Working well

Guidance on promoting health and wellbeing at work

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Information guide

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

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, eg 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 law, statistics and examples. Readers from outside the UK who want to apply its findings should be aware of possible differences and may need to use data from their own countries.

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Our materials are reviewed at least once every three years. This document was last reviewed and revised in May 2015.

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1 IOSH's view

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 the UK has 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 the national economy. And 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 (eg from Eastern Europe), the future workforce is likely to have a higher proportion of older employees and employees with disabilities and chronic health conditions.

In addition, if government, healthcare services, other professionals, employers and employees don't work together to promote the health and wellbeing of individuals, issues such as obesity, alcohol and drug abuse and mental ill health will have a negative impact on the workplace.

Many employers already have a wide range of professionals in their workplace who carry out activities that support employees' wellbeing. However, the time has come for a holistic approach in which all stakeholders work together for the common goal of a happy, healthy and motivated workforce.

Wellness 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. The effectiveness of employers' coping strategies after an incident will be influenced by how easily employees can return to normal working.

It may be more helpful and realistic to think of employee wellness or wellbeing as a continuum, rather than aiming for a completely happy and healthy workforce as an initial target.

Employers who want to retain and develop their workforce will need to make sure that they have suitable strategies to:
- continue to protect their employees from work-related health and safety risks, as required by law
- help employees who have common minor health conditions return to or remain in work
- encourage employees to look after their own health and wellbeing and provide opportunities that enable them to do so.

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

IOSH believes that the occupational safety and health (OSH) community should play a fundamental role in supporting wellbeing in the workplace. Over 44,000 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.

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.

2 What is wellbeing?

"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."[3]
Professor Dame Carol Black, UK National Director for Health and Work (2006–2011)

Definitions of wellbeing generally relate to people's experience of their quality of life. For instance, Waddell & Burton[1] 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:[4] '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',[5] 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 government's strategy paper, *Health, work and well-being – Caring for our future*[6] 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, and 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.

What is the evidence of the benefits of a holistic view of wellbeing?

The CIPD's Absence Management Annual Survey report 2010[7] estimates that, on average, UK employees are absent from work 7.7 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 £889, more than twice that in the manufacturing and production sector (£400) and substantially higher than in private sector service organisations (£600) or not-for-profit organisations (£600). 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.[8] 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 (eg age, gender, past experiences), health beliefs and behaviours (eg 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.[9]

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.[10] 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 have to tackle their employer's negative view of health and safety as something that has to 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 OSH 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*.[11] The study, which included a review of available literature and 55 case studies, shows that wellbeing programmes can give businesses benefits 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 centre, 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[12] 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)[13] 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.[14]

The framework covers the following areas:[14]
- **line management and workplace culture**, eg 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**, eg going beyond minimum legal requirements to manage risks to health, including stress and preventing physical and mental harm
- **individual role and empowerment**, eg making sure the design of job roles, as well as communication and objective-setting in the organisation, promotes individual wellbeing
- **work–life balance**, eg going beyond minimum legal requirements to support flexible working arrangements where this meets the needs of the organisation and individual
- **enabling health improvement**, eg 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."[4]

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 behavioural 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 & Burton[1] 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 take into account. For example, the beliefs the employee holds about their illness may be a barrier to rehabilitation.

Fennell[15] 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 (eg counselling or cognitive behavioural therapy) or physical (eg physiotherapy or back care classes) – where the employee's GP 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*[16] 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."[17]

4 Key wellbeing issues

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 Sainsbury's Centre[18] provide clear evidence of the considerable costs associated with mental health in the workplace.

At any one time, nearly one in six people in the UK workforce is affected by a mental health condition such as stress, depression or anxiety. This rises to one in five if alcohol or drug dependence is included. Mental health problems account for around 40 per cent of sickness absence, which equates to around 2.8 days per person per year, while stress and mental health may account for up to 5 per cent of total staff turnover.

According to HSE figures,[25] in 2009/10 an estimated 435,000 people in Great Britain who worked in the previous year suffered from stress caused or made worse by their current or past work. This equates to 1.5 per cent of people who worked in the previous 12 months in Great Britain.

