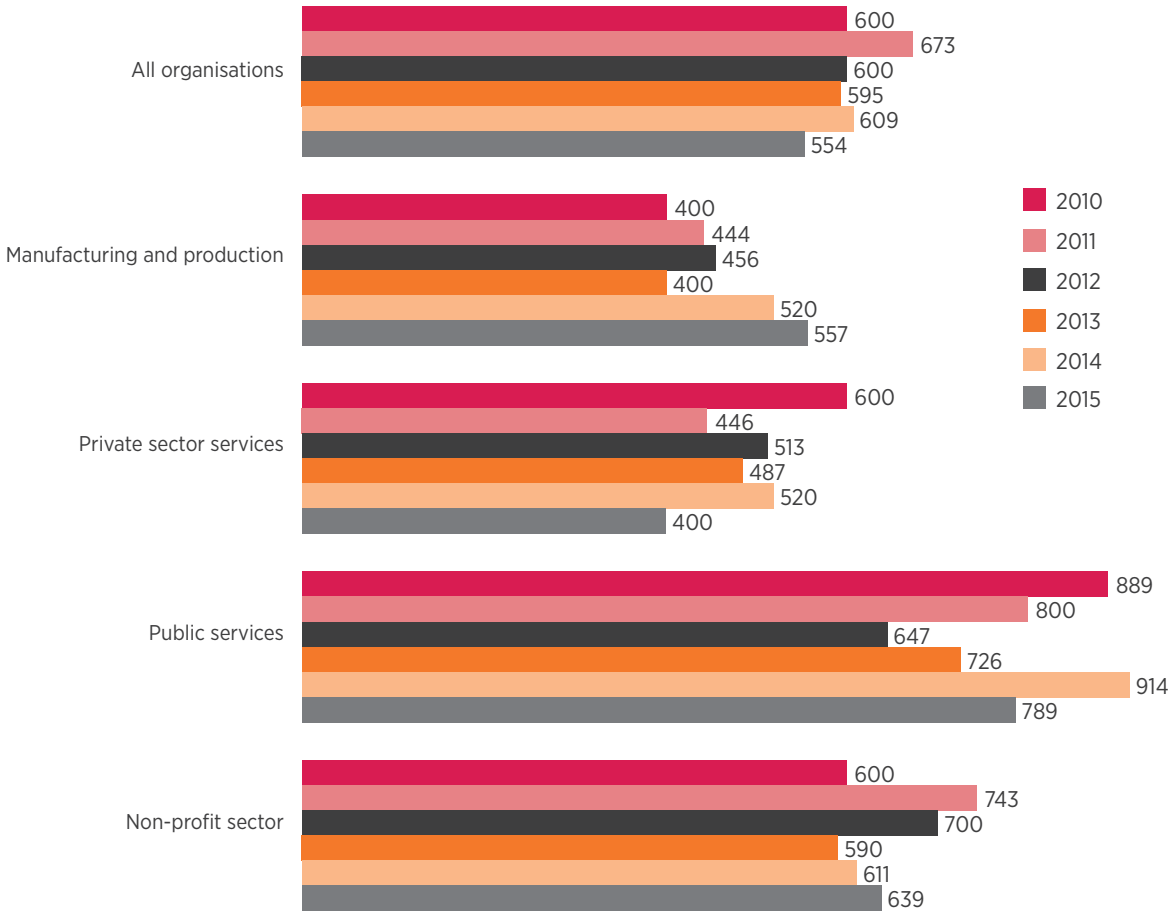


Base: 499 (Don't knows excluded)

The overall median cost of absence per employee has fallen slightly compared with previous years (Figure 5). Reductions are most apparent in the public and private services sectors, despite small increases in the average level of absence per employee (see *Level of employee absence*, p7). In the manufacturing and production sector, the average cost of absence shows a gradual increase since 2010, despite a small decrease in absence levels. These changes should be interpreted with caution given the small sample size and considerable variation within sectors.

As in previous years, the median absence cost is considerably higher in the public sector, which experiences the highest average level of absence and tends to have more generous sick pay schemes (CIPD *Absence Management* survey report 2012).

Figure 5: Median cost of absence per employee per year, by sector (£)



Base 2015: manufacturing and production 21; private sector services 42; public services 30; non-profits 13

3 Causes of absence

Minor illness remains the most common cause of short-term absence for the vast majority of organisations. Acute medical conditions, stress, musculoskeletal injuries, mental ill-health and back pain are most commonly responsible for long-term absence. This year we have seen an increase in the proportion that include illegitimate absence among their top causes of long-term absence for non-manual workers.

Short-term absence

The main causes of short-term absence (up to four weeks) are similar to previous years. Minor illness (including colds, flu, stomach upsets, headaches and migraines) is by far the most common cause of short-term absence for both manual and non-manual employees (Table 5). Musculoskeletal injuries, back pain and stress are also common causes of short-term absence, although, as in previous years, musculoskeletal injuries and back pain are more common causes of absence for manual workers, while stress is more common for non-manual workers.

Overall, 30% of organisations report that non-genuine absence is one of their top causes of short-term absence for manual workers and 23% for non-manual workers. Confirming findings from previous years, responses suggest that flexible working arrangements may help reduce non-genuine absence. Those that use flexible working to

'30% of organisations report that non-genuine absence is one of their top causes of short-term absence for manual workers.'

Table 5: Common causes of short-term absence (% of respondents)

	Most common cause		In top 5 most common causes	
	Manual	Non-manual	Manual	Non-manual
Minor illness (for example colds/flu, stomach upsets, headaches and migraines)	71	81	89	95
Musculoskeletal injuries (for example neck strains and repetitive strain injury, but excluding back pain)	8	2	52	44
Back pain	5	2	44	33
Stress	6	6	43	52
Recurring medical conditions (for example asthma, angina and allergies)	1	1	32	35
Mental ill-health (for example clinical depression and anxiety)	3	3	31	33
Home/family/carer responsibilities	1	1	31	34
Injuries/accidents not related to work	1	0	21	17
Work-related injuries/accidents	1	0	15	5
Acute medical conditions (for example stroke, heart attack and cancer)	1	2	13	17
Pregnancy-related absence (not maternity leave)	0	0	10	19
Drink- or drug-related conditions	0	0	2	5
Absence due to non-genuine ill-health ('pulling a sickie')	2	1	30	23

Base: Manual 342; Non-manual 423 (2015)

manage absence are significantly less likely to include illegitimate absence among their top five causes of short-term absence (24% compared with 35% of those who don't use flexible working to manage short-term absence).[11] They are also significantly less likely to include home/family/carer responsibilities among their top causes of short-term absence (34% versus 44% who don't offer flexible working).[12]

Sector differences

Stress in particular, but also mental ill-health and musculoskeletal injuries, are more common causes of absence in the public sector than the private, for manual and non-manual workers (Tables 6 and 7). In contrast, the public sector continues to be less likely than the private to include illegitimate absence and home/family/carer responsibilities (particularly for non-manual workers) among their top causes of absence. This may be at least partly attributable to more widespread flexible working practices in the public sector (see Tables 13 and 15). It is possible that the ongoing cuts may also deter public sector employees from taking illegitimate absence, but our surveys across the years, including when redundancies were particularly common in the private sector, consistently show that fewer public sector organisations include illegitimate absence among their main causes of absence.

Table 6: Top five most common causes of short-term absence for manual workers, by sector (%)

	All	Manufacturing and production	Private sector services	Public services	Non-profit sector
Minor illness (for example colds/ flu, stomach upsets, headaches and migraines)	89	99	86	81	91
Musculoskeletal injuries (for example neck strains and repetitive strain injury, but excluding back pain)	52	56	45	62	47
Back pain	44	52	35	50	43
Stress	43	28	39	65	47
Recurring medical conditions (for example asthma, angina and allergies)	32	24	30	43	38
Mental ill-health (for example clinical depression and anxiety)	31	21	34	41	32
Home/family/carer responsibilities	31	28	35	27	32
Injuries/accidents not related to work	21	29	20	16	13
Work-related injuries/accidents	15	17	12	20	11
Acute medical conditions (for example stroke, heart attack and cancer)	13	13	13	11	21
Pregnancy-related absence (not maternity leave)	10	7	13	15	2
Drink- or drug-related conditions	2	7	1	0	0
Absence due to non-genuine ill-health ('pulling a sickie')	30	38	40	11	15

Base: 342

Table 7: Top five most common causes of short-term absence for non-manual, workers by sector (%)

	All	Manufacturing and production	Private sector services	Public services	Non-profit sector
Minor illness (for example colds/ flu, stomach upsets, headaches and migraines)	95	94	94	94	97
Stress	52	44	48	65	53
Musculoskeletal injuries (for example neck strains and repetitive strain injury, but excluding back pain)	44	36	36	58	47
Recurring medical conditions (for example asthma, angina and allergies)	35	23	37	40	39
Home/family/carer responsibilities	34	36	40	24	32
Mental ill-health (for example clinical depression and anxiety)	33	23	33	41	36
Back pain	33	30	35	36	28
Pregnancy-related absence (not maternity leave)	19	16	18	22	18
Acute medical conditions (for example stroke, heart attack and cancer)	17	20	16	16	19
Injuries/accidents not related to work	17	19	20	11	16
Work-related injuries/accidents	5	11	2	6	7
Drink- or drug-related conditions	5	10	4	2	5
Absence due to non-genuine ill-health ('pulling a sickie')	23	30	30	10	19

Base: 423

Long-term absence

The top causes of long-term absence (four weeks or more) among manual and non-manual workers are similar to previous years with acute medical conditions, stress, mental ill-health, musculoskeletal injuries and back pain topping the list (Table 8). There has, however, been an increase in the proportion of organisations including illegitimate absence among their top causes of absence for non-manual workers, compared with the last two years (2015: 14%; 2014: 3%; 2013: 2%; 2012: 10%). This increase is observed in all sectors except the public sector.

Sector differences

Echoing the findings for short-term absence, public sector organisations are more likely than the private sector to report that stress, mental ill-health and musculoskeletal injuries (particularly for non-manual workers) are among their most common causes of long-term absence (Tables 9 and 10). They are less likely to include illegitimate absence and absence due to home/family/carer responsibilities.

Table 8: 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

Table 9: Top five most common causes of long-term absence for manual workers, by sector (%)

	All	Manufacturing and production	Private sector services	Public services	Non-profit sector
Acute medical conditions (for example stroke, heart attack and cancer)	53	55	50	57	51
Musculoskeletal injuries (for example neck strains and repetitive strain injury, but excluding back pain)	50	52	45	57	46
Stress	49	33	40	77	56
Mental ill-health (for example clinical depression and anxiety)	48	44	48	53	51
Back pain	43	52	36	43	44
Injuries/accidents not related to work	31	39	29	24	28
Recurring medical conditions (for example asthma, angina and allergies)	27	24	27	35	23
Minor illness (for example colds/ flu, stomach upsets, headaches and migraines)	17	14	23	15	10
Work-related injuries/accidents	17	24	12	20	10
Pregnancy-related absence (not maternity leave)	13	11	16	14	5
Home/family/carer responsibilities	11	10	16	5	8
Drink- or drug-related conditions	2	1	1	4	0
Absence due to non-genuine ill-health ('pulling a sickie')	8	8	12	4	3

Base: 310

Table 10: Top five most common causes of long-term absence for non-manual workers, by sector (%)

	All	Manufacturing and production	Private sector services	Public services	Non-profit sector
Stress	58	50	46	79	60
Acute medical conditions (for example stroke, heart attack and cancer)	51	49	44	64	49
Mental ill-health (for example clinical depression and anxiety)	49	37	45	61	52
Musculoskeletal injuries (for example neck strains and repetitive strain injury, but excluding back pain)	38	35	29	49	44
Back pain	32	32	33	36	26
Recurring medical conditions (for example asthma, angina and allergies)	25	24	23	31	22
Injuries/accidents not related to work	25	35	19	25	25
Minor illness (for example colds/ flu, stomach upsets, headaches and migraines)	17	18	19	9	21
Pregnancy-related absence (not maternity leave)	16	13	17	17	15
Home/family/carer responsibilities	16	22	19	7	14
Work-related injuries/accidents	7	6	5	6	11
Drink- or drug-related conditions	2	3	1	2	5
Absence due to non-genuine ill-health ('pulling a sickie')	14	16	18	4	15

Base: 394

4 Managing absence

Most organisations collect absence data and use it to identify and address key issues. There has been little change in the methods used to manage absence. The most common approaches to manage short-term absence focus on monitoring and deterrents. Managing long-term absence commonly involves aiding return to work through return-to-work interviews, occupational health involvement and risk assessments.

