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Survey report
September 2023

Health and wellbeing at work

The CIPD has been championing better work and working lives for over 100 years. It helps organisations thrive by focusing on their people, supporting our economies and societies. It's the professional body for HR, L&D, OD and all people professionals – experts in people, work and change. With over 160,000 members globally – and a growing community using its research, insights and learning – it gives trusted advice and offers independent thought leadership. It's a leading voice in the call for good work that creates value for everyone.

Survey report

Health and wellbeing at work

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Acknowledgements

This report was written by Annette Sinclair, Research Consultant, with input from Rachel Suff, Senior Policy Adviser, CIPD.

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1 Foreword from the CIPD

Our survey shows evidence of most organisations increasing their focus on health and wellbeing and doing their best to support people in a holistic way. Many are investing considerable resources in employee wellbeing but are not fully realising the benefits. More will realise a greater return on their investment if they take a systematic and preventative approach. This means paying attention to the domains of wellbeing (Figure 3), including the provision of 'good work' for people.

A standout finding from our research is the marked increase in sickness absence; at 7.8 days on average per employee per year, this is the highest level in a decade and two days more than we recorded in 2019 (5.8 days).

The rise in sickness absence is inevitably a talking point but needs to be looked at in context and not taken as the sole measure of an organisation's effectiveness in supporting people's health and wellbeing. First, in 2019 there was no pandemic. Since then, external events such as COVID-19, economic turmoil, the UK's cost-of-living crisis and war have had far-reaching impacts on people's wellbeing. They have also brought huge change to organisations, which can have profound impacts on a workforce. We need to factor in this wider context, but the sickness absence figure is still an important indicator. Organisations need to understand the causes – including any underlying health or workplace issues – for sickness absence and develop effective strategies for optimising people's health and attendance. This means getting under the skin of headline sickness rates to gather data on wider trends such as presenteeism, leaveism and employee engagement.

Senior leaders have the influence to transform the wellbeing culture as well as good practice in organisations. Their active support for any programme is critical as they are in a position to integrate health and wellbeing priorities into an organisation's operations. People professionals have a key responsibility to gain their commitment, which has showed signs of waning since the pandemic.

There are several other areas where organisations could fine-tune their approach, including a stronger focus on evaluating the impact of health and wellbeing initiatives, improving the capability of line managers to support people's mental health, and integrating wellbeing support throughout the employee lifecycle.

Rachel Suff
Senior Policy Adviser,
Employment Relations, CIPD

2 Foreword from Simplyhealth

At Simplyhealth, we know that health and wellbeing services play a key role in supporting a healthy workforce and getting people back to work faster when they fall ill. Current data shows a record number of people off sick, placing workplace health and wellbeing services into a vital role supporting UK businesses, and therefore the economy. They are also likely to ease the burden on the NHS by helping to prevent ill health where possible and improving access to specialist support and healthcare.

It is encouraging to see that there has been a year-on-year increase in the number of organisations that have put in place measures to support the health and wellbeing of their workforce. However, there are disparities, with SMEs far less likely to have a strategic and proactive approach to health and wellbeing provision.

Currently only 25% of companies offer all employees health plans that provide access to independent services like GP appointments, physiotherapy, chiropractors, or counselling, meaning they're missing out on the opportunity to provide their employees quicker access to some health services, and avoid long NHS waiting lists.

The CIPD report findings show us that there is a workplace wellbeing paradox where, despite an increasing number of workplace health and wellbeing services being put in place, employees have an increasing number of mental health issues. Seventy-six per cent of organisations reported some stress-related absence, with heavy workloads being the most common cause. Mental ill health is the top cause of long-term absence, with musculoskeletal issues the second top cause.

It is concerning that we're seeing the highest rate of sickness absence in a decade (7.8 days per employee per annum). However, focusing on sickness absence alone is unlikely to uncover the underlying factors affecting health and wellbeing or identify areas where any significant improvements can be made.

To maximise the effectiveness of health and wellbeing provision and address the workplace wellbeing paradox, companies need to develop systemic and preventative health and wellbeing strategies that are supported by the most senior levels of leadership.

Unfortunately, senior leaders' interest in these strategies appears to be waning despite it increasing during COVID-19, and a lack of line manager skills and confidence is the top challenge in supporting wellbeing.

There has been some improvement in organisations showing an interest in supporting employees with health issues like menopause transition and pregnancy loss, but the provision of formal support is still too low. More needs to be done to support people with other health issues across the life course, including chronic health conditions, menstrual health and elder-care responsibilities.

Employers have the opportunity to boost employee engagement with their health and wellbeing offering by having a strategic plan in place with

responsibilities clearly communicated and sustained commitment from senior leaders. They need to ensure that line managers are supported, checking in regularly with their teams and spotting early warning signs of poor health, as well as signposting colleagues to the specialist help available.

While most respondents indicated that health and wellbeing budgets will remain the same or even increase in the coming year, the majority (70%) see their health and wellbeing activity as an opportunity to boost employee engagement. It's heartening that 59% see it as a chance to embed this into their employee retention strategies moving forward. There's also recognition that health and wellbeing can enhance employer brand, with 47% planning to promote employee wellbeing as part of their employee value proposition.

Those organisations that take a more rigorous approach to health and wellbeing tend to report more positive outcomes. So, while the economic picture remains uncertain, we are confident that the most proactive organisations will continue to reap the rewards of a workforce whose health and wellbeing is known to be a priority.

Claudia Nicholls
Simplyhealth

3 Slightly more organisations are approaching health and wellbeing through a stand-alone strategy

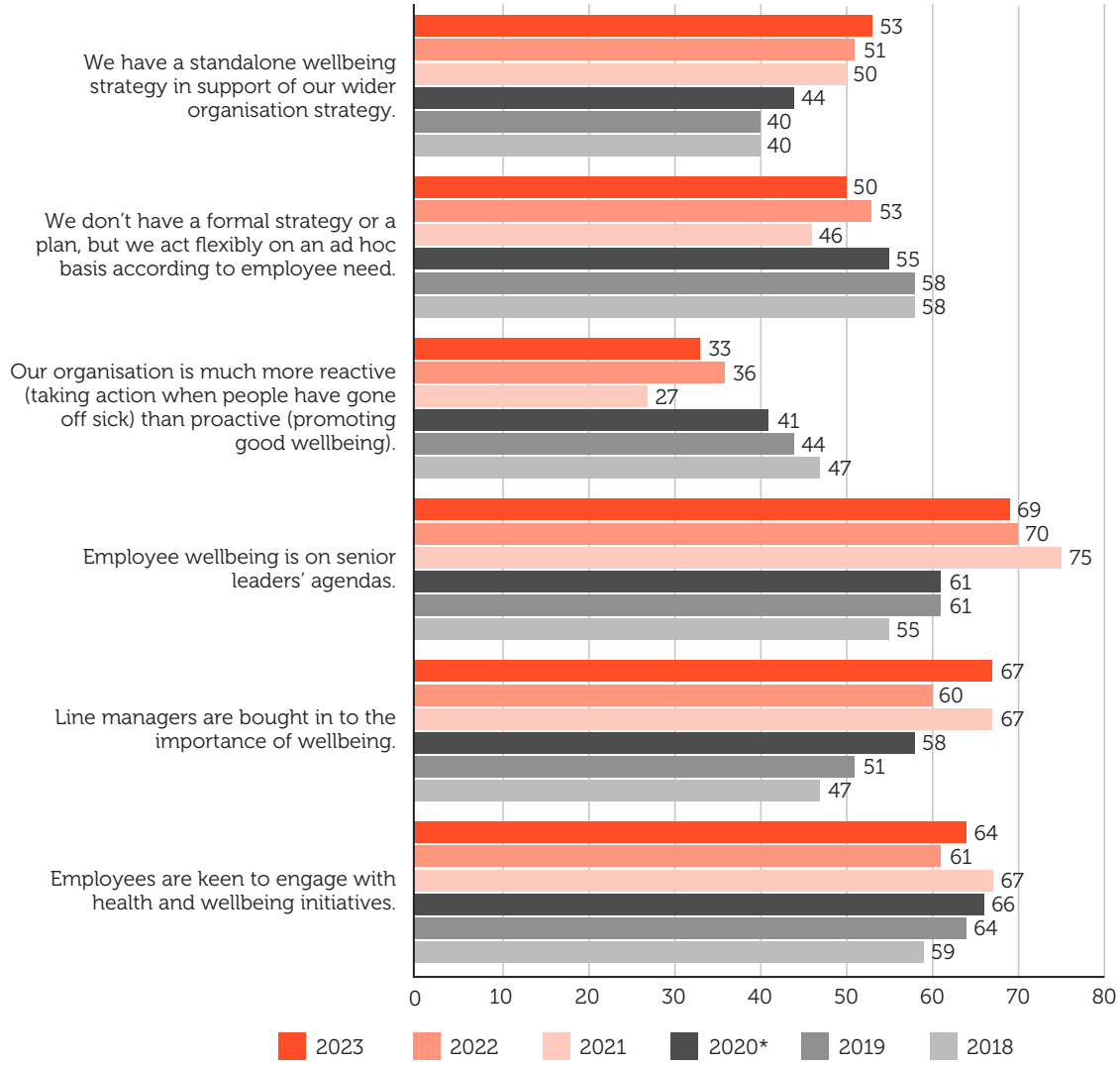
Slightly more have a stand-alone wellbeing strategy, but focus from senior leaders is waning

The COVID-19 pandemic brought about a step change in organisations' focus on employee health and wellbeing (Figure 1). Since then, the proportion of organisations reporting they have a stand-alone wellbeing strategy has continued to creep up (2023: 53%; 2021: 50%). In contrast, senior leaders' focus on wellbeing has waned since the height of the pandemic, although it remains higher than in pre-pandemic years: 69% of respondents agree/strongly agree that employee wellbeing is on senior leaders' agendas compared with 61% in 2020.[1] Encouragingly we have seen a considerable increase in the proportion reporting that line managers have bought into the importance of wellbeing: 67% in 2023 compared with 58% in 2020.[2]

[1] Data collected pre-pandemic in October/November 2019, reported in 2020 *Health and wellbeing at work* report.

[2] Data collected pre-pandemic in October/November 2019, reported in 2020 *Health and wellbeing at work* report.

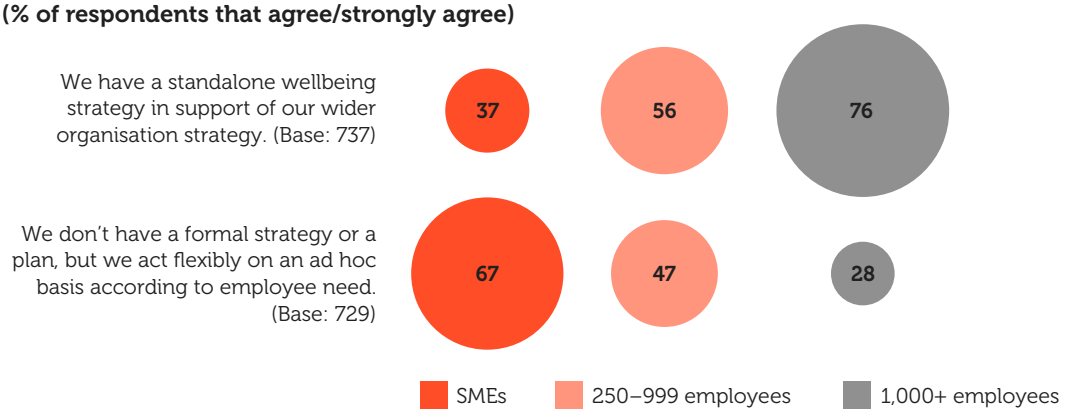
Figure 1: The position of health and wellbeing in organisations (% of respondents that agree/strongly agree)



*Data collected pre-pandemic in October/November 2019, reported in 2020 report.
Base: 915 (2023); 802 (2022); 668 (2021); 1,018 (2020); 1,056 (2019); 1,016 (2018).
'Don't know' responses excluded.

Most organisations take some action to improve employee health and wellbeing. Figure 2 shows that larger organisations are more likely to take a strategic and proactive approach to wellbeing than smaller ones.