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[10] and the CIPD/HSE/IiP stress competency framework[19,20] 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. Some organisations can help with running surveys or 'stress audits of employees'. Also, the HSE[21] and Engineering Employers' Federation (EEF)[22] offer free assessment tools

- 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.[17]

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'[23] to tackle these issues in England. The equivalent in Scotland is called 'See me'.[23] The Shift website offers employers and line managers practical guidance on managing and supporting people with mental health problems in the workplace. For more information on 'Shift' and 'See me', see Appendix E, page 35.

Physical wellbeing: musculoskeletal health

Musculoskeletal disorders (MSDs) such as back pain are very common. According to a survey published in 2000, almost half (49 per cent) of the UK's adult population report low back pain lasting for at least 24 hours at some time in the year, and it's estimated that four out of every five adults (80 per cent) will experience back pain at some stage in their life.[24]

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 (eg 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.

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, make a contribution
9 Learn a new skill
10 Do something creative
11 Take a break
12 Ask for help

HSE statistics[25] show that in Britain in 2009/10 an estimated 572,000 people in Great Britain who worked in the previous year suffered from an MSD caused or made worse by their current or past work. This equates to 1.9 per cent of people who worked in the previous 12 months in Great Britain.

Of these, an estimated 248,000 suffered from a disorder mainly affecting their back, 230,000 from a disorder mainly affecting their upper limbs or neck, and 94,000 from one affecting their lower limbs.

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 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.[26]

An HSE report evaluating 19 projects in the 'Back in work'[27] initiative identified some key messages, including:
- keep active, both 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 E on pages 33–37.

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.

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: hand hygiene; vaccination policies.

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

Healthy eating and obesity

According to a recent research review, obesity has more than trebled in the UK during the past 25 years.[28] Being obese or overweight is associated with a higher likelihood of suffering numerous chronic illnesses, including cardiovascular disease, diabetes, joint disorders and certain types of cancer. Obesity costs England 18 million sick days and 30,000 deaths every year. The increase in obesity appears to be due largely to a decrease in physical activity (calorie intake has changed little since 1980, but the UK now travels 25 per cent less on foot or by bicycle, and watches twice as much TV).

Healthy eating isn't just about maintaining a healthy weight. A balanced diet can help to prevent digestive disorders (eg 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 (eg breast). Some also suggest that deficiencies in some vitamins and minerals can increase the chance of feeling depressed.[29]

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, eg 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, eg 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 E on pages 33–37.

Smoking

The impact of smoking on health is well documented. It's one of the biggest causes of death and illness in the UK, resulting in 114,000 deaths a year. 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, eg asbestos-related disease, vibration white finger and asthma.[30]

By law, all workplaces in the UK must now be smoke-free. Employers should have smoke-free policies and consider how they can support employees to quit smoking. IOSH's guide on smoke-free workplaces, *A breath of fresh air*,[31] gives more advice on this area. Some useful links are also included in Appendix E on pages 33–37.

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 the Health and Safety at Work etc Act. Transport system operators may also be prosecuted under the Transport and Works Act 1992 if they don't show due diligence in trying to prevent employees working under their influence. 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
More than 90 per cent of people in the UK drink alcohol. In moderation, drinking alcohol isn't likely to be a problem, but drinking too much or at the wrong time can be harmful.

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 have a health problem caused by alcohol, and according to the Royal College of Psychiatrists,[32] around one in 15 men and one in 50 women are physically addicted to alcohol.

Alcohol is a tranquilliser and addictive, and it's 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.

In 2008, there were 9,031 alcohol-related deaths in the United Kingdom, compared to 8,724 in 2007. The rate has doubled since the early 1990s, from 6.7 per 100,000 people in 1992 to 13.6 in 2008. There are more alcohol-related deaths in men than women: in 2008, there were 18.7 per 100,000 in men and 8.7 per 100,000 in women.[33] NHS hospital admissions in England with a primary or secondary diagnosis specifically related to alcohol have more than doubled over the last 10 years.[34]

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.[35]

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.[36] Referring to substance abuse at 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."