'Just 1/3 of organisations combine absence data with other data sets.'

Almost all organisations surveyed (94%) have a written absence/ attendance management policy. Even among very small organisations (one to nine employees) nearly three-quarters (72%) have a written policy.

The use of absence data

As noted above (*Level of employee absence*, p7), the majority of organisations (87% overall, 95% of the public sector) collect absence data. They most commonly use this data to identify 'hotspots' where certain issues are prevalent and take action to address these (Table 11). Just under three-fifths use absence as a key performance indicator (KPI). Approximately half use absence data to inform their well-being activity or translate into implications for the wider business (although all these proportions could be higher as many did not know or didn't answer for these items). A small minority don't use the data they collect in any way.

Larger organisations are more likely to use their absence data in all the ways listed in Table 11, except for using absence data for workforce planning, which is most popular in manufacturing and production organisations (55%).[13]

Table 11: How do you use the absence data you collect? (% of respondents)

	Yes	No	Don't know/ No response
We identify 'hotspots' in the organisation where certain issues are prevalent and take action to address these	68	22	10
Absence is a key performance indicator in our organisation	56	33	11
We collect data on causes of absence and use it to inform our well-being activity	51	32	17
We translate our absence metrics into what they mean for the wider business, for example cost, productivity	46	38	16
We use absence data for workforce planning	38	46	16
We combine our absence data with other data sets (for example engagement survey data) to explore trends and issues	33	49	18
We report absence data externally, for example in an annual report	28	52	19
We do nothing with the absence data we collect	7	92	0

Base: 471

In addition, the public sector are significantly more likely to use their absence data to inform well-being activity (68%)[14] and to report it externally (55%).[15] Private services organisations are least likely to use absence as a key performance indicator (42%).[16]

Organisations that combine their absence data with other data sets (for example engagement survey data) to explore trends and issues were twice as likely to achieve absence targets in 2014 compared with those that don't do this (34% versus 16%).[17]

Changes to absence management approach

Overall, two-thirds of organisations (64%) have introduced changes to some aspect of their approach to absence management in the last 12 months, although private services organisations were less likely to have made any changes (57% compared with 69–70% of organisations from other sectors).[18]

Developing line manager capability to manage absence was the most common change made, as was the case last year, although the proportion doing so has reduced across all sectors (48%; 2014: 61%; 2013: 39%). Nearly half had also introduced or revised monitoring procedures (Table 12).

The proportion who have introduced or revised well-being benefits increased slightly this year (25%; 2014: 19%; 2013: 21%; 2012: 17%), mainly due to a substantial increase in the proportion of manufacturing and production organisations making these changes (32%; 2014: 11%; 2013: 16%; 2012: 4%).

'Those who combine absence data with other data sets were twice as likely to achieve their 2014 absence target.'

Table 12: Changes made to employee absence management in the last year (% of employers who have made changes)

	All organisations	Manufacturing and production	Private sector services	Public services	Non-profit sector
Developed line manager capability to manage absence	48	49	42	57	46
Introduced or revised monitoring procedures	46	49	40	51	46
Introduced or revised training for line managers to conduct effective return-to-work interviews	34	45	26	34	38
Introduced or revised use of occupational health professionals	30	35	26	31	34
Introduced or revised flexible working options	28	32	29	23	29
Introduced or revised well-being benefits	25	32	20	28	23
Introduced or revised Bradford points* or another trigger system	20	32	23	13	12
Other	6	5	5	7	8

*The Bradford points formula identifies persistent short-term absence for individuals and is a measure of the disruptions caused by this type of absence

Base: 372

Managing short-term absence

There has been little change in the methods organisations use to manage short-term absence. Most use a combination of methods, although those methods that focus on monitoring and deterring absence (including return-to-work interviews, trigger mechanisms to review attendance, giving sickness absence information to line managers and disciplinary procedures for unacceptable absence) remain most common (Table 13).

Table 13: Approaches used to manage short-term absence (% of respondents)

	All respondents	Manufacturing and production	Private sector services	Public services	Non-profit sector
Return-to-work interviews	84	89	75	92	88
Trigger mechanisms to review attendance	77	82	66	91	77
Sickness absence information given to line managers	73	81	66	78	75
Leave for family circumstances (such as carer/emergency/dependant/ compassionate leave)	73	73	66	81	78
Disciplinary procedures for unacceptable absence	67	78	61	73	63
Line managers take primary responsibility for managing absence	61	58	54	75	61
Flexible working	52	43	48	65	51
Managers are trained in absence-handling	52	59	43	63	47
Occupational health involvement	45	53	30	67	41
Employee assistance programmes	44	41	38	56	46
Changes to working patterns or environment	43	40	37	52	45
Capability procedure	42	38	35	55	44
Restricting sick pay	40	60	40	25	41
Health promotion	37	41	29	52	32
Stress counselling	37	24	28	60	40
Well-being benefits	34	30	31	42	34
Tailored support for line managers (for example online support, care conference with HR)	26	27	21	36	23
Offering private medical insurance	25	38	38	5	12
Risk assessment to aid return to work after long-term absence	20	25	14	26	19
Employees' absence records taken into account when considering promotion	20	27	19	18	16
Nominated absence case manager/ management team	11	7	9	19	9
Attendance bonuses or incentives	10	21	10	4	10
Rehabilitation programme	10	13	6	18	6
Attendance record is a recruitment criterion	9	14	5	12	11
Attendance driven by board	8	5	3	16	10
None of the above	1	0	3	0	0
Other	1	3	0	2	2

Base: 567

Leave for family circumstances also remains among the most common methods used to manage short-term absence. Overall, just half use flexible working, less than two-fifths focus on avoiding absence through health promotion and a third through well-being benefits. These methods are all more common, however, in the public sector, which tends to take a more proactive approach to managing absence. The public sector are also more likely to provide stress counselling, employee assistance programmes, occupational health services and rehabilitation programmes, make changes to working patterns or environment and have capability procedures. They are more likely to report

Table 14: Most effective approaches for managing short-term absence (% of respondents citing as one of top three most effective methods)

	All organisations	Manufacturing and production	Private sector services	Public services	Non-profit sector
Return-to-work interviews	61	66	59	61	63
Trigger mechanisms to review attendance	52	52	39	70	51
Disciplinary procedures for unacceptable absence	24	39	23	22	15
Managers are trained in absence-handling	19	16	19	21	20
Sickness absence information given to line managers	18	18	16	20	22
Line managers take primary responsibility for managing absence	17	12	14	24	17
Restricting sick pay	16	21	22	5	12
Leave for family circumstances (such as carer/emergency/dependant/ compassionate leave)	11	7	12	8	17
Occupational health involvement	9	17	5	13	7
Flexible working	8	1	12	4	11
Tailored support for line managers (for example online support, care conference with HR)	4	2	5	6	4
Capability procedure	4	2	4	4	9
Changes to working patterns or environment	4	4	3	2	10
Attendance bonuses or incentives	4	7	6	0	2
Well-being benefits	3	1	6	1	2
Employee assistance programmes	3	3	3	5	1
Stress counselling	3	1	3	4	2
Offering private medical insurance	3	3	6	0	0
Nominated absence case manager/ management team	2	1	1	5	2
Employees' absence records taken into account when considering promotion	2	0	3	2	0
Health promotion	1	2	2	1	0
Attendance driven by board	1	0	1	2	0
Risk assessment to aid return to work after long-term absence	1	1	1	1	0
Rehabilitation programme	0	1	0	1	0
Attendance record is a recruitment criterion	0	0	1	0	0

Base: 496

attendance is driven by the board, have a nominated absence case manager/management team, use line managers to manage absence and (along with manufacturing and production organisations) train them in absence-handling.

In contrast, private sector employers are more likely to offer private medical insurance and alternative health plans and they are also much more likely to restrict sick pay. The manufacturing and production sector are also

Table 15: Approaches used to manage long-term absence (% of respondents)

	All organisations	Manufacturing and production	Private sector services	Public services	Non-profit sector
Return-to-work interviews	81	84	74	86	89
Occupational health involvement	68	72	54	86	71
Sickness absence information given to line managers	65	65	56	74	73
Risk assessment to aid return to work after long-term absence	64	64	53	73	73
Trigger mechanisms to review attendance	62	61	50	80	64
Flexible working	62	52	58	73	66
Changes to working patterns or environment	57	53	46	71	64
Capability procedure	55	56	44	67	58
Disciplinary procedures for unacceptable absence	48	54	38	61	43
Employee assistance programmes	45	39	38	59	49
Managers are trained in absence-handling	45	44	35	61	48
Restricting sick pay	43	45	43	42	42
Leave for family circumstances (such as carer/emergency/dependant/ compassionate leave)	43	38	34	55	50
Line managers take primary responsibility for managing absence	42	30	31	60	51
Stress counselling	42	28	30	68	43
Health promotion	35	35	25	54	30
Tailored support for line managers (for example online support, care conference with HR)	34	30	30	47	30
Well-being benefits	33	27	30	41	36
Rehabilitation programme	30	35	26	39	20
Offering private medical insurance	27	38	42	5	13
Nominated absence case manager/ management team	21	17	16	37	11
Employees' absence records taken into account when considering promotion	16	21	14	17	17
Attendance bonuses or incentives	9	17	9	6	6
Attendance record is a recruitment criterion	9	9	5	13	12
Attendance driven by board	8	5	2	17	10
Other	2	2	1	4	2

Base: 541

more likely to offer attendance bonuses or incentives. The same sector differences were observed in approaches to managing long-term absence, with the exception that there were no significant differences in restricting sick pay (Table 15).

Most effective approaches for managing short-term absence

Employers were asked to rank the top three most effective approaches for managing short-term absence from the list in Table 13. The most commonly used methods, return-to-work interviews and trigger mechanisms to review attendance, are also ranked as most effective by employers from all sectors (Table 14). These methods send a clear message to employees that absence is actively managed. Other deterrents, such as disciplinary procedures and, in the private sector, restricting sick pay, were also commonly among the most effective methods, as in previous years. Training and involving line managers in managing absence were also among organisations' most effective methods for managing short-term absence.

Managing long-term absence

In similar findings to previous years, return-to-work interviews remain the most common method used to manage long-term absence, followed by occupational health involvement, giving sickness absence information to line managers and risk assessments to aid return to work (Table 15).

As in previous years, risk assessments to aid return to work, rehabilitation programmes and occupational health involvement are more commonly used to manage long-term than short-term absence. In contrast, organisations are more likely to use leave for family circumstances, disciplinary procedures and trigger mechanisms to review attendance for short-term absence. They are also less likely to report that line managers take primary responsibility for managing long-term absence and more likely to have a nominated absence manager/management team.

