Employee Well-being | Policy, signposting or embedded
Summary of our first session

1.0 Introduction

Employee well-being: Policy; Signposting; or Embedding?

Thank you to everyone involved in our first CIPD Manchester branch well-being Special Interest group which took place online via the Zoom platform on 1 October 2020

As promised, I have now brought together the information imparted and gathered and which is available to share with our attendees and beyond if you so wish.

2.0 Our Purpose

- To facilitate discussion and debate around organisational wellbeing programs.
- Enable participants to share experiences and compare current available working practices, measures off success and learnings from existing programs.
- Utilise the knowledge exchange to develop their own practical implementation methods and measurement for some of the issues created.
- Encourage a much wider contribution beyond HR and CIPD so we can gather inputs and expertise from as many sectors and bodies as practicable as employee wellbeing is in everyone's interest.

3.0 Summary

During the session we asked 3 questions off our attendees?

1. *Well-being **Policy** driven, **Signposted** or **Embedded** what do we need and why do we need it now?*
2. *It's our group; how would we like it to develop and what resources do you/we want or need for the future?'*
3. *Agenda preferences for our next event*

85% of attendees felt that for an employee well-being program to be a success we needed to embed the process. This potentially meant for some organisations there needed to be a cultural shift which allowed this to happen. (See 4.1 below)

There was discussion around how we approach this within a number of the breakout rooms. We looked at how we can influence our leaders and our people, whilst in parallel looking at existing challenges and how we *'fit this in'*.

Emerging from the breakout rooms were existing actions and initiatives that individuals and organisations were championing in an attempt to help themselves and their colleagues cope now and in the future. I have detailed all the ones we collated below (see 4.2) however I have listed some stand outs here:

1. *'**Create a community where people can support each other and share what has worked and explore alternative approaches'** –* One of the primary reasons we have set up this group here in Manchester
2. *'**Examine evidence-based approaches'** –* Another major reason for setting up the group
3. *'**Ensure it is part of organisational strategy'**
4. *'**We need to look at the organisational culture before introducing policies and procedures'**
5. *'**Ask your staff what they want and need'**
6. *'**Resilience training- how to survive in difficult times'**
7. *'**Interest in our private LinkedIn group – let's get it started and use it as a tool for sharing our experiences'** https://www.linkedin.com/groups/12450388

Our aim is to take on the above challenges and more, in a collaborative way, using the variety of experiences across as many sectors as possible to improve the well-being of ourselves and all we can support and influence.

During the session we also looked at some of the recent statistics around employee well-being and their mental health. We examined extracts from two recently published reports ***Deloitte UK Mental Health report January 2020 & CIPD Health and wellbeing Report March 2020*** (both pre-COVID).

They looked separately at the causes of absence and the financial cost and return of investing in employee mental Ill health and stress. Mental Ill Health has become the most significant cause of long-term absence in an UK organisation ('the new back injury?') and was emerging rapidly in the short-term categorisation too.

Utilising the data contained within the reports we looked at the Return on Investment (ROI) for organisations who may need to see and understand the financial benefits not just the moral ones for introducing an effective well-being program. Since 2017 the ROI has increased from £4 for each £1 spent to an average of £5 for each £1 spent. Perhaps more significantly it showed that if you have reactive policies i.e. return to work, point scoring systems and disciplinary approaches to absence for example (reminder - wellbeing the top cause of long-term absence) then your return is reduced to £3 per £1 invested. If you have an embedded or cultural shift towards a holistic and consistent approach in support of your employee's well-being the return can rise to anywhere around £8 per £1 invested.

Our final breakout room was the chance for individuals to Network but we also sought thoughts and input on our ***'next agenda'*** so we can influence the session preparation and participation:

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From the feedback we have received thus far our follow up session in late October will consider the impact of COVID on ourselves and our people and look at the practical approaches being employed across our region and beyond in tackling the current and future issues created by the Pandemic.

We also agreed to develop our own well-being LinkedIn group to facilitate exchange of thoughts and discussions within our own platform and group as the Special Interest Group grows and becomes more established. Those wishing to join please find the link attached https://www.linkedin.com/groups/12450388