In 1979/80 in the UK, the HSE investigated blood alcohol concentrations in 35 of 92 reported fatal workplace accidents. Of these, seven (20 per cent) exceeded the drink–drive limit. However, little work has been done to update this figure, and there is no reliable estimate of the current number of occupational deaths and injuries attributable to alcohol.[36]

The HSE estimates that alcohol is estimated to cause 3–5 per cent of all absences from work, equating to 8–14 million lost working days in the UK each year.[37]

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's an offence, under the Misuse of Drugs Act 1971, to produce, supply and possess most controlled drugs except in certain specified circumstances, eg when prescribed by a doctor. Those who knowingly permit the production or supply of controlled drugs, or the taking of drugs (including cannabis) on their premises, could also be committing an offence.

The 2009/10 British Crime Survey estimates that in the past year, 8.6 per cent of adults (almost 3 million people) had used illegal drugs and 3.1 per cent (around 1 million people) had used a Class A drug.

Estimates from the 2009/10 BCS show that 3.3 per cent of adults aged 16 to 59 were defined as frequent drug users in the last year (ie they used a drug more than once a month on average in the last year), equivalent to 41 per cent of all those who used a drug at all in the last year. As in previous years, cannabis was the most commonly used type of drug in the last year, followed by powder cocaine.

- Around one in 15 adults (6.6 per cent) used cannabis in the last year, equating to around 2.2 million people.
- An estimated 2.4 per cent of adults reported use of powder cocaine in the last year, which is approximately 0.8 million adults.

Since 1996, when BCS drug use measurement began, several trends in levels of use among adults aged 16 to 59 can be seen.
- Use in the previous year of any illicit drug is at its lowest level since measurement began, falling from 11.1 per cent in the 1996 BCS to 10.1 per cent in 2008/09 and to 8.6 per cent in 2009/10. This is mainly due to a decline in the use of cannabis since 2003/04.
- Class A drug use was lower in 2009/10 (3.1 per cent) than 2008/09 (3.7 per cent); levels of Class A use in the last year are now at similar levels to 1996 (2.7 per cent).
- Although the long-term trend displays relatively constant levels of Class A drug use overall, within this there was an increase in cocaine use between the 1996 and 2009/10 surveys. This was partly offset by a decrease over the same period in the use of hallucinogens.[38]

An HSE report on the scale and impact of illegal drug use by workers[39] 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 3 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 is, however, an offence under the Intoxicating Substances (Supply) Act 1985 to supply a product to a person aged under 18 if you know or suspect 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.[40]

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 (eg those on work experience). Guidance on the kind of solvents that can be misused can be found on the Re-solv website.[41]

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
- 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 the legal requirements of the Misuse of Drugs Act
- tackle safety-related issues, eg 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 (eg 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 HSE's *Don't mix it! A guide for employers on alcohol at work*.[37]
- See the HSE's *Drug misuse at work: a guide for employers*[42] for guidance on drug misuse.
- For general guidance on both alcohol and drugs at work, visit the HSE website.[43]

The ageing workforce

A report produced by the HSE's Health and Safety Laboratory[44] 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 *At least five a week*, the Chief Medical Officer[45] states that 'Physical activity not only contributes to wellbeing, but is also essential for good health'. Physical activity:
- reduces the risk of developing major chronic diseases (such as coronary heart disease, stroke and type 2 diabetes) by up to 50 per cent, and the risk of premature death by about 20 to 30 per cent
- helps to reduce obesity. (Obesity doubles the risk of death, coronary heart disease, stroke and type 2 diabetes, and increases the risk of some cancers and musculoskeletal problems.) People who use a combination of a low-calorie diet and physical activity to lose weight lose greater fat mass and conserve more lean tissue, which is likely to be important to long-term sustained weight loss
- is effective as a treatment for mild, moderate and severe clinical depression, and may also help people with other mental illnesses. Regular moderate exercise helps people feel better by improving their mood, reducing anxiety and improving their self-perception. It can also help reduce stress and improve sleep
- increases bone mineral density in adolescents, maintains it in young adults, and slows its decline in old age. In addition, aerobics-type exercise programmes can also help prevent recurrence of low back pain
- low to moderate intensity activity can produce health benefits for older people and help prevent age-related weight gain.