In line with findings on managing short-term absence, the public sector are more likely than their private sector counterparts to use most of the methods listed for managing long-term absence. They are less likely than the private sector, however, to offer private medical insurance or alternative health plans (Table 15).

While the public sector is less likely than other sectors to restrict sick pay for short-term absence, and in previous years this has also been the case for long-term absence, this year there is no significant sector difference (Table 15). This is more due to a small reduction in the proportion of private sector organisations reporting they restrict sick pay for long-term absence than an increase in public sector organisations doing so. Nevertheless, recent years have seen an increase in the proportion of public sector organisations restricting sick pay to manage long-term absence.[19]

Most effective approaches for managing long-term absence

As in previous years, occupational health involvement is most commonly reported to be among organisations' most effective methods for managing long-term absence. Return-to-work interviews, changes to working patterns or environment and trigger mechanisms to review attendance also remain among the most commonly used and most effective methods (Table 16). Trigger mechanisms to review attendance

'Organisations with absence as a KPI are considerably more proactive in their approaches to absence management.'

are particularly popular in the public sector, while twice as many private services organisations include flexible working among their most effective methods of managing long-term absence. This may reflect differences in the main causes of long-term absence across sectors.

Organisations with an absence target are more proactive

Confirming our findings from last year, organisations that have a target for reducing absence or that use absence as a KPI are considerably more proactive in their approach to absence management. They are more likely to report attendance is driven by the board, use line managers to manage absence and have a nominated absence case manager/ management team. Moreover, organisations that give line

Table 16: Most effective approaches for managing long-term absence (% of respondents citing as one of top three most effective methods)

	All organisations	Manufacturing and production	Private sector services	Public services	Non-profit sector
Occupational health involvement	48	63	40	54	40
Return-to-work interviews	25	23	27	19	30
Changes to working patterns or environment	21	27	18	20	24
Trigger mechanisms to review attendance	20	17	14	30	20
Restricting sick pay	18	10	21	18	20
Flexible working	14	10	21	7	12
Rehabilitation programme	13	17	14	13	9
Risk assessment to aid return to work after long-term absence	13	21	11	9	12
Managers are trained in absence-handling	12	6	11	19	11
Line managers take primary responsibility for managing absence	11	7	10	14	13
Capability procedure	10	17	8	9	10
Tailored support for line managers (for example online support, care conference with HR)	10	5	10	13	10
Disciplinary procedures for unacceptable absence	9	9	7	13	7
Employee assistance programmes	8	9	7	9	5
Sickness absence information given to line managers	7	3	7	7	12
Nominated absence case manager/ management team	7	9	6	8	2
Stress counselling	6	2	5	9	11
Offering private medical insurance	6	6	14	0	1
Leave for family circumstances (such as carer/emergency/dependant/ compassionate leave)	5	5	6	2	7
Well-being benefits	4	1	5	3	4
Attendance bonuses or incentives	1	1	3	0	0
Health promotion	1	1	2	1	1
Employees' absence records taken into account when considering promotion	1	0	2	1	0
Attendance driven by board	1	0	0	3	0

Base: 472

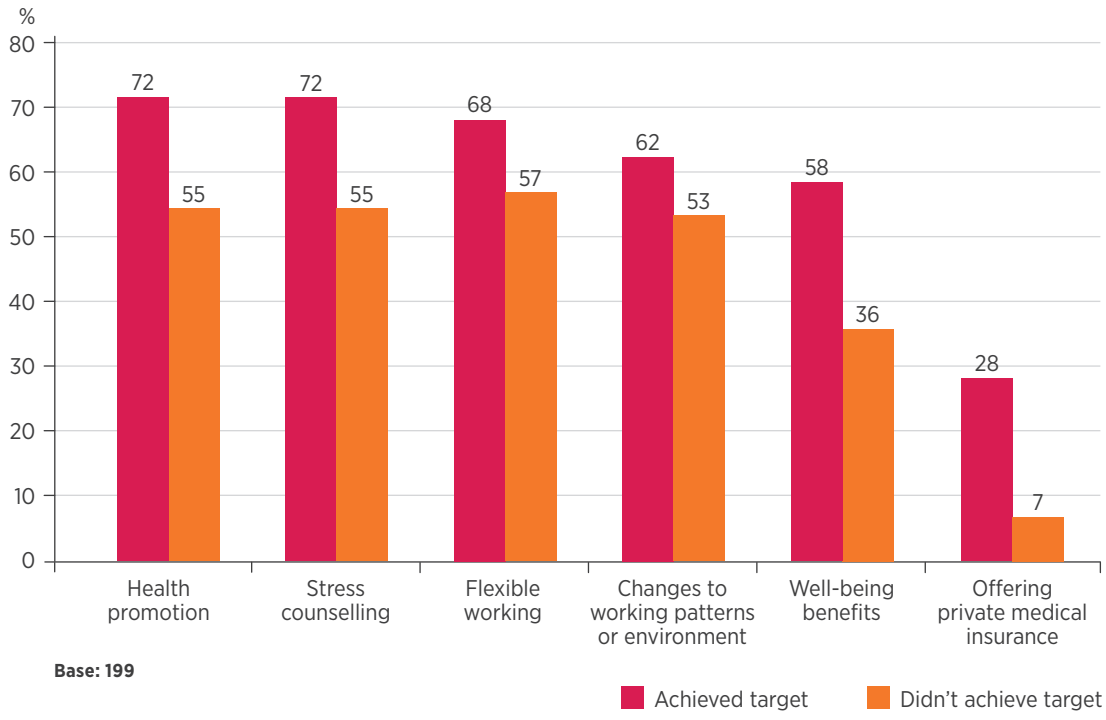
managers primary responsibility for managing absence are significantly more likely to train them in absence-handling and provide them with tailored support if they have a target for reducing absence.[20]

Organisations with a target (or that use absence as a KPI) are also more proactive in monitoring absence through the use of trigger mechanisms to review attendance and return-to-work interviews. They are more likely to discourage absence through the use of disciplinary procedures for unacceptable absence and taking employees' absence records into account when considering promotion. They are also more likely to manage absence through health promotion, rehabilitation programmes, occupational health involvement and capability procedures.[21]

Organisations that achieved their absence targets were significantly more likely to manage (long- and/or short-term) absence through promoting health and well-being than those that did not achieve their targets. They were also significantly more likely to manage absence through flexible working, making changes to working patterns or environment and stress counselling (Figure 6).

'Those that achieved their absence target were more likely to promote health and well-being.'

Figure 6: Absence management approaches that are significantly more common in organisations that achieved their absence target (% of those with a target)



Base: 199

5 Work-related stress and mental health

Two-fifths of organisations report an increase in stress-related absence over the past year, rising to half of the public sector. A similar proportion claim an increase in reported mental health problems. Most organisations are taking some action to promote good mental health and/or support employees with mental health problems. We have seen a rise in the proportion that provide training to help managers effectively manage and support staff with mental health problems.

'Workload remains the most common cause of stress at work.'

Overall, two-fifths of respondents report that stress-related absence in their organisation has increased over the past year, although this rises to half of public sector organisations (Table 17), where, as noted above, stress is a more common cause of absence. Larger organisations, across all sectors, are also more likely to report stress-related absence has increased.[22] Only a minority report that stress-related absence has decreased.

Causes of stress at work

The main causes of stress at work are similar to previous years.

Workload remains the most common cause, particularly in private and public services (Table 18).[23] An increase in stress is related to long working hours and the extent to which operational demands take precedence over employee well-being.[24] Other common causes include relationships outside of work/ family, management style and relationships at work.

Organisational change/ restructuring remains a more common cause of stress in public sector organisations than in other sectors, particularly in terms

Table 17: Changes in stress-related absence over the past year (%)

	Increased	Stayed the same	Decreased	Don't know
All respondents	41	39	7	13
Private sector	36	44	6	13
Public services	51	27	7	14
Non-profit sector	39	44	11	10

Base: 565

Table 18: The causes of stress at work (top 3 causes, % of respondents)

	All	Manufacturing and production	Private sector services	Public services	Non-profit sector
Workloads/volume of work	55	44	61	61	45
Non-work factors – relationships/family	38	42	41	30	40
Management style	31	42	28	34	23
Relationships at work	27	24	24	29	37
Considerable organisational change/ restructuring	24	20	17	37	30
Non-work factors – personal illness/ health issue	24	22	27	16	32
Pressure to meet targets	15	15	18	15	6
Long hours	13	6	15	11	14
Lack of employee support from line managers	12	15	12	11	13
Poorly managed organisational change/ restructuring	12	13	7	20	9
Non-work factors – financial concerns	10	11	13	6	6
Lack of control over how work is carried out	7	8	4	12	10
Job insecurity	7	8	7	5	9
Lack of training	4	8	5	2	3
Lack of consultation	3	3	4	2	3
Poorly designed jobs/poorly designed roles	3	1	2	5	2
Other	2	3	2	2	2

Base: 535

of its extent but also in how it is managed.[25] Further public spending cuts mean this is likely to be an ongoing issue for many as managers face intense pressure to deliver change and accumulative cuts and pressures take their toll on the workforce.

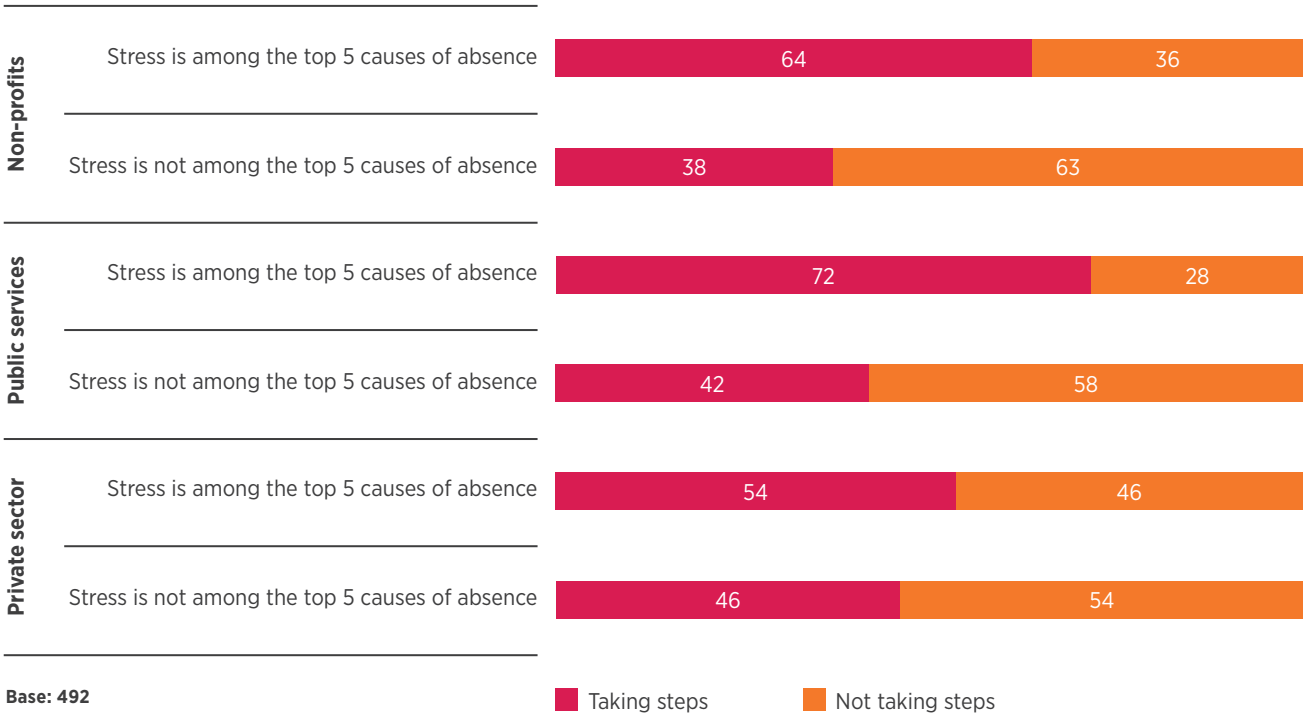
Managing stress

Overall, in similar findings to previous years, just under three-fifths of organisations (56%) are taking steps to identify and reduce stress in the workplace. Public sector and non-profit organisations that rank stress among their top five causes of absence are particularly likely to be taking steps to address stress (Figure 7). In contrast, nearly half of private sector organisations that had ranked stress in their top five causes of absence were not taking any steps to address it.

