Working well
Guidance on promoting health and wellbeing at work

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IOSH publishes a range of free technical guidance. Our guidance literature is designed to support and inform members and motivate and influence health and safety stakeholders.

**Working well – guidance on promoting health and wellbeing at work**

A The aim of this guide is to promote a holistic, proactive approach to managing health and wellbeing issues at work. It also aims to encourage occupational safety and health practitioners to work with others, particularly occupational health and human resources specialists, to improve employees’ work performance and reduce sickness absence through:

- identifying and addressing the causes of workplace injury and ill health, as required by health and safety law
- addressing the impact of health on the capacity of employees to work, e.g. support those with disabilities and health conditions, and rehabilitation
- promoting healthier lifestyles and therefore making a positive impact on the general health of the workforce.

It’s not the intention of this guide to provide in-depth guidance or advice on specific health issues.

The guide refers to UK and EU law, statistics and examples. It should be noted that these are examples of the most accessible statistics and best principles that can be used worldwide.

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Our materials are reviewed at least once every three years. This document was last reviewed and revised in March 2018.
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Research shows that being in work is generally good for people’s health and wellbeing,1 and case studies indicate that helping employees to improve or manage their health can result in increased attendance and performance. In addition, a review of Gallup studies examining links between employees’ satisfaction, engagement and performance across organisations concludes that workplace wellbeing and performance are complementary and dependent parts of psychologically and financially healthy organisations. The review found that ‘the presence of positive workplace perceptions and feelings are associated with higher business-unit customer loyalty, higher profitability, higher productivity and lower rates of staff turnover’.2

Because many developed countries such as the UK have an ageing population (as a result of increased life expectancy and low birth rates), having more people in work is important for the future of their national economy. With fewer young people entering employment, there will be an increasing need for employers to attract, retrain and retain employees. Although the skills gap may be addressed to some extent by immigrant and migrant workers, the future workforce is likely to have a higher proportion of older employees and employees with disabilities and chronic health conditions.

The World Health Organization’s (WHO) definition of health is: “A state of complete physical, mental and social well-being, and not merely the absence of disease.”3

Therefore, health in the context of the workplace, does not focus on illness and absence management alone, but also on wellbeing.

Wellbeing is important for employers, as it is related to economic capacity. It is important in an economic recession for employees to be resilient in order to maximise their capability and therefore their contribution to the economic growth and stability of the organisation.

If employers focus only on illness or absence management, they will only be managing cases of illness. Instead, they need to make the connection between an effective wellbeing programme and the health of their business.

Individual performance can be impeded by organisational factors, but these are things that employers can influence. It is important to keep employees engaged with the organisation.

Most countries’ legislation requires employers to manage their work-related health and safety risks. Organisations who are also considering introducing ‘wellbeing strategies’ need to have effective health and safety management arrangements in place already. Wellbeing strategies need to complement and support existing corporate strategies, such as those for health and safety and human resources.

IOSH believes the occupational safety and health (OSH) community should play a fundamental role in supporting wellbeing in the workplace. IOSH members are already working in all employment sectors (public, private and voluntary) in the UK and abroad, helping to reduce the negative effects of work on employees’ health and safety.

Many have the influencing and communication skills needed to promote healthy behaviours and, through a positive approach to individual risk assessment, can help employers rehabilitate those with disabilities and health conditions back into the workplace.

IOSH believes good work is good for health and wellbeing and that all work should be healthy, safe and supportive. Occupational safety and health risks need to be managed effectively alongside wellbeing programmes and interventions should be evidence-based and evaluated. Wellbeing programmes should include worker consultation and support wider employer strategies, such as those for employee health and safety and HR issues.

We advocate a holistic, proactive approach to managing health and rehabilitation issues at work, with everyone working together, workers, managers, general practitioners, human resource and health and safety professionals, to:

- tackle the causes of workplace injury and ill health
- address the impact of health on employees’ capacity to work, providing support for those with disabilities and health conditions and rehabilitation
- promote healthier lifestyles and wellbeing to help improve the general health of the workforce

IOSH provides guidance on health, wellbeing and rehabilitation to enable health and safety professionals to play an increased role in these areas. In addition, the IOSH ‘Life Savings’ campaign has free resources and case studies, including on health and wellbeing initiatives.

This guide seeks to help and encourage OSH practitioners to be more effective and proactive in preventing work-related ill health, and to play their part in promoting health and good rehabilitation practices in their workplaces.
Definitions of wellbeing generally relate to people’s experience of their quality of life. For instance, Waddell and Burton define it as: ‘The subjective state of being healthy, happy, contented, comfortable and satisfied with one’s quality of life. It includes physical, material, social, emotional (“happiness”), and development and activity dimensions.’

As a large part of an employee’s life is spent at work, employers can and should play an important part in helping their workers achieve a good quality of life. The workplace can also be a useful arena to encourage people to improve their health.

The Chartered Institute of Personnel and Development (CIPD) uses the following definition of wellbeing, which balances the needs of the employee with those of the organisation: ‘creating an environment to promote a state of contentment which allows an employee to flourish and achieve their full potential for the benefit of themselves and their organisation.’

This definition is strongly linked to employee engagement and creating an organisation that employees will want to work for because they feel safe, are valued by their employer and feel part of a happy and supportive work community. This is part of what is called the ‘psychological contract’ the unwritten expectations that employers and employees have about each other. The psychological contract recognises that employees’ commitment isn’t achieved through pay alone. Employers who pay attention to quality of life issues can help secure employees’ commitment and motivation, and so improve productivity and retention rates. Changes in work practices are affecting some aspects of the psychological contract, such as job security, so it’s important that employers counter this by looking after other areas that have an impact on employees’ wellbeing. For instance, the CIPD notes that research shows that there’s an important link between good work–life balance and a positive psychological contract.

The UK government’s strategy paper, Health, work and well-being – Caring for our future is clearly focused on strategies for preventing ill health and supporting those with health problems to remain in or return to work, helping them and their families, and also reducing the societal costs of sickness absence and incapacity for work.

So, employers and society need a workforce that’s motivated, physically and psychologically well, and resilient. A holistic approach to wellbeing can help achieve this (see Appendix A, page 24).

This guidance document focuses on the health aspects of wellbeing, rather than issues such as culture and employee engagement, which are traditionally the domain of human resources specialists.

Employers who invest in their employees’ health demonstrate that they care for and value their staff. Encouraging employees to plan and take part in health-related activities at work encourages social interaction and the development of a positive work community, which will affect the other aspects of wellbeing and help the employer achieve a happy, motivated workforce that’s more likely to stay and perform well.

“A business’s most valuable asset is, and will always be, the dedicated staff that devote themselves to delivering the work of the organisation. Healthy and fit staff are essential to ensuring a company remains efficient and profitable… None of us doubt that good staff management practices ensure that our workforce delivers our aims – but many of us forget that unless we help them manage their health, fitness and well-being, many of our workers can and will fall ill. Surveys of our workers show that they value these aspects of their work more than just financial rewards. People want to perform to the best of their ability.

We know that work is good for people. It provides economic stability as well as being a valuable source of social interaction both for the individual and the community within which they work. Fit, healthy staff deliver profitable businesses which in turn allow the UK to remain one of the most prosperous and best places to work and live.”

Professor Dame Carol Black, UK National Director for Health and Work (2006–2011)
What is the evidence of the benefits of a holistic view of wellbeing?

The CIPD’s Absence Management Annual Survey report 2016 estimates that, on average, UK employees are absent from work 6.3 days per year. The average cost of this absence to the employer is much higher in the public sector than in private companies. The median cost per employee in the public sector is £835, almost twice that in the manufacturing and production sector (circa £450) and substantially higher than in private sector service organisations (circa £510) or not-for-profit organisations (circa £510). The report also found that stress, mental illness, back pain and musculoskeletal disorders are some of the largest causes of absence in both manual and non-manual workers.

A review by Lunt et al. concludes that the length of sickness may be as much to do with an individual’s beliefs about the cause, consequences and controllability of their health problem as the underlying condition. This ‘biopsychosocial’ approach recognises that the onset and maintenance of common ill health conditions is driven by an interaction between physical, psychological, social and environmental factors. This includes factors such as individual characteristics (e.g. age, gender, past experiences), health beliefs and behaviours (e.g. smoking, drinking and exercise), the work environment, economic stability and social support outside work.

So, while OSH practitioners may focus on the work-related causes of absence, it’s unlikely that a significant impact will be made on sickness absence rates unless employers attempt to understand and address (so far as it’s in their control) other issues that play their part.

Lunt et al. ‘s review looks at what influences wellbeing, and identifies factors such as social status, income and quality of life – although they’re often linked with other external factors such as an individual’s perception of past experiences or ambitions.

Social networks also seem to have a beneficial effect on wellbeing. This is particularly true if people have trust in the network.

Lunt et al. urge that it’s necessary to take this context into account when trying to understand and manage the risks of common health problems. Focusing on the immediate work environment could mean that important psychosocial hazards are ignored. Organisational climate and work–life balance also need to be considered when assessing and managing common health risks such as stress and musculoskeletal conditions.

Targeting morale is particularly important, as high morale helps to counter the effects of stress. Lunt et al. coin the term ‘well-being assets’ to describe factors that help individuals counter stress. These include:
- being realistic about their job
- having a good job ‘fit’
- finding work meaningful
- being physically fit and eating well
- having a flexible coping style
- working for an organisation that has flexible working practices
- having social support.

This supports the case for giving employees opportunities to exercise, eat healthily and participate in any appropriate health checks or screening in the workplace. Suitable adjustments to the workplace also help employees who are managing health conditions at work feel that they’re in control of their symptoms.

Why should OSH professionals get involved?

OSH practitioners who wonder why they need to consider wellbeing issues need only look at the parallels with the Health and Safety Executive’s (HSE) stress management standards. An employer who looks after all aspects of employees’ wellbeing is less likely to have work-related problems that contribute to employees’ stress. As Lunt et al. ‘s review shows, improving employees’ sickness absence and wellbeing can’t be achieved by tackling work-related causes alone. What’s also needed is to address employees’ morale and physical health.

OSH practitioners should already be implementing strategies to address work-related health and safety risks. Wellbeing offers an opportunity for a different approach to getting health and safety on the business agenda, and may be more attractive to some organisations. For instance, it may be seen to provide a means of improving business performance by engaging and motivating employees, improving recruitment and retention, and addressing sickness absence and associated costs.