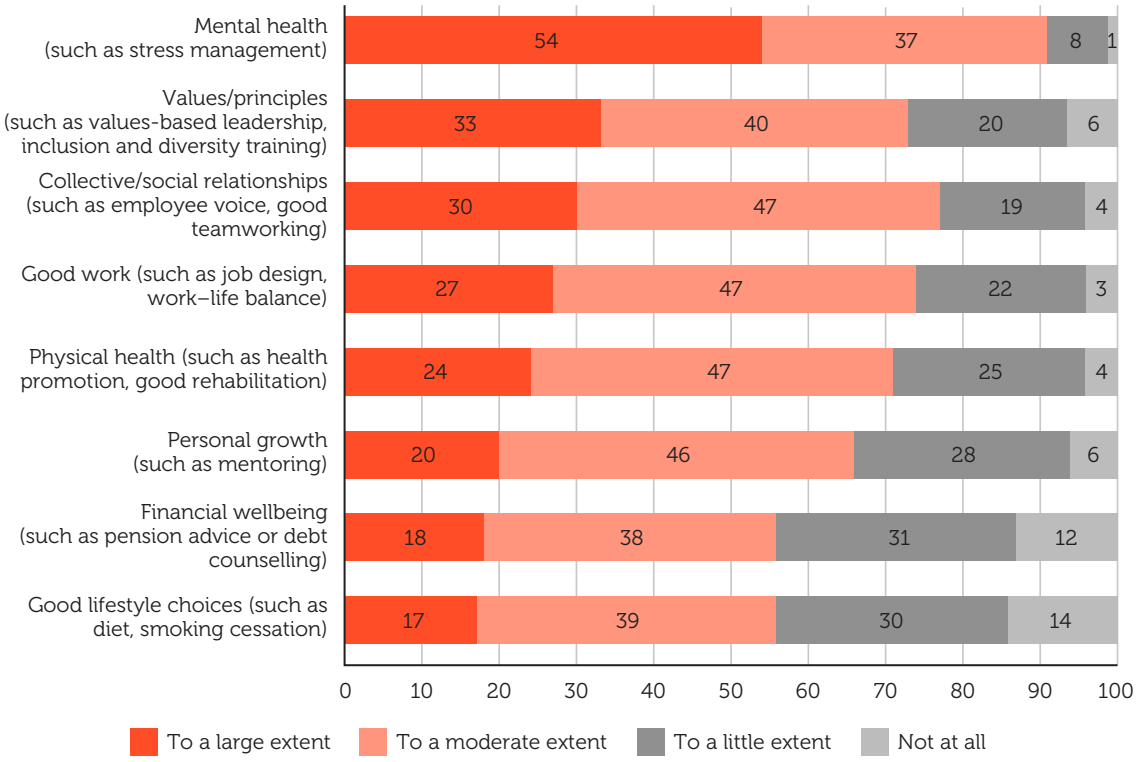
Figure 2: How approach to employee wellbeing differs by size of organisation (% of respondents that agree/strongly agree)



Mental health remains the most common focus of health and wellbeing activity

Figure 3 shows that mental health remains the most common focus of organisations' wellbeing activity, with more than half of respondents reporting their activity is focused on this area 'to a large extent'. Most also make some effort to promote values/principles, collective/social relationships, good work (for example, job design, work–life balance), physical health and personal growth.

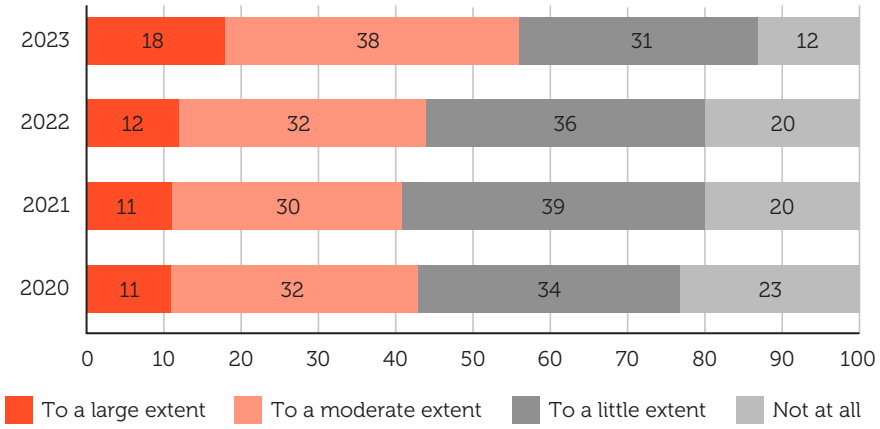
Figure 3: To what extent is your employee health and wellbeing activity designed to promote...? (%)



Base: 726 (organisations that take steps to improve employee health and wellbeing).

Figure 4 shows that financial wellbeing has received more attention this year (57% are promoting financial wellbeing to a large or moderate extent compared with 44% in 2022). This trend is encouraging given the UK's cost-of-living crisis and recent CIPD research findings[3] that over half of employees are experiencing difficulties keeping up with their bills and credit commitments.

Figure 4: To what extent is your employee health and wellbeing activity designed to promote financial wellbeing? (%)



Base: 724 (2023); 575 (2022); 539 (2021); 806 (2020) – (organisations that take steps to improve employee health and wellbeing).

COVID-19 continues to have some impact

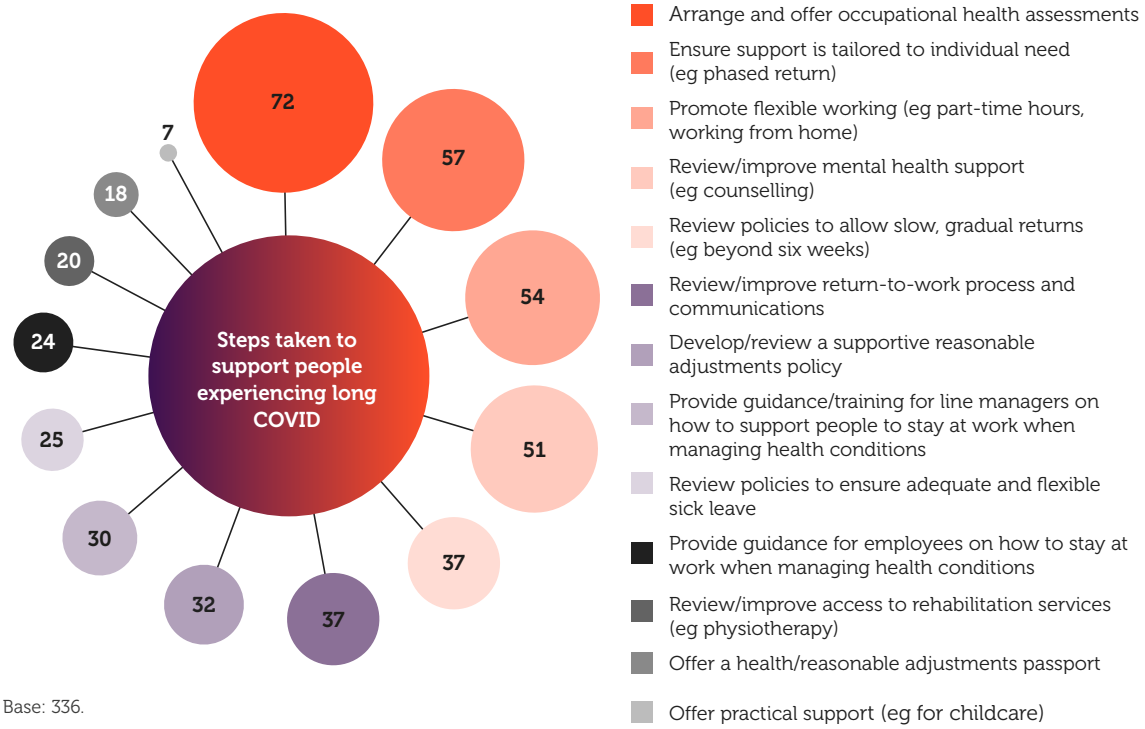
More than two-fifths of respondents (43%) report their organisation is continuing to take measures to support employee health and wellbeing in response to COVID-19. Just over half (52%) report they did take measures but no longer do so, while a small minority report they never took measures or 'don't know'.

Half of respondents (50%) report employees who have experienced, or are experiencing, 'long COVID' (ie symptoms lasting 12 weeks or more) in the last 12 months, up slightly from 46% last year. Moreover, these figures may underestimate the issue as not all employees with the condition report their symptoms and a fifth of respondents didn't know whether any employees had long COVID symptoms.

Most organisations that have identified employees with long COVID are taking steps to support them (Figure 5).

[3] Blog: CIPD research shows year-to-year fall in keeping up with bills and other commitments

Figure 5: What steps, if any, has your organisation taken to support people experiencing long COVID (% of organisations that have some employees with long COVID symptoms)



Base: 336.

Employee assistance programmes continue to be the most common wellbeing benefit offered

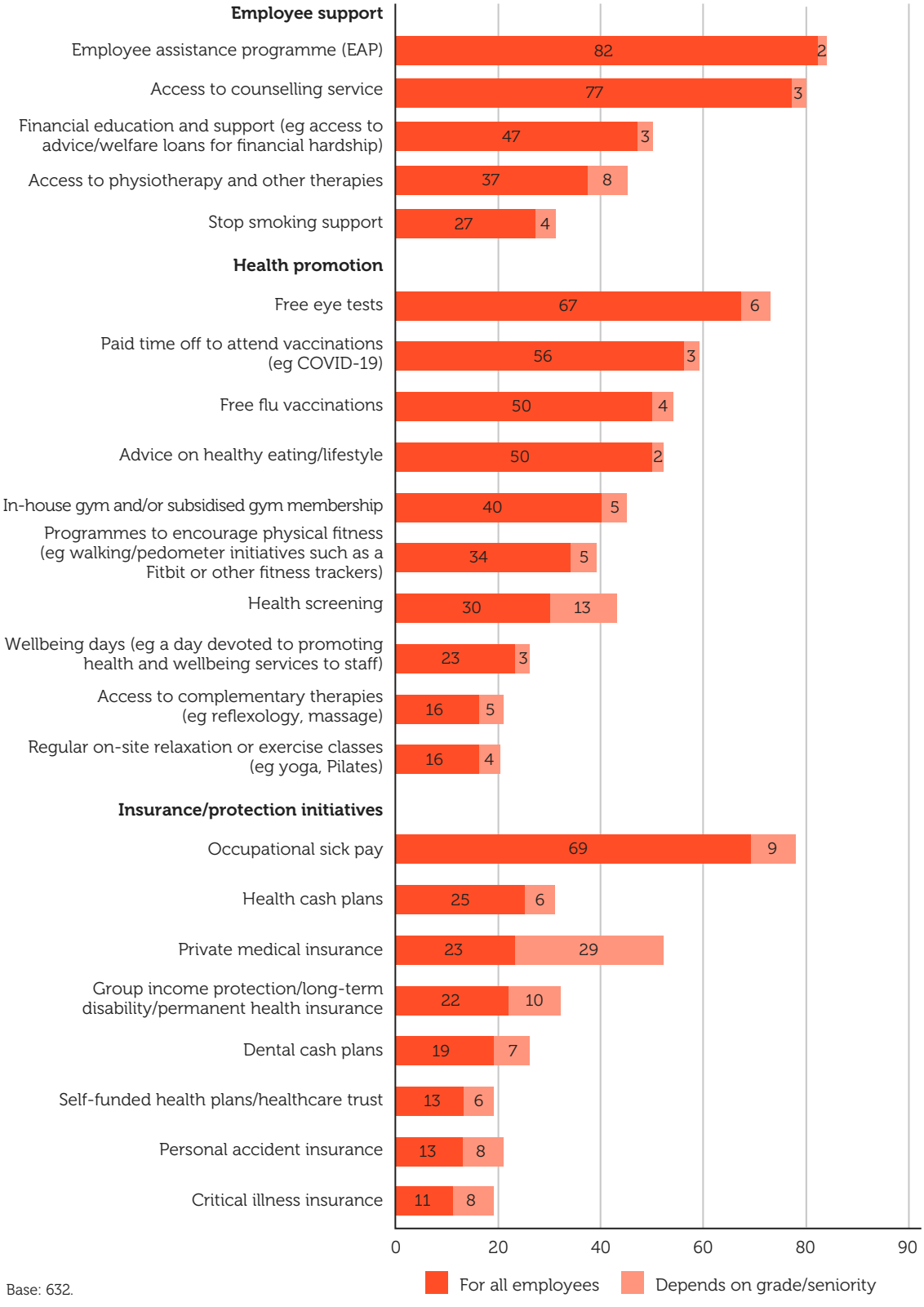
Most organisations provide a combination of wellbeing benefits to provide support, promote good health and protect income (Figure 6). Employee assistance programmes (EAPs) are the most common benefit on offer, followed by access to counselling services.