Organisations that take steps to identify and reduce stress do so using a range of methods. As last year, the most common methods used are staff surveys, flexible working options/improved work–life balance and risk assessments/ stress audits (Table 19).

Half of organisations invest in training for line managers to effectively identify and manage

Figure 7: Is your organisation taking steps to identify and reduce stress in the workplace? (% of respondents)



Base: 492

Table 19: Methods used to identify and reduce stress in the workplace (% of respondents that take steps to manage stress)

	All	Manufacturing and production	Private sector services	Public services	Non-profit sector
Staff surveys	63	54	50	79	69
Flexible working options/improved work–life balance	58	46	59	63	56
Risk assessments/stress audits	54	58	40	70	50
Training for line managers to more effectively identify and manage stress in their team	50	42	45	63	46
Employee assistance programme	48	46	41	55	52
Written stress policy/guidance	36	27	32	47	38
Greater involvement of occupational health specialists	33	31	22	43	38
Changes in work organisation, for example job role adaptations	25	29	27	21	23
Stress management training for the whole workforce	24	21	18	41	10
Training aimed at building personal resilience (such as coping techniques, positive psychology courses)	24	8	17	44	19
Health and Safety Executive's stress management standards	22	27	12	31	23
Focus groups	20	29	12	33	8
Relaxation or exercise classes	11	6	10	16	10
Other	2	0	4	1	2

Base: 285

stress in their team but fewer organisations offer stress management training for the whole workforce or training aimed at building personal resilience. As we've found in previous years, the public sector are most proactive in their efforts to manage stress and are more likely than other organisations to use many of the methods listed in Table 19, including stress-related training of all types. Nevertheless, the proportion of public sector organisations offering stress management training for the whole workforce has declined this year (41%; 2014: 51%; 2013: 49%; 2012: 47%).

Across all sectors, fewer organisations this year report greater involvement of occupational health specialists (33%; 2014: 45%; 2013: 45%; 2012: 49%), although it is not clear whether their use has declined or stabilised.

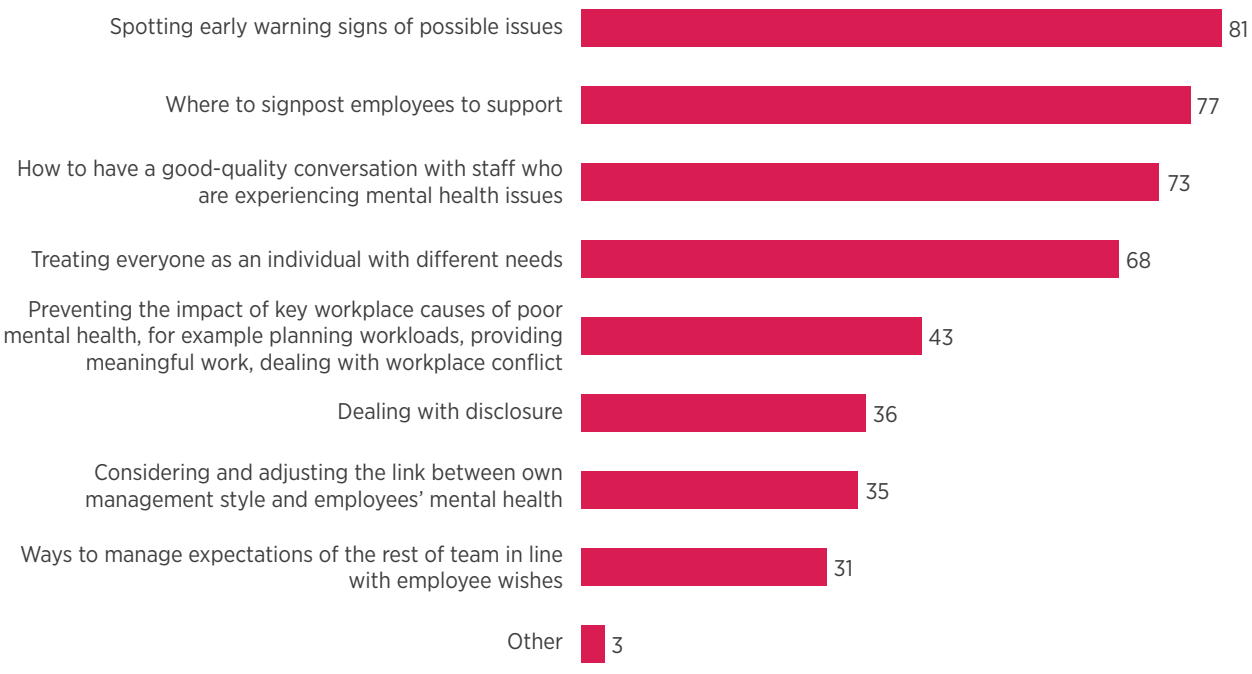
Managing mental health

Overall, two-fifths (41%)[26] of organisations claim an increase in reported mental health problems (such as anxiety and depression) among employees in the past 12 months, although larger organisations are particularly likely to report an increase (69% of organisations with 5,000+ employees report an increase compared with 51% of those with 250–999 employees and 22% of those with fewer than 50 employees).[27] In addition, as with stress, reported mental health problems were associated with long working hours and the extent to which operational demands take precedence over employee well-being.[28] There were no additional sector differences.

Thirty per cent of organisations provide training to help managers effectively manage and support staff with mental health problems, an increase on findings from the last two years (2014: 23%; 2013: 22%). Public sector organisations, and larger organisations across all sectors, are most likely to provide such training.[29] In addition, organisations that have experienced an increase in reported mental health problems are twice as likely to provide training compared with those who haven't (43% versus 22%).[30]

Mental-health-related training for managers most frequently includes spotting early warning signs of possible issues (Figure 8), although this is less common in private services organisations (64% compared with 82% of non-profits, 91% of public services and 95% of manufacturing and production organisations).[31] Approximately three-quarters across all sectors cover where to signpost employees to support and how to have a good-quality conversation with staff who are experiencing mental health issues. Fewer organisations report they cover dealing with disclosure, the link between management style and employees' mental health or how to manage expectations of the rest of the team in line with employee wishes.

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



Base: 151

Most organisations, particularly in the public and non-profit sectors, are taking some action to promote good mental health and/or support employees with mental health problems (Table 20). Counselling, flexible working options/improved work–life balance and employee assistance programmes remain most commonly used, although the use of a counselling service has fallen in comparison with recent years (2015: 44%; 2014: 56%; 2013: 54%).

The public sector is most active in promoting and supporting employees' mental health using a range of methods to do so (Table 20). Efforts to support employees with mental health problems also increased with organisational size (across all sectors). Over a third of organisations with fewer than 50 employees (36%) were not taking any action compared with 12% of those with 250–999 employees and 9% of very large organisations with more than 5,000 employees. All of the initiatives in Table 20 were more widespread in larger organisations, with the exception of flexible working options/ improved work–life balance, which was also common in smaller organisations.

Table 20: Efforts to support employees with mental health problems (% of respondents)

	All respondents	Manufacturing and production	Private sector services	Public services	Non-profit sector
Counselling service	44	30	32	70	49
Flexible working options/improved work-life balance	43	34	41	51	48
Employee assistance programme	42	35	39	51	41
Greater involvement of occupational health specialists	32	36	21	49	31
We are increasing awareness of mental health issues across the workforce as a whole	31	22	21	47	42
Tailored support or mentoring for managers when required	25	18	24	31	26
Training for all employees on resilience and/or coping techniques	12	4	6	27	13
Mental health champions	4	1	1	13	3
We are not taking any action	22	32	28	9	18
Other	1	0	1	0	2

Base: 565

6 Employee well-being

Organisations are split regarding the value they attach to employee well-being and how actively they promote it. Just under half report that operational demands tend to take precedence while a similar proportion assert they take employee well-being into consideration in business decisions. Most provide some form of well-being benefit, but only a minority evaluate the impact of their investment.

Organisations tend to fall into two camps in their approach to well-being (Figure 9). Half report that employee well-being is on senior leaders' agendas and that line managers are bought into the importance of well-being, at least to a moderate extent. 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.[32] Conversely, half feel that operational demands tend to take precedence over employee well-being considerations. These

'Well-being is most likely to be a formal part of someone's remit in the public sector.'

Figure 9: Organisations' approach to employee well-being (% of respondents)

organisations are more likely to be reactive rather than proactive on well-being and report long working hours are the norm.[33]

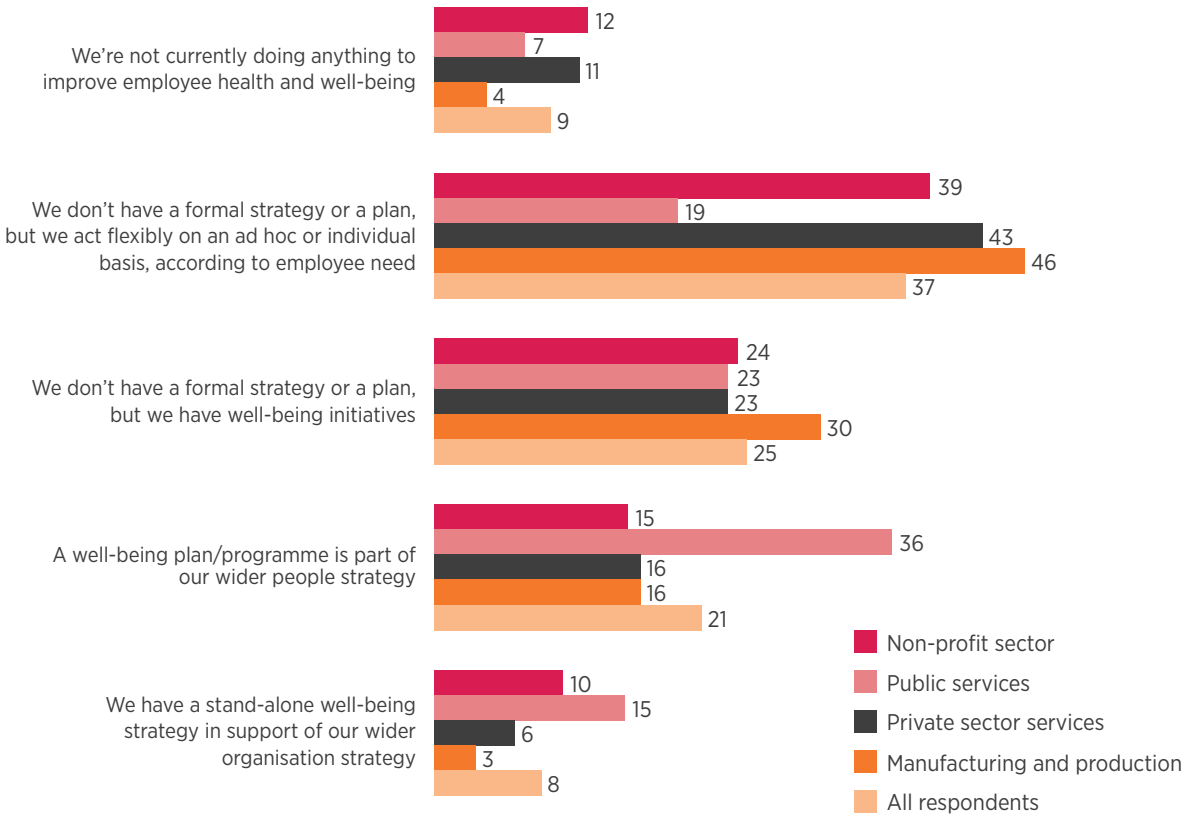
Approaches to well-being also vary within sectors, although private services organisations are somewhat less likely than those from other sectors to report that employee well-being is on senior leaders' agendas, that line managers are bought into the importance of well-being and that well-being considerations are part of their people management approach.[34] Public sector organisations are most likely to have well-being as a formal part of someone's remit and non-profit and smaller organisations are least likely to report that operational demands take precedence over employee well-being.[35] In addition, smaller organisations are less likely to report long working hours are the norm and very small organisations (fewer than 50 employees) are most likely to report employee well-being is taken into consideration in business decisions.[36]

Just 8% of organisations have a stand-alone well-being strategy in support of their wider organisation strategy (rising to 16% of organisations with more than 5,000 employees). 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). Both are more common in the public sector (Figure 10)[37] as well as larger organisations (regardless of sector). Smaller organisations are more likely to act flexibly on an ad hoc or individual basis (61% of organisations with fewer than 50 employees compared with 30% of those with 250–999 employees and 9% of those with more than 5,000 employees).