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?

At least five a week[45] recommends a total of at least 30 minutes a day of moderately intense physical activity on five or more days of the week is needed to reduce the risk of ill health through inactivity. Many people need 45 to 60 minutes of such physical activity each day to prevent obesity. Physical activity can be built up in bouts of 10 minutes or more, eg walking to and from work, taking a lunchtime walk or climbing stairs instead of using the lift.

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.

5 How should employers promote health?

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 main 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 centres 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, eg 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, eg 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 (eg 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 (see Appendix D, page 30). The Well@Work evaluation report[12] 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.[46] 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. For example, dancing competitions are popular television programmes, so perhaps now's the time for lunchtime salsa lessons!

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 GP.

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.[47]

Employers sometimes promote the use of 'therapies' such as massage or aromatherapy. There's little, if any, evidence that some popular therapies improve physical or mental health, but they may have their place in improving employees' sense of wellbeing and of being valued by their employer. Care should be taken as there may be health risks associated with some therapies, so it's best to stick to well established treatments, where the provider is able to demonstrate competence through recognised qualifications. These can be identified by contacting the relevant professional body. Some local authority adult education centres are able to run 'taster sessions' or short courses in the workplace.

Case study 4 – Burnley Borough Council

Burnley has some of the worst health indicators in England. Burnley Borough Council works with other 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 also 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 (eg 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, eg 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.

6 Implementing a wellbeing strategy in the workplace

A recent study[11] outlines 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).

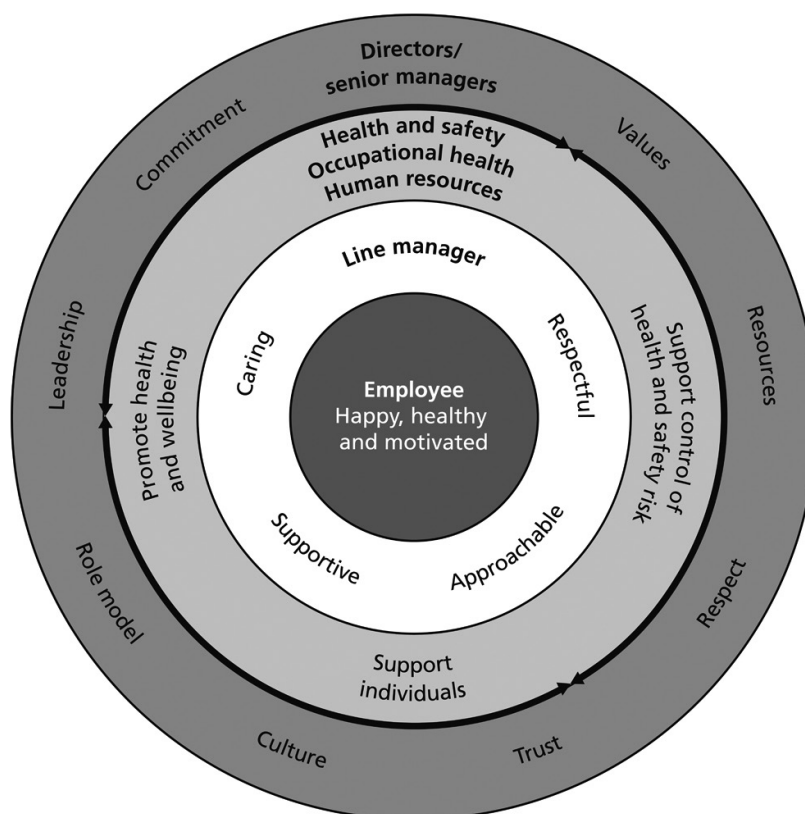Appendix B (page 26) shows the areas that wellbeing covers.

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 (sometimes referred to as 'the way we do things around here').[48,49] 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.[10] 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 taken into account.