Most organisations offer some form of health promotion benefit, with the proportion offering gym memberships and health screening back up to pre-pandemic levels. In contrast, there has been no rebound in the proportion offering wellbeing days and regular on-site relaxation or exercise classes, possibly due to the shift towards more remote working.

There has been little change in the proportion of organisations offering insurance/protection initiatives. Overall, two-thirds (69%) of organisations have occupational sick pay schemes for all employees. These are more common in the public sector, while insurance benefits and cash plans tend to be more common in the private sector (see Appendix 1).

As last year, public and non-profit sector organisations are more likely than those in the private sector to offer counselling services and EAPs (see Appendix 1).

Figure 6: Employee wellbeing benefits provided by employers (% of respondents)

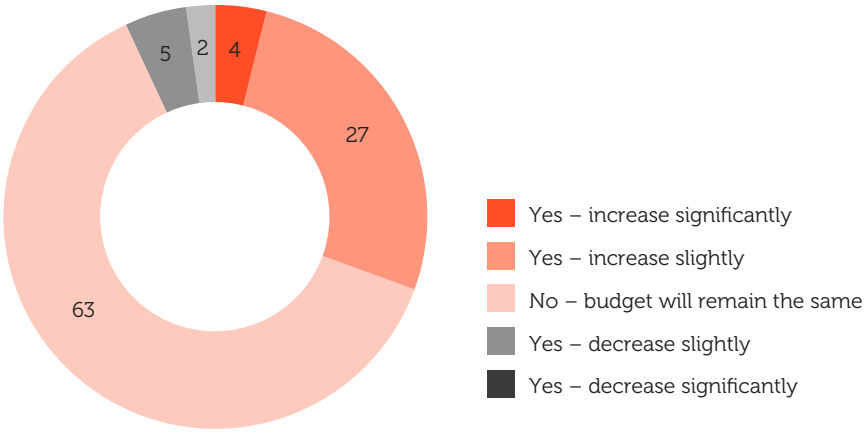


Base: 632.

Little change to wellbeing budgets

Looking forward, under a third of respondents (31%) expect their wellbeing budget to increase over the next 12 months (Figure 7). Just 7% anticipate a decrease.

Figure 7: Do you expect your health and wellbeing budget to change over the next 12 months? (% of respondents with one or more wellbeing benefits)

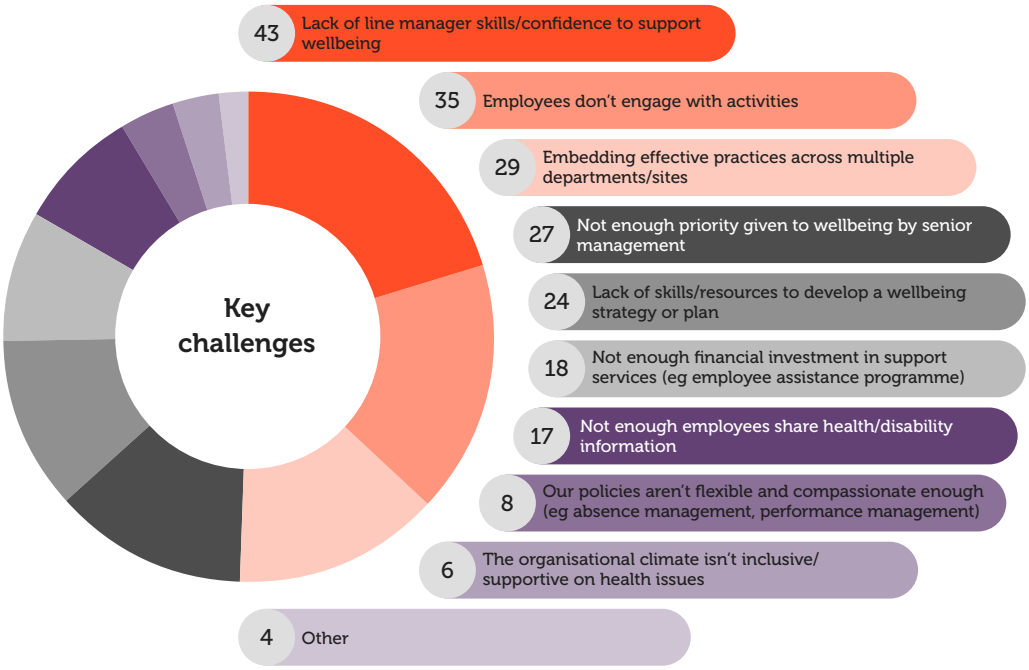


Base: 632.

Lack of line manager skills and confidence is the top challenge

Figure 8 shows the key health and wellbeing challenge across all sectors is a lack of line manager skills and confidence to support wellbeing. These findings highlight the importance of developing skills, confidence and resources for managers – especially as just three in 10 organisations (30%; 2022: 26%) provide guidance/training for line managers on how to support people to stay at work when managing health conditions.

Figure 8: What are the key challenges, if any, for employee health and wellbeing in your organisation over the next year? (Please select up to three) (%)

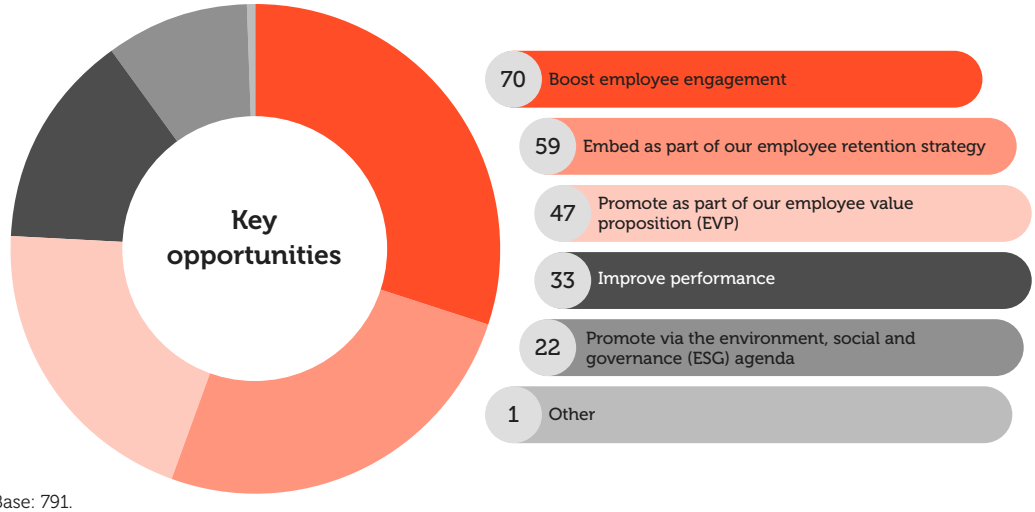


Base: 791.

Investing in wellbeing to boost employee engagement is the top opportunity

According to respondents across all sectors, the top opportunity for employee health and wellbeing over the next year is boosting employee engagement, followed by embedding wellbeing as part of their retention strategy (Figure 9).

Figure 9: What are the key opportunities, if any, for employee health and wellbeing in your organisation over the next year? (Please select up to three) (%)



Base: 791.

Recommendations to act upon these challenges and opportunities

- Develop a strategic and holistic approach to ensure health and wellbeing priorities are integrated across the business. A stand-alone plan is an opportunity to set out your organisation's aims and communicate the responsibilities of different groups, including a senior-level sponsor, HR, occupational health, managers and employees.
- Ensure line managers are checking in regularly with their team, spotting any early warning signs of poor wellbeing and referring to expert sources of help where needed. The CIPD and Mind *People managers' guide to mental health* can help managers facilitate conversations about stress and mental health.
- How line managers behave and the relationships they build will be instrumental in how effectively they support employee wellbeing. The CIPD has developed these resources to help managers explore and develop their management capability.

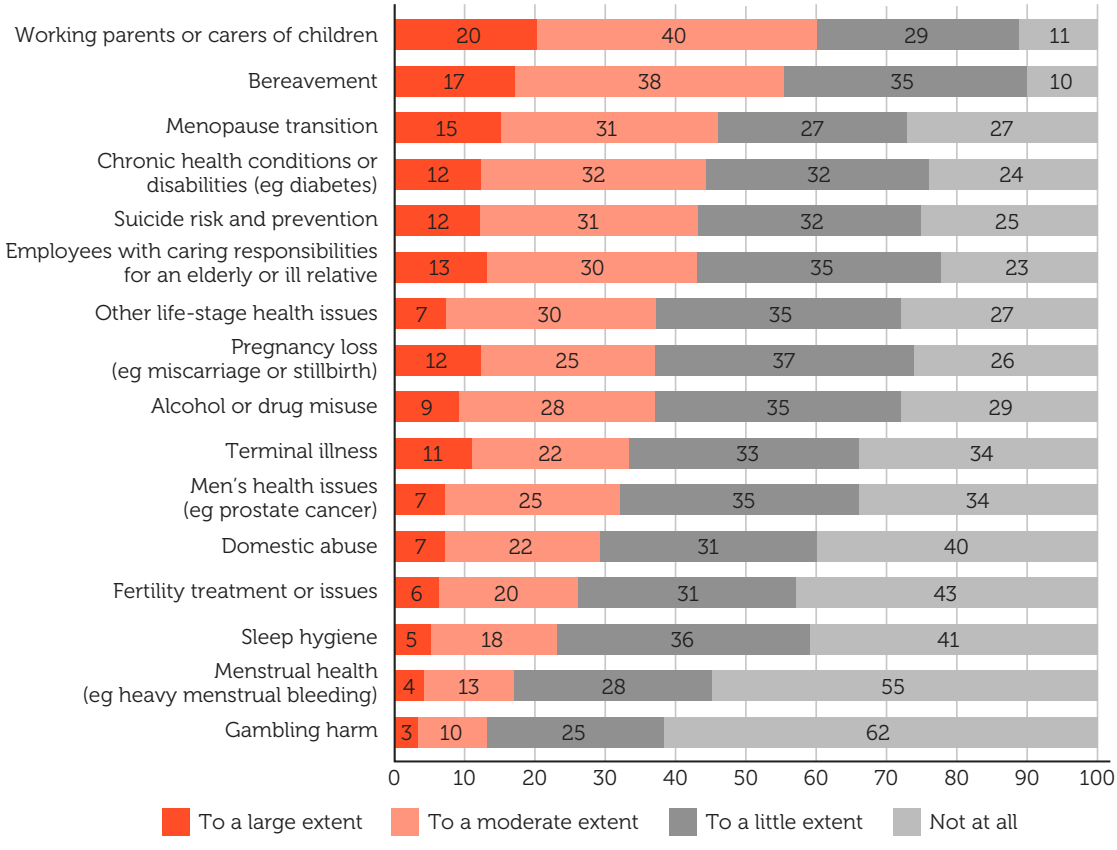
4 There's variable support for wellbeing through the employee lifecycle

Three-fifths of respondents report their health and wellbeing activity includes provision for working parents/carers of children (60%) and over half include bereavement support (55%) to a large or moderate extent (Figure 10).

The degree to which organisations incorporate support for other health issues or life events, such as chronic health conditions, suicide prevention, elder-care responsibilities, and men's health, is more mixed. There has, however, been a considerable increase in the proportion of organisations including provision for menopause transition (46% include to a large or moderate extent compared with 30% in 2022) and pregnancy loss (37% include to a large or moderate extent compared with 26% in 2022).

Public sector organisations are considerably more likely to include provision for all the issues in Figure 10 (except bereavement, which does not differ across sectors).

Figure 10: Does your organisation's health and wellbeing activity include provision (eg policies, guidance, awareness-raising or line manager training) for any of the following? (%)



Base: 649 (organisations that take steps to improve employee health and wellbeing).

Menstrual health and menopause

New questions in this year's survey explored organisations' support for menstrual health and menopause.

