



# Work and well-being

**A trade union resource**





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# 01

## Introduction

‘Well-being’ has become one of the most over-used phrases in the English language. It helps sell anything from yogurt to holidays, pillows to pills. For some people the phrase refers to levels of happiness, while others think of it as a healthy body and mind. There is even a national well-being index intended to gauge the quality of life of people in the UK, as well as environmental and sustainability issues and even the country’s economic performance.

The lack of any real agreement means that in the workplace ‘well-being’ or sometimes ‘wellness’ has become a convenient label for almost any health-related initiative. That makes it difficult for trade unions to respond, especially when management sometimes uses ‘well-being’ as a way of by-passing union involvement. However, a positive approach to developing ‘good work’ that takes account of health and well-being can lead to improvements in both the health and quality of life of the workforce.

This guide gives advice on the wide range of attempts being made to promote ‘well-being’ and as such does not cover the avoidance of injury and illness in traditional health and safety terms, as that information is freely available elsewhere. However, it will help reps tackle management when work and work practices are likely to be the cause of workforce ill health.

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# 02

## Work and health – the relationship

Every year around 170 million working days are lost in Great Britain due to people being too ill to go to work. The best way of reducing that number is by trying to prevent workers getting ill in the first place.

The relationship between work and health is very complex. On the one hand, work is responsible for an estimated 28.2 million days lost to ill health each year. Of these, 23.5 million are due to work-related ill health and 4.7 million due to workplace injury. Around 1.2 million people who are currently at work are suffering from ill health which they think is work-related.

On the other hand, not being in work can also have a devastating effect on your health. Unemployed people have much higher levels of both heart and lung disease. They also have substantially higher rates of mental health disorders, alcoholism and suicide. Overall, unemployed people have around two to three times the ill health rate of those in employment and a 20 per cent higher death rate. It is estimated that being unemployed is a greater risk to health even than working in one of the most dangerous occupations such as construction or offshore oil drilling.

**28.2**   
MILLION DAYS LOST TO  
ILL HEALTH EACH YEAR

**23.5**   
MILLION OF THESE ARE  
DUE TO WORK-RELATED  
ILL HEALTH

**4.7**   
MILLION OF THESE ARE DUE  
TO WORKPLACE INJURY

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It is not simply whether someone is employed or unemployed that makes a difference to their health, it is also what they are doing. Those who are not working but have access to a reasonable income and are active through voluntary or community work with a lot of social interaction with others do not have increased health risks. Meanwhile, those on low pay who work long hours or have no or little control over their work can suffer the same health problems as those who are unemployed. Clearly the link between health and work is not as simple as we are often told by those who claim that work is good for you.

Much of the emphasis so far on good work has been on using work to help improve mental well-being. In fact, good work is just as much about physical well-being. There is a growing consensus that, in many cases, physical illness can cause mental illness and vice versa. Many physical problems that manifest themselves as back pain or RSI have a psychological cause and are as much to do with work-related stress as bad manual handling or repetitive movements. This has led some to conclude that it is more important to concentrate on psychosocial factors at work than physical ones.

Unfortunately, some people have misinterpreted this as meaning that you should forget about improving the physical environment and instead try to prevent musculoskeletal disorders through preventing stress at work – a view that could have very dangerous consequences. You have to do both.

Work can also create other health problems. There is a strong link between stress and the use of tobacco, recreational drugs and alcohol. Also having a job that involves sitting down all the time or only having access to junk food during a 20-minute lunch break can lead to obesity and increase the chance of heart disease and diabetes. Trade unions believe that the best way to prevent those is to try to remove the causes, while at the same time supporting anyone whose health does suffer as a result.

## HEALTH INEQUALITIES

In addition to the effect that being in work, or being unemployed, can have on your health, one of the biggest factors is your pay and whether you are a manual worker or a professional worker.

A boy born today in the wealthiest borough in Britain can expect to live 13.5 years longer than a baby boy born in Glasgow. The gap for girls is 11.8 years. This is because of the difference in wealth and social class between the two.