Changes to well-being approach

Organisations with a stand-alone well-being strategy or a well-being plan/programme were most likely to have made changes to their well-being approach over the last 12 months (86%), although two-thirds of those without a formal strategy but with well-being initiatives had also made changes (Table 21). For the majority, the changes involved improving

Figure 10: Formal well-being strategies, by sector (% of respondents)



Base: 562

communications to staff about the well-being benefits on offer and how to access them. Smaller proportions had introduced or revised how they monitor employee usage of offerings or made significant changes to enhance the physical working environment to promote well-being. Very few had slimmed their offering.

Well-being benefits

Most organisations surveyed provide one or more well-being benefit to all employees (Table 22). As we've found in previous years, access to counselling services and employee assistance programmes are the most common well-being benefits on offer.

Nearly three-quarters (72%) of organisations offer some sort of health promotion programme. The most common initiatives, offered by three in ten organisations, include access to physiotherapy and advice on healthy eating (Table 22). We have seen little change in the proportion of organisations offering different well-being benefits except for subsidising gym membership, which appears to be declining across all sectors (2015: 18% offered it to all employees; 2014: 29%; 2013: 30%; 2012: 35%; 2011: 36%). Just 7% provide employees with standing desks. Recent research commissioned by Public Health England warns of the health risks of too much sitting and suggests that office workers should spend at least two hours a day standing.

Overall, three-fifths of organisations offer some sort of insurance or protection initiatives, at least to some groups of staff. Private medical insurance remains most popular, although it is often just offered to select employee groups dependent on grade/seniority. Insurance and protection initiatives, particularly private medical insurance, were considerably more common in the private than public or non-profit sectors (Table 22). In contrast, employee support initiatives (particularly counselling services) and many health promotion initiatives are more common in the public sector.

Organisations that achieved their latest absence target appear to be more proactive on well-being. They were more likely than those who didn't achieve their target to offer a range of benefits, particularly private medical insurance (20% versus 0%); free fresh fruit (22% versus 5%); emotional intelligence training (20% versus 7%); mindfulness (30% versus 16%); access to physiotherapy (52% versus 36%); advice on healthy eating (54% versus 44%); and on-site massages (32% versus 22%).

Table 21: Over the past 12 months have you made any of the following changes to your well-being approach? (% of respondents)

	All respondents	We have a stand-alone well-being strategy or a well-being plan/ programme as part of wider people strategy	We don't have a formal strategy or a plan, but we have well-being initiatives	We don't have a formal strategy or a plan, but we act flexibly on an ad hoc or individual basis
Improved communication to staff about the well-being benefits we offer and how to access them	48	79	55	19
Introduced or revised how we monitor employee usage of offerings	10	16	10	7
Made significant changes to enhance the physical working environment to promote well-being	10	17	7	7
Introduced or revised measures to evaluate the business benefits of individual offerings	5	10	5	2
Slimmed our offering	2	1	4	2
Other	4	6	3	1
None of these	43	14	34	71

Base: 512

Table 22: Employee well-being benefits provided by employers (% of respondents)

	All respondents	Manufacturing and production	Private sector services	Public services	Non-profit sector
Employee support					
Access to counselling service					
All employees	60	50	50	80	67
Depends on grade/seniority	4	7	4	3	2
Employee assistance programme					
All employees	49	45	43	63	47
Depends on grade/seniority	2	7	3	0	0
Emotional intelligence training					
All employees	7	4	4	14	6
Depends on grade/seniority	8	10	8	9	4
Health promotion					
Access to physiotherapy					
All employees	30	31	30	36	19
Depends on grade/seniority	2	4	3	0	0
Advice on healthy eating					
All employees	29	30	22	44	22
Depends on grade/seniority	2	2	2	1	0
Health screening					
All employees	28	36	23	39	19
Depends on grade/seniority	8	15	9	4	1
Stop smoking support					
All employees	27	33	18	42	23
Depends on grade/seniority	1	3	1	1	1
Healthy canteen options					
All employees	21	16	12	43	14
Depends on grade/seniority	1	1	2	0	1
Subsidised gym membership					
All employees	18	10	21	28	7
Depends on grade/seniority	2	0	4	1	0
On-site massages					
All employees	17	10	16	23	19
Depends on grade/seniority	2	2	3	1	0
Well-being days					
All employees	17	13	9	33	17
Depends on grade/seniority	2	1	3	1	0
Free fresh fruit					
All employees	15	11	24	5	10
Depends on grade/seniority	1	1	3	1	0

Table 22 continued

	All respondents	Manufacturing and production	Private sector services	Public services	Non-profit sector
Mindfulness					
All employees	13	5	7	26	18
Depends on grade/seniority	2	4	2	2	1
In-house gym					
All employees	13	10	8	24	11
Depends on grade/seniority	1	2	1	1	0
Relaxation or exercise classes					
All employees	11	4	10	17	11
Depends on grade/seniority	1	0	2	0	0
Walking/pedometer initiatives					
All employees	10	6	9	14	9
Depends on grade/seniority	1	0	2	0	0
Standing desks					
All employees	7	8	9	6	4
Depends on grade/seniority	2	1	3	1	1
Personalised healthy living programmes					
All employees	6	7	6	6	1
Depends on grade/seniority	1	1	2	1	0
Insurance/protection initiatives					
Healthcare cash plans					
All employees	21	27	19	11	33
Depends on grade/seniority	4	7	5	0	2
Private medical insurance					
All employees	19	25	29	6	10
Depends on grade/seniority	24	53	31	3	9
Long-term disability/permanent health insurance/income protection					
All employees	16	24	20	11	7
Depends on grade/seniority	10	20	15	1	2
Dental illness insurance					
All employees	11	18	13	4	11
Depends on grade/seniority	7	13	10	0	1
Personal accident insurance					
All employees	10	16	13	1	7
Depends on grade/seniority	7	12	12	1	0
Group income protection					
All employees	9	17	13	1	2
Depends on grade/seniority	7	11	11	1	0
Self-funded health plans/healthcare trust					
All employees	9	10	11	9	6
Depends on grade/seniority	2	4	3	0	0

Base: 563

Wearable devices or apps
One in twenty organisations (5%) now provide employees with a wearable device or an app which tracks fitness and/or lifestyle factors and a further 8% are considering doing so.

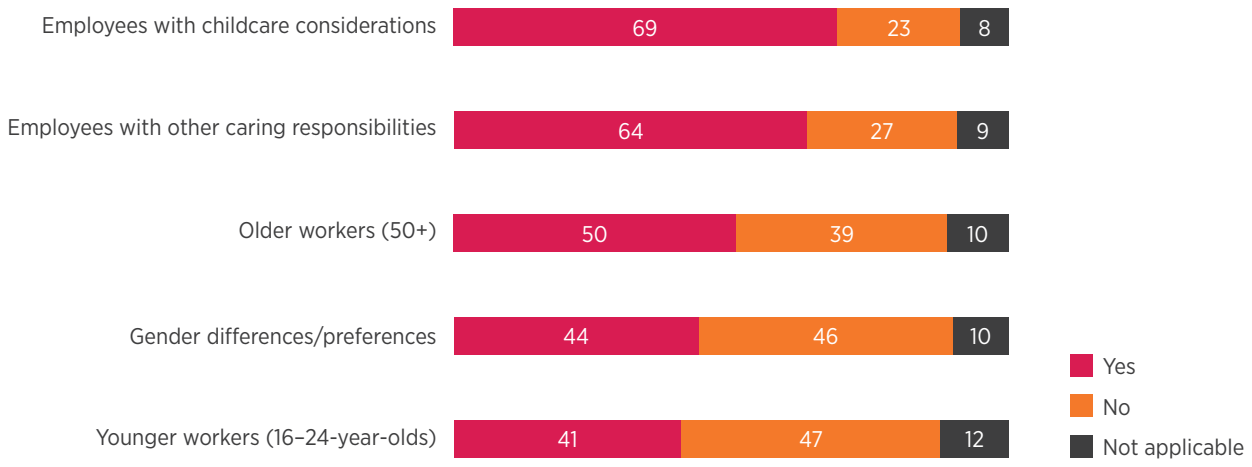
Communicating well-being benefits
Just over a third of organisations communicate and provide access to the majority of their well-being benefits through an online platform, although this is more common in larger organisations and among those that report they have, in the past 12 months, improved their communications to staff about the well-being benefits on offer.[38] A third use an ad hoc email/newsletter, although this is more common in smaller organisations.[39]

Manufacturing and production organisations are most likely to communicate through leaflet or other paper communication (42% compared with 20% of private services; 17% of the public sector and 22% of non-profits). A small minority report they communicate benefits during the recruitment or induction process, staff meetings and notice boards.

Consideration of specific employee groups

Regardless of organisation size, two-thirds of those with a well-being strategy/plan or initiatives report they consider the specific needs of employees with childcare or other caring responsibilities when designing or making changes to their well-being approach (Figure 11). Public services organisations, which tend to employ a higher proportion of older workers, are more likely to consider their needs compared with private sector or non-profit organisations.[40] There are no significant differences in the consideration of younger workers, who are more represented in the private sector.

Figure 11: When designing or making changes to your well-being approach, do you consider the specific needs of the following employee groups? (% of respondents with a well-being strategy/plan/programme or initiatives)



Base: 287

Holistic approach

There is considerable variation in the extent to which organisations' health and well-being activity is designed to promote good physical health, good lifestyle choices and good mental health (Figure 12). Overall, nearly half of organisations with well-being activities focus equally on all three aspects (19% to a large extent, 21% to a moderate extent and 8% to a little extent) (Figure 13).