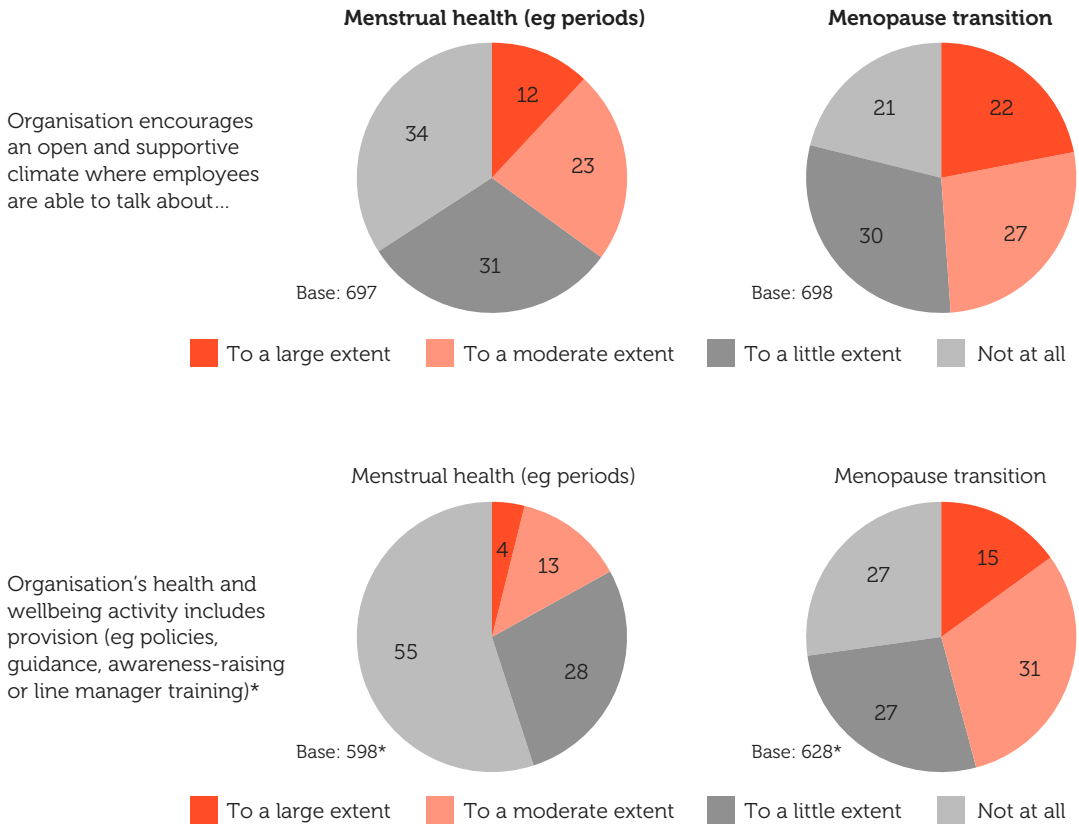
Figure 11 shows that, while just 18% include support for menstrual health in their wellbeing activity to a large or moderate extent, over a third (35%) encourage an open and supportive climate where employees are able to talk about menstrual issues.

Menopause transition receives more formal support. Nearly a quarter (24%) have a stand-alone policy, an additional 16% include provision as part of a wider policy, and nearly half (49%) encourage an open and supportive culture where employees can talk about these issues.

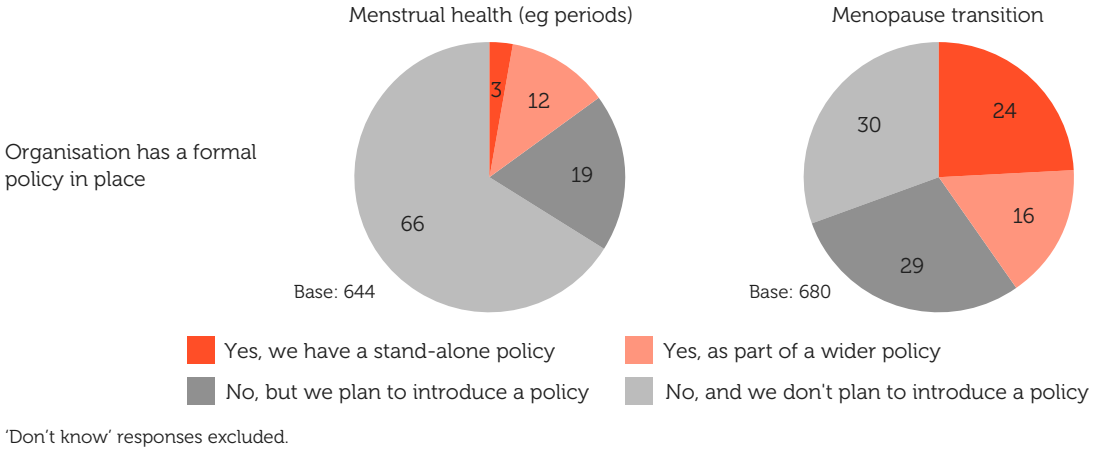
There are encouraging signs that more organisations are looking to provide support for these issues moving forward. Nearly a fifth of respondents (19%) report their organisation plans to introduce a policy on menstrual health and 29% on menopause transition.

Public sector and non-profit organisations are leading the way on these issues. They are more likely than those in the private sector to encourage an open and supportive culture where employees can discuss menstrual health or menopause transition and include provision in their wellbeing activity. Public sector organisations are most likely to have formal policies for both menstrual health and menopause transition.

Figure 11: Support for menstrual health and menopause transition (% of respondents)

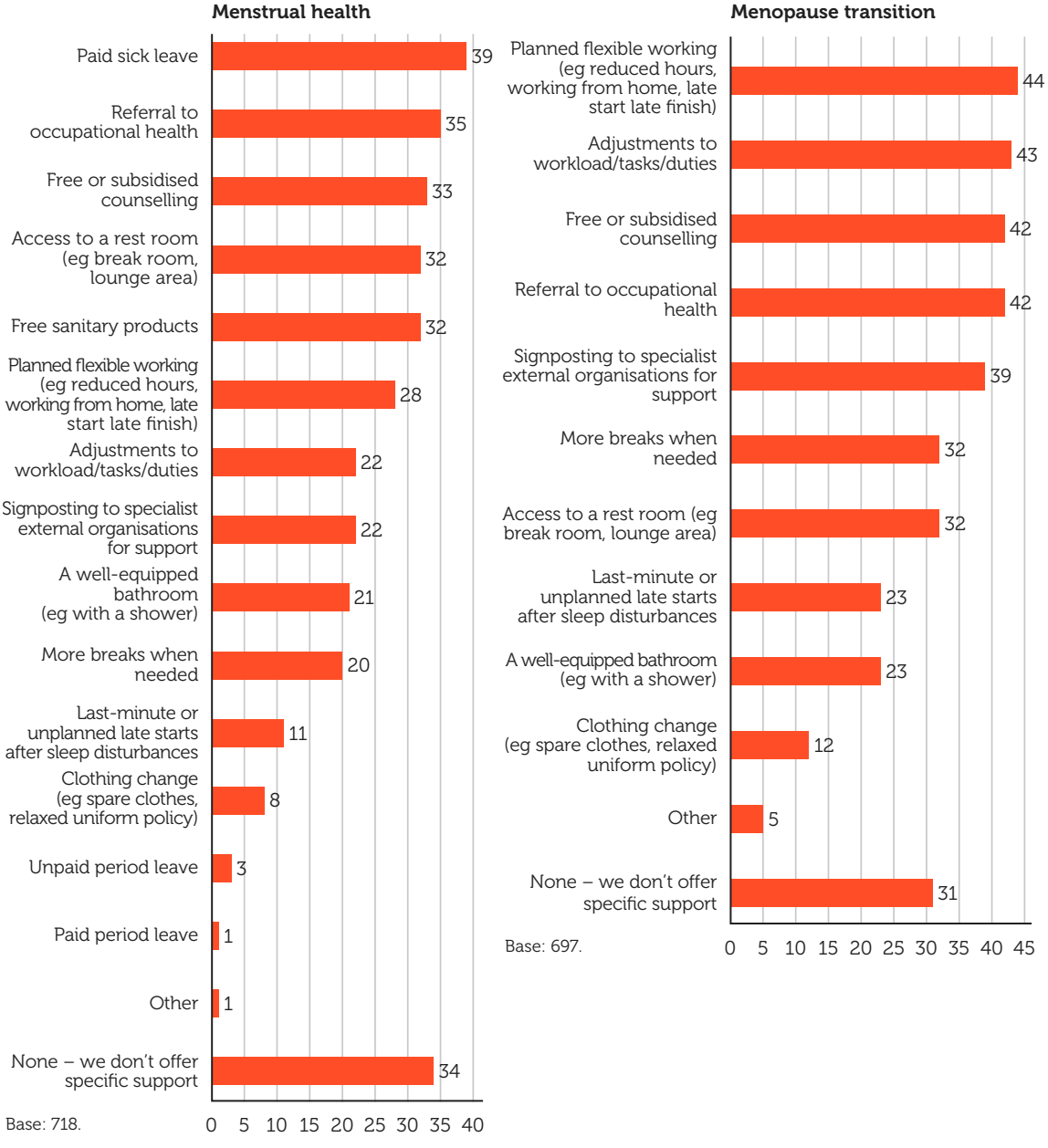


*Respondents with wellbeing activity.



'Don't know' responses excluded.

Figure 12: What employee support/provision, if any, does your organisation provide for menstrual health and menopause transition? (% of respondents)



The most common form of support for menstrual health (Figure 12) is paid sick leave, followed by referral to occupational health and free or subsidised counselling. Just under a third (32%) provide support through facilities such as access to a rest room and free sanitary products.

More support is in place for menopause transition than menstrual health. More than two-fifths offer planned flexible working (44%) and adjustments to workload/tasks/duties (43%) as part of their menopause support compared with just 28% and 22% respectively for menstrual health. Nearly a third (32%) also offer more breaks when needed and just under a quarter (23%) provide last-minute or unplanned late starts after sleep disturbances as part of their menopause support.

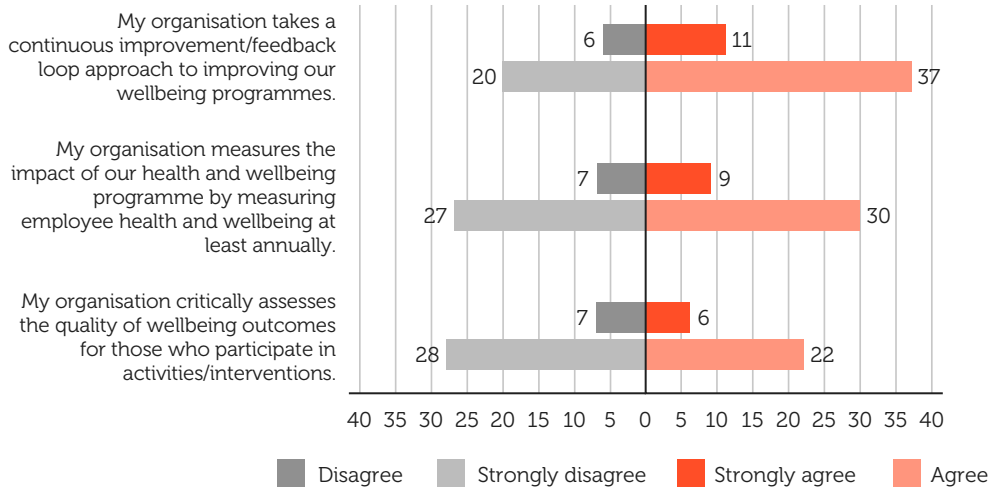
Recommendations to help you provide wellbeing support through the employee lifecycle

- Incorporate an understanding of employee lifecycle health issues as part of your health and wellbeing strategy, so you can educate your workforce and develop appropriate interventions to support people at key stages of their employee journey.
- Promote and embed flexible working practices across the organisation so that people with health and wellbeing issues can flex their hours and responsibilities to suit any fluctuating needs. Do you have a policy and/or guidance to help managers and individuals agree supportive workplace adjustments?
- Support a climate where people can share their health concerns and needs. Create an open culture around health and disability issues; this is a key step in fostering an environment where people feel comfortable to talk about their condition and seek support.
- Effective support and adjustments for menstrual health issues and menopause transition can be simple, low-cost and make a significant difference to how well someone with symptoms can function at work. A supportive culture and genuine reporting climate are important to encourage employees to disclose their symptoms and access the support they need.

5 Evaluating health and wellbeing activity helps to improve outcomes

Overall, nearly half of respondents (48%) agree or strongly agree that their organisation takes a continuous improvement/feedback loop approach to improve their wellbeing programmes. Considerably fewer agree that their organisation critically assesses the quality of wellbeing outcomes for those who participate in activities/interventions (Figure 13). All of these evaluation approaches are significantly more common in organisations that have a stand-alone wellbeing strategy.