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 guidance on delivering wellbeing events in Appendix D (pages 30–32) and links to resources in Appendix E (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 (eg 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*[11] 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 healthcheck evaluation tool[50] and the HSE's ill health costs calculator.[51]

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 professionals involved.

Under the Data Protection Act 1998, 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.[52]

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.[53] 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.

For more information on these stages, as well as a real-life example of two events held by an organisation, see Appendix D, pages 30–32.

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* 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.

7 Conclusion

We know that being in work can be one of the best things for health, as long as the work is 'good'.[1,54,55] 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', ie 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 (eg 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,[7] 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.

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* 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.[7]

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Appendix A – Some drivers for wellbeing at work

Political drivers

In July 2000, the UK government published *Securing health together*,[56] a 10-year occupational health strategy. It sets out a vision to tackle high levels of work-related ill health and to reduce the personal suffering, family hardship and costs to individuals, employers and society.

In November 2004, the Department of Health published its public health white paper, *Choosing health: making healthier choices easier*.[57] The paper outlines key principles for helping the public make healthier and more informed choices about their health. It was followed in 2005 by the government's strategy for the health and wellbeing of working age people, *Health, work and well-being – Caring for our future*.[6] The aim of the strategy is to create workplaces where the health and wellbeing of employees is protected, and to give employees every opportunity to improve their health and wellbeing.

The strategy states that success should lead to:
- an improvement in the health and wellbeing of people of working age
- increased employment – with more people able to work than ever before
- optimal performance and attendance – with people absent from work less
- people and their employers being empowered to promote and protect their own health
- increased productivity – so that people are more effective when they're at work
- a reduction in health inequalities and social exclusion, resulting in benefits for individuals, families, communities and society
- people being able to work to a later age if they wish
- people with health problems or disabilities being able to optimise their work opportunities.

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.[58] 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.[59]

The government strategy, *Healthy weight, healthy lives*,[60] identifies five areas for tackling excess weight:
- preventing weight problems in children to avoid the 'conveyor belt' effect into adulthood
- promoting healthier food choices – reducing the consumption of foods that are high in fat, sugar and salt, and increasing the consumption of fruit and vegetables
- building physical activity into daily life – getting people moving as a normal part of their day
- creating incentives for better health – increasing the understanding and value that people place on the long-term impact of decisions
- personalised advice and support – complementing preventive care with treatment for those who already have weight problems.

The strategy includes a focus on how employers can be encouraged to promote wellness among their staff, and make healthy workplaces part of their core business model.

The government's alcohol strategy[61] aims to improve understanding of what acceptable drinking behaviour is and reduce alcohol-related harm. It explains the role of police, local communities, local authorities, the NHS, voluntary organisations, the alcohol industry and others in helping to change drinking culture.

The national drug strategy, *Drugs: protecting families and communities*, is a cross-government programme of policies and interventions that concentrate on the most dangerous drugs, the most damaged communities and problematic drug users. The Home Office website, Tackling drugs: changing lives,[38] gives more information on the government's alcohol and drugs strategies.

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*,[58] 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.[58]

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%) 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.[58]

Improving health and work: changing lives

Dame Carol Black's review[58] 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. Their study[11] 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[65] 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 GPs to help them advise people on how to return or remain in work
- appointing co-ordinators 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 healthcheck 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.

Appendix B – Key stakeholders and the part they play

Promoting health and wellbeing (helping people to stay fit and healthy)					
All employees (including representatives)	Managers	Human resources	Occupational health	OSH practitioners	Senior managers
Help to plan and prioritise the wellbeing at work strategy	Consult with employees and their representatives and appropriate professionals	Provide appropriate advice and input to the consultation			Initiate or lead on strategy development
Look after own health and wellbeing	Promote, support and act as role model				
Participate in activities to improve health and wellbeing	Encourage employees to participate in activities that improve their health and wellbeing	Run health promotion activities Provide information on what can be done, eg using resources provided by the British Heart Foundation			Provide resources or facilities to help improve health, eg showers, pedometers
Organise or champion team activities	Encourage or support employees to organise activities	Communicate positive wellbeing messages Co-ordinate communication of health-related activities organised by others			Act as champion for organisation
Suggest ideas Tell everyone what you've done		Co-ordinate communication of success stories and ideas			Monitor and review