People in poor areas do not only die younger they also spend more of their lives with a disabling illness. Between the richest and poorest areas the average difference of disability-free life expectancy is a staggering 17 years.

In workplaces where less concern is given to risk assessments and the prevention of stress, and where there is generally seen to be poor working conditions, workers are far more likely to have higher rates of absence and illness. Another major factor is whether management treat their workforce with respect and involve them.

### **The government agency Acas suggests that there are six indicators of a healthy workplace:**

- + Line managers are confident and trained in people skills.
- + Employees feel valued and involved in the organisation.
- + Managers use appropriate health services (e.g. occupational health where practicable) to tackle absence and help people to get back to work.
- + Managers promote an attendance culture by conducting return-to-work discussions.
- + Jobs are flexible and well-designed.
- + Managers know how to manage common health problems such as mental health and musculoskeletal disorders.

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This means that, to improve well-being, the first step is to see how work is organised and how workers are supported. Well-being at work will be difficult to attain without some basic standards of working life and that involves looking at wider issues such as management style, workload, hours of work, worker involvement, and the level of control a worker has over their work.

There is already helpful and simple guidance for employers on how to manage stress available from the HSE website, and there is similar guidance on musculoskeletal disorders and a range of other health issues that are caused by work. Unions should ensure that employers consider these first as part of any well-being programme.

### **PREVENTION FIRST!**

However much an employer does to promote well-being in the workplace, the real gains are to be made by preventing people becoming ill or injured. Every year 1.2 million people who are in work suffer from an illness they believe is caused by their work. A further 700,000 people who are no longer in work are suffering ill health because of a work-related illness.

According to the HSE the biggest cause of work-related sickness is musculoskeletal disorders such as back pain and RSI, followed closely by stress, anxiety and depression. Between them they make up over 70 per cent of work-related sickness absence. These illnesses are all avoidable, as are injuries at work.

If an employer wants to improve the health of the workforce then they should address the issue of illness and injury caused by work first, as that is what they have most control over.

# 17

## YEARS IS THE AVERAGE DIFFERENCE BETWEEN THE RICHEST AND POOREST AREAS FOR DISABILITY-FREE LIFE EXPECTANCY

Unfortunately, many employers prefer to look at changing the behaviour of the workers rather than the workplace. They seem to think that, rather than remove stress in the work, they should introduce on-site massage or after-work yoga classes. This approach is little to do with promoting well-being in the workplace and instead is using the workplace to promote changes in how workers live their lives.

### **HEALTH AND WELL-BEING – THE ACAS APPROACH**

#### **What makes a healthy workplace?**

Good relationships have the potential to make workplaces healthy and productive. But promoting a healthy and productive workplace is not just about being nice to each other (although this obviously helps). Good employment relations are built upon:

- ✦ effective policies for managing people issues such as communication, absence, grievances and occupational health
- ✦ high levels of trust between employees and managers – trust is often nurtured by involving employees in decision-making and developing an open style of communication.

*(Extract from Acas guidance)*

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# 03

## Using the workplace to deal with health issues

The best way of improving well-being in the workplace is by changing how work is organised and managed, yet the message that is often heard from government and employers is that individual workers should change their lifestyle by exercising more or eating better.

The government has set up a 'responsibility deal' to try to persuade employers to promote good health through the workplace by making a pledge to take action in at least one area such as exercise or nutrition. Most of these pledges have been written by groups of employers including food manufacturers.

These initiatives are often popular with workers, especially when they involve things like subsidised gym membership, but in practice they are usually taken up by a small number of workers who are most likely to use them anyway.

There are positive things an employer can do to assist in the promotion of good health through introducing measures such as making fruit available and promoting exercise.





## BODY MAPPING

The PCS branch at the Newcastle Contact Centre of Jobcentre Plus worked with management to develop a joint 'body map' survey to identify health concerns. Staff with problems were offered further help (such as a work station assessment). The overall results were used to produce a joint guide to healthy and safe working which was sent to all staff.