Figure 13: Less than half of organisations take a robust approach to evaluation of their wellbeing activity (% of respondents with wellbeing activity)



Base: 511 (respondents with wellbeing activity).

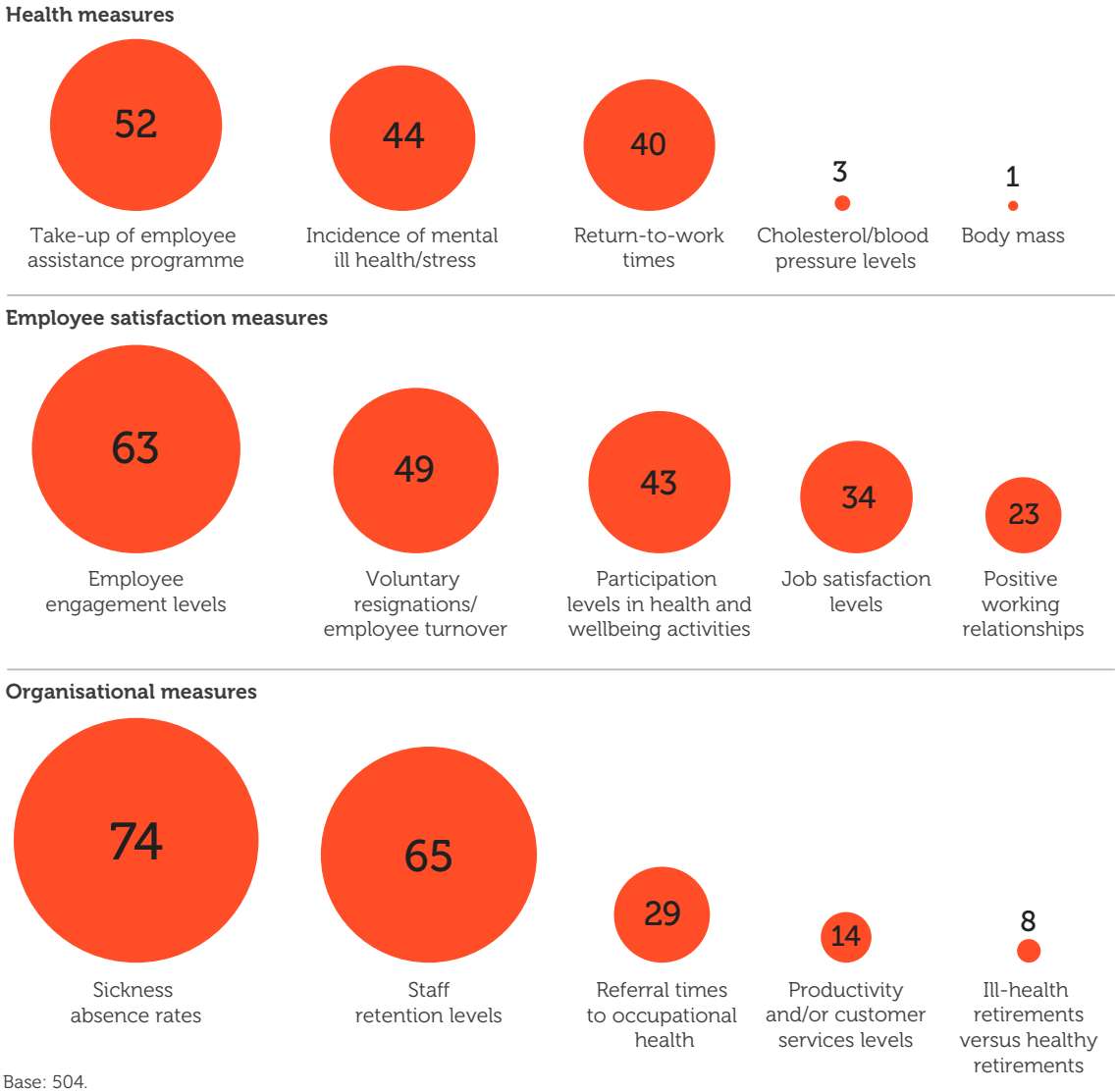
Measures used to evaluate wellbeing activity

Sickness absence rates remain the most common metric used by organisations to evaluate the impact of their wellbeing activity/spend, followed by staff retention levels (Figure 14). Nearly two-thirds (63%) measure employee engagement levels, up from 54% when this question was last asked in our 2019 survey. We have also seen an increase in the proportion of organisations measuring the take-up of employee assistance programmes and participation levels in health and wellbeing activities.

Overall, 29% evaluate wellbeing through measuring referral times to occupational health, but this is more common in the public sector (48%, compared with 22% of the private sector and 24% of non-profits), where occupational health programmes are more commonly used (see Section 6).

1 2 3 4 5 6 7 8 9 10

Figure 14: Metrics used to evaluate the impact of organisations' wellbeing activity/spend (% of respondents with wellbeing activity)



Base: 504.

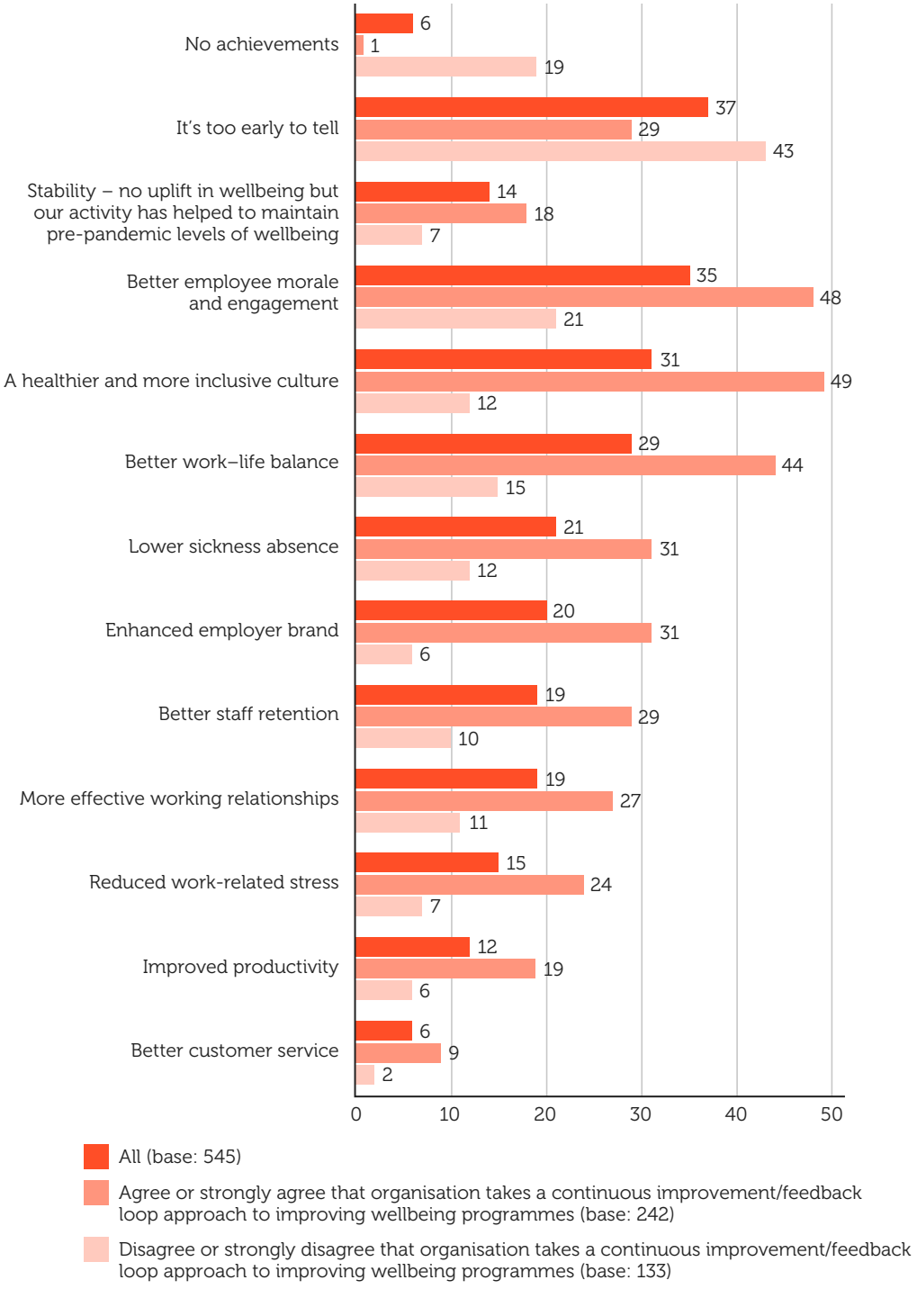
The impact of health and wellbeing activity

Around a third of respondents report that their health and wellbeing activity has resulted in better employee morale and engagement and a healthier and more inclusive culture. Many report other positive outcomes (see Figure 15).

Just 6% report that their organisation's health and wellbeing activity has not resulted in any positive benefits, although 37% report it's too early to tell and 14% report their activity has not led to an uplift in wellbeing but it has helped maintain pre-pandemic levels.

Organisations that take a more rigorous approach to evaluating their health and wellbeing activity are much more likely to report their activity has resulted in positive outcomes (Figure 15).

Figure 15: What has your organisation's employee health and wellbeing activity achieved? (% with health and wellbeing activity)



Recommendations on how to evaluate the outcomes of your health and wellbeing activities

- Monitor and evaluate the outcomes of your health and wellbeing programme to secure ongoing commitment from senior leaders. What difference does it make to employee outcomes such as attendance, engagement and performance?
- Rigorous approaches to evaluation such as a continuous improvement method are more likely to result in sustainable improvements in health and wellbeing. Build these into your programme at the outset.
- Use regular employee engagement surveys to understand self-reported measures of wellbeing across your workforce and build up trend analysis over time.
- Apply the results of your evaluation exercises to shape the future direction of your wellbeing programme for the future, to ensure it continues to meet workforce needs.

6 Stress and mental health require continued focus

Stress continues to be one of the main causes of absence

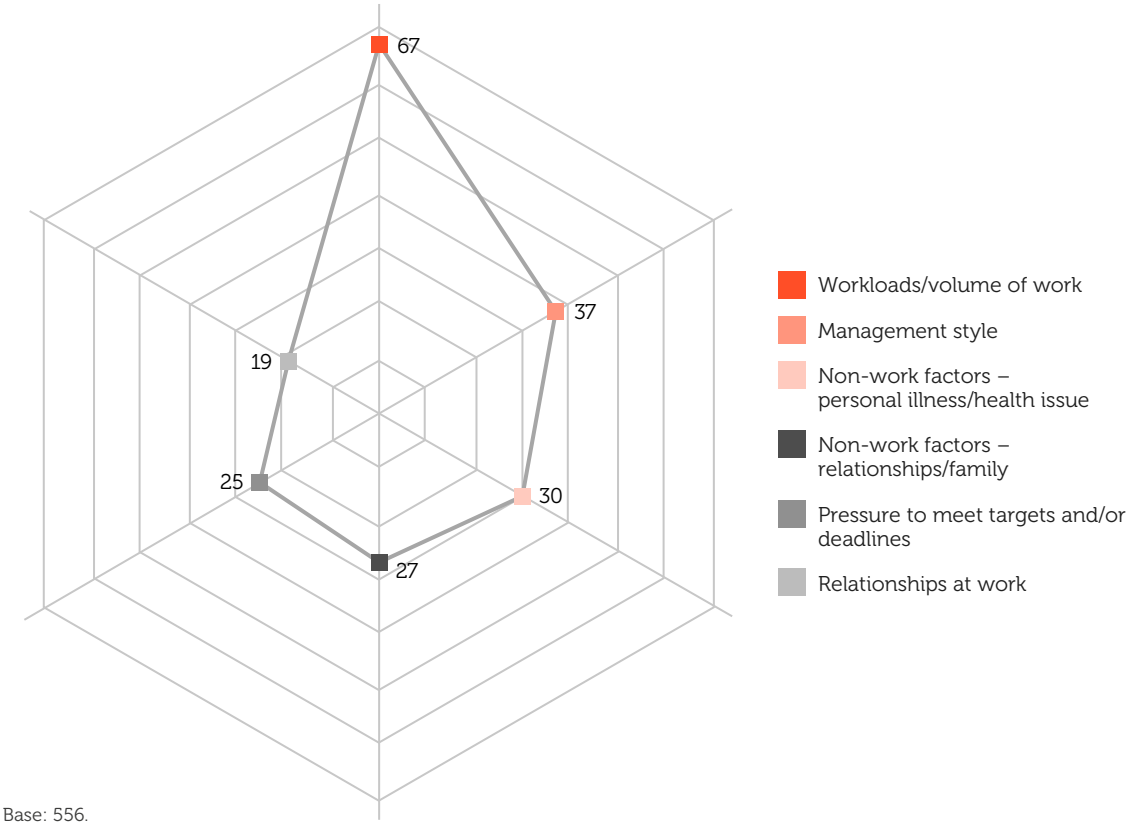
Stress continues to be one of the main causes of short- and long-term absence. Overall, 76% of respondents report some stress-related absence in their organisation over the last year (6% don't know), although this rises to 92% of organisations with more than 250 employees.