Many OSH practitioners may have to tackle their employer’s negative view of health and safety as something that must be done only because the law requires it. However, wellbeing may be seen in a more positive and proactive light, as something a good employer would want to do to get the best from their employees. This is a great opportunity for the IOSH practitioner to build bridges with other professionals employed or contracted by their organisation, and to extend their own competence.

While OSH practitioners may work tirelessly to address the workplace causes of accidents and ill health, the strong influence that individual capability, health attitudes and lifestyle can have means that it’s unlikely that overall sickness absence can be improved without taking a holistic approach to employees’ health.
The business case for wellbeing

In 2008, PricewaterhouseCoopers published a report on the business case for wellbeing programmes, Building the case for wellness. The study, which included a review of available literature and 55 case studies, shows that wellbeing programmes can give businesses benefit through cost savings or additional revenue generation. The prime benefits are cost savings arising from improved sickness absence and employee turnover, fewer accidents and injuries, and better employee satisfaction. Seven of the 55 case studies reviewed reported that their investment in a wellness programme had resulted in savings. One example was of a discounted physiotherapy service at a call center, which realised a benefit–cost ratio of 34:1 over six months. Ergonomic support programmes yielded benefit–cost ratios ranging from 1:1 to 12:1.

A collaborative project between government and non-government agencies, Well@Work, was set up to assess the effectiveness of workplace health programmes in a wide range of work environments and to help develop an evidence base of what works. An evaluation report of the project presented the following key findings:

- some of the initiatives aimed at encouraging employees to be more active (including those aimed at increasing active travel) achieved significant increases in participants’ physical activity levels
- employers reported increased staff morale, and better work atmosphere, communications and interactions between employees and managers
- employees said that they enjoyed taking part in health initiatives and liked the opportunity to meet new colleagues and socialise; they also valued peer support and found the competitive element of some of the programmes motivating
- eight of the 11 employers taking part in the project stated that they wanted to continue with wellness programmes, indicating that they valued their positive impact on employees and workplace culture.

A framework for wellbeing

Investors in People (IiP) has created a framework for health and wellbeing, with the aim of developing organisations and increasing productivity. The framework encourages organisations to develop a ‘health and wellbeing strategic plan’, focusing not just on employees’ health but on the wider business.

The initiative is designed to improve organisational and individual performance through preventing harm, managing risk and maintaining health and wellbeing, and aims for continuous improvement. To support the initiative, IiP has a range of useful health and wellbeing resources.

The IiP framework covers the following areas:

- line management and workplace culture, e.g. the style and capabilities of managers, including their ability to manage team members and team environments effectively, tackle issues of attendance and rehabilitation, identify potential causes of stress, and direct people to sources of help and support
- prevention and risk management, e.g. going beyond minimum legal requirements to manage risks to health, including stress and preventing physical and mental harm
- individual role and empowerment, e.g. making sure the design of job roles, as well as communication and objective-setting in the organisation, promotes individual wellbeing
- work–life balance, e.g. going beyond minimum legal requirements to support flexible working arrangements where this meets the needs of the organisation and individual
- enabling health improvement, e.g. supporting, in a proportionate way, employees who want to live healthily.

“... the achievement of personal well-being involves a number of positive decisions regarding lifestyle. This is very different to stress avoidance with the negative connotation of being unable to cope and falling ill prior to any action being taken. In their ideal form, well-being initiatives are proactive and work to enable employees to achieve their full potential – physical, mental, social, intellectual and spiritual.”

Chartered Institute of Personnel and Development
Case study 1

BT

‘Work fit’ is BT’s vehicle for health promotion. It’s a joint initiative with the BT unions. It aims to promote small behavioral changes which, if sustained, will have a long-term impact on health and wellbeing. Each campaign focuses on a specific health issue and uses a modular approach to ‘drip feed’ messages to employees. Partners from the voluntary sector are engaged to provide resource material and support for those who want it. The philosophy of the ‘Work fit’ programme is ‘helping you to help yourself’.

Campaigns have included:
- nutrition and exercise – this involved 16,500 employees, 75 per cent of whom had maintained lifestyle improvements six months later
- smoking-cessation – 1,000 employees took part and a third managed to kick the habit
- cancer awareness – aimed at informing employees about ways of reducing cancer risks and how to identify early signs. It included website-based information with external links, a series of stories in staff newsletters, and roadshows across the UK and globally.

BT’s approach to stress and mental health focuses on three areas: prevention, protection and intervention. The strategy has resulted in a 30 per cent reduction in mental health-related sickness and a return-to-work rate of 75 per cent for people absent for more than six months with mental health problems.

Prevention is a combination of good management practices and education. ‘Positive mentality’ was a 16-week campaign that aimed to promote resilience, improve understanding of mental health issues and reduce the stigma of mental illness. The campaign was run in conjunction with the Sainsbury Centre for Mental Health and MIND. It consisted of website information and roadshows covering the link between physical and mental health, lifestyle issues, support and relationships. Quizzes were used to test participants’ understanding of the material. A session on positive thinking completed the campaign. An evaluation showed that more than 50 per cent of those engaged had been influenced to make lifestyle changes. Success was measured by hits on the website (28,932 in total), the number of quiz entries and accuracy of responses, and a follow-up survey three months later.

Protection is aimed at early identification of those at risk and actively building resilience. BT uses an online stress risk assessment tool called STREAM, which was developed with HR, line management and union involvement. The 30-item questionnaire – based on the HSE stress management standards – gives a red, amber or green rating to responses. Following amber or red ratings, line managers must hold one-to-one meetings within a specific time period to resolve issues. The tool is also used across divisions to identify hot spots.

Where there are mental health problems, a suite of proportionate interventions is used to resolve them and to help keep people in work or return them to work as soon as appropriate. BT is also currently developing ‘mental health first aid’ training.

Case study provided by Catherine Kilfedder, BT Group Health Adviser
3 Managing health conditions and disabilities at work

An important aspect of wellbeing is supporting employees with health conditions to remain in work or to return to work following an absence. There’s a common belief that people who have problems with their health should not return to work until they’re fully fit. However, evidence shows that, provided the right modifications are made, managing an ill health condition at work is often better for the individual than prolonged absence.

Waddell and Burton highlight the benefits of work in providing the economic stability, social networking and self-esteem that’s important for people’s physical and mental wellbeing. There’s also an increasing consensus that many common health conditions can be managed effectively in the workplace, leading to better health outcomes than prolonged periods of sickness absence. Clearly this is dependent on workplace hazards (physical and psychosocial) being controlled and appropriate support (including work adaptations) being provided.

Where rehabilitation forms part of an attendance management policy, it should be made clear that it’s for the mutual benefit of employees and the employer. Employees should not be pressurised into returning to work before they’re ready. However, as discussed earlier, there will be a mix of biopsychosocial issues that affect the absent employee, which the employer may need to consider. For example, the beliefs the employee holds about their illness may be a barrier to rehabilitation. Fennell found that individuals with a chronic illness go through various stages – crisis, stabilisation, resolution and integration. Employees in the resolution stage begin to accept the limitations imposed by their illness and then, at the integration stage, may become ready to return to employment and rejoin their social networks.

When considering a rehabilitation intervention, the employer should take account of the stage an employee is at and be prepared to accommodate the employee’s changing beliefs about their employment. The employer should also explore any barriers that the employee perceives are preventing them from returning to work. Besides treating the underlying condition, work or socio-economic factors may need to be addressed too. The employer may be able to deal with the work-related issues and point the employee to sources of help for other problems.

Many people are prevented from working because of misconceptions and stigma about their ill health condition, which often lead to discrimination. Creating a culture where working with a health condition is considered the norm, and providing access to a range of support choices, will help employers recruit these skilled people, enable them to manage their condition while continuing to work and, if employees do have to take time off work, get them back to work quickly.

Work-based activities that promote wellbeing and help employees develop positive coping behaviours are important in overcoming some of the psychosocial issues that may affect health. There are several ways in which an employer can assist an employee with recovery and long-term management of their health condition at work. These include:

- education programmes for managers that address misconceptions and stigma about conditions such as mental illness
- providing employees with information about self-managing common health conditions, as well as details of support groups
- encouraging employees to set up their own in-house support groups
- providing flexible working arrangements that allow employees to take time off for treatment or more frequent rest breaks
- providing employees with access to interventions – psychological (e.g. counselling or cognitive behavioural therapy) or physical (e.g. physiotherapy or back care classes) – where the employee’s doctor has agreed this would be beneficial.

There’s more information on supporting employees with specific health conditions in the next section. The IOSH publication A healthy return gives more guidance on good rehabilitation practice.

“A mental well-being strategy implemented by BT led to a 30 per cent reduction in mental health-related sickness absence and a return to work rate of 75 per cent for people absent for more than 6 months with mental health problems.”
This section outlines some of the key wellbeing issues. Sections 5 and 6 show how they affect employers and what employers can do.

Mental wellbeing

Statistics from the Centre for Mental Health provide clear evidence of the considerable costs associated with mental health in the workplace. Globally, more than 300 million people suffer from depression, the leading cause of disability, with many of these people also suffering from symptoms of anxiety. A recent WHO-led study estimates that depression and anxiety disorders cost the global economy US$1 trillion each year in lost productivity.

Common mental disorders (CMDs), such as depression, anxiety, adjustment disorders and stress-related complaints, are the most common cause of sickness absence and work disability. As such, they’re associated with high costs and pose a problem for society, employers and workers. At any moment, about 20 per cent of working-age people in Organisation for Economic Co-operation and Development (OECD) countries suffer from a mental health problem, which has a major impact in terms of reduced productivity at work, sickness absence and work disability.

In 2016/17 the HSE published the Work-related Stress, Depression or Anxiety Statistics in Great Britain. An estimated 526,000 workers suffering from work-related stress, depression or anxiety (new or long-standing) in 2016/17. It was also estimated that 12.5 million working days were lost due to work-related stress, depression or anxiety.

An effective strategy should take a holistic view of mental wellbeing, including:

- the basic legal requirement to prevent work-related mental health problems, by providing good working conditions and practices. The HSE’s stress management standards and the CIPD/HSE/iip stress competency framework provide useful guidance on this.
- regularly assessing how well the organisation is performing against the stress management standards, so that areas for improvement can be identified and addressed.
- good recruitment practices, to make sure applicants with a history of mental health problems aren’t discriminated against.
- training for managers to increase their understanding of mental health and their ability to support employees who have problems. Managers need to understand how work can have a negative impact on mental wellbeing, how to identify and tackle the early signs of mental distress, and how best to support those with ongoing mental health problems.
- encouraging employees to look after their mental wellbeing. Healthy choices such as a balanced diet and exercising are good for mental (and physical) wellbeing, helping to build mental and emotional resilience.
- providing access to help and support for affected employees. This may include helping employees find support, or supplying services such as counselling or cognitive behavioural therapy.
- introducing rehabilitation programmes for those who have taken time off work. Once an employee is off sick with a mental health problem, a lack of contact and support from the employer is often a major barrier to their return to work.