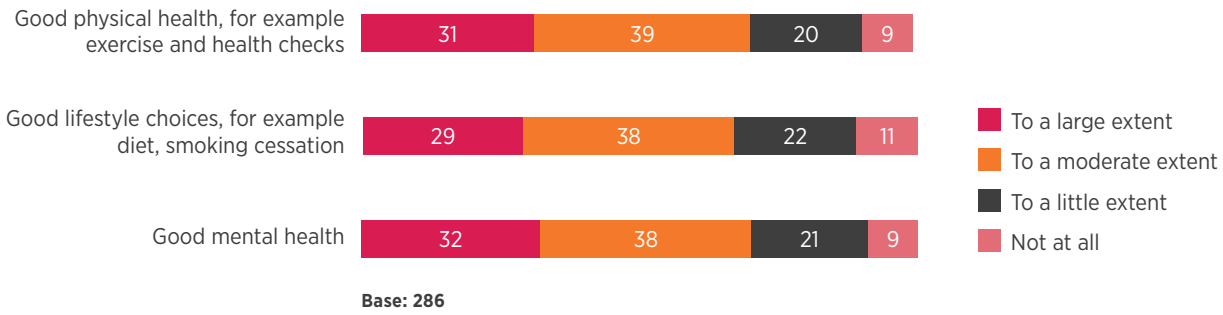
There are no significant sector or size differences in how holistically health and well-being approaches are designed. Private sector organisations, however, are less likely to report their activities are designed to promote good mental health to a large extent and more likely to report they are only designed to promote good mental health to a moderate extent compared with other sectors.[41] In addition, the extent to which organisations design activities to promote good physical health and lifestyle choices increased somewhat with organisation size.[42]

Presenteeism

'Presenteeism' – people coming to work when unwell – is associated with anxiety, particularly when job security is threatened, as well as high levels of workload and stress. Despite improvements in the employment market, a third of organisations still report an increase in people coming to work ill in the last 12 months (2015: 31%; 2014: 33%; 2013: 34%; 2012: 34%; 2011: 33%; 2010: 26%).[43] 'Presenteeism' is more likely to have increased where long working hours are seen to be the norm and where operational demands take precedence over employee well-being.[44]

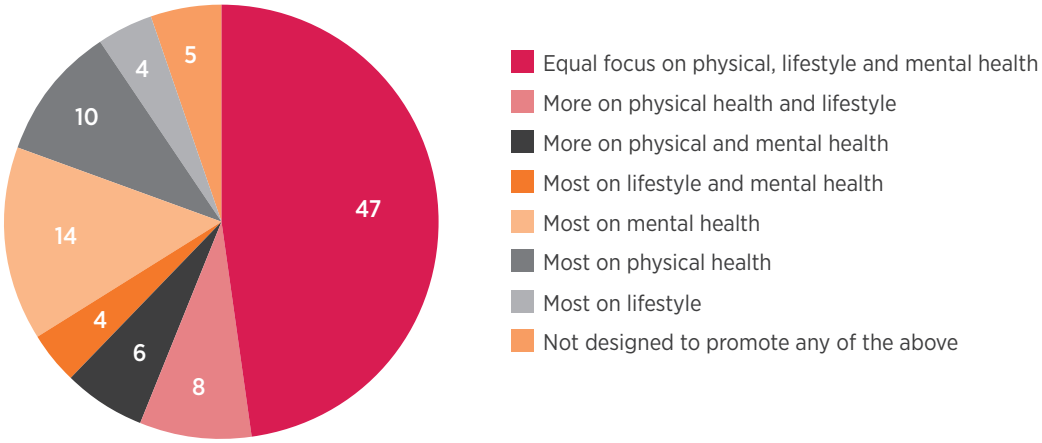
As we've found in previous years, 'presenteeism' is associated with stress-related absence and mental health problems. Those who had noticed an increase in 'presenteeism' are nearly twice

Figure 12: To what extent is your employee health and well-being activity designed to promote good physical health, good lifestyle choices and good mental health? (% of respondents with well-being strategies/plan/programme or initiatives)



Base: 286

Figure 13: Focus of employee health and well-being activity (% of respondents with well-being strategies/plan/programme or initiatives)



as likely to report an increase in stress-related absence as those who hadn't (64% versus 35%) and more than twice as likely to report an increase in mental health problems, such as anxiety and depression (65% versus 28%).[45]

In similar findings to last year, just under a third of organisations (31%), regardless of size or sector, have taken steps to discourage 'presenteeism' over the past 12 months (2014: 32%; 2013: 34%). Nearly three-fifths (56%) of those who have noticed an increase in presenteeism have not taken any steps to discourage it.

Well-being spend

Over a third of organisations (36%) that invest in well-being (and are able to provide information on changes in expenditure) report their well-being spend has increased this year. Just 6% report it has decreased. Looking forward to 2016, similar changes are predicted (33% anticipate an increase, 6% a decrease). Those that have seen increases this year were more likely to predict further increases in 2016.[46]

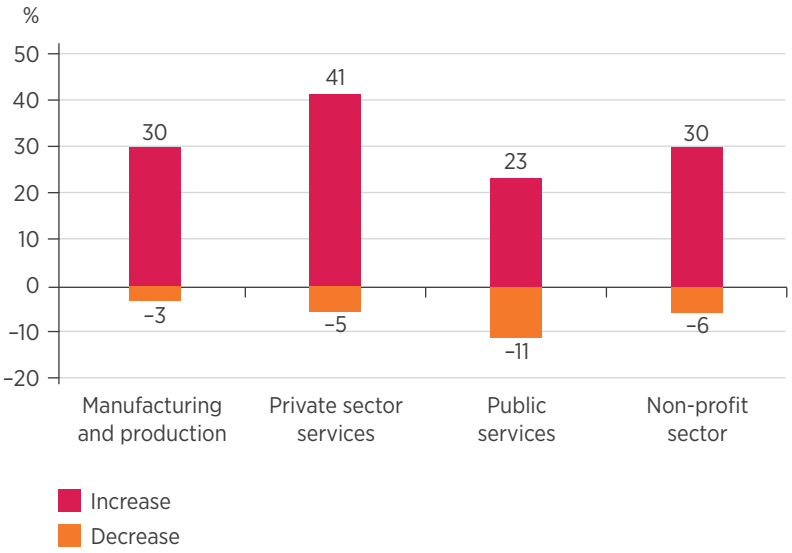
While there are no significant sector or size differences in changes to well-being spend over the last financial year, the public sector is less likely than organisations from other sectors to predict an increase in well-being spend in 2016 and more likely to predict a decrease (Figure 14).

Evaluating well-being investment

Just one in seven of those that invest in employee well-being evaluate the impact of their spend (2015: 14%; 2014: 21%; 2013: 18%; 2012: 23%). Just under two-thirds (64%) report they don't while 23% don't know. 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 who don't have a formal strategy but have well-being initiatives and 7% of those that act flexibly on an individual basis).[47] 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%).[48] Size or sector does not have a significant impact once these factors are taken into account.

Organisations most commonly evaluate well-being investment through surveys (63%). Two-fifths measure return on investment in some way, evaluating against specific types of absence, general absence figures or a health audit. A smaller proportion evaluate through focus groups (13%) or have mechanisms to receive voluntary feedback from users and others have regular meetings to review usage and benefits at a case level.

Figure 14: Changes to well-being spend in 2016 (% of respondents who spend on well-being and were aware of changes this year)



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

Information provided by: Colin Gibson, Head of HR & 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.

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 'myth-busting' 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.
- 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.

Case study: Getting 'Inshape' at Alliance Homes Group

Information provided by: Amanda Strange, Assistant Director, HR

The Alliance Homes Group is a community-based social enterprise providing a range of services within the west of England. We aim to deliver our services as efficiently and effectively as possible, while continuing to reinvest in our homes and the communities we service. The group employs over 400 people to deliver its services and manage the company, with 7.5 full-time-equivalent staff in HR.

The Alliance Homes Group is made up of five areas:

- **Alliance Homes** manages 6,800 homes, providing housing and property management services. It also delivers a range of social enterprise services and community interest projects.
- **Alliance Living Support** is one of the largest housing support providers in north Somerset, working hard every day to help vulnerable members of the community to enjoy independent and fulfilled lives.
- **Alliance Living Care** provides a domiciliary care service to public and private clients.
- **Alliance Property Care** is the group's own in-house team delivering a repairs and maintenance service to the group's properties.
- **Alliance Ventures** is recognised as a national leader in environmentally friendly initiatives. It includes ownership of solar photo-voltaic panels installed on 1,400 properties and is a significant energy generator. We also investigate and implement initiatives that tackle fuel poverty.

This case study focuses on our Inshape Wellbeing Programme, which has been rolled out across the majority of the group, and we're currently considering how it can be extended to our homecare company. The programme aims to develop and maintain a working environment that promotes and protects the health and well-being of all our employees.

Our initial approach

The Inshape Wellbeing Programme was launched in 2010 to promote the health of our staff, both mentally and physically, meaning they are happy at work and receive the support needed to deal with the challenges that arise in their lives, ultimately reaping business benefits.

With a budget of £20 per employee, activities needed to be selected and managed very carefully. Until the end of 2014 the programme consisted of fruit for the office, fitness classes, complementary therapy sessions, flu jabs, provision of an employee assistance programme (EAP) and engagement with charity days. In our Investors in People 2013 assessment, where we achieved the Gold Award, one employee told the assessor: 'Work–life balance really does matter here – there is flexitime where this is possible.' The group recognises the value of having a balance between work and home life as we know that many of our employees have caring responsibilities, or just have the type of busy lifestyle that doesn't always easily fit in around a 9–5 day. So we operate a flexitime scheme for as many of our employees as possible to help them achieve and benefit from a happy work–life balance. Flexible working hours enable employees to adjust their daily hours, within certain limits, to suit their personal circumstances, provided that over a period of time they work their contracted hours.

A need for a refocus

In 2013 we benchmarked our absence target against the CIPD annual research on absence levels. Analysis of our metrics signalled we needed to take more action. We use a traffic light indicator system on our absence levels (a key metric we track across the business), which has been very effective in focusing managers' attention on managing absence more effectively.

Senior managers are regularly given absence figures and absence management training has been rolled out to all managers, with Acas delivering classroom sessions. The HR team delivered lunch and learn sessions focusing on specific aspects of absence management, ensuring that each case is proactively managed and providing tailored support to line managers when required.

In 2014 we reviewed the use of the EAP and found staff engagement with it was low. We ran lunch sessions to raise awareness of the benefits available and also changed to a provider that provided more engaging advertising. Since then engagement with the EAP has increased, including the use of the free counselling service. The new EAP service also provides a dedicated service to support managers.

Continuous review and improvement is normal practice in the group, so feedback sought from staff was very useful in further developing our current well-being offering. At the request of staff we launched the Cycle to Work Scheme in 2014. Several of those who have purchased bikes under the scheme cycled from our office in Portishead to Paris in July to raise money for the group's charitable fund.

Our staff also told us that our overall well-being offering needed to be more masculine-orientated as initiatives such as complementary therapy sessions tended to be viewed as feminine. Some of the activities which have now attracted interest from our male employees have included the Cycle to Work Scheme, the Portishead to Paris Charity Cycle Ride, health checks, yoga and we found out that one of our male employees is actually a qualified personal trainer and he has delivered lunch time sessions on cycling, running and sustaining weight loss. In November 2015 we will also be focusing on men's health awareness activities.

We also needed to consider how best to engage with our large operative workforce who do not have access to company email or intranet and are not office-based. When we introduced health checks in early 2015 we promoted the opportunity to them through noticeboards and the existing toolbox talks (a short group meeting which focuses on a particular safety issue), also making sure they knew they could book a session during their working day to attend.

It was also clear to us that our wellness focus was seen more as separate initiatives than something integral to our business with clear business benefits. We realised we needed to publicly state the objectives of the Inshape programme and also demonstrate its impact by a more formal approach to evaluation. The objectives of the programme are now clearly set out on a dedicated well-being intranet page. In the 2014–15 HR annual report a section was dedicated to the benefits of well-being to the organisation. During 2015, as part of a wider exercise to review all role profiles, we included responsibility for employee well-being as a manager responsibility.