Effect of work on health (continuing to make sure people aren't injured or made ill by their work)					
All employees (including representatives)	Managers	Human resources	Occupational health	OSH practitioners	Senior managers
Manage own work–life balance	Support employees in achieving a work–life balance that benefits them and the employer	Manage organisational stress risk assessment, eg by using the HSE's stress management standards			Act as role model and provide leadership on work–life balance and health and safety
Manage own stress	Assess, manage and monitor work-related health risks, eg risk of stress, musculoskeletal disorders, in own area of responsibility	Provide training and development opportunities to build employee resilience (eg manage your own stress) and management skills (general and health and safety)			Consider how organisational changes may lead to work-related ill health, eg reorganisation, and take action to mitigate
Discuss concerns about the effect of work on own health with manager	Monitor signs of ill health in employees and enquire about the effects of work on their health	Develop and monitor HR policies on: - flexible working - work–life balance - performance management - competence - grievance - bullying and harassment - equality and diversity - attendance management	Provide health surveillance programme, as appropriate	Develop health and safety policy and standards for health-related risks	Provide resources needed for a safe and healthy working environment
Be considerate of and supportive to other team members	Be supportive and demonstrate that you value and respect employees		Identify and assess organisational risk from work-related ill health and advise on prevention strategies		Monitor organisational health and safety performance
	Implement HR policies fairly		Provide advice and support to individual managers on preventing and managing work-related ill health		Be supportive and demonstrate that you value and respect employees
	Provide clarity on job role and objectives Manage performance and capability			Monitor implementation and effectiveness of health and safety standards and compliance with legal requirements	Provide clarity on organisational objectives
	Monitor competence as a manager (see www.hse.gov.uk/stress/mcit.htm)	Provide management training and development opportunities			Monitor competence of management team and provide appropriate support

Effect of health and wellbeing on work (helping people with health conditions and impairments to remain at work)					
All employees (including representatives)	Managers	Human resources	Occupational health	OSH practitioners	Senior managers
Work with manager to identify and implement reasonable adjustments	Work with employee to identify and implement reasonable adjustments, taking account of health and safety risks	Develop and monitor HR policies on: - recruitment - capability - attendance - rehabilitation - alcohol and drugs - smoking	Medical health checks on recruitment	Raise awareness of where lifestyle choices can increase health and safety risks	Provide resources to support good rehabilitation practices
Seek medical advice early, to prevent short-term ill health becoming long-term	Monitor employee sickness Discuss frequent and long-term sickness with employee in a supportive way Where necessary, refer to occupational health	Consider providing private health schemes and employee assistance programmes as benefits	Monitor organisational sickness levels and investigate if illnesses have work-related causes Encourage managers to refer employees with health problems to occupational health early With employee's consent, liaise with GP where necessary		Monitor attendance performance
Keep in touch with manager when off sick	Keep in touch with employee when they're off sick		Advise manager on individual risk assessment and reasonable adjustments		Provide adequate resources
Seek advice from specialists about managing long-term ill health and disability at work	If concerned about effect of employee health on work, seek advice early on from occupational health specialist	Advise line managers on accessing appropriate occupational health services (in-house or external)	Provide counselling or other occupational health services	Advise line managers on accessing appropriate occupational health services (in-house or external)	
		Advise on organisational need for rehabilitation services, eg cognitive behavioural therapy, physiotherapy			
		Promote, communicate or educate regarding: - sources of help to individual or manager - awareness training on disability and mental health issues			
Joint case review where employee has long-term absence, to agree appropriate support and return-to-work plan					

Appendix C – Supplementary wellbeing domains*

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

* From *Applying the biopsychosocial approach to managing risks of contemporary occupational health conditions: scoping review.*[8] (Table 16, page 95). Table reproduced with permission.

Appendix D – Delivering a wellbeing event

All of the stages below have a vital role in the delivery of a safe and successful wellbeing event. As each event is unique, it's not possible to provide comprehensive information about all elements for each stage, so only some examples of the types of issue that you should consider are provided here.