Some organisations can help with running surveys or ‘stress audits of employees’. Also, the HSE and Engineering Employers’ Federation (EEF) offer free assessment tools. Unfortunately, people with mental health conditions can experience stigma and discrimination, ranging from being ignored or excluded to verbal or physical harassment. The Department of Health is funding an initiative called ‘Shift’ to tackle these issues in England. The equivalent in Scotland is called ‘See me’.

IOSH has published research into the factors leading to sick leave in workers affected by CMDs, what the barriers and facilitators affecting return to work for these workers are according to mental health/occupational health practitioners, general practitioners and managers, and worker perception on these perceived barriers.
Physical wellbeing: musculoskeletal health

Musculoskeletal disorders (MSDs) such as back pain are very common. In the EU27, about 43 per cent of workers complain of back pain and about 41 per cent report muscular pain in their arms. Therefore, MSDs are the most frequently reported work-related health problem.28

As well as back pain, some work tasks can lead to employees experiencing problems with their upper limbs and neck. These may be caused by prolonged, repetitive tasks, such as when using computers or working on a production line. Working in uncomfortable work conditions or poor environmental conditions (e.g. cold or poor lighting), or using work tools that cause vibration, can also contribute to MSDs. Discomfort from poorly designed work activities can affect employees’ work performance. If the causes are not tackled, they can lead to permanent harm.

HSE statistics29 show that in Britain in 2016/17 an estimated 507,000 workers in Great Britain suffered from an MSD caused or made worse by their current or past work. An estimated 8.9 million working days were lost due to MSDs in 2016/17, an average of 17.6 days lost for each case. This means that in the UK work-related musculoskeletal disorders account for 35 per cent of all working days lost due to work-related ill health.

It’s often difficult to identify a single cause of back pain. However, the following are often contributory factors:
- having had back pain in the past
- smoking and obesity
- physical factors such as heavy physical work; frequent bending, twisting, lifting, pulling and pushing; repetitive work; a static posture; vibration
- psychosocial factors such as stress, anxiety, depression and poor job satisfaction.

The United Kingdom National Health Service (NHS) advises that back pain isn’t normally serious, and in most cases the best treatment is to stay active, with sensible levels of movement and using over-the-counter painkillers if needed.30

An HSE report evaluating 19 projects in the ‘Back in work’31 initiative identified some key messages, including:
- keep active, to prevent and treat back pain
- seek early treatment.

The report also highlights the benefits of good posture, using lifting aids and adjustable work equipment, and providing employees with regular breaks from prolonged or repetitive tasks, as well as back care information.

Employers should adopt an approach to physical wellbeing that includes:
- the basic legal requirement to prevent work-related MSDs through risk assessment, good workplace ergonomics, advice on safe computer use and involving employees in finding solutions
- encouraging employees to keep active and fit by promoting physical activity. Those with back pain may need to avoid work and sporting activities that involve lifting, twisting, pulling and pushing and excessive loading of the back muscles, although yoga-type exercise, and exercises to increase endurance of the abdominal and back muscles, can be helpful
- providing employees with information and support, such as through back care programmes
- adopting rehabilitation programmes that, where appropriate, encourage employees to keep active through working, rather than resting at home.

For more guidance sources on MSDs, have a look at Appendix D on pages 33–37.

Tips for staying happy

1. Keep physically active
2. Eat well
3. Only drink alcohol in moderation
4. Value yourself and others
5. Talk about your feelings
6. Keep in touch with friends and family
7. Care for others
8. Get involved, contribute
9. Learn a new skill
10. Do something creative
11. Take a break
12. Ask for help
Case study 2
GlaxoSmithKline

GlaxoSmithKline (GSK) has an employment health management (EHM) team that provides a holistic approach to managing the overall health of employees, covering the areas of mental health, musculoskeletal health, material handling and attendance management. The team includes health and resilience project leaders, whose role is to design and implement healthcare programmes.

One such programme was the participatory workplace ergonomics programme. Local ergonomic improvement teams were established at each GSK site, comprising employees representing different functions, including engineers, office support, staff and onsite EHM and health and safety professionals. Team members are given basic ergonomics training, a toolkit and access to a dedicated ergonomics website to support them. The teams meet regularly to discuss issues that have been brought to their attention by employees and consider solutions. Complex issues are often referred to a UK steering group. Solutions are shared across the business, so that others can learn from them. The programme has resulted in over 100 improvements and workplace injuries have fallen by 40 per cent.

A musculoskeletal impact team was also set up to focus on non-work-related MSDs. This initiative resulted in providing advice and support to improve employees’ understanding of back problems and how to handle them, and the setting up of a back care programme (called ‘Back school’) for chronic back pain sufferers. GSK also makes sure that its managers and employees are better informed about back pain, so that they understand that it’s possible for an employee to return to work, as part of a suitable rehabilitation programme, before they’re fully fit.

Case study adapted from Thomson I D S. HR Studies Update, No. 823, June 2006.
Other physical health issues
There are many other physical health issues which can be addressed in a wellbeing strategy. Projects should combine controlling work-related risks and appropriate health surveillance (both legal requirements) with promotion campaigns to encourage employees to look after themselves. Issues include:

- respiratory conditions: awareness and control of work-related causes; smoking-cessation programmes
- skin safety: awareness and control of work-related risks; advice on hand care or sun safety
- noise and vibration: awareness and control of work-related risks
- infection control: awareness and vaccination policies.

You can get more information on some of these issues in Appendix D on pages 33–37.

Healthy eating and obesity
WHO statistics show that worldwide obesity has nearly tripled since 1975. In 2016, more than 1.9 billion adults, 18 years and older, were overweight. Of these over 650 million were obese. Other statistics related to obesity show that:

- 39 per cent of adults aged 18 years and over were overweight in 2016, and 13 per cent were obese.
- Most of the world’s population live in countries where being overweight and obesity kills more people than being underweight.
- 41 million children under the age of five were overweight or obese in 2016.
- Over 340 million children and adolescents aged 5–19 were overweight or obese in 2016.32

Healthy eating isn’t just about maintaining a healthy weight. A balanced diet can help to prevent digestive disorders (e.g. constipation), iron deficiency (which can make people feel tired, irritable and less able to concentrate), bone conditions such as osteoporosis, cancers of the gastrointestinal tract, as well as some hormone-related cancers (e.g. breast cancer).

Some also suggest that deficiencies in some vitamins and minerals can increase the chance of feeling depressed.33

Employees with balanced diets and good eating habits may have less digestive-related absence and better energy, concentration and performance levels.

Obesity can have an impact on health and safety at work, for instance by affecting employees’ fitness for physically active tasks and their ability to carry out tasks safely, such as manual handling. Even for sedentary work, there may be ergonomic impacts, e.g. standard office chairs may not be suitable for obese people.

Health promotion activities in this area should focus on maintaining a healthy, balanced diet and physical fitness. It’s better to encourage people to lose weight slowly and maintain the loss, rather than diet intensively – people who get into a cycle of loss-regain-loss (or ‘yo-yo’ dieting) can end with a poor body image and a negative attitude towards food. Employers should encourage obese employees who want to lose weight to seek medical advice on how best to do this.

There are several ways employers can help employees lose weight and eat healthily, e.g. making a range of healthy options available in staff canteens, promoting increased physical activity, and providing advice on healthy eating in staff newsletters.

Employers should also consider how work pressures can have a negative impact on employees’ diet. Many employees, for example, say that, because of work pressures, they:

- don’t have the time to prepare healthy meals
- skip breakfast or lunch during the working week
- have to work at their desk through their lunch break.

For more information on healthy eating, see Appendix D on pages 33–37.

Smoking
The impact of smoking on health is well documented. Worldwide, smoking kills up to half of its users (more than seven million people each year). More than six million of those deaths are the result of direct tobacco use, while around 890,000 are the result of non-smokers being exposed to second-hand smoke.34

Smoking increases the risk of at least 50 medical conditions, some of which can be fatal. Others can cause irreversible, chronic damage to health. These include:

- cancers of the lung, mouth, throat, larynx, oesophagus, bladder, kidney, pancreas and stomach
- coronary heart disease
- stroke
- chronic bronchitis and emphysema
- impotence and reduced fertility
- dementia
- digestive problems.

Smoking also makes some work-related health conditions worse, e.g. asbestos-related disease, vibration white finger and asthma.35

Currently, 17 EU countries have comprehensive smoke-free laws in place. Among these, Ireland, the UK, Greece, Bulgaria, Malta, Spain and Hungary have the strictest smoke-free provisions with a complete ban on smoking in enclosed public places, on public transport and in workplaces, with only limited exceptions allowed.

All EU countries have adopted measures to protect citizens against exposure to tobacco smoke. National measures differ considerably in extent and scope.
Enforcement seems to be a problem in some Member States with complex legislation (i.e. legislation with exemptions) is found to be particularly difficult to enforce.

The actual exposure rates for EU citizens dropped from 2009 to 2012, e.g. for citizens visiting bars and pubs the exposure rate dropped from 46 per cent to 28 per cent. Belgium, Spain and Poland are examples of countries where the adoption of comprehensive legislation led to very significant drops in tobacco smoke exposure within a short time period.

The health effects of smoke-free legislation are immediate and include a reduction in the incidence of heart attacks and improvements in respiratory health. The economic effect of smoke-free legislation is considered to be positive or neutral.

Employers should have smoke-free policies and consider how they can support employees to quit smoking. Bupa has produced its ‘Less Smoking, Better Business’ guide via the International Cancer Control Partnership to help prevent cancer in the workplace. This helps employers build a successful quit smoking programme.

The WHO promotes World No Tobacco Day, which has further information on the wider impact of smoking and has produced free materials that can also be used.

### Alcohol and drugs

There are clearly work-related safety issues associated with allowing employees to work while under the influence of alcohol or drugs. Employers who knowingly allow employees to work under the influence of alcohol or drugs, where this affects the safety of themselves and others, could be prosecuted under their countries’ health and safety legislation. Employees affected by alcohol and drugs are likely to have increased sickness absence and poorer performance.

A wellbeing approach should consider the effect of alcohol and drugs on the workplace. It’s also good practice for employers to offer information on their impact on health and wellbeing, and provide those who are dependent, or have family members who are dependent, with occupational health support and the contact details of organisations that can help them.