However, where employers are introducing changes to promote healthier lifestyles unions should be involved. Employers should do this in partnership with the workforce and their unions rather than on behalf of the workforce. Employers must make sure that they consult with the workforce, through their union. There should also always be an element of choice rather than compulsion.

The workplace can, like any other environment, be a useful place to encourage people to make healthy choices, but it must be done in a non-judgemental way that creates the opportunities for people to make healthier choices, rather than forcing them to adopt a particular lifestyle that has no bearing on their employment. Trade unions should resist attempts by employers to introduce moral elements to health by criticising employee lifestyles.

For example, good employers will wish to assist any employees who have an addiction problem that is affecting them or their work. However, that is a very different matter from the employer seeking to prevent drug or alcohol use outside the office if it has no bearing on the person's work.

## HEALTH SCREENING

Providing access to annual health screening may be a very useful way of ensuring people are aware of any potential health problems and are given advice on how to reduce any health risks. Although experts disagree whether such screening is effective in identifying problems that would not otherwise be detected, testing the heart, lung function and weight of people can be important factors in encouraging them to stop smoking or exercise. Health screening also needs to be linked to prevention programmes to ensure that any ill health that may be linked to work is investigated and risks removed. There are a lot of consultants who offer very comprehensive health screening programmes. Many of these are very good and can be geared towards the type of workforce and the hazards they face. For instance, the screening programme for construction workers would probably be different to that for call centre staff. However, it is important that employers make sure that the programme fits workers' needs, is comprehensive and does not include unnecessary or intrusive tests. Workers also need reassurances on confidentiality. A lot of screening is available through the NHS and all workers aged 40 or over are entitled to a regular NHS Health Check. Employers should encourage staff to use this facility and offer time off to attend.

## USING NICE GUIDANCE

There is a wide range of guides you can use to help persuade your employer to promote well-being in the workplace.

Some of these are produced by the National Institute for Health and Care Excellence (NICE). These are considered to be authoritative but employers do not have to adopt them, although NHS employers are meant to adhere to them.

There is guidance called *Promoting Physical Activity in the Workplace*, *Promoting Mental Well-Being at Work* and *Workplace Interventions to Promote Smoking Cessation*. In June 2015 NICE published *Workplace Policy and Management Practices to Improve the Health and Wellbeing of Employees*. This says that all those with a remit for workplace health should develop policies that support a well-being workplace culture. It outlines

the importance of dealing with issues such as work/life balance, stress and bullying, but is short on detail and often just refers to other advice such as the HSE Stress Management Standards. Although it encourages engagement with unions it also advises the use of 'staff engagement forums'. The TUC believes employers should never be able to use staff engagement forums as a way of undermining the involvement of unions in well-being issues. The best way of achieving engagement with employees is through working with trade unions and, where a union is recognised, the existing joint health and safety committee, or a sub-committee of it, should be used to progress well-being issues or a joint union/management committee should be set up.

These guides are all available on the NICE website [www.nice.org.uk/guidance](http://www.nice.org.uk/guidance)

To conclude, workers who eat well and are physically active are healthier and, usually, feel better. There is evidence that people who take more exercise and eat better are less likely to take time off sick. In addition, increased exercise can help prevent or manage over 20 different conditions from diabetes to heart disease. Yet the biggest lifestyle gains can be made through reducing stress, long hours and introducing policies that promote work/life balance.

However, there are also other steps that employers can take to help support workers who want to live a healthier lifestyle.

### LOOK OUT FOR...

Some health providers offer health screening paid for by the employer but then try to get the worker to pay for additional tests privately, such as a h-pylori test (for a bacteria that can cause stomach ulcers) or a PSA test (for prostate cancer). Often these tests are unnecessary but if required are free when arranged through a GP.

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# 04

## Promoting health through work

Initiatives aimed at encouraging workers to get or stay healthy can have a mixed response from workers.

At times workers will welcome them as a sign that their employer is taking an interest in their health. Other workers may feel that their employer has no business getting involved in what they consider to be their private life.

It is therefore important that any activities are introduced in a way that makes it clear that there is no compulsion and that employees are not necessarily expected to take part. Involving the union at an early stage can help this.