Planning and preparation
This could start with a brainstorming exercise to determine:
- required outcomes – to make staff aware of different types of therapy; health and fitness programmes; general health and safety; occupational health provisions and so on
- the scope of the project – for example, one event on several sites or one main event at a single site; running the event for staff only or others too, eg customers, members of the public and suppliers; the number of people expected to attend and the need for special provisions, such as access for people with disabilities
- risk assessment – general and health and safety risk assessments should be carried out on the competence of event suppliers (including checks on their public liability insurance cover), fire, use of electricity, and the venue. For physical activities, it may also be necessary to consider the fitness of potential participants. Other risks that may affect the programme should also be considered, eg if the main supplier is unable to attend
- resources needed – for example the cost of running the event; publicity for the event and that generated from the event (internal and external); exhibitors and service providers (paid or unpaid); someone to lead the project (event team and other paid or unpaid helpers); extra security staff, first-aiders or fire marshals, or additional times when you need their services; insurance cover; space requirements

- emergency and contingency measures – for example what to do if someone is unable to fulfil their responsibilities, or if there's an emergency on the day of the event (either related or unrelated to the event). You also need to decide who will make key decisions and the knock-on effects decisions could have, eg immediate unscheduled closure of an event could lead to congestion, and therefore have health and safety implications
- event document – the information from the planning stage should be used to start developing an event document. The document should include information about outcomes, scope, resources, an overview risk assessment for the event, and emergency contact numbers and arrangements. The final version of the document should include information from all stages of the event
- timeline – set a date for the event and work backwards to develop a schedule for the project. Make sure that each agreed element of the event is completed on time. You'll need to consider the time needed for the build-up; ordering and confirming service providers and exhibitors; ordering equipment (eg PA systems; goods and leaflets to be included in event bags); time lags needed to cover for any delays; room bookings; team meetings and allocating responsibilities; ongoing liaison with potential and confirmed exhibitors, making sure that they're sufficiently committed to attending, and then keeping them involved in the run-up to the event; booking special guests, eg someone to open the event, business partners. The timeline should be included in the event document and be produced in line with the set agreements.

Build-up
This stage includes safely preparing areas for setting up event stands, equipment, stages and so on. This may mean that some areas need to be closed off for the duration of the set-up. It may also require extra security measures, eg early in the morning or during the night. The build-up stage will need to be covered by the overview risk assessment and, depending on the activity, may also require specific risk assessments. Those involved at this stage need to be fully briefed about associated risks and any emergency arrangements. There may be a need for a final briefing on specific roles and responsibilities immediately before the start of the event. There should also be a fully detailed briefing sheet for exhibitors, even if there's a verbal briefing.

Event delivery
The publicised event times should be adhered to as far as possible, and if safe to do so. Any changes must be agreed and documented by relevant members of the event team and clearly communicated to the helpers, exhibitors and service providers and, if necessary, the visitors. The event team must monitor progress of the event against schedules set out in the event document and intervene as and when required – particularly if any health and safety concerns arise.

Breakdown
This stage of the event must also be carefully managed, as exhibitors and service providers are often eager to pack up as soon as the event has finished. Depending on the scale of the activity, it may or may not be safe to allow an early breakdown. The event team should decide whether to grant permission for an earlier breakdown for any part of the event.

Wash-up and evaluation

This enables those involved in the organisation or delivery of the event to report on what went well and whether there were any elements that failed to meet expectations or provided cause for concern. Feedback should also have been gathered from attendees and participants about the event. All such information should be recorded and used for developing and improving future events.

Appreciation and acknowledgment

All exhibitors, staff and volunteers should be thanked in writing as well as verbally.

General advice

Start off on a small scale, build on your successes, and learn from things that didn't go as well as you'd expected. This will help to make future events more interesting and relevant for those attending and participating.

Figure 2 (overleaf) outlines the range of activities and services provided by an organisation for their health, safety and wellbeing events. They arranged two different scale events to suit the availability of space on each of their sites. This enabled all staff, customers and invited members of the local community to attend and participate in at least some of the activities and services on offer.