#### Alcohol

In 2012, about 3.3 million deaths, or 5.9% of all global deaths, were attributable to alcohol consumption.

Over the past 30 years, alcohol has become cheaper and more widely available. People are now drinking more and starting to drink at a younger age. About one in three men and one in six women in the UK have a health problem caused by alcohol, and according to the Royal College of Psychiatrists, around one in 15 men and one in 50 women are physically addicted to alcohol.

Alcohol is a tranquilliser, addictive, and the cause of many hospital admissions for physical illnesses and accidents. Many of us are familiar with some of the short-term effects of alcohol. Abuse of alcohol also leads to long-term physical health problems, such as liver disease and an increased risk of some cancers, as well as mental health problems such as depression, memory loss and brain damage.

There is also wide geographical variation in the proportion of alcohol-attributable deaths and DALYs (disability-adjusted life years), with the highest alcohol-attributable fractions reported in the WHO European Region.

#### Policies and interventions

Alcohol policies are developed with the aim of reducing harmful use of alcohol and the alcohol-attributable health and social burden in a population and in society. Such policies can be formulated at the global, regional, multinational, national and subnational level.

Delegations from all 193 Member States of the WHO reached consensus at the World Health Assembly in 2010 on a WHO Global strategy to reduce the harmful use of alcohol.

Many WHO Member States have demonstrated increased leadership and commitment to reducing harmful use of alcohol over the past years. A significantly higher proportion of the reporting countries indicated having written national alcohol policies and imposing stricter blood alcohol concentration limits in 2012 than in 2008.

In 2008, an updated estimate was made of the costs of alcohol harm to the NHS in England. The total figure was £2.7 billion at 2006/07 prices.

The total value of the UK alcoholic drinks market exceeds £30 billion. However, it is estimated that for England and Wales the costs of some but not all adverse consequences of alcohol consumption are in the region of £20 billion.

Alcohol is a major cause of accidents and accidental injury. The presence of alcohol in the body has also been shown to increase the severity of injuries from accidents. For these reasons, alcohol consumption is normally closely regulated for people who operate transport systems and work in other safety sensitive environments and activities.
Internationally, alcohol has been shown to be a frequent factor in accidental injury in the home, on the roads, in workplaces and during leisure activities. It’s also a frequent cause of falls, collisions, fires and drownings. Referring to substance abuse in the workplace, the International Labour Organization states: “In many workplaces, 20 to 25 per cent of accidents at work involve intoxicated people injuring themselves and innocent victims.”

A study in 1981 estimated that alcohol was the cause of three to five per cent of all absences from work, equating to 8–14 million lost working days in the UK each year.

Alcohol can affect work performance in four main ways:
- working while under its influence increases the likelihood of mistakes, errors of judgment and increased accidents. It can also lead to inappropriate behaviour.
- the after-effects of drinking (hangovers) can impair both work attendance and performance. Many people take sick leave, but those who go to work may have difficulty concentrating or working at their normal pace.
- persistent heavy drinking can lead to a range of social, psychological and medical problems, including dependence.
- employees with family members who are alcohol-dependent may find the impact of dealing with the problem affects their work performance.

Drugs

It is estimated that cannabis had been used at least once (lifetime prevalence) by about 78 million Europeans (that is, over one in five of all 15–64-year-olds). An estimated 22.5 million Europeans used cannabis in the last year (that is, on average 6.7 per cent of all 15–64-year-olds) and about 12 million Europeans used the drug in the last month (that is, on average about 3.6 per cent of all 15–64-year-olds).

Cocaine is the second most tried drug after cannabis. It is estimated that about 14.5 million Europeans have used cocaine at least once in their life (on average 4.3 per cent of adults aged 15–64 years) and about four million Europeans are estimated to have used the drug in the last year (1.2 per cent on average).

About 12.5 million Europeans have tried amphetamines. About two million used the drug during the last year and around 1.5 million of young Europeans (1.1 per cent of the total) used amphetamines during the last year. About 11 million Europeans had tried ecstasy and about 2.5 million used the drug during the last year.

An HSE report on the scale and impact of illegal drug use by workers found that:
- 13 per cent of respondents in a workplace survey reported drug use in the previous year. The rate varied considerably with age, from three per cent of over-50s to 29 per cent of under-30s.
- drug use is associated strongly with smoking and heavy drinking.
- drug use affects performance and is associated with an increase in minor injuries.
- recreational drug use may affect safety at work.

The Chartered Institute of Personnel and Development (CIPD) provides guidance for employers on drugs and alcohol at www.cipd.co.uk/subjects/health/drugs, including:
- how to raise awareness of drug and alcohol issues.
- help with writing drug and alcohol policies.
- links to providers of drug and alcohol testing.

People can also misuse certain solvents, which may be available at work. Possessing solvents isn’t illegal, and many are often present in the workplace. It may, however, be an offence under various countries’ legislation to supply solvents to underage persons if it is suspected that it will be abused.

Solvents aren’t physically addictive, but the user may develop a psychological addiction to sniffing them in response to underlying problems or worries. People who abuse solvents can come from any social, cultural and ethnic background.

There were 36 deaths associated with volatile substance abuse (VSA) in 2008, bringing the total number of VSA deaths in the UK since 1971 to 2,343. Since 1992 there has been a significant fall in deaths, from an average of 77 per year in 1992–1999 to an average of 54 per year in 2000–2008. VSA deaths overall continue to be more common among men than women. In 2008, 34 men and two women died as a result of VSA.

Employers may have solvents in the workplace and so should be aware of their potential to be misused, particularly if they may be accessible to young people (e.g. those on work experience). Guidance on the kind of solvents that can be misused can be found on the Re-solv website.
**Alcohol and drug policies**

Employers should develop alcohol and drug policies in consultation with their staff. The policies should seek to:

- tell employees about the problems associated with alcohol and drugs, how to tell whether they have a problem and where to get advice
- provide guidance to managers on how to recognise employees with potential alcohol and drug problems and what to do about them. Workplace alcohol and drug problems can be integrated into general workplace health promotion and can use workplace health promotion tools (for example health circles47), with some modification. The concept of health circles can be a very effective tool improving the drug and alcohol situation also in the workplace. In this case it can be called an alcohol and drug policy circle, and the participants are the employees’ representative, the manager, the middle manager, the occupational physician (and nurse), the safety representative, the alcohol and drug programme manager and the potentially invited drug and alcohol expert
- provide employees with confidential access to help and advice if they think that they have an alcohol or drug problem and are considering seeking help voluntarily at an early stage
- provide confidential help to employees who have an alcohol or drug problem that comes to light through observation or normal disciplinary procedures, for example through poor work performance, absenteeism or misconduct. For drugs, employers need to consider their countries’ legal requirements.

- tackle safety-related issues, e.g. by redeploying or dismissing those who have put themselves and others at serious risk of harm through the misuse of alcohol or drugs at work. Policies on safety, performance or misconduct should make clear when dismissal will be necessary
- identify where there’s a risk that employees could obtain drugs (e.g. medication and some solvents) in the workplace and make sure that systems are in place to control access.

Some employers carry out screening for alcohol and drugs. Screening needs to be implemented with care and can never be the complete answer to problems caused by alcohol and/or drug misuse

For more advice on alcohol policies and screening, see the WHO’s report on alcohol consumption, Alcohol in the European Union. Consumption, harm and policy approaches and Alcohol, drugs and the workplace – The role of medical professionals: A briefing from the British Medical Association Occupational Medicine Committee 2016.42
The ageing workforce
A report produced by the HSE’s Health and Safety Laboratory shows that many beliefs about the deteriorating work ability of older people are myths. In reality, older workers vary greatly in their physical and mental capabilities and so any adaptations to their work should be based on their individual needs and capabilities, not their age.

Musculoskeletal changes result in a decrease in muscular strength and spinal flexibility, so ageing workers may need to be given physically lighter work tasks. However, physical capacity can be maintained by regular physical exercise. As with other employees, older workers benefit from good working conditions, varied work and a healthy lifestyle.

Factors such as lifestyle, exercise, nutrition and smoking are likely to be greater determinants of health than age, so health promotion initiatives in the workplace would benefit all employees, whatever their age. (The recommended activity levels for adults, given below under the heading ‘How much physical activity is good for you?’ are also appropriate for older people.) It’s particularly important that older people retain their mobility through daily activity and take part in activities that promote improved strength, co-ordination and balance. However, research indicates that there’s a greater risk of physical injury among older people, so they should avoid carrying out high intensity activities, or activities that involve sudden or complicated movement, unless they are already used to this type of exercise.

Physical activity
In Health matters: getting every adult active every day, the UK Chief Medical Officers recommend that ‘All adults should aim to be active daily and should include muscle strengthening activity, such as exercising with weights, yoga or carrying heavy shopping, on at least 2 days a week.’

Physical activity can help prevent and/or manage many chronic diseases and conditions. A third of people of working age in the UK have one long-term condition and one in seven have multiple conditions.

Lack of physical activity is considered a risk factor in breast, bowel and womb cancer, with active women participating in daily exercise being up to 30 per cent less likely to develop these types of carcinoma.

There is also significant evidence that physical activity can reduce incidence of mental health issues by boosting mental wellbeing and reducing social isolation, one of the principle risk factors in depression.

There are also monetary considerations to be factored into a lack of physical activity. Health matters: getting every adult active every day49 states that ‘Lack of physical activity is costing the UK an estimated £7.4 billion a year, including £0.9 billion to the NHS alone.’

Why promote physical activity at work?
In general, working adults spend a significant proportion of their waking hours at work, with many in sedentary occupations. Even though work is often less physically demanding than in the past, it still takes up a large amount of people’s time. This can cause a dual disadvantage of long work hours requiring little physical activity, and little free time or energy to exercise. It can therefore make good sense to provide opportunities for physical activity at work.

How much physical activity is good for you?
Health matters: getting every adult active every day49 recommends that adults in England should aim to take part in at least 150 minutes of moderate intensity physical activity each week, in bouts of 10 minutes or more.

A person who engages in moderately intense activity on a regular basis should be able to continue that activity for many minutes without exhaustion, and will usually experience:

- an increase in breathing rate
- an increase in heart rate, to the level where the pulse can be felt
- a feeling of increased warmth, possibly accompanied by sweating on hot or humid days.

The amount of activity a person needs to do to achieve moderate intensity varies from one individual to another. A person who is unfit or overweight may only have to walk up a slope to experience these feelings, whereas a very fit athlete may be able to continue physical activity for some time before the feelings become noticeable.