**Among the activities that might be considered are:**

**+ Putting on exercise classes at lunchtime**

There are a wide variety of classes to choose from that are aimed at improving people's strength, flexibility or cardiovascular fitness. These include circuit training, jazz dance, pilates, yoga and step classes. If taught properly these have the benefit of involving a variety of people across the age range and from both sexes. Make sure they are taught by a qualified instructor and that there is sufficient space. However it is also important

that people have time to have something to eat after the class rather than having to rush back to work.

**+ Provide access to a gym**

This can either be a gym on the employer's premises that is available to staff or a local fitness centre where the employer has negotiated a reduced rate and where people can go at a time that suits them. If the employer provides a gym on its premises it must ensure that the equipment is properly maintained, and that instruction is available so that people know how to use it effectively and safely.

**LOOK OUT FOR...**

Some deals through an employer are more restrictive or lock you in to a contract for longer. Check this out. Also, if the employer makes an arrangement with an outside fitness centre then the subsidy they pay is likely to be taxable.



#### + **Cycling**

This is a good exercise for the heart and lungs, and it doesn't rain in Britain as many days as people think! Employers can help by providing safe provision for cycle parking. The government has a scheme "cycle to work" whereby if employees can get a bike and accessories at discounts of around 40 per cent. On the downside, although cycling is great exercise, riding a bike in heavy traffic can be a scary and dangerous experience so employers should distribute maps of local cycle routes. Many local authorities and cycling organisations produce these.

#### + **Sponsorship of sports and social activities**

Some employers support and help finance a range of activities at competitive sports clubs, sometimes on employer premises or grounds. Employers can also support staff involvement in events such as cycle runs or "fun-runs" by providing sponsorship or time off. They should also consider sponsorship and time off for any employees who are involved in competitive events outside work such as amateur athletics, martial arts competitions or other sporting meets. Employers can also be asked to provide more flexible working to those who are training at competitive level.

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### + Provision of showers

One of the biggest factors preventing people cycling or running to work, or exercising at lunchtime, is a lack of washroom or shower facilities. Simply providing these can make a major difference to take-up.

### + Healthy eating

Far fewer employers provide canteen facilities than in the past. This is partly to do with organisation size, but it is also because many employers fail to see the benefits of providing workers with good food and encouraging them to eat together rather than at their desks or a local park. As a result far more people are eating fast or junk food at lunchtime. Also people are now taking, on average, far less of a break at lunchtime. Both these factors can harm people's health. Ideally, employers should provide a range of food in a subsidised canteen. Failing that they can provide a separate area for people to take their rest breaks or eat meals (this is actually a requirement under the Workplace Regulations). If there are no canteen facilities they can provide access to a microwave and other preparation facilities. Even small initiatives like having a regular supply of free fruit can encourage people to swap the chocolate bar for the apple.

### LOOK OUT FOR...

**If your employer does provide canteen facilities make sure that any healthy food changes are introduced with consultation and that new options are agreed. If you suddenly replace the traditional fried breakfast with muesli expect to get complaints!**

In addition to these there are also initiatives that are organised or managed by workers themselves. Many of the most successful workplace social and sports events are those organised by unions or groups of workers. These have usually grown from a few union members organising lunchtime exercise club or five-a-side football team. Often employers have been persuaded to subsidise these or provide facilities. Where they exist they have become the focus of social activities in the workplace and are often the only regular exercise that some people get. By organising social events unions can recruit a range of new people into the union and also show that they are active in all aspects of working life, not just pay and conditions.

### Employee Assistance Programmes

Many employers, especially larger ones, give their staff access to an Employee Assistance Programme (EAP). These are intended to help employees deal with personal problems that might adversely impact their work performance, health, and well-being. It is estimated that over eight million people have access to an EAP and around 10 per cent of these will use it at some time in their working lives.

EAPs can often offer advice on a range of issues such as money problems, domestic issues, and difficulties with work colleagues. They can act as a confidential way for people to report and seek help for bullying, harassment and stress. Most EAPs offer an element of individual counselling, although these are often restricted to a limited number of sessions. Some also allow family members to use the service. Most are provided by an outside contractor with the first point of contact being a confidential phone line.