4.0   Employee well-being: Policy; Signposting; or Embedding?

From the survey which took place during session 1 the following results were obtained:
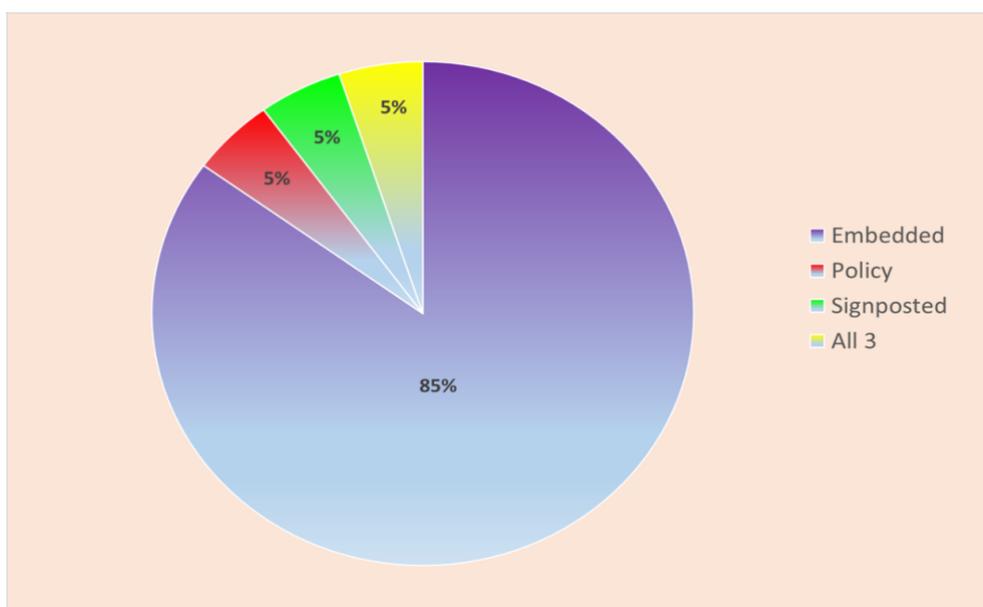
The clear message from those who participated was that for well-being programs to succeed it had to become a process which was embedded in an organisation the culture and behaviours of the people within those organisations would define the success of failure of any initiative irrespective of what was being introduced. It was clear despite the generally low support to this question that policy and signposting received people still felt they could and would play a part as progress was made during implementation.

4.1   What we should be doing

The feedback captured from the breakout rooms on what we felt *'we should be doing'* is listed below:

- How do we fix culture in an organisation?
- Where do we find out best practice?
- Influencing people and moving this onto their agendas
- HR professional's wellbeing – how do we protect ourselves so we can help others?
- Bespoke/best practice what works?
- Cultural shift needed to help staff deal with the grief/loss of losing the 'workplace' contact with co-workers.
- Women's Health on the back burner – Menopause (Male and female and impact on physical and mental health) needs to be on the agenda?
- Ethnic minorities mental health – A race champion in this area?
- COVID – impact and current approaches
- Domestic Abuse a rise in cases in 2020 what are we doing to reduce?
- Financial Wellbeing particularly with current employment uncertainty needs to be addressed?
- Cost for organisations especially currently – training courses/exhibitions/cost per employee/affordability will it be prohibitive?

It can be seen that the range of feedback above within a relatively short discussion period indicates that there are numerous facets to any well-being agenda and resulting plan and on reflection I am sure more could and would be added.

4.2   Action!

What was encouraging is the amount of action currently being taken and or which needs to be considered and these are shared for all to consider. I have highlighted specific ones which I believe we should be looking at in the short term as part of this group. I also hope however that the below will also help individuals begin to look at some simple practical approaches they can begin to use for themselves and their own organisations:

- Encourage voluntary initiative Chicago walk (all staff, counting up their steps to achieve an end goal)
- Chair Yoga
- Slack Doughnuts app – encouraging random conversations amongst colleagues irrespective of people grades and position
- Headspace App

- **Create a community where people can support each other and share what has worked and explore alternative approaches**

- Better prices for awareness and training so providers can begin raising the profile of Mental Health and Wellbeing
- **Interest in our private LinkedIn group – *'let's get it started'* and use it as a tool for sharing our experiences**
- **Examine evidence-based approaches** and look at what is working currently
- Critical friend
- Sharing best practice
- Case studies
- Research 'what wins' and learnings from these
- Focus on the human
- **Needs to be evidence-based**
- Create a holistic approach
- **Ensure it is part of organisational strategy**
- **Need to look at the organisational culture before introducing policies and procedures**
- Zoom Quizzes
- **Resilience training – how to survive in difficult times**
- Encourage good management practices.
- Learning Management Systems
- E-learning well received
- Quarterly meetings with all staff
- Ongoing check-ins
- Use Wellness Plan (Mind template)
- Conduct a health needs analysis for specific demographics
- **Ask your staff what they want and need**

Do something for which you can be recognised as caring for your people

5.0   Some Statistics

During our session

Rates of **'presenteeism'** are increasing
Rates of **'Absenteeism'** are increasing
Rates of **'leaveism'** are increasing

- Annual employer costs estimated at **£45Billion** in 2019 for the UK an increase of around £9Billion in the last 2 years
  Absenteeism approx. £7Billion, **Presenteeism approx. £29Billion**, **Staff Turnover approx. £9Billion**
- ROI up from 2017 from £4 for each £1 spent to £5 for each £1 spent