The good news for employers is that if they create opportunities for employees to have short bouts of moderate physical activity, this will help those who are unfit or have busy lifestyles – and who take advantage of the opportunities – reach the recommended level. This level of activity includes:

- commuting by foot or bike
- having a job that includes regular physical tasks (delivering post, decorating)
- carrying out regular household or garden activities
- taking part in regular recreation or social sport at moderate intensity.
Case study 3
East Sussex Council

East Sussex Council employs more than 15,000 staff. Three years ago, the absence rate was relatively high – over nine days per person each year. This cost the council approximately £7.5 million a year. At one point there were 250 staff signed off on long-term sick leave. East Sussex wanted to tackle their high absence rate and to promote themselves as a caring employer that looks after employees’ health and wellbeing.

The first step was to increase the size of the occupational health team. The council created two-and-a-half full-time occupational health adviser posts and gave staff more opportunity to access a doctor. Tough measures were brought in to reduce the absence rates, balanced by a series of wellbeing-related schemes.

New members of staff are not entitled to sick pay until they’ve reached a year’s service and those who are off sick for longer than four weeks, or more than twice in six months, are automatically referred to an occupational health physician. However, employees now have access to:
- free smoking-cessation clinics
- sessions on reflexology, slimming, massage and Pilates (all at around £15 a session)
- a tailored personal training programme, ‘Fit bug’
- a once-yearly image consultancy workshop, ‘Colour me beautiful’
- a network of 150 local counsellors, with the council providing the first five sessions free.

All these services are made available to staff at reduced rates. The council is also considering offering staff access to physiotherapy to help alleviate musculoskeletal problems.

The impact of the changes has been immediate. Sickness rates dropped to eight days per year, saving the council £1 million (which more than compensates for the £100,000-a-year cost of extra occupational health advisers and increased doctor time). Staff surveys indicate that employee morale has also improved, as 73 per cent of staff enjoy working for the council, up 6 per cent on the previous year.

Communication has been one of the key reasons for the success of the approach. Changes and new schemes have been promoted on TV screens in the staff canteen, at team briefings and on the intranet.

Case study provided by Leatham Green, Assistant Director for Personnel and Training, East Sussex Council. A fuller version of the case study is on the Improvement and Development Agency for Local Government website, under the organisational good practice library, at www.local.gov.uk.
At its simplest, employers need to provide employees with information and create opportunities for them to engage in a healthy lifestyle.

When promoting physical activity, the focus should be to encourage employees to engage in short bouts of moderate activity on most days. This will be of particular benefit to those who are not currently sufficiently physically active. Employers could:
- have a flexible working policy that allows employees to exercise before work or during their lunch break
- encourage employees to walk or cycle to work, which also promotes the wider benefits of energy efficiency and reduced transport costs
- encourage the use of stairs rather than lifts
- provide healthy eating options in canteens and offer healthy alternatives, such as fresh fruit and vegetables, at meetings and working lunches
- hold ‘healthy cooking’ demonstrations and include healthy recipes in staff newsletters
- provide health promotion information on their staff intranet, notice boards and in newsletters
- arrange discounts for staff at local leisure centers and health clubs
- provide information on walks near work (local authorities may be able to help with this and may also run ‘health walk’ schemes)
- provide support to employees who want to quit smoking or break their alcohol or drug dependency
- encourage employees to set up and attend support groups, e.g. weight loss or walking clubs
- if resources permit, provide cycling storage, shower facilities, or subsidise some low impact activities such as Yoga or T’ai Chi
- promote fitness as part of other routine training programmes, e.g. how to use machinery, tools or equipment.

The case studies in this guide and the links to more case studies (see page 34) will help stimulate more ideas.

The most successful health promotion projects are likely to be those that are flexible, positive and fun. The aim should be to provide a range of different activities that are accessible to most staff, whatever their fitness level. Here, employers need to consider equality and diversity issues and be careful not to discriminate. For instance, physical activities may need to include those that are accessible to employees with disabilities. There may be cultural reasons why people in some ethnic groups may not join in (e.g. dress codes), so employers, particularly those with an ethnically diverse workforce, need to understand cultural barriers and explore how they can be overcome.

Employees should be involved in planning and designing activities. Communicating the availability of activities and their success is very important. Setting pedometer or stair climb challenges can help to get employees thinking about their health. A wellbeing event is also a good way of engaging employees. The Well@Work evaluation report is a good source of information on what makes health promotion projects successful.

As highlighted by social marketing techniques, employees are more likely to engage in activities if they can see the benefits for themselves. It’s also useful to link to national health initiatives and campaigns such as ‘Race for life’ (see page 37), and to make the most of the media.

There are small risks that employees carrying out physical activities at work will be injured and employers may be worried about liability. These risks are minimal if activity is limited to moderate intensity and if people are advised to progress gradually from one level of intensity to the next. It’s sensible to produce a statement that advises employees that they’re responsible for making sure they’re well enough to do physical activities, and that they may need to take advice from their doctor.

If an employer wants to hold sports events, especially higher impact activities, they should be organised by people who are competent in that sport (sporting professional bodies will help you identify the appropriate qualification). A competent sports professional will be able to check the health status of employees taking part in the activity, advise the employer on the suitability of their venue and will often be trained in first aid. The employer should make sure the sports professional has public liability insurance, and check that their own insurance takes such activities into consideration.

Employers who are concerned that increased physical activity may lead to more injuries, and hence sickness absence, may be reassured by studies which suggest that introducing physical activity initiatives at work reduces work injuries.
It is important that employers integrate health promotions, such as the above examples, into their OSH policies. The ILO has designed a training package (SOLVE) with this aim in mind. SOLVE focuses on the prevention of psychosocial risks and the promotion of health and well-being at work through policy design and action.

Work-related stress, alcohol and drugs abuse and violence (both physical and psychological) all lead to health-related problems for the worker and lower productivity for the enterprise. Taken together, they represent a major cause of accidents, fatal injuries, disease and absenteeism at work in both developed and developing countries. SOLVE focuses on their prevention, providing tools for action at enterprise level. The ILO uses the social dialogue approach in applying SOLVE to promote the implementation of successful workplace and community initiatives, with the involvement of employers, workers, governments, public services and NGOs.

SOLVE addresses the following subjects: managing workplace health promotion; work-related stress; prevention of alcohol and drugs use at work; prevention of violence at work; HIV and AIDS at work; tobacco and workplace second-hand smoke; nutrition at work; physical activity for health; healthy sleep; economic stress. The method foresees that participants become members of a virtual enterprise and through the assessment of case studies they move from concept to action by designing a policy a preventive programme and a plan of action. The training package includes a participant’s workbook, a trainer’s guide, the lesson plans, and a CD-ROM with PowerPoint presentations and background material.
Case study 4
Burnley Borough Council

Burnley has some of the worst health indicators in England. Burnley Borough Council works with partners to develop and deliver the East Lancashire Health and Well-Being Strategy, with the aim of improving the health of its citizens. A large proportion of council employees live in Burnley, so it made sense to have a wellbeing strategy aimed at employees too. The council recognised that good staff attendance is vital if improved performance is to be maintained. A major contribution to achieving this is to have a safe, happy and healthy workforce.

Against this background, the council’s people and development team (which includes human resources and health and safety professionals) sought to implement a holistic approach to employee wellbeing that would inform policy development, reduce the number of days’ absence per employee, including absence due to stress-related illness, and improve the effectiveness of the workforce.

A wellbeing group was formed (sponsored by the lead director for health and safety), bringing together employees from:
- people and development
- equalities and access
- planning and environment
- healthy lifestyles
- communications
- UNISON, the trade union.

The group has carried out several initiatives as part of a wellbeing strategy. The strategy has senior manager support. Employees were encouraged to complete a questionnaire, which has been used to inform event planning. The group’s success comes from the commitment of all the professionals involved.

Projects to date have included:
- developing a ‘Be well’ handbook, which gives employees lifestyle tips, provides information on the council’s family-friendly policies and how to access its wellbeing initiatives (e.g. gym classes, smoking-cessation sessions), and gives signposts to help from external organisations
- running several events during a stress awareness week to give people a taste of different wellbeing initiatives, including free swimming, yoga and other exercise classes, as well as presentations on neuro-linguistic programming, acupressure and reflexology
- discounted membership of the council’s leisure facilities and a weekly yoga class
- a ‘know your numbers’ blood pressure day
- smoking-cessation classes, which employees could attend in work time
- monthly wellbeing bulletins published on the intranet
- revising or introducing several policies, including those on managing attendance, stress, infection control, performance management and flexible retirement
- providing managers with risk assessment training
- running stress management workshops
- developing policies on breastfeeding and domestic violence
- holding workplace events for employees who need support to change health-related behaviours
- introducing a ‘cycle-powered smoothie maker’ at various council offices.

One of the measures of their strategy’s success has been a fall in the number of days lost to stress per employee in a single year, from 3.35 to 2.55.

The council plans to continue to run wellbeing events throughout the year to coincide with national and local initiatives, e.g. walk to work, men’s health week and obesity awareness, and to implement a buy-a-bike scheme. It also intends to introduce a supportive friends network, as well as continue to provide counselling and cognitive behavioural therapy to employees, and revise or produce wellbeing-related policies that cover issues such as alcohol and drugs, bullying and harassment.

Case study provided by Heather Brennan, People and Development Manager, and Simon Astin, Assistant Health and Safety Adviser, Burnley Borough Council.
6 Implementing a wellbeing strategy in the workplace

A study by PricewaterhouseCoopers\(^\text{11}\) outlined some key elements that make a wellbeing initiative successful. These include:
- programmes designed to meet employees’ needs and values
- senior management buy-in – this goes beyond mere endorsement to active and visible participation
- programmes aligned to the overall aims and goals of the business
- good communication, both in terms of employees being informed and updated on initiatives, and being consulted on their needs and views on future programmes
- a means of measuring the outcomes and business benefits.

Who should lead a wellbeing strategy?
Human resources, occupational health and OSH practitioners all have a key role in planning and delivering a wellbeing strategy. However, for the strategy to be successful, it needs to be led by a senior manager who can demonstrate commitment to wellbeing and act as a champion and role model. It’s also important that line managers support the strategy.

Who should play a part in the strategy?
The relative contribution made by human resources, occupational health and OSH practitioners depends on the organisation’s priorities. However, key to the success of the strategy will be employees’ support. It’s important, therefore, that trade union, safety or employee representatives are involved.

As already explained, managers play a key role in implementing the strategy and so need to be on board. Employers may also be able to get support from organisations that offer health promotion services, for example some local councils and NHS trusts.