Usually the EAP provider will supply the employer with details of the types of problems that are dealt with. This can allow them to see whether there is a significant problem in some area such as bullying which needs addressed. EAPs can also act as a go-between a worker and the management on a confidential issue.

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Unions will usually welcome any provision such as this although they should be consulted on issues of coverage and access right from the beginning. There are occasionally concerns over a lack of impartiality where an employee seeks assistance due to a work-related problem. Also the level of support is usually limited by the contract and at the end of the contracted number of sessions the EAP provider may try to get the employee to pay for further sessions privately or refer them to a commercial provider, even where free services may be available through a CAB or the NHS.

A review of EAPs conducted in 2012 by researchers in Sheffield showed that there was little evidence that EAPs actually made any difference to either the well-being of the workers in general, or to sickness absence or performance. Nevertheless, it is clear that, for some people, access to a service such as an EAP can be of major help in supporting them to deal with a problem.

#### **LOOK OUT FOR...**

Employers sometime use an EAP scheme as an alternative to introducing effective policies on stress and bullying. It is not. Instead it is a last resort if prevention fails.

## **CONSTRUCTING BETTER HEALTH**

Construction is one of the most dangerous industries when it comes to safety. However, it also has one of the worst records on occupational health. Unions and employers have been working together to drive up standards through practical measures in a partnership called Constructing Better Health. It is aiming to:

- ✦ set industry standards for work related health issues
- ✦ build a construction-specific knowledge portal, giving consistent advice, guidance and support in the management of health-related risks
- ✦ centralise the collection of work-related health data
- ✦ give out information to enable employers to manage work-related health risks at site level
- ✦ provide a referral route through to specialists in the field of return to work and rehabilitation.

Many of the lessons from the project were used in the building of the London Olympic Park with great success. Unions are now trying to get the good practice from this spread throughout the industry.

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# 05

## Specific issues of well-being

There are some specific well-being issues common to many workplaces.

Unions have campaigned around the issues below. Others, such as shift work, bullying or temperature are both prevention issues and well-being issues. There is advice on all of these and more on the TUC website under "Health and Safety" > "Activist Resources".

### **SMOKING**

Most people know that smoking is a big killer. It is one of the biggest causes of premature death in the UK and can lead to lung and other cancers, heart problems, lung disease, damaged arteries and a range of other problems. It can affect not only those who smoke but those around them. Every year around 100,000 people die from smoking-related causes.

Smoking is now banned in almost all enclosed workplaces, and fewer people are smoking now than at any time in the past century. Helping smokers to give up if they wish is an essential element of a successful smoking policy.

### **There are various ways of doing this:**

- + providing advice on giving up smoking from a doctor or health professional
- + developing programmes for giving up smoking, which could consist of group meetings run by professionals
- + supplying free or subsidised nicotine replacement therapy such as gum, patches or electronic cigarettes
- + distributing self-help guides for giving up smoking
- + devising multi-component programmes including all of the above and tailored to the individual.

Employers and unions are recommended to work with their local NHS Stop Smoking services on this.

### **Electronic cigarettes**

It is likely that electronic cigarettes help existing smokers quit tobacco cigarettes and unions should welcome any attempts by employers to promote their use, in the same way as they sometimes help subsidise nicotine patches or gum. However, this should be on the understanding that they are only used when people would normally smoke a cigarette and not anywhere that smoking is restricted.

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The TUC strongly recommends that unions make agreements that electronic cigarettes are restricted in the workplace in the same way as tobacco. They should not be used in any indoor place. The risk to others is still unknown, and it can be confusing if people are seen to be smoking what looks like a cigarette. This undermines the smoking ban.

However, the TUC supports the idea that separate areas should be available for users of electronic cigarettes away from any outside smoking area. If a worker is using electronic cigarettes to help them give up tobacco then forcing them to be in the same area as smokers doesn't help.