The relaunch

We (the Alliance Homes Group) care about the people in our community, which includes our staff. We are committed to going above and beyond in the way we develop, support and motivate our staff to enable improvement in the service provided to our communities. We want our staff to be committed to making a difference to the lives of our tenants and the wider community, willing to go above and beyond in service delivery, whatever role they do, at whatever level within the group. Our RITE values (Respect, Integrity, Transformation and Excellence) define who we are and shape the behaviours our customers and partners can always expect from us. Our approach to the health and well-being of our employees reflects this ethos.

In addition, in 2015 the well-being programme relaunched with objectives clearly aligned to the framework of the Investors in People Health and Wellbeing Award. To deliver the programme our team has worked with a number of charities, bodies and providers with particular specialisms.

Changes to our approach included: increasing health awareness and tailoring activities according to our absence data; encouraging staff to act as well-being champions; increasing awareness of activities through regular email updates and through our dedicated well-being intranet page; and integrating responsibility for employee well-being into manager expectations.

In the first few months of 2015 we've already seen increased staff engagement with a number of activities, including: health checks; lunch time sessions on building resilience, mindfulness and work–life balance; supporting Time to Change to raise awareness of mental health issues; and 19 people took part in the annual weight loss challenge, losing a massive 69 pounds!

Business impact

Tracking the impact of our Inshape programme is important for a number of reasons. Fitter, happier employees are more productive, efficient, resilient, engaged and able to deal with the constant change. It is important for sustainable performance to:

- reduce absenteeism
- increase employee engagement
- reduce employee turnover
- reduce presenteeism and number of mistakes and accidents
- improve productivity (including alertness, concentration and judgement)
- improve morale and employee up-skilling in areas not immediately obvious through their role.

We've seen positive effects on a number of both HR and business metrics:

- High staff satisfaction rates (fluctuating between 84% and 92%) during a time when the business has expanded and undergone various restructuring activities.
- 90% of staff describe the relationship they have with their manager as positive.
- 98% of staff describe the relationships they have with their colleagues as positive.
- Fluctuating reductions in absence rates. In December 2013 we were at 4.18% absence and in September 2014 this had reduced to 3.4%.
- Low staff turnover, including seven employees who had previously left returning over the last two years.
- An Employee Engagement Index was introduced for the first time in June 2015, with the first results showing an engagement index of 56% against the UK average of 37%.
- In the June 2015 survey 85% of staff agreed that the group is concerned about developing and maintaining a working environment that promotes and protects the health and well-being of all staff through the well-being programme.
- Consistent high customer satisfaction rates (90%+).
- In 2014 the group was listed in the top ten performers in the first Big Tenant Survey. This survey provides a crucial insight into the social housing sector as seen by the tenants that live in it. Prior to this survey being carried out there was no coherent platform from which social housing tenants could speak. Understanding their experiences is key to improving and maintaining a quality service in the sector.
- We've exceeded our corporate targets year on year. This included the setting up of an award-winning social enterprise of an eco-friendly hand car wash system which is providing jobs for local disabled people.
- In the last 12 months the group has won at least ten awards, including two 2014 North Somerset Business Leader Awards (Employer of the Year and Business in the Community); 2014 Renewable Futures & Green Energy Award; the Team category in the 2015 Care & Support South West Awards 2015; named Large Business of the Year Winner and Work Experience Provider of the Year Highly Commended at the 2015 Weston College Business Awards; Innovation and Good Practice Award at the 2015 EROSH Awards; and has been shortlisted for many others.

Amanda Strange, Assistant Director (HR), concludes: '*Our health and well-being initiatives are firmly embedded into the culture and fabric of the organisation and none of the above could be achieved without healthy, happy and engaged staff.*

'As a not-for-profit organisation, value for money is important. We have carefully managed activities to ensure that the budget is utilised effectively while making use of free external resources and also staff volunteering to organise internal activities at no additional cost to the budget.

'In 2016 we are aiming to obtain the IIP Health & Wellbeing Award. We already have IIP Gold and this will build on the existing framework by providing more in-depth focus on effective planning; supportive management; a supportive culture; work–life balance and evaluation.'

Conclusions

This year's findings show a slight increase in the average level of absence compared with last year. Previous research has suggested that absence is more likely to increase when job security is high but, while employment has been strong over the last year, this is clearly not the whole story. Our findings show that the increase in absence is highest in the public sector, which still faces considerable cuts and uncertainty, while the manufacturing and production sector saw a small decline in average absence. Moreover, there is considerable variation in absence within and between sectors. While some absence may be unavoidable, there is no doubt that organisations' policies and practices can have a significant impact.

To conclude, we review some of this year's key findings and consider how organisations can move forward.

Methods to monitor and deter absence are commonplace but illegitimate absence remains a challenge

Organisations use a combination of methods to manage absence, but those that focus on monitoring and deterring absence remain most common. Sending a clear message to employees that absence is actively noted and monitored plays an important role in deterring illegitimate absence. Yet, despite widespread use of these practices, illegitimate absence remains a common cause of short-term absence; moreover, this year, an increasing proportion include it among their top causes of long-term absence.

Many accommodate personal/non-work needs

Just under three-quarters of organisations provide leave for family circumstances and nearly two-thirds include flexible working in their absence management approaches. These practices reduce the conflict between work and family responsibilities and our findings suggest that illegitimate absence is less common where they are employed. The value of such practices is likely to grow as demographic changes increase the caring responsibilities of employees. Many organisations recognise this. Two-thirds consider the specific needs of employees with caring responsibilities in their well-being approach.

Organisations are divided in their concern for employee well-being

Most organisations provide some form of well-being or health promotion benefit to their employees, and this year we have seen a small increase in the proportion introducing or revising well-being benefits. Nevertheless, organisations fall into two camps when it comes to how embedded employee well-being is in their culture and practices. Half of organisations assert that employee well-being is on senior leaders' agendas and that line managers are bought into the importance of well-being. These organisations are more likely to contend that employee well-being is taken into consideration in business decisions. In contrast, just under half report that operational demands tend to take precedence over well-being considerations. These organisations are more likely to report they are more reactive than proactive on health and that long working hours are the norm.

'Creating a culture of health and well-being is the greatest challenge for organisations.'

Increased focus on training managers to manage mental health

Overall, two-fifths of organisations claim an increase in reported mental health problems among employees in the past 12 months. Half of organisations include mental ill-health among their top causes of long-term absence and a third among their top causes of short-term absence. Most organisations are taking action to support employees with mental health problems and we have seen an increase in the proportion that provide training to help managers effectively manage and support staff with mental health problems. Overcoming the stigma attached to mental health issues is an important step in promoting positive health.

Moving forward

The vast majority of organisations have a written absence/attendance management policy and employ a range of methods to reduce and manage absence. Three in ten have a well-being strategy/plan or programme and a further quarter have well-being initiatives. The best policies, however, will not have the desired impact unless they meet the needs of the organisation and its employees and the required management skills for implementation are in place. Effective absence management also requires moving from a responsive approach to a more holistic and preventative one.

Effective management and implementation

To be most effective, policies and practices need to be clearly communicated and understood, embedded in the culture and consistently applied. Line managers are not always trained in absence-handling or provided with tailored support, even in organisations where they have primary responsibility for managing absence. As a consequence they may lack the confidence, willingness or skills to implement or 'police' policies. Training can play a critical role in ensuring managers have a clear understanding of policies and responsibilities and help develop the confidence and interpersonal skills required to implement procedures sensitively and fairly.

Target, evaluate and improve practices

Policies and practices also need to be tailored to organisational and employee needs. This requires ongoing monitoring and evaluation of absence data and initiatives as well as the needs of employees. Most organisations do collect absence data and many use it to identify and address particular issues or to inform well-being activity. Understanding the root causes of absence is essential, especially to lower the amount of absence being categorised as being illegitimate. How much of this is people 'pulling a sickie' for reasons that dependant/carer's leave and flexible working could help to manage? And how much is down to legitimate sickness which managers don't understand or know how to deal with?

Few employers take a holistic approach to understanding absence data, combining it with other data sets (for example engagement survey data) to explore trends and issues, although those that did were twice as likely to achieve absence targets in 2014. Overall, two-thirds of organisations have introduced changes to some aspect of their approach to absence management in the last 12 months, suggesting that most organisations are proactive in reviewing and revising their approach. Only a minority, however, evaluate the impact of well-being spend, despite the increased focus on costs in recent years.

Promote a healthy culture

Organisations are more likely to report they manage absence through providing support for employees with health issues (occupational health support, risk assessments to aid return to work after long-term absence and employee assistance programmes) than they are through health promotion or the provision of well-being benefits. Our findings suggest, however, that a more proactive approach can make a difference. Organisations that achieved their 2014 absence target were significantly more likely to use well-being benefits and health promotion activities than those that didn't.

The proportion of organisations that report long working hours is the norm is also a concern. High workloads are the most common cause of stress at work, which is a significant cause of absence and one that is increasing, particularly in organisations where long hours are the norm and operational demands are prioritised over well-being. These organisations are also more likely to report increases in reported mental health issues.

Creating a culture of health and well-being 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. The benefits, however, 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.

Background to the survey

This is the sixteenth annual CIPD *Absence Management* survey. It explores absence management trends, policy and practice in the UK. The survey was completed by 578 respondents in June and July 2015.

The survey consists of 23 questions completed through an online self-completion questionnaire. Many questions remain the same as previous years, to provide useful benchmarking data on topics including absence levels, causes and costs, as well as how organisations attempt to manage absence. This year we also examine in more detail how organisations approach and promote employee health and well-being and include new questions on how organisations use the absence data they collect, whether they are meeting the absence level targets they set themselves and how they evaluate the impact of well-being spend.

Sample profile

As in previous years, most respondents (81%) answered the questions in relation to their whole company/organisation, while 12% answered in relation to a single site and 5% in relation to a single division. A minority responded for a region or multiple sites but not the whole organisation.

Respondents came from organisations of all sizes. Medium-sized organisations were particularly well represented (Table A1).

Two-fifths of respondents work in private sector services, 18% in manufacturing and production, 25% in the public sector and 16% in voluntary, community and not-for-profit organisations (referred to in the report as 'non-profit organisations'), in a similar distribution to previous years (Table A2).

Note on abbreviations, statistics and figures used

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

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

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

'Average' in the report is used to refer to the arithmetic mean unless otherwise stated. The median is used in cases where the distribution is significantly skewed and the 5% trimmed mean where there are some extreme outliers. The 5% trimmed mean is the arithmetic mean calculated when the largest 5% and the smallest 5% of the cases have been eliminated. Eliminating extreme cases from the computation of the mean results in a better estimate of central tendency when extreme outliers exist. When the median or 5% trimmed mean is used it is noted.