Appendix B (page 26) shows the key stakeholders in a wellbeing strategy and the roles that they can play. The relationship is also shown in Figure 1.

To implement the strategy, a team should be set up, led by a senior manager and include representatives of all the key stakeholders.

Identifying parameters and priorities
It can be helpful to consider wellbeing under the general headings of:
- promoting health and wellbeing (helping people to stay fit and healthy)
- the effect of work on health (continuing to make sure people aren’t injured or made ill by their work)
- the effect of health and wellbeing on work (helping people with health conditions and impairments to remain in or return to work).

Appendix B (page 26) shows the areas that wellbeing covers.

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Figure 1: A healthy organisation
Your wellbeing strategy team should start by carrying out an analysis to identify:

- what your organisation does now
- what your organisation needs to do
- what your gaps and priorities are.

When deciding your priorities, you’ll need to consider what’s likely to have the greatest impact, taking account of your organisational culture. For instance, investing in a large health promotion programme may not result in sustained improvement in health, unless your organisation has a positive underpinning health and safety culture. Without a positive health and safety culture, it will probably have little impact. A greater impact is likely to be achieved through a resourced rehabilitation programme, as evidence suggests that such programmes can pay for themselves by reducing the cost of sickness absence. As for health promotion, there are many activities that employers can encourage to promote health at minimal cost and which may gradually engage employees.

The views of employees are very important. Wellbeing programmes are likely to be more successful if employees are asked what they consider is important and whether this is considered.

Implementing the strategy
In general, it’s better to implement wellbeing-related initiatives as a series of discrete, sustainable projects, communicating and building on the success of each project. Each project should have clear, measurable outcomes and be part of an overall programme. The team set up to deliver the wellbeing strategy will need to help review the effect of wellbeing initiatives and the process for coming up with new ideas to excite and motivate employees. Some suggested strategies and programmes to improve mental and physical wellbeing are given in this guide, as well as links to resources in Appendix D (pages 33–37). The case studies in this guide and those referenced on page 34 should also help to generate ideas.

Measuring your success
Senior managers will expect to see the business case for a wellbeing strategy to include measures of success, such as reduced sickness absence rates and positive outcomes from employee surveys. Important survey measures are whether the employee feels valued and enjoys working for the organisation. The success of individual health promotion programmes can be measured in terms of short-term outcomes (e.g. weight loss through a diet club) or sustained engagement in the activities set up by the employer. However, obtaining an objective measure of sustained improvements in employees’ health and lifestyle behaviour could be challenging.

Financial benefits can be calculated from associated cost savings (minus the cost of interventions), through reduced sickness absence, staff turnover, injury claims or health insurance. There may also be other financial benefits. Building the case for wellness is a useful source of information on evaluating wellbeing programmes from a financial perspective.

To help you assess the impact of wellbeing programmes on costs, and the cost of ill health to your organisation, use the Health, Work and Wellbeing business health check evaluation tool and the HSE’s ill health costs calculator.

Health checks
Health checks as part of a wellbeing strategy are usually voluntary and are often popular and well taken up by employees. A health check can range from expensive ‘executive medicals’ to IT-based questionnaires with pointers to sources of health and advice. Data can be stored anonymously from such sources, and organisations can use them to produce an overview of the health of their workforce and target programmes where there is the greatest need. For example, if you have a significant number of workers who are obese and want to lose weight, or smokers who want to kick the habit, it can make good business sense to target programmes at these groups.

As part of an overall strategy, voluntary health screening can be beneficial in early detection of disease in a small number of cases, but is probably more beneficial to most in giving an opportunity to have a health-based discussion and to steer people into more healthy lifestyles. However, careful thought needs to be given as to the purpose, objectives and outputs of such health checks and also to the roles of the professional.
Under the General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679), health data is sensitive information, so employers should not collect it unless it’s necessary. If an employer does collect it, they should keep it confidential. Most employees would probably find it unacceptable to give this kind of information directly to their employer. However, if they know that healthcare professionals have a duty of confidentiality, employees may be happy to give it to an occupational health professional, including one who works in their organisation.

The organisation also needs to give some thought to how it will respond if informal health checks identify that someone who works in a safety critical occupation has a health problem, for instance, if someone whose work involves driving is found to be alcohol-dependent. If after undergoing voluntary health checks employees find that it leads to threats to their employment, it may undermine the wellbeing approach. The Faculty of Occupational Medicine offers guidance for occupational physicians on the ethical principles governing occupational medicine and issues such as the status of occupational health records.56

In safety-critical work such as driving trains or flying planes, employers often require employees to undergo alcohol and drug testing. Such testing should not be confused with general health checks designed to promote health and wellbeing at work, although this aim can be fulfilled by such checks, depending on their nature and if done positively. Alcohol testing in safety-critical areas, for example, is obviously very different to providing ‘voluntary health checks’. Such specialist work needs a chain of custody* and medico-legally driven processes.57 It’s also important not to confuse health checks with health surveillance, where the law requires that employees exposed to certain work-related health hazards are monitored for early signs of any problems.

Wellbeing events
A useful way of encouraging employees to take an interest in their health and get a taste of activities that can improve their wellbeing can be to hold a wellbeing event.

All events should have at least the following key stages:
- planning and preparation
- build-up
- event delivery
- breakdown
- wash-up and evaluation
- appreciation and acknowledgment.

* Chain of custody records should be maintained throughout the life of the evidence and must document every instance of contact with the evidence and the action performed on it.
We know that being in work can be one of the best things for health, as long as the work is ‘good’. Employers should help keep their workers well and healthy by making sure that work isn’t carried out in conditions that lead to stress, MSDs or other health problems. In addition, employers who want their organisations and employees to be ‘working well’ will need to:

- ensure a good employee-to-job ‘fit’, i.e. matching employees’ skills and experience to their job requirements.
- take account of organisational values, the ‘reality’ of the job and the employees’ expectations. At performance appraisals, it’s useful to review how the reality of an employee’s job may contrast with their expectations and values.
- regard wellbeing as a joint responsibility of management and employees, and make sure your organisation’s policy reflects this. Point out the benefits of preserving wellbeing for both the employer (such as efficiency and increased morale) and employee (e.g. improved health and resilience).
- regard working with a health condition as the norm, as long as appropriate modifications can be made to the workplace and suitable support is put in place. An ageing workforce means this will become more important in the future.
- promote a positive organisational ‘climate’. This is about how employees perceive the organisation through its managerial practices, leadership behaviours, how it involves employees and also the reward systems. ‘Climate’ is also used to describe the tangible outputs of an organisation’s health and safety culture, as perceived by employees at a point in time. It can be measured using surveys, supplemented by observations, workshops and focus groups.
- make sure that managers reflect the wellbeing policy in their actions. This consistency will lead to an increase in employees’ trust in the organisation. It’s possible to audit this by examining consistency in areas such as selection and recruitment, communication in the organisation, sickness management, performance measurement and flexible working practices.
- monitor holistic wellbeing. This involves measuring quality of life judgments,* physiological health indicators and health beliefs, as well as standard stress indicators, such as those described in the HSE’s stress management standards. So, include wellbeing factors in your stress risk assessment. A table produced by Lunt, which summarises these, is included in Appendix C, page 29.

As part of a multi-professional approach, OSH practitioners can help employers make appropriate changes to the work environment, the job or the working arrangements, to support employees with health problems and improve workers’ health and wellbeing. They can help educate and raise awareness among employers, employees and fellow professionals about the benefits of healthy organisations, what makes work ‘good’, and how to develop ‘wellbeing assets’ in the workplace.

* Debate still continues on definitions for quality of life; collectively they highlight that it’s a subjective state encompassing physical, psychological and social functioning, and a key feature is its basis on the perceived gap between actual and desired living standards.
Appendix A – Some drivers for wellbeing at work

Political drivers
In November 2017, the UK Department for Work and Pensions (DWP) set out its “Improving Lives” The Future of Work, Health and Disability programme. This programme outlines how the DWP will work in partnership with employers to ensure that businesses with employees with disabilities or other long-term health conditions get appropriate advice and support.

In January 2016, the UK’s HSE implemented a new health and safety system strategy, “Helping Great Britain work well”.

This strategy has six themes. One of these themes focuses on ill-health.

To tackle ill-health, the HSE has set three priority plans: occupational lung disease, musculoskeletal disorders and work-related stress. These plans have several outcomes that will be concluded by the end of 2018. Some of these are outlined below.

One of these outcomes is the establishment and facilitation of the Healthy Lung Partnership (of which IOSH is an active member), a broad-based membership convened to direct and coordinate stakeholder activity on occupational lung disease.

The HSE will seek to work with employers and partners to promote design-based solutions for reducing MSD risks, and to encourage better ergonomic solutions through consultancy and training.

Regarding work-related stress, the HSE has planned to produce a recognised qualification on a management standard approach to this issue.

For some time, concern had been expressed in government circles and beyond about the large numbers of working age people claiming incapacity benefit, in particular the number of claimants suffering from a mental health condition. Unlike other conditions, their number failed to reduce, remaining at around 200,000 per year since 1996. In 2008, the government replaced incapacity benefit with the employment and support allowance, with the aim of helping people return to and remain in work. The assessment for support is now based on identifying what the claimant can do, rather than focusing on their disability.

The high cost of employee absence and worklessness
In 2008, Dame Carol Black, the first National Director for Health and Work, published a review of the health of Britain’s working age population. In Working for a healthier tomorrow, Black notes that around 175 million working days were lost due to illness in 2006. This cost the nation over £100 billion, greater than the annual budget for the NHS and equivalent to the entire gross domestic product of Portugal.

Black also notes that around 7 per cent of the UK workforce were on incapacity benefit, with an extra 3 per cent off work due to illness at any one time.

Nationally in 2009/10 there were 550,000 new cases of workplace ill health. Of these, 43 per cent (234,000) were due to work-related stress, depression and anxiety, and 188,000 (34 per cent) to MSDs. This was out of a total of 1.3 million new and existing cases of people who worked during the previous year. In the same period, 23.4 million working days were lost due to work-related ill health and 5.1 million to workplace injury, representing 1.2 days per worker.

It’s been estimated that, compared to sickness absence, 1.5 times more working time is lost through sub-optimal performance at work due to mental ill health. At any one time, nearly one worker in six in the UK is affected by a clinically diagnosable mental health condition such as depression or anxiety, or problems relating to stress.
Improving health and work: changing lives
Dame Carol Black’s review outlines the important role of the workplace in promoting health and wellbeing and the need to change perceptions about fitness to work, and to address the high level of sickness absence and number of people on incapacity benefit. As part of the review, PricewaterhouseCoopers was commissioned to consider the wider business case. Its study found that wellbeing programmes can have significant positive financial benefits for business.