High workloads remain the main cause of stress-related absence

Heavy workloads remain by far the most common cause of stress-related absence, followed by management style (Figure 16). Organisations also need to ensure that people managers are adequately equipped and supported to manage wellbeing alongside the other demands of their role.

Non-work factors, such as health issues and relationships/family, are also among the most common causes of stress-related absence. Flexible support and reasonable adjustments can help people experiencing challenges to manage personal issues as well as long-term health conditions with the demands of their role.

Figure 16: The most common causes of stress-related absence (in top three causes, % of respondents)



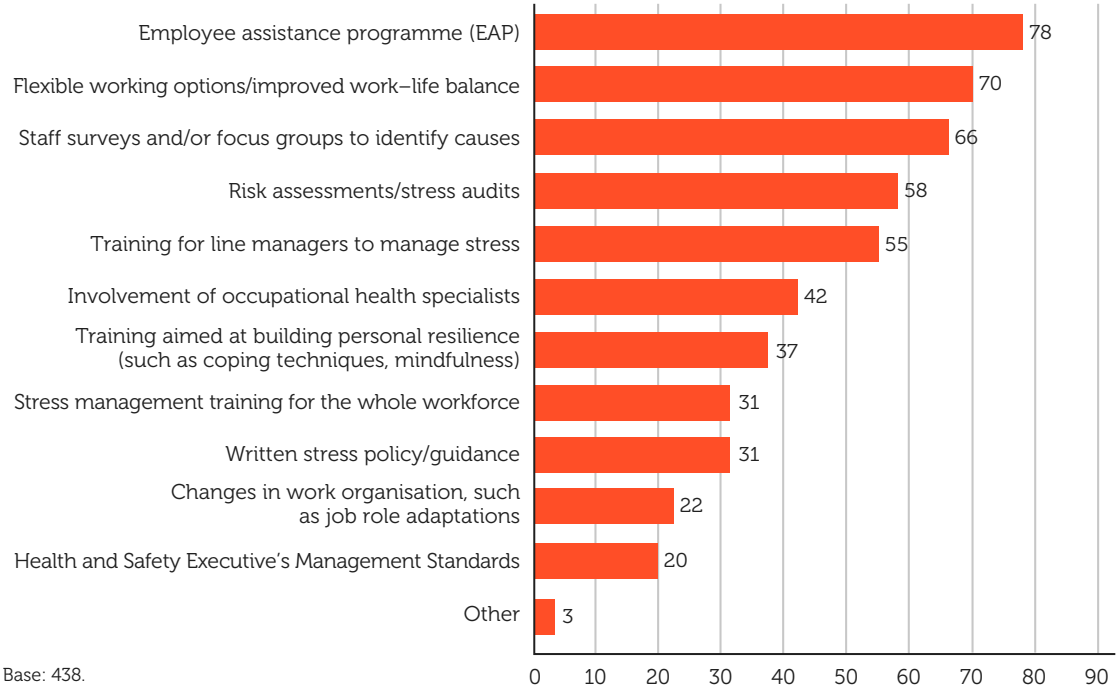
Base: 556.

Over three-quarters are taking steps to identify and reduce stress

Over three-quarters of respondents (78%), regardless of sector or size, report their organisation is taking steps to identify and/or reduce stress in the workplace. As last year, their methods most commonly include employee assistance programmes (EAPs), flexible working options/improved work–life balance, and staff surveys or focus groups to identify causes of stress (Figure 17).

Overall, 42% involve occupational health specialists, although these are more common in the public sector (68%) and larger organisations in the private and non-profit sectors.

Figure 17: Methods used to identify and reduce stress (% of respondents in organisations that are taking steps)



Base: 438.

Increased action on mental health

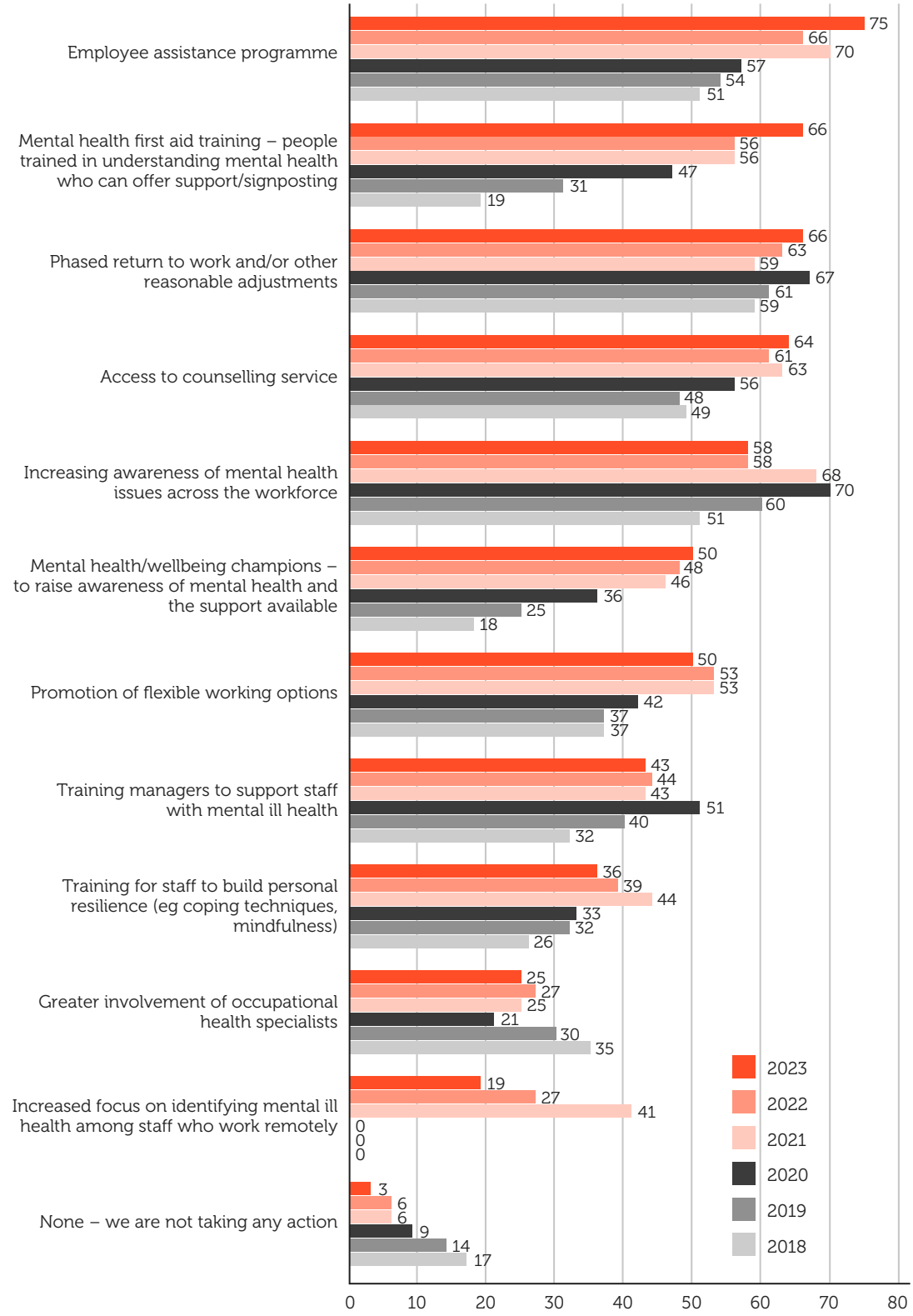
The vast majority of organisations are making efforts to support employee mental health at work. Three-quarters of organisations (75%) are using EAPs and two-thirds (66%) train people in mental health first aid. Figure 18 shows that both approaches, but particularly the use of mental health first-aiders, has increased over the last few years.

More organisations are also providing access to counselling services and promoting flexible working options compared with pre-pandemic years. There has been less change in the proportion of organisations that are training managers to support staff with mental ill health.

The increased focus on identifying mental ill health among staff who work remotely has fallen since the lockdown years. This may partly reflect options or requirements to return to the workplace, as well as adjustments to processes to better support remote working. Nevertheless, with many workers continuing to work from home at least some of the time, organisations need to remain vigilant regarding the potential threats to wellbeing for remote workers and take a proactive approach to the wellbeing of all employees.

Larger organisations are more likely to use most of the methods in Figure 18, with the exception of promoting flexible working options and increasing their focus on identifying mental ill health among remote staff.

Figure 18: Actions taken to manage employee mental health at work (% of respondents)



Base: 616 (2023); 606 (2022); 471 (2021); 751 (2020); 675 (2019); 659 (2018).

Recommendations to tackle stress and poor mental health

- Implement a systematic framework to improve mental health outcomes for people, such as the Mental Health at Work Commitment, a framework of six standards with key actions linking to practical tools and guidance. We have developed our own CIPD resources to support the commitment.
- Work with occupational health specialists, where available, to proactively manage the risks of stress and poor mental health. Also, see the Health and Safety Executive's range of practical tools to help managers start a conversation with team members (see *Stress risk assessment*, including the Talking Toolkit).
- 'Management style' continues to be a major cause of work-related stress, showing how harmful the health impact can be if organisations don't equip line managers to perform their people management role in the right way. Ensure they are supported and trained to be an effective people manager and to look after health and wellbeing in their teams.

7 Presenteeism and leaveism remain widespread

Absence levels can provide organisations with useful information about the health and wellbeing of their employees, but employers need to look beyond this data for a full understanding of current and future risks. 'Presenteeism' (people coming to work when unwell) and 'leaveism' (employees using allocated time off, such as annual leave, to work or if they are unwell, or working outside contracted hours[4]) are also critical indicators of employee stress, morale and organisational culture.

Presenteeism remains prevalent, with most respondents across all sectors reporting they are aware of people working when ill – in the workplace and/or at home – over the last year (Figure 19). Nearly two-thirds (63%) of respondents report some sort of leaveism in their organisation, in similar findings to last year (Figure 20).

[4] Hesketh, I. and Cooper, C.L. (2014) Leaveism at work. *Occupational Medicine*. Vol 64, No 3, pp146–47. Available at: https://academic.oup.com/occmed/article/64/3/146/1439077

Figure 19: Are you aware of presenteeism (people working when ill) in your organisation over the past 12 months? (% of respondents)

Base: 570.

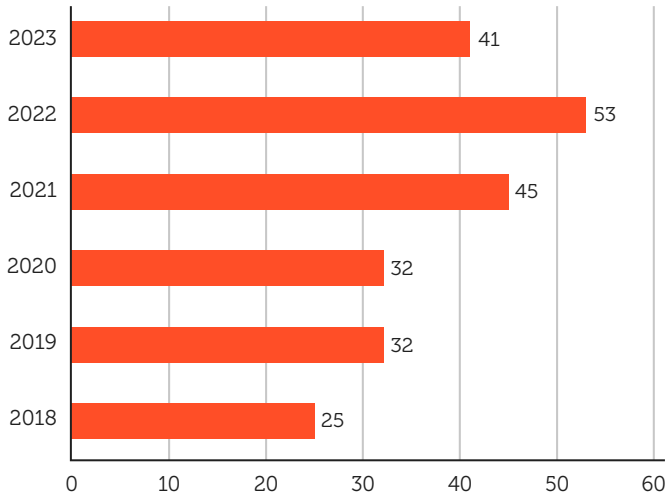
Figure 20: Have you observed leaveism in your organisation over the last 12 months? (% of respondents)

Base: 632.

Just over two-fifths (41%) of respondents report their organisation has taken steps to discourage presenteeism compared with 53% last year (Figure 21).