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

Table A1: Number of people employed in respondents' organisations (% of respondents reporting for whole organisation)

	2015	2014	2013	2012	2011	2010
Fewer than 50	18	14	13	6	12	6
50-249	38	37	38	34	30	28
250-999	22	21	22	31	28	35
1,000-4,999	13	15	14	19	18	16
More than 5,000	10	13	13	10	11	15

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

Table A2: Distribution of responses, by sector

	Number of respondents	%
Manufacturing and production	**103**	**18**
Agriculture and forestry	0	0
Chemicals, pharmaceuticals and oils	7	1
Construction	6	1
Electricity, gas and water	0	0
Engineering, electronics and metals	31	5
Food, drink and tobacco	19	3
General manufacturing	8	1
Mining and quarrying	4	1
Paper and printing	3	1
Textiles	1	0
Other manufacturing/production	24	4
Private sector services	**236**	**41**
Professional services (accountancy, advertising, consultancy, legal, etc)	61	11
Finance, insurance and real estate	27	5
Hotels, catering and leisure	10	2
IT services	22	4
Call centres	8	1
Media (broadcasting and publishing, etc)	4	1
Retail and wholesale	21	4
Transport, distribution and storage	16	3
Communications	3	1
Other private services	64	11
Public services	**145**	**25**
Central government	20	3
Education	47	8
Health	28	5
Local government	26	4
Other public services	24	4
Voluntary, community and not-for-profit ('non-profit organisations')	**94**	**16**
Care services	20	3
Charity services	34	6
Housing association	21	4
Other voluntary	20	3

Base: 578

Further sources of information

Visit **cipd.co.uk/absencemanagementsurvey** to access related products and services and to view previous *Absence Management* survey reports and case studies.

All of the resources listed below can be accessed via **cipd.co.uk/atozresources** unless otherwise indicated.

Absence measurement and management
Read our factsheet, which provides guidance on absence policies, measuring absence levels and managing short- and long-term absence.

Acas have published an advisory booklet on how to manage attendance and employee turnover. Available at: **www.acas.org.uk**

Download the guidance produced jointly by the National Institute for Health and Clinical Excellence (NICE) and the CIPD, which offers advice to employers: *Managing Long-term Sickness Absence and Incapacity for Work.*

Well-being
Read our report *What's Happening with Well-being at Work?,* which provides case study examples of how employers are introducing the concepts of employee well-being into their organisations and identifies the impact of well-being on individuals and organisations.

Stress
The CIPD factsheet *Stress and Mental Health at Work* provides advice on identifying the key indicators of stress and outlines steps that people management specialists can take to manage it.

Read our research insight *Preventing Stress: Promoting positive manager behaviour*. This report is the result of collaboration between the CIPD, Investors in People and the Health and Safety Executive on research into management competencies for preventing and reducing stress at work. Case studies are included of organisations that have implemented the findings from previous stages of the research.

Developing Resilience: An evidence-based guide for practitioners provides a thorough review of the available evidence about how to develop resilience at individual and organisational level.

Mental health
Managing and Supporting Mental Health at Work: Disclosure tools for managers, produced by the CIPD and Mind, 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.

Read our survey report *Employee Outlook: Focus on mental health in the workplace*, which examines the impact of poor mental health on performance in the workplace and highlights why mental health in the workplace is an issue that employers cannot afford to ignore.

Health and safety
The CIPD factsheet *Health and Well-being at Work* gives introductory guidance on employers' duties to provide a safe and healthy working environment. It introduces the law on health and safety at work and outlines employers' obligations.

Occupational health
Take a look at our factsheet *Occupational Health*.

Flexible working
Read our survey report *Flexible Working Provision and Uptake*, which discusses the types of flexible arrangements employers adopt, the benefits of offering flexible working and the typical barriers faced.

To stay up to date with the latest thinking from the CIPD, visit **cipd.co.uk/research**

Sign up to receive our weekly e-newsletter and get the latest news and updates on CIPD research straight into your inbox.

Sign up by visiting **cipd.co.uk/cipdupdate**

Endnotes

1 χ^2=10.3, df=3, p<0.05, n=555.
2 5% of organisations report that 10% or more of working time was lost to absence.
3 The 5% trimmed mean is the arithmetic mean calculated when the largest 5% and the smallest 5% of the cases have been eliminated. Eliminating extreme cases from the computation of the mean results in a better estimate of central tendency when extreme outliers exist.
4 p=0.45, p<0.001, n=396.
5 Once particularly high variation in absence rates for manual workers in 2014 is taken into account.
6 χ^2=91.7, df=4, p<0.001, n=574.
7 p=0.35, p<0.001, n=386.
8 p=0.16, p<0.05, n=200.
9 Size of organization: p =0.22, p<0.001, n=499; Sector: χ^2=12.9, df=3, p<0.01, n=499.
10 Five respondents reported absence costs of more than £5,000 per employee.
11 χ^2=7.1 with continuity correction, df=1, p<0.01, n=544.
12 χ^2=4.9 with continuity correction, df=1, p<0.05, n=544.
13 Compared with 37% of private services, 38% of the public sector, 23% of non-profits: χ^2=20.4, df=6, p<0.01, n=471. The difference was also significant when 'don't know'/missing responses were removed.
14 Compared with 41% of manufacturing and production, 44% of private services, 51% of non-profits: χ^2=25.6, df=6, p<0.001, n=471. The difference was also significant when 'don't know'/missing responses were removed.
15 Compared with 22% of manufacturing and production, 12% of private services, 29% of non-profits: χ^2=78.5, df=6, p<0.001, n=471. The difference was also significant when 'don't know'/missing responses were removed.
16 Compared with 70% of manufacturing and production, 65% of the public sector, 58% of non-profits: χ^2=24.9, df=6, p<0.001, n=471. The difference was also significant when 'don't know'/missing responses were removed.
17 χ^2=8.2, df=2, p<0.05, n=157 ('don't know'/missing removed for comparability).
18 χ^2=9.2, df=3, p<0.05, n=575.
19 Public sector – 2015: 42%; 2014: 42%; 2013: 41%; 2012: 34%; 2011: 33%; 2010: 27%.
20 In organisations where line managers have primary responsibility for managing (short- or long-term) absence and there is a target to reduce absence, 84% are trained in absence-handling compared with 59% who give managers primary responsibility but don't have a target: χ^2=23.5 with continuity correction, df=1, p<0.001, n=320; In organisations where line managers have primary responsibility for managing absence and there is a target to reduce absence, 59% are provided with tailored support compared with 35% who give managers primary responsibility but don't have a target: χ^2=16.4 with continuity correction, df=1, p<0.001, n=320.
21 These differences were not due to sector differences in having target/KPI.
22 p=0.32, p<0.001, n=493.
23 χ^2 =13.0, df=3, p<0.01, n=535.
24 Long working hours are the norm and increase in stress: p=0.20, p<0.001, n=477; operation demands take precedence over employee well-being and increase in stress: p=0.22, p<0.001, n=478.
25 Considerable organisational change/restructuring and sector: χ^2=20.5, df=3, p<0.001, n=535; Poorly managed organisational change/restructuring and sector: χ^2=13.0, df=3, p<0.01, n=535.
26 2014: 43%; 2013: 42%; 2012: 49%; 2011: 45%; 2010: 42%, 2009: 24%. The 'don't know' responses were excluded to improve comparability across years.
27 p=0.29, p<0.001, n=490.
28 Long working hours are the norm and increase in reported mental health problems: p=0.23, p<0.001, n=469; operation demands take precedence over employee well-being and increase in reported mental health problems: p=0.21, p<0.001, n=467.
29 44% of public services, 23% of the private sector and 36% of non-profits provide training to help managers effectively manage and support staff with mental health problems (χ^2=20.5, df=2, p<0.001, n=535); Size and training: p=0.23, p<0.001, n=535.
30 χ^2=22.1 with continuity correction, df=1, p<0.001, n=469.
31 χ^2=15.5, df=3, p<0.01, n=151.
32 Employee well-being is on senior leaders' agendas and: line managers are bought into the importance of well-being: p=0.71, p<0.001, n=542; well-being considerations are part of our people management approach: p=0.73, p<0.001, n=542; employee well-being is taken into consideration in business decisions: p=0.69, p<0.001, n=539; well-being is a formal part of someone's remit: p=0.62, p<0.001, n=535. These items all have positive correlations with each other (p=0.52 or higher) and all correlate negatively with our organisation is much more reactive than proactive (rhos=–0.34 to –0.35); operational demands take precedence over employee well-being considerations (rhos=–0.22 to –0.33) and long working hours is the norm for us (rhos=–0.10 to –0.21).
33 Operational demands tend to take precedence over employee well-being considerations and: our organisation is much more reactive rather than proactive on well-being: p=0.32, p<0.001, n=541; and long working hours are the norm for us: p=0.44, p<0.001, n=546.
34 Employee well-being is on senior leaders' agendas to a great or moderate extent: private services: 45%; manufacturing and production: 55%; public services: 57%; non-profits: 62% (χ^2=9.2, df=3, p<0.05, n=535); Line managers are bought into the importance of well-being to a great or moderate extent: private services:

42%; manufacturing and production: 50%; public services: 54%; non-profits: 57% (χ^2=8.8, df=3, p<0.001, n=550); Well-being considerations are part of our people management approach to a great or moderate extent: private services: 52%; manufacturing and production: 61%; public services: 64%; non-profits: 69% (χ^2=9.6, df=3, p<0.001, n=551).

35 Well-being is a formal part of someone's remit to a great or moderate extent: private services: 35%; manufacturing and production: 46%; public services: 58%; non-profits: 44% (χ^2=17.2, df=3, p<0.01, n=483); Operational demands take precedence over employee well-being to a great or moderate extent: private services: 46%; manufacturing and production: 47%; public services: 55%; non-profits: 33% (χ^2=10.6, df=3, p<0.05, n=550); Operational demands take precedence over employee well-being and size: p=0.20, p<0.001, n=550.

36 Size and long working hours: p=0.21, p<0.001, n=550; Employee well-being is taken into consideration in business decisions to a great or moderate extent: fewer than 50 employees: 56%; 50–249 employees: 42%; 250+ employees: 40% (χ^2=7.3, df=2, p<0.05, n=547).

37 χ^2=56.7, df=12, p<0.001, n=562.

38 Use an online platform to communicate benefits to employees: 1–49 employees: 17%; 250–999 employees: 40%; 5,000+ employees 67%; online platform is used to communicate benefits to employees by 46% of those who improved their communications to staff about the well-being benefits on offer compared with 25% who haven't.

39 49% of organisations with fewer than 50 employees; 28% of those with 250–999 employees; 10% of those with 5,000+ employees.

40 Public sector 62%; private sector 42%; non-profits: 51% (10–11% from each sector report not applicable).

41 Private sector 21%; public sector 45%; non-profits: 39% report their well-being activities are designed to promote good mental health to a large extent; Private sector 46%; public sector 29%; non-profits: 29% report their well-being activities are designed to promote good mental health to a moderate extent (χ^2=18.3, df=4, p<0.01, n=286).

42 Size and the extent to which activities were designed to promote good physical health: p=0.17, p<0.01, n=285; Size and the extent to which activities were designed to promote good lifestyle choices: p=0.22, p<0.001, n=279.

43 Each year 11–15% report they don't know whether there has been an increase in people coming to work ill in the last 12 months. These are excluded here for better comparison across years.

44 Long working hours are seen to be the norm: Rho=0.25, p<0.001, n=481; Operational demands take precedence over employee well-being: Rho=0.24, p<0.001, n=480.

45 Stress-related absence and presenteeism: χ^2=33.6, df=2, p<0.001, n=445; Mental health increase and presenteeism: χ^2=53.3 with continuity correction, df=1, p<0.001, n=447.

46 Kendal's tau-b=0.32, p<0.001, n=340 (based on respondents who had well-being spend; 'don't know' responses excluded from the analysis).

47 χ^2=32.1, df=2, p<0.001, n=338 ('don't know' responses excluded for comparability across groups).

48 χ^2=9.1 with continuity correction, df=1, p<0.01, n=331.

CIPD

Chartered Institute of Personnel and Development
151 The Broadway London SW19 1JQ United Kingdom
T +44 (0)20 8612 6200 **F** +44 (0)20 8612 6201
E cipd@cipd.co.uk **W** cipd.co.uk

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