#### **DRUGS AND ALCOHOL**

The use of drugs and alcohol can be a serious workplace issue. Not only can their use lead to significant health problems but anyone under the influence of drugs or alcohol can be a hazard to themselves and others. It is not only illegal drugs that cause problems at work. Legal ones, including prescription drugs and alcohol, can be misused.

The use of alcohol and drugs has no place in the workplace, unless medication is required for a particular condition. At the same time, employers should not try to control aspects of a person's private life, and what a person does in their own time should be of no concern to the employer unless it impacts on their work. Most people who drink socially or use recreational drugs at weekends do not perform any worse, or take more time off sick as a result. It is important not to confuse substance misuse with the occasional use of alcohol or drugs.

If, however, a person's health suffers or they are trying to work while under the influence of drink or drugs then it can become a workplace issue. It is also a matter for trade unions because many people turn to alcohol or drugs because of the stress of work, or to painkillers because of musculoskeletal problems caused by work. Drug or alcohol use can become problematic when an individual uses a substance so regularly or in such quantities that they start to depend on it in order to feel normal in everyday life.

The best way to prevent alcohol and drug use is to reduce the levels of stress and musculoskeletal disorders which can cause pain and lead to people turning to painkillers and other drugs.

Alcohol and drug misuse should be treated as a medical and not a disciplinary matter. There will also be a recognition that in many cases alcohol and drug use can lead to addiction which may require help.

#### **Unions should always seek to negotiate a drug and alcohol policy. The policy should set out its aims. These should include recognition that:**

- + alcohol and drug abuse is both a health problem and a safety problem
- + drug and alcohol abuse should be prevented through both increasing awareness of the issue and changing the culture of the organisation
- + those employees with a problem should be identified at an early stage
- + assistance should be offered to those with a drug- or alcohol-related problem.

Many unions have a model policy, so check your union website. There is also advice on drug and alcohol policies, and drug-testing, on the TUC website.

#### **OBESITY**

One of the main areas that well-being programmes in the workplace try to address is weight. The NHS website describes obesity as "a term used to describe somebody who is very overweight, with a lot of body fat". However the main measure of obesity – body mass index – is not necessarily a good indication of whether someone is 'obese', as people who are quite muscular sometimes have a high BMI, without excess fat. People who are slightly overweight and also keep themselves fit through exercise are no more likely to develop many of the health conditions associated with obesity than people with a 'healthy' BMI.



## CHANGE THE WORKPLACE NOT JUST THE WORKER

Work can cause people to put on weight. There is clear evidence that people who sit down all day, including drivers, are more likely to put on weight. Other work factors are long hours (people exercise less because they spend too much time at work) and lack of access to good food during working hours. People who are low paid are sometimes more likely to be overweight because they need to buy high-calorie cheap processed food rather than more healthy lower-fat, lower-sugar options.

Exercise and healthy eating can help prevent people from becoming overweight and many of the measures in Section 4 above can be a great way of helping keep the weight off.

The issue therefore is whether someone has levels of fat and excess weight that could be harmful to their health. A better measure of excess fat is waist circumference, and can be used as an additional measure in people who are overweight (with a BMI of 25 to 29.9) or moderately obese (with a BMI of 30 to 34.9).

Generally, men with a waist circumference of 94cm or more and women with a waist circumference of 80cm or more are more likely to develop obesity-related health problems. These problems can be heart disease, strokes, Type II diabetes and some types of cancer. People who are significantly overweight are also more likely to have joint problems and back pain.

People who are very overweight have a medical condition that needs to be dealt with by a medical professional.

Employers can do a number of things to help those who think they have a weight problem.

The first is not to judge anyone because of their weight. Many people who are overweight suffer bullying or discrimination in the workplace.

This can lead to depression which can actually increase the likelihood of obesity. Bullying and harassment policies should make it clear that any discrimination against anyone because they are perceived to be overweight is unacceptable.

### Unions should also call for:

- + employers to support a culture of physical activity in the workplace with regular breaks, walking meetings, etc.
- + provision of on-site weight management services for staff
- + the use of risk assessment and reasonable adjustments for employees who are clinically obese.