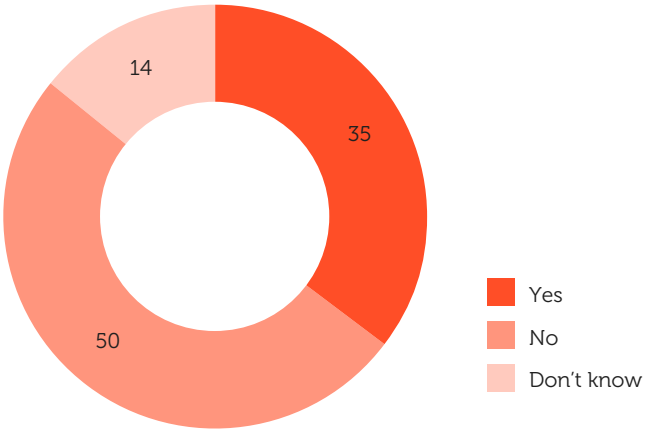
Just over a third of organisations (35%) are making efforts to address leaveism, in similar findings to previous years (Figure 22).

Figure 21: Organisations that have taken steps to discourage presenteeism over the last 12 months (% of those experiencing presenteeism)



Base: 498 (2023); 493 (2022); 389 (2021); 661 (2020); 558 (2019); 557 (2018).

Figure 22: Has your organisation taken steps to discourage leaveism over the past 12 months? (% of those experiencing leaveism)



Base: 401.

Recommendations to tackle presenteeism and leaveism

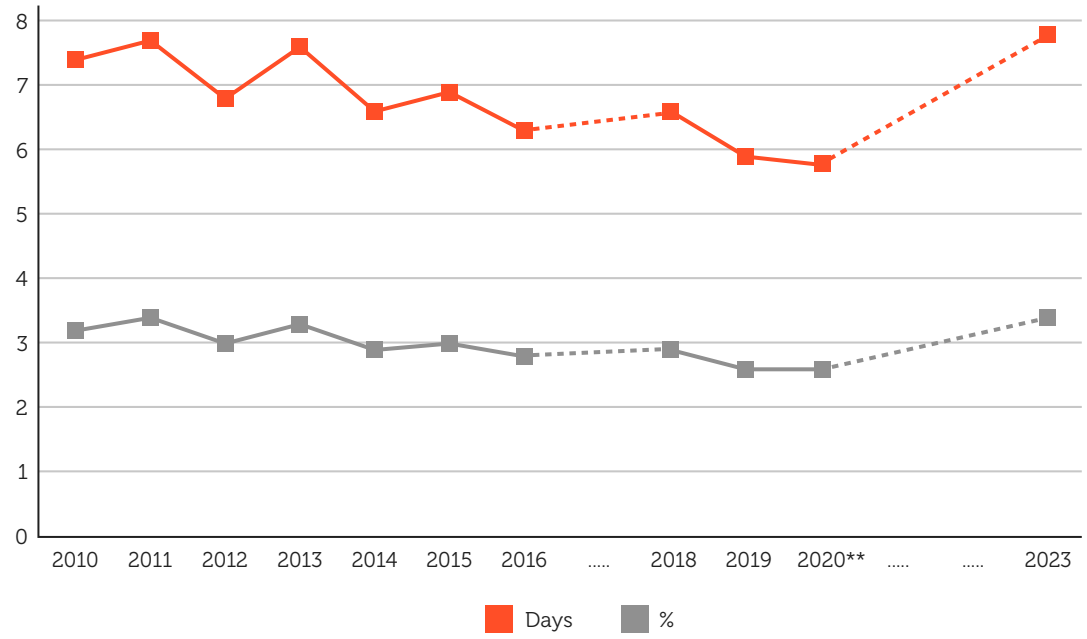
- Gather and analyse employee survey and other data to gain an evidence-based understanding of any incidence and patterns of 'presenteeism' or 'leaveism'. Use information from other sources such as occupational health to understand if, how and when employees are working when they should be on sick leave or holiday.
- Work with senior leaders and managers to understand the risk factors and causes of presenteeism and leaveism in particular functions and teams. Are workloads, targets, deadlines – and management expectations – realistic?
- Consider other strategies to tackle presenteeism and leaveism, including:
  - guidance for managers to help them spot the warning signs
  - positive employee communications, for example to encourage people to take annual leave
  - healthy role-modelling by senior leaders, for example not working when ill
  - a culture based more on outputs than inputs.

8 The survey shows the highest absence figure in a decade, but the causes remain the same

The vast majority of organisations (88%) collect sickness absence data, with larger organisations and the public sector most likely to do so (public sector: 98%; non-profits: 94%; private sector: 82%).

The average[5] level of employee absence rose to 7.8 days per employee, or 3.4% of working time lost. This is the highest level we've reported for over a decade (Figure 23). This also marks a considerable increase (two days per employee) compared with the low levels of pre-pandemic absence reported in 2020 (5.8 days from data collected in October/November 2019). While there remains considerable variation between organisations, over a quarter (27%) report an average absence level of 10 days or more – nearly twice as many as in 2020 (Figure 24).

Figure 23: Average* level of employee absence, per employee per annum



* 5% trimmed mean.

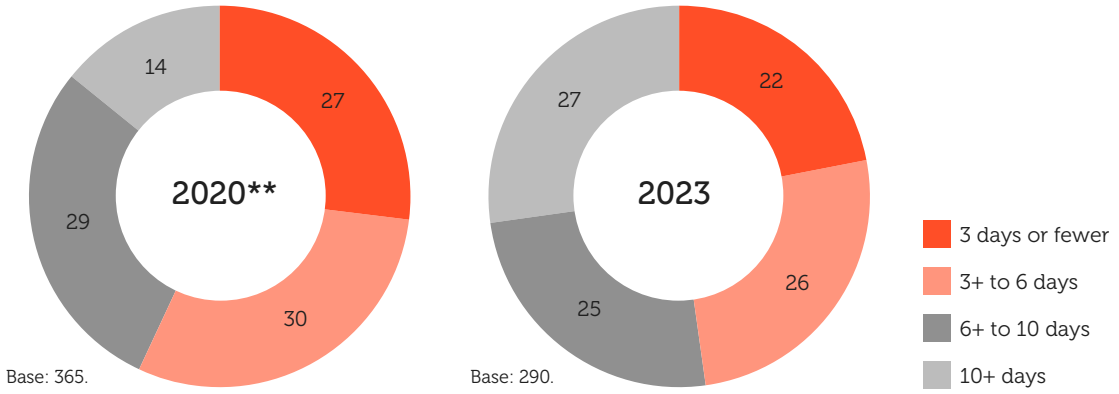
** Data collected in October/November 2019 before the COVID-19 pandemic in the UK.

Base: 290 (2023); 365 (2020); 446 (2019); 443 (2018); 736 (2016); 396 (2015); 342 (2014); 393 (2013); 498 (2012); 403 (2011); 429 (2010).

[5] 5% trimmed mean (**see Note on abbreviations, statistics and figures used**, page 32).

1 2 3 4 5 6 7 8 9 10

Figure 24: Average* number of days' absence, per employee per annum



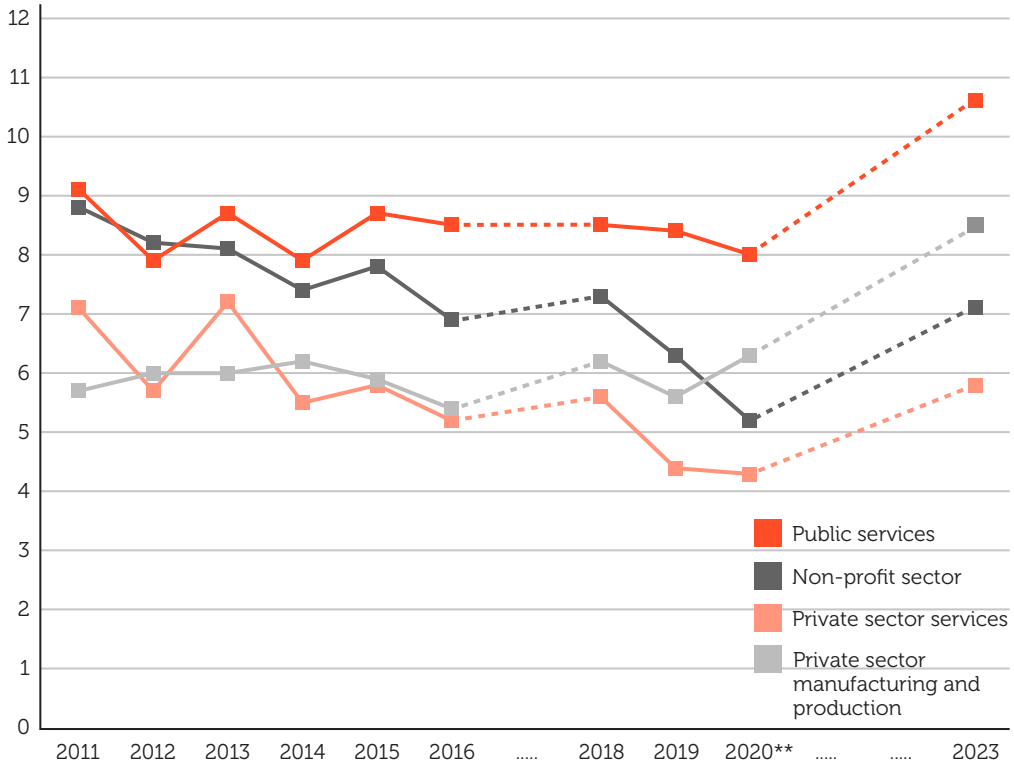
* 5% trimmed mean
** Data collected in October/November 2019 before the COVID-19 pandemic in the UK.

Absence levels increased across all sectors

As in previous years, average absence levels are considerably higher in the public sector (10.6 days per employee) than in other sectors, particularly private sector services (5.8 days), although the upsurge in average levels of absence is observed across all sectors (Figure 25).

There is also considerable variation within sectors. Smaller organisations tend to have lower levels of absence than larger ones (Figure 26).

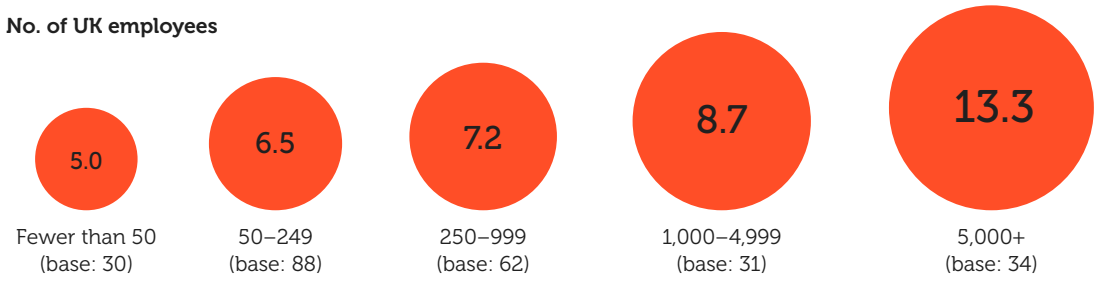
Figure 25: Average number of days lost per employee per year, by sector (5% trimmed mean)



* 5% trimmed mean.
** Data collected in October/November 2019 before the COVID-19 pandemic in the UK.
Base: 290 (2023); 365 (2020); 446 (2019); 443 (2018); 736 (2016); 396 (2015); 342 (2014); 393 (2013); 498 (2012); 403 (2011).