In November 2008, the government published a positive and potentially far-reaching response to Dame Carol Black’s report, which should herald a new approach to the management of health and wellbeing in the UK. Key initiatives forming part of this new approach include:

- an electronic ‘fit note’ (capability-based medical certificates) focusing on what people can do rather than what they can’t do
- a national education programme for doctors to help them advise people on how to return or remain in work
- appointing coordinators to lead action on health, work and wellbeing in their local areas, including support for small businesses
- a national centre for working-age health and wellbeing, which will identify and monitor trends, evaluate interventions and initiatives, identify evidence gaps and encourage research to close them
- a business health check tool to help businesses estimate the costs of ill health and identify savings they could make by introducing health and wellbeing programmes
- a national strategy for mental health and employment, aiming to bring employment and health services closer together and tackle issue such as stigma and discrimination
- extending the NHS Plus programme to include more testing of innovative ways of offering cost-effective occupational health services to SMEs
- an occupational health helpline pilot for small businesses, providing access to professional occupational health advice for individual employees’ health issues, including mental health
- a challenge fund to encourage local initiatives in small businesses to improve health and wellbeing through worker engagement
- a review of the health and wellbeing of the NHS workforce, to prioritise whole-system improvement and recommend action for local delivery
- a pilot of early intervention services, including the ‘Fit for work’ service pilots, which will provide case-managed, multidisciplinary support
- extending the ‘Access to work’ programme, providing government advice and support with extra funds to meet the needs of employees whose health or disability affects the way they do their jobs
- a pilot programme to help health and safety practitioners play a more active role in managing and promoting health in their workplaces
- creating a council for occupational health to explore methods of joint working and to develop evidence-based guidelines and standards.

IOSH will be working closely with the government to deliver this joined-up approach to work and wellbeing.
<table>
<thead>
<tr>
<th>Promoting health and wellbeing (helping people to stay fit and healthy)</th>
<th>All employees (including representatives)</th>
<th>Managers</th>
<th>Human resources</th>
<th>Occupational health</th>
<th>OSH practitioners</th>
<th>Senior managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help to plan and prioritise the wellbeing at work strategy</td>
<td>Consult with employees and their representatives</td>
<td>Provide appropriate advice and input to the consultation</td>
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<td>Initiate or lead on strategy development</td>
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<tr>
<td>Look after own health and wellbeing</td>
<td>Promote, support and act as role model</td>
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<tr>
<td>Participate in activities to improve health and wellbeing</td>
<td>Encourage employees to participate in activities that improve their health and wellbeing</td>
<td>Run health promotion activities</td>
<td>Provide information on what can be done, eg using resources provided by the British Heart Foundation</td>
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<tr>
<td>Organise or champion team activities</td>
<td>Encourage or support employees to organise activities</td>
<td>Communicate positive wellbeing messages</td>
<td>Co-ordinate communication of health-related activities organised by others</td>
<td></td>
<td>Act as champion for organisation</td>
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<tr>
<td>Suggest ideas</td>
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<td>Co-ordinate communication of success stories and ideas</td>
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<tr>
<td>Tell everyone what you’ve done</td>
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<td>Monitor and review</td>
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<tr>
<td>Effect of work on health (continuing to make sure people aren’t injured or made ill by their work)</td>
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<tr>
<td>All employees (including representatives)</td>
<td>Managers</td>
<td>Human resources</td>
<td>Occupational health</td>
<td>OSH</td>
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<tr>
<td>Manage own work–life balance</td>
<td>Support employees in achieving a work–life balance that benefits</td>
<td>Manage organisational stress risk assessment, e.g. by using the HSE’s stress management standards</td>
<td>Act as role model and provide leadership on work–life balance and health and safety</td>
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<tr>
<td>Manage own stress</td>
<td>Assess, manage and monitor work- related health risks, e.g. risk of stress, musculoskeletal disorders, in own area of responsibility</td>
<td>Provide training and development opportunities to build employee resilience (e.g. manage your own stress) and management skills (general and health and safety)</td>
<td>Consider how organisational changes, e.g. reorganisation, may lead to work-related ill health and take action to mitigate</td>
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<tr>
<td>Discuss concerns about the effect of work on own health with manager</td>
<td>Monitor signs of ill health in employees and enquire about the effects of work on their health</td>
<td>Develop and monitor HR policies on: - flexible working - work–life balance - performance management - competence - grievance - bullying and harassment - equality and diversity - attendance management</td>
<td>Provide health surveillance programme, as appropriate</td>
<td>Develop health and safety policy and standards for health-related risks</td>
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<tr>
<td>Be considerate of and supportive to other team members</td>
<td>Be supportive and demonstrate that you value and respect employees</td>
<td>Identify and assess organisational risk from work-related ill health and advise on prevention strategies</td>
<td>Provide advice and support to individual managers on preventing and managing work-related ill health</td>
<td>Monitor organisational health and safety performance</td>
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<tr>
<td>Implement HR policies fairly</td>
<td>Provide clarity on job role and objectives</td>
<td>Manage performance and capability</td>
<td>Monitor implementation and effectiveness of health and safety standards and compliance with legal requirement</td>
<td>Provide clarity on organisational objectives</td>
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<tr>
<td>Monitor competence as a manager (see <a href="http://www.hse.gov.uk/stress/mcit.htm">www.hse.gov.uk/stress/mcit.htm</a>)</td>
<td>Provide management training and development opportunities</td>
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<td>Monitor competence of management team and provide appropriate support</td>
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<tr>
<td>Effect of health and wellbeing on work (helping people with health conditions and impairments to remain at work)</td>
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<tr>
<td><strong>All employees (including representatives)</strong></td>
<td><strong>Managers</strong></td>
<td><strong>Human resources</strong></td>
<td><strong>Occupational health</strong></td>
<td><strong>OSH practitioners</strong></td>
<td><strong>Senior managers</strong></td>
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<tr>
<td>Work with manager to identify and implement reasonable adjustments</td>
<td>Work with employee to identify and implement reasonable adjustments, taking account of health and safety risks</td>
<td>Develop and monitor HR policies on: - recruitment - capability - attendance - rehabilitation - alcohol and drugs - smoking</td>
<td>Medical health checks on recruitment</td>
<td>Raise awareness of where lifestyle choices can increase health and safety risks</td>
<td>Provide resources to support good rehabilitation practices</td>
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<tr>
<td>Seek medical advice early, to prevent short-term ill health becoming long-term</td>
<td>Monitor employee sickness</td>
<td>Consider providing private health schemes and employee assistance programmes as benefits</td>
<td>Monitor organisational sickness levels and investigate if illnesses have work-related causes</td>
<td>Encourage managers to refer employees with health problems to occupational health early</td>
<td>Monitor attendance performance</td>
<td></td>
</tr>
<tr>
<td>Keep in touch with manager when off sick</td>
<td>Keep in touch with employee when they’re off sick</td>
<td>Advise manager on individual risk assessment and reasonable adjustments</td>
<td>Provide adequate resources</td>
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<tr>
<td>Seek advice from specialists about managing long-term ill health and disability at work</td>
<td>If concerned about effect of employee health on work, seek advice early on from occupational health specialist</td>
<td>Advise line managers on accessing appropriate occupational health services (in-house or external)</td>
<td>Advise line managers on accessing appropriate occupational health services (in-house or external)</td>
<td>Promote, communicate or educate regarding: - sources of help to individual or manager - awareness training on disability and mental health issues</td>
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<td>Joint case review where employee has long-term absence, to agree appropriate support and return-to-work plan</td>
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</tbody>
</table>
Appendix C – Supplementary wellbeing domains*

<table>
<thead>
<tr>
<th>‘Holistic’ wellbeing domain</th>
<th>Examples</th>
<th>Rationale</th>
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</thead>
<tbody>
<tr>
<td>Health behaviour opportunities (availability, accessibility)</td>
<td>Nutrition, physical exercise, health surveillance/screening</td>
<td>Boost resilience</td>
</tr>
<tr>
<td>Organisational climate</td>
<td>Consistency between ‘what is said’ and what is done, wellbeing role models/ leadership, communicating success, performance measurement, transparency in decision-making</td>
<td>Independently related to morale</td>
</tr>
<tr>
<td>Work–life balance (overlaps the Management Standard ‘role’)</td>
<td>Flexible working practices</td>
<td>Encourage consideration of contextual wellbeing influences</td>
</tr>
<tr>
<td>Social equity/parity</td>
<td>Worker involvement, equal opportunities</td>
<td>Encourage consideration of contextual wellbeing influences</td>
</tr>
<tr>
<td>Health beliefs/reinforcers</td>
<td>‘Workability’, symptom controllability, symptom cause</td>
<td>Adaptive adjustment to health limitations by employee and employer</td>
</tr>
</tbody>
</table>

* From Applying the biopsychosocial approach to managing risks of contemporary occupational health conditions: scoping review. (Table 16, page 95). Table reproduced with permission.
Appendix D – Resources

This Appendix gives links to organisations that can provide occupational health advice. The list isn’t comprehensive, and the inclusion of an organisation, except IOSH, doesn’t imply any endorsement by us.

Workplace health risk management

Institution of Occupational Safety and Health (IOSH)

Free guidance includes:

- IOSH Occupational Health Toolkit
  Brings together information, guidance, factsheets, case studies, training materials, presentations and more to help OSH professionals and employers tackle occupational health problems. It covers stress, MSDs, skin disorders and inhalation disorders.
  www.ohtoolkit.co.uk

- A healthy return: good practice guide to rehabilitating people at work
  This introductory text for OSH professionals and others gives an overview of rehabilitation; work adjustment assessment; case studies; and sources of information and training. www.iosh.co.uk/healthyreturn

- Out of ‘site’, out of mind?
  Managing office teleworking in the 21st century
  This publication includes guidance on health-related issues affecting teleworkers, such as stress and musculoskeletal disorders.
  www.iosh.co.uk/teleworking

IOSH also provides other free guides, covering topics such as health and safety management systems, positive culture and behavioural safety at www.iosh.co.uk/freeguides.