Small scale event

Room 1

Therapies
Head massage
Hypnotherapy
Aromatherapy
Acupuncture
Osteopathy
Physiotherapy
Podiatry

Room 2

Training DVDs and exercises

DVDs
NAPO (animation)
Fire safety
Manual handling

Exercise classes
Hula-hooping
Yoga

Room 3

Exhibition
Health and Safety Executive
IT workstations
Occupational health and safety unit (OHSU)
OY bikes (bike hire scheme)
Health checks
Exercisers
Ergonomic seating (ES)
Welcome stand

Large scale event

Room 1 (30 seat)

Therapies 1
Head massage
Hypnotherapy

Room 2 (30 seat)

Training DVDs
NAPO (animation)
Fire safety
Manual handling

Room 3

Exhibitors' storage area

Room 4 (80 seat)

Therapies 2
Reflexology
Sleep coach
Acupuncture
Physiotherapy
Osteopathy

The Atrium

A1	A2	A3	A4	A5
Registration	Relaxation	ES	OHSU	IT workstations

A6	A7	A8	A9	A10
OY bikes	Helplines	Exercisers	Health checks	First aid

Room 5 (100 seat)

Exercise activities

Room 6 (100 seat)

Hazard alley

Room 7 (90 seat)

Pre-event briefing
09.00–10.00

Figure 2: Examples of health, safety and wellbeing events

Appendix E – 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

Securing health together
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
- construction health risks
  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/sicknessabsence
- 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

European Agency for Safety and Health at Work
http://osha.europa.eu/en

Faculty of Occupational Medicine
www.facoccmed.ac.uk

Health Protection Agency
Offers advice on public health, including infectious diseases, chemicals, poisons and radiation.
www.hpa.org.uk

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

Further reading
Cox R A F, Edwards F C and Palmer K (eds). *Fitness for work: the medical aspects.* 3rd edition. New York: Oxford University Press, 2000.

Dorward A L. *Managers' perceptions of the role and continuing education needs of occupational health nurses.* HSE Research Paper No. 34. London: HMSO, 1993.

Fingret A and Smith A. *Occupational health: a practical guide for managers.* London: Routledge, 1995.

Mearns K J and Fenn C E. *Diet, health and the offshore worker – a pilot study.* Sudbury: HSE Books, 1993.
www.hse.gov.uk/research/othpdf/200-399/oth399.pdf

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-well-being/case-studies
- NHS Workplace Health and Wellbeing
  www.workplacehealthandwellbeing.co.uk

Promoting health and wellbeing
Be happy be healthy
Provides support, help, advice and information designed to make life happier and healthier.
www.behappybehealthy.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. Their '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

How to manage health & wellbeing. *Employee Benefits* magazine, 2007.
www.employeebenefits.co.uk/item/2407

Mental health

Association for Counselling at Work
The specialist workplace division of 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.counsellingatwork.org.uk

Association for Counselling at Work. *Guidelines for counselling in the workplace*. ACW, 2007.

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

Sainsbury Centre for Mental Health
Promotes new ways of helping people with mental health problems get and keep work. www.scmh.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
Layard R. *Happiness. Lessons from a new science*. Penguin Books, 2006.

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/

Work-related neck and upper limb disorders
http://osha.europa.eu/en/
publications/factsheets/72/view

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
Scottish Executive. *Let's make Scotland more active: a strategy for physical activity.* Edinburgh: Scottish Executive, 2003. www.scotland.gov.uk/
Resource/Doc/47032/0017726.pdf

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 durg 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

Institute of Alcohol Studies. *Alcohol and the workplace.* St Ives: IAS, 2008. 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 GP 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

Acknowledgments

IOSH is the Chartered body for health and safety professionals. With more than 44,000 members in over 120 countries, we're the world's largest professional health and safety organisation.

We set standards, and support, develop and connect our members with resources, guidance, events and training. We're the voice of the profession, and campaign on issues that affect millions of working people.

IOSH was founded in 1945 and is a registered charity with international NGO status.

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