1 2 3 4 5 6 7 8 9 10

Figure 26: The effect of workforce size on absence levels



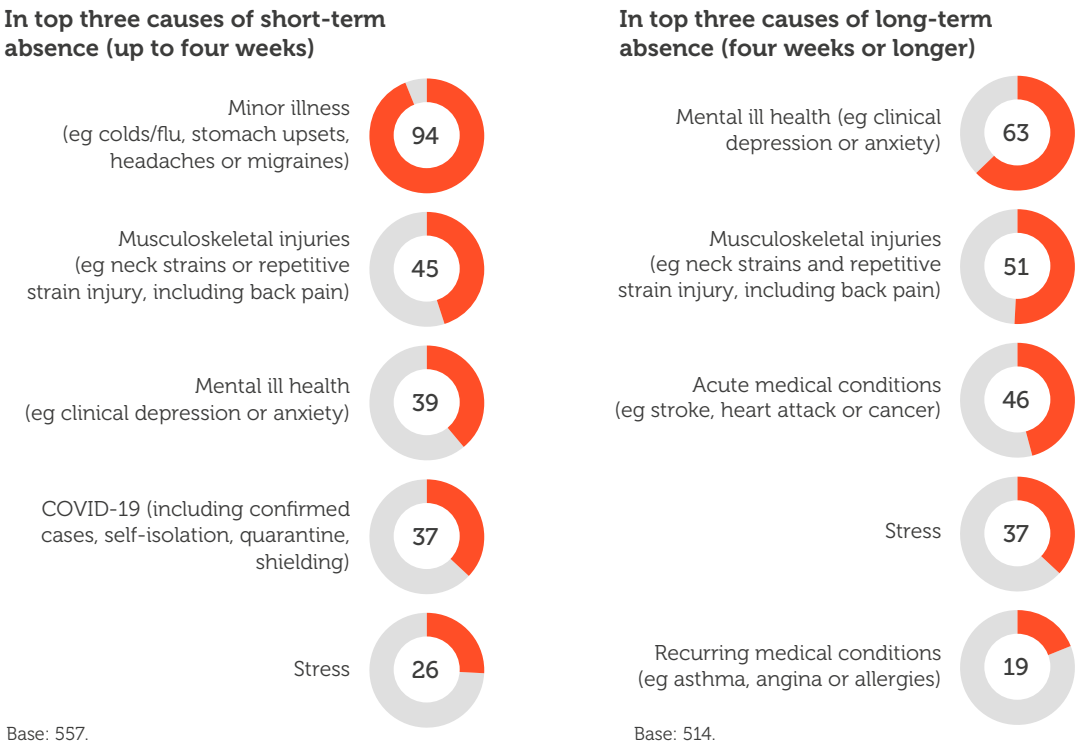
Identifying the causes

Minor illnesses, musculoskeletal injuries and mental ill health are the three top causes of short-term absence. COVID-19 continues to have significant impact, with over a third (37%) reporting it is among their top three causes of short-term absence, although this shows a considerable reduction compared with last year (2022: 67%) (Figure 27).

Mental ill health, musculoskeletal injuries, acute medical conditions and stress are the most common causes of long-term absence (four weeks or more).

The public sector and non-profits are more likely than private sector organisations to include mental ill health among their top causes of long-term absence, although it tops the list of the most common causes in all sectors. More public sector respondents also report that stress is among their top causes of short- and long-term absence.

Figure 27: The most common causes of absence (% of respondents who include in their top three causes)



1 2 3 4 5 6 7 8 9 10

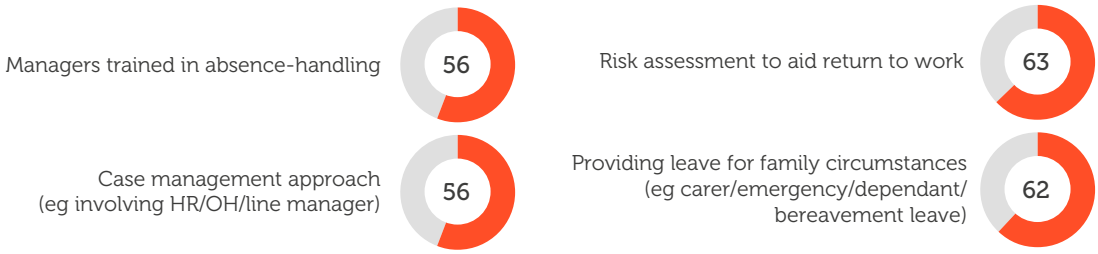
Variety of methods used to manage absence

Almost all organisations (97%) take some steps to manage absence and promote attendance (Figure 28). Most use a combination of approaches to both deter absence (for example, return-to-work interviews, trigger mechanisms to review attendance, disciplinary/capability procedures) and provide support (for example, leave for family circumstances, changes to working patterns or environment, EAPs and occupational health services).

Line managers continue to play a key role in managing absence: 70% of respondents report line managers take primary responsibility for managing short-term absence and 61% for long-term absence. The majority of organisations provide line managers with tailored support and 56% provide some training in absence-handling for short-term absence.

As in previous years, larger organisations and those in the public sector are more likely to use a wide range of approaches to absence management. Public sector organisations, however, are less likely to provide private medical insurance (7%, compared with 39% of the private sector and 14% of non-profits).

Figure 28: Top 10 most commonly used approaches for managing absence (% of respondents)



Base: 592.

Recommendations to improve absence management

- Review the organisation's absence management policies and framework to ensure they are flexible enough to support employees with chronic health conditions or disabilities.
- Beware of using the Bradford Factor to measure the number of absence spells to identify persistent short-term absence. This approach, like a trigger system, could penalise an employee who needs to take sick leave to deal with their symptoms. The reasons for an employee taking frequent periods of absence should be discussed with the employee.
- Ensure that line managers are confident to keep in touch with absent team members in a sensitive and supportive manner and can conduct effective return-to-work interviews. See the CIPD guide for line managers, *Managing a return to work after long-term absence*.
- Consider making adjustments for any individual experiencing difficulties at work because of a long-term health condition. Promote and embed flexible working practices across the organisation so people with a health condition and/or disability can flex their hours and responsibilities to suit any fluctuating health needs.

9 Background to the survey

This is the 23rd annual CIPD survey supported by Simplyhealth to explore issues of health, wellbeing and absence in UK workplaces. The survey was conducted online from March to April 2023. The analysis is based on responses from 918 organisations, covering more than 6.5 million employees.

The survey consists of 31 questions completed through an online self-completion questionnaire. Many questions remain the same as previous years, to provide useful benchmarking data on topics including wellbeing, absence, presenteeism and leaveism, work-related stress and mental health. This year we also explore organisations' approach to menstrual health and menopause and revisit efforts to measure and evaluate health and wellbeing activity.

Sample profile

The survey was sent to HR and L&D professionals (CIPD members and non-members).

Most respondents (83%) answered the questions in relation to their whole company/organisation, although 9% answered in relation to a single site and 6% in relation to a single division. A small minority responded for specific regions or parts of the business.

Respondents come from organisations of all sizes (Table 1) and work within a wide range of industries (Table 2). Overall, 62% work in the private sector (43% of respondents in private sector services, 18% in manufacturing and production), 24% in the public sector and 14% in voluntary, community and not-for-profit organisations (referred to in the report as 'non-profits'). This distribution is similar to previous years.

Table 1: Number of people employed in respondents' organisations (% of respondents reporting for whole organisation)

	2023	2022	2021	2020	2019	2018	2016	2015	2014
Fewer than 50	13	14	15	14	11	11	18	18	14
50–249	31	29	26	31	33	36	34	38	37
250–999	23	23	24	23	23	21	19	22	21
1,000–4,999	17	18	19	16	18	18	14	13	15
5,000+	16	17	16	15	15	15	15	10	13

Base: 758 (2023); 634 (2022); 506 (2021); 797 (2020); 802 (2019); 788 (2018); 912 (2016); 467 (2015); 413 (2014).

Table 2: Distribution of responses, by sector

	Number of respondents	%
Private sector	**565**	**62**
Manufacturing	94	10
Professional and business services (legal, accounting, architectural and engineering, advertising and market research)	74	8
Financial and insurance	51	6
Information and communication	36	4
Wholesale and retail	36	4
Construction	33	4
Health	32	3
Education	26	3
Accommodation and food services	23	3
Utilities (electricity, gas, water, sewage, waste management)	22	2
Transportation and storage	21	2
Real estate	12	1
Arts, entertainment and recreation	9	1
Primary industries (agriculture, forestry, fishing, mining and quarrying)	8	1
Public administration	1	0
Other	87	9

Public services	**224**	**24**
Public administration	61	7
Education	60	7
Health	48	5
Financial and insurance	4	0
Utilities (electricity, gas, water, sewage, waste management)	3	0
Construction	2	0
Professional and business services (legal, accounting, architectural and engineering, advertising and market research)	2	0
Transportation and storage	2	0
Wholesale and retail	2	0
Accommodation and food services	1	0
Arts, entertainment and recreation	1	0
Other	38	4
Voluntary, community and not-for-profit	**129**	**14**
Health	33	4
Education	28	3
Arts, entertainment and recreation	6	1
Professional and business services (legal, accounting, architectural and engineering, advertising and market research)	4	0
Real estate	4	0
Accommodation and food services	1	0
Financial and insurance	1	0
Information and communication	1	0
Manufacturing	1	0
Public administration	1	0
Transportation and storage	1	0
Utilities (electricity, gas, water, sewage, waste management)	1	0
Other	47	5

Note on abbreviations, statistics and figures used

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

The 'private sector' is used to describe organisations from manufacturing and production and private sector services.

SMEs refers to organisations with fewer than 250 employees.

Where we report on figures by organisation size, the analysis is based on the responses of those who report for the whole organisation. Those reporting only for employees in a single site/division/region are excluded for comparison purposes.

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

The 5% trimmed mean is used in calculations of average employee absence levels to avoid a few extreme cases skewing the results. The 5% trimmed

mean is the arithmetic mean calculated when the largest 5% and the smallest 5% of the cases have been eliminated. Eliminating extreme cases from the computation of the mean results in a better estimate of central tendency when extreme outliers exist.

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

10 Appendix 1

Wellbeing benefits on offer, by sector (% of respondents)

	All respondents Base: 678	Manufacturing and production Base: 122	Private sector services Base: 288	Public services Base: 173	Non-profit sector Base: 95
Employee support					
Employee assistance programme					
For all employees	82	82	77	87	86
Depends on grade/seniority	2	3	3	0	1
Access to counselling service					
For all employees	77	71	71	86	86
Depends on grade/seniority	3	5	5	0	2
Financial education and support (eg access to advice/welfare loans for financial hardship)					
For all employees	47	44	45	54	46
Depends on grade/seniority	3	3	5	0	1
Access to physiotherapy and other therapies					
For all employees	37	37	38	39	27
Depends on grade/seniority	8	15	9	1	7
Stop smoking support					
For all employees	27	24	22	38	25
Depends on grade/seniority	4	3	6	0	3
Health promotion					
Free eye tests					
For all employees	67	71	66	66	62
Depends on grade/seniority	6	7	5	4	8
Paid time off to attend vaccinations (eg COVID-19)					
For all employees	56	57	53	60	59
Depends on grade/seniority	3	7	4	2	0
Free flu vaccinations					
For all employees	50	47	42	62	57
Depends on grade/seniority	4	6	6	3	0
Advice on healthy eating/lifestyle					
For all employees	50	45	47	56	56
Depends on grade/seniority	2	2	2	1	0

In-house gym and/or subsidised gym membership					
For all employees	40	34	39	49	35
Depends on grade/seniority	5	7	7	2	4
Programmes to encourage physical fitness (eg walking/pedometer initiatives such as a Fitbit or other fitness trackers)					
For all employees	34	25	37	34	39
Depends on grade/seniority	5	7	5	2	3
Health screening					
For all employees	30	35	30	31	24
Depends on grade/seniority	13	24	16	2	11
Wellbeing days (eg a day devoted to promoting health and wellbeing services to staff)					
For all employees	23	16	21	26	33
Depends on grade/seniority	3	4	4	2	3
Access to complementary therapies (eg reflexology, massage)					
For all employees	16	11	18	16	16
Depends on grade/seniority	5	7	6	1	3
Regular on-site relaxation or exercise classes (eg yoga, Pilates)					
For all employees	16	7	15	19	22
Depends on grade/seniority	4	7	5	1	1
Insurance/protection initiatives					
Occupational sick pay					
For all employees	69	57	64	84	72
Depends on grade/seniority	9	24	10	2	4
Health cash plans					
For all employees	25	31	31	9	29
Depends on grade/seniority	6	13	8	2	2
Private medical insurance					
For all employees	23	22	39	4	15
Depends on grade/seniority	29	54	35	8	15
Group income protection/long-term disability/permanent health insurance					
For all employees	22	24	28	8	24
Depends on grade/seniority	10	19	14	2	6
Dental cash plans					
For all employees	19	22	24	10	16
Depends on grade/seniority	7	14	9	2	3
Self-funded health plans/healthcare trust					
For all employees	13	12	12	14	16
Depends on grade/seniority	6	12	7	1	2
Personal accident insurance					
For all employees	13	17	15	9	9
Depends on grade/seniority	8	11	11	2	5
Critical illness insurance					
For all employees	11	11	16	5	6
Depends on grade/seniority	8	16	10	2	5

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