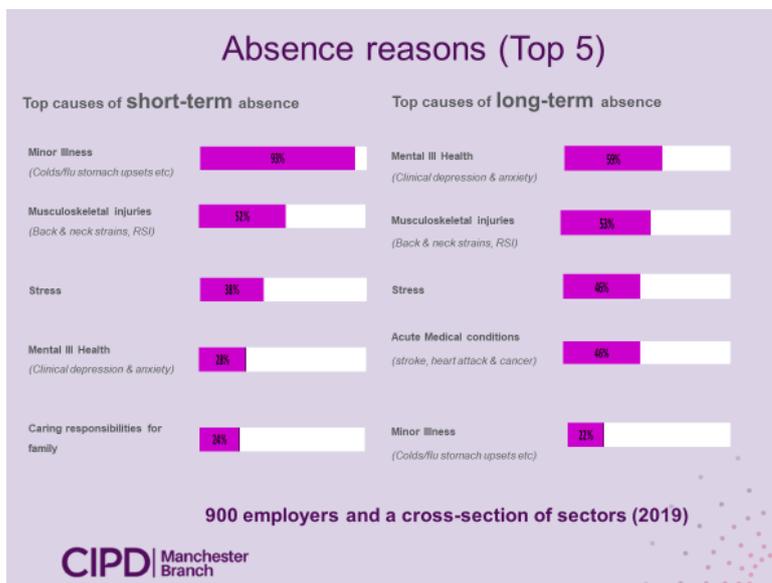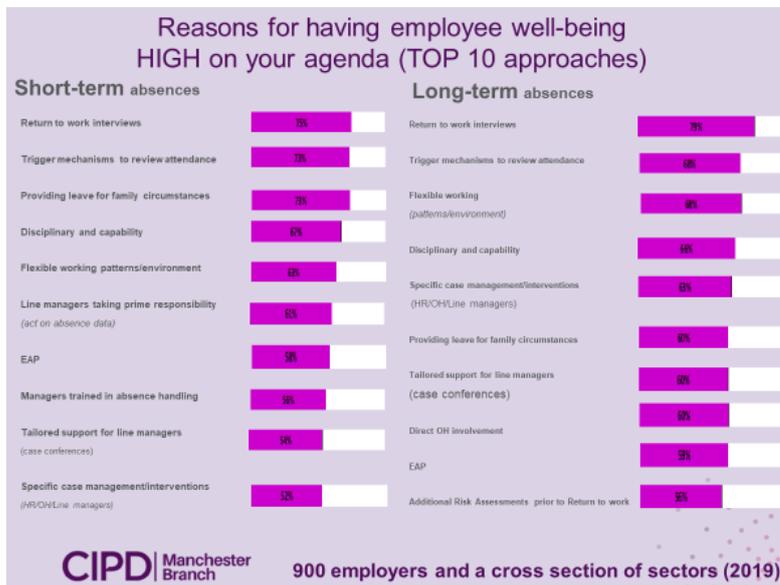Career Partner   Established Voice   Innovative & Creative   Dynamic Connector

Remember the £5 return for each **£1 spent**? It is actually £3 if you have reactive policies to underpin your approach: it goes to £5 for a proactive approach and

anywhere up to **£8 ROI for a cultural shift and an embedded process.** *Deloitte UK Mental Health report January 2020*

From the latest CIPD sponsored study on Absence Management the following two tables were examined:

Absence reasons (Top 5)

Top causes of **short-term** absence		Top causes of **long-term** absence	
Minor Illness (Colds/flu stomach upsets etc)	93%	Mental Ill Health (Clinical depression & anxiety)	59%
Musculoskeletal injuries (Back & neck strains, RSI)	51%	Musculoskeletal injuries (Back & neck strains, RSI)	53%
Stress	38%	Stress	46%
Mental Ill Health (Clinical depression & anxiety)	28%	Acute Medical conditions (stroke, heart attack & cancer)	46%
Caring responsibilities for family	24%	Minor Illness (Colds/flu stomach upsets etc)	22%

900 employers and a cross-section of sectors (2019)

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Reasons for having employee well-being HIGH on your agenda (TOP 10 approaches)

We concluded from the above that the rise of mental Ill health and stress as a reported cause in both long and short-term absence and the historically 'reactive' measures put in place to deal with these emerging trends were becoming outdated. We therefore need to seek out pro-active methodology to begin supporting our employees and our organisations more constructively with preventative measures and mechanisms.

6.0   On our next agenda

- COVID – Discuss and share experiences and approach. Use it to drive a change!
- Feedback and plans for our November session.

Paul Hamlin
23 October 2020