Health and Safety Executive (HSE)

Guidance on prevention of work-related health risks www.hse.gov.uk

Helping Great Britain work well
Web resource that includes summaries of good occupational health practices and case study material.
www.hse.gov.uk/strategy/

Occupational Health Advisory Committee report and recommendations on improving access to occupational health support.
www.hse.gov.uk

The following HSE publications include advice on occupational health issues (HSE Books, Sudbury, Suffolk, t +44 (0)1787 313995, www.hsebooks.co.uk):

- Essentials of health and safety at work
- Successful health and safety management, HSG65
  Covers occupational health as well as safety issues
- Health risk management: a practical guide for managers in small and medium-sized enterprises, HSG137.

The HSE publishes guidance on a range of workplace health-related issues. These can be accessed via the health and safety topics link on its homepage. Examples include:

- alcohol and drugs www.hse.gov.uk/alcoholdrugs
- asthma www.hse.gov.uk/asthma
- www.hse.gov.uk/construction/healthrisks
- hand–arm and whole-body vibration www.hse.gov.uk/vibration
- hazardous substances www.hse.gov.uk/coshh
- musculoskeletal conditions www.hse.gov.uk/msd/index.htm
- new and expectant mothers www.hse.gov.uk/mothers
- noise at work www.hse.gov.uk/noise
- sickness absence and return to work www.hse.gov.uk/sicknessabscence
- skin www.hse.gov.uk/skin

- stress www.hse.gov.uk/stress
- young people at work www.hse.gov.uk/youngpeople.

Other organisations

Association of Occupational Health Nurse Practitioners (UK) www.aohnp.co.uk

British Occupational Hygiene Society www.bohs.org

Equality and Human Rights Commission www.equalityhumanrights.com

Ergonomics Society www.ergonomics.org.uk


Faculty of Occupational Medicine www.facccmed.ac.uk

Public Health England
Offers advice on public health, including infectious diseases, chemicals, poisons and radiation.
www.gov.uk/government/organisations/public-health-england

Institute of Acoustics www.ioa.org.uk

Institute of Occupational Health www.bham.ac.uk/IOH

Society of Occupational Health Nurse Practitioners www.aohnp.co.uk

Society of Occupational Medicine www.som.org.uk

World Health Organization www.who.int/en/

International Labour Organization www.ilo.org/
Further reading


Links to more case studies

You can get more case studies on the following websites:

- British Heart Foundation www.bhf.org.uk/healthatwork
- Health, work and wellbeing www.dwp.gov.uk/health-work-and-wellbeing/case-studies
- NHS Workplace Health and Wellbeing www.workplacehealthandwellbeing.co.uk

British Heart Foundation

Uses public information campaigns, advertising and the media to inform people about how to improve the health of their heart. Its ‘Health at work’ webpages cover eating well, getting active, and wellbeing at work, providing online resources and ideas for health promotion and a range of ‘Think fit’ packs.

www.bhf.org.uk/healthatwork

Chartered Institute of Personnel and Development www.cipd.co.uk

European Business Network for CSR www.csreurope.org/

Health Scotland

Works to improve health and reduce health inequalities in Scotland. www.healthscotland.com

Health, Work and Wellbeing Government-led initiative to improve the health and wellbeing of working age people. Includes case studies and resources.

www.dwp.gov.uk/health-work-and-well-being/

National Institute for Health and Care Excellence

NICE produces evidence-based guidance on public health interventions and programmes. www.nice.org.uk

Scottish Centre for Healthy Working Lives

Runs a free national award programme for promoting health in the workplace.

www.healthyworkinglives.com/home/index.aspx

Take life on, one step at a time Information, resources and support on healthy eating and physical activity, and how small changes can lead to big benefits. It’s a joint collaboration between the Scottish Executive and NHS Health Scotland.

www.takelifeon.co.uk

Mental health

The British Association for Counselling and Psychotherapy (BACP). It aims to promote best practice in counselling at work and other employee support interventions, including coaching, mediation, stress auditing, stress management, trauma management and information services.

www.bacp.co.uk/

EEF

Work organisation assessment tool www.workorganisation.org.uk

Mindful employer Employer-led initiative aimed at increasing awareness of mental health at work and providing support for businesses in recruiting and retaining staff.

www.mindfulemployer.net

Royal College of Psychiatrists

Professional and educational body for psychiatrists in the UK and Republic of Ireland. Their site includes advice on mental ill health, alcohol and drugs.

www.rcpsych.ac.uk/mentalhealthinfoforall.aspx

Centre for Mental Health

Promotes new ways of helping people with mental health problems get and keep work.

www.centreformentalhealth.org.uk/

See me

A Scottish government-funded alliance of five mental health organisations that aims to tackle the stigma and discrimination associated with mental ill health.

www.seemescotland.org.uk

Shaw Trust

‘Tackling the last workplace taboo’ is a web resource to help manage mental ill health at work.

www.tacklementalhealth.org.uk
Shift
Part of the National Mental Health Development Unit, a government-funded organisation advising on best practice improvements. www.shiftproject.org/

Further reading

Musculoskeletal health
BackCare
An independent national charity that helps people manage and prevent back pain. www.backcare.org.uk

Further reading
Aching arms or RSI in small businesses www.hse.gov.uk/pubns/indg171.pdf
Early management of persistent non-specific low back pain
http://guidance.nice.org.uk/CG88
Upper limb disorders in the workplace
www.hse.gov.uk/msd/uld/

Physical activity
About.com
About.com is network of around 750 freelance authors, who provide practical solutions to everyday problems across thousands of topics. The following sites are relevant: www.about.com/health and www.walking.about.com

Disability Sport Events
Creates opportunities for participation in sport for people with disabilities. www.disabilitysport.org.uk

Sport England
Advises, invests in and promotes community sport to create an active nation and encourages people to get involved in sport and physical activity. www.sportengland.org

Sustrans
The UK’s leading sustainable transport charity. Its vision is a world in which people can choose to travel in ways that benefit their health and the environment. The site provides practical, innovative ways of dealing with the transport challenges. www.sustrans.org.uk

Walking the way to health
The largest national body promoting and setting the standards for led health walks. It’s a joint initiative between Natural England and the British Heart Foundation, supporting health walk schemes. www.walkingforhealth.org.uk/

Walkit.com
Calculates walking routes in major cities in the UK, so that employees working in or visiting them can walk to their destination rather than drive or use public transport. www.walkit.com

Further reading

Healthy eating
British Dietetic Association
‘Food facts’ series of downloadable factsheets on food issues. www.bda.uk.com

British Nutrition Foundation
A registered charity seeking to promote wellbeing through science-based knowledge and advice on diet, physical activity and health. It also provides healthy eating information and resources for schools. www.nutrition.org.uk

Food Standards Agency
An independent government department set up to protect the public’s health and consumer interests in relation to food. www.food.gov.uk

Weight Concern
A registered charity dedicated to fighting the UK’s obesity epidemic. Includes advice on losing weight, healthy eating and exercise. www.weightconcern.org.uk

World Health Organization
Diet and physical activity: a public health priority www.who.int/dietphysicalactivity/en

Smoking
IOSH
A breath of fresh air – Managing a smoke-free workplace
IOSH guidance on smoke-free policies. www.iosh.co.uk/smokefree

HSE
Advice on smoking at work. www.hse.gov.uk/contact/faqs/smoking.htm

Action on Smoking and Health
A campaigning public health charity that works to eliminate the harm caused by tobacco. www.ash.org.uk and www.ashscotland.org.uk
Clearing the Air Scotland Advice on Scotland’s smoke-free legislation. www.clearingtheairscotland.com/index.html

NICE
Information for employers – what you can do to encourage your employees to stop smoking
www.nice.org.uk

Smoke Free England
Information about smoke-free legislation in England and links to support on quitting smoking.
www.smokefreeengland.co.uk

Smoking Ban Wales
Advice on smoke-free legislation in Wales.
www.smokingbanwales.co.uk

Space to Breathe
Advice on smoke-free legislation in Northern Ireland.
www.spacetobreathe.org.uk

Alcohol and drugs
HSE
Online information and downloadable leaflets providing advice and guidance on alcohol and drugs at work.
www.hse.gov.uk/alcoholdrugs

Royal College of Psychiatrists
Includes advice on alcohol and drugs.
www.rcpsych.ac.uk/healthadvice.aspx

Adfam
Provides support to people working with family members who are affected by alcohol and drugs.
www.adfam.org.uk

United Kingdom Accreditation Service (UKAS)
A laboratory accredited by UKAS will have satisfied assessors that it meets all criteria for providing drug screening test results.
www.ukas.com

Alcoholics Anonymous
An informal society of recovered alcoholics that provides support for those who want to stop drinking.
www.alcoholics-anonymous.org.uk

Alcohol Concern
Provides information, fact sheets and articles on a range of topics surrounding alcoholism.
www.alcoholconcern.org.uk

Institute of Alcohol Studies
A charity aimed at improving education about alcohol in the UK. Includes fact sheets dealing with all aspects of alcohol in society, complete with facts and figures.
www.ias.org.uk

Alcohol Focus Scotland
A volunteer organisation for alcohol issues in Scotland. Provides information about alcohol, including legal matters, frequently asked questions, and tips for safe drinking.
www.alcohol-focus-scotland.org.uk

Down your drink
A web tool designed to help people work out whether they’re drinking too much and, if so, what to do about it.
www.downyourdrink.org.uk

FRANK
A national helpline set up by the Home Office that offers free confidential help and information about drugs 24 hours a day. t +44 (0)800 77 66 00.
www.talktofrank.com

Release
A confidential helpline offering help on drug use and legal issues. t +44 (0)845 450 0215
www.release.org.uk

DrugScope
Aims to advise on policy development and reduce drug-related risk.
www.drugscope.org.uk

Re-Solv
A national charity dedicated to preventing solvent and volatile substance abuse.
www.re-solv.org

Further reading
Faculty of Occupational Medicine.
Guidance on alcohol and drug misuse in the workplace. London: Faculty of Occupational Medicine, 2006. www.facoccmed.ac.uk

www.ias.org.uk/Alcohol-knowledge-centre/Health-impacts.aspx

Men’s health
Men’s health is generally poorer than women’s, and men are generally less likely to use doctor’s services. The workplace is therefore a good arena to reach them with health messages. The following websites provide useful information and resources on men’s health issues: www.malehealth.co.uk www.menshealthforum.org.uk

Women’s health
Race for Life
The biggest women-only fundraising event in the UK. Women can walk, jog or run 5km to raise money for Cancer Research UK. The event not only supports a good cause but encourages women to get engaged in physical activity.
www.raceforlife.org

Women’s Health Concern
Provides an independent service to advise, reassure and educate women about their health concerns. The site includes factsheets on a range of women’s health issues.
www.womens-health-concern.org
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