In addition to encouraging employers to exercise and eat healthily employers can make sure that any Employee Assistance Programme provider is able to provide support to those with existing weight issues.

## DEMENTIA

Dementia is caused by diseases of the brain, and covers a range of different symptoms that may include memory loss and difficulties with thinking, problem-solving or language. It is associated with old age, so people at work can develop dementia, especially since more people are working well into their 70s or even beyond. However, dementia is not something that only affects the very old. An estimated 40,000 people under the age of 65 live with it in the UK.

Many people who develop dementia are not diagnosed until after the disease has developed and there are noticeable symptoms. Early-onset dementia can be missed because the disease is not associated with younger people. Medical professionals may misdiagnose it as depression or anxiety, resulting from relationship difficulties, stress or menopause.

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Although treatments are available it is a progressive disease and there is no treatment that will help people recover. However, dementia is an illness just like any other and is likely to be covered by the Equality Act, which means that employers should make “reasonable adjustments” to support those who develop dementia and retain them in employment for as long as it is desirable and practical for both parties. In reality most people who are diagnosed with dementia leave the workplace. It is estimated that only 18 per cent of those under the age of 65 diagnosed with dementia continue to work afterwards. For some people in the early stages of disease keeping their jobs, even if in an altered form, is very important.

Employers should be encouraged to develop an environment where people feel confident in coming forward to discuss the issue. That could be done by running specific awareness raising activities in the workplace (perhaps jointly with the union) or including dementia awareness in any equality or diversity training or guidance. Many organisations are using the Dementia Friends initiative of the Alzheimer’s Society [www.dementiafriends.org.uk](http://www.dementiafriends.org.uk)

### **Leaving work**

There should not be an automatic presumption that the person will have to leave work if they develop dementia. Work can be redesigned and duties changed to reduce reliance on former memory or cognitive skills. Adaptations may also be made to solve communication problems or physical impairments.

Unions are urged to seek to ensure that the employer does not rush and pressurise a member into leaving work immediately after a diagnosis. Often the person may need time to look at their options and also to try to assess their own capabilities.

Because of the nature of dementia, most people who receive a diagnosis decide that they would prefer to leave. Unions can then assist them

to secure the best terms by exploring options such as early retirement. Unlike with most other conditions, there may be occasions where the union will have to discuss the options with the family of the member if it is accepted that the member cannot make an informed decision on their own.

Some workers care for friends or relatives with dementia. Under the Flexible Working Regulations (2006) employers must consider their requests for changed work patterns and time off.

In some cases it may not be possible for a dementia sufferer to continue in work because they pose a risk to themselves or others. In deciding this the employer and member should both take medical advice.

The Alzheimer’s Society has produced a guide for employers called *Creating a Dementia-Friendly Workplace* which provides further information and advice. [www.alzheimers.org.uk/site/scripts/download\\_info.php?fileID=2619](http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2619)

### **THE MENOPAUSE**

Workplaces should meet the needs of menopausal women. Specific requirements such as working at certain temperatures or adhering to a particular dress code make it worse for women when they are having flushes or sweating. Increased ventilation and the right kind of clothing can help.

Yet a TUC survey found that 45 per cent of union representatives said their managers didn’t recognise problems associated with the menopause. Almost one in three respondents to the TUC survey reported management criticism of menopause-related sick leave, over a third cited embarrassment or difficulties in discussing the menopause with their employers, and one in five spoke of criticism, ridicule and even harassment from their managers when the subject was broached.



So support from line management is crucial and can make a major difference.

Unions have a role too in challenging attitudes to the menopause, ensuring that their employer has agreed procedures in place, and in offering support to women who are experiencing problems.

Raising women's health issues in the workplace will show that women can come to the union when they have difficulties. Some branches run women's health days that highlight a range of issues that can affect women in the workplace. You can also put up leaflets on the issue on union noticeboards. Having more women safety representatives or stewards also helps. Union safety representatives also have a role in ensuring that risk assessments take into account any potential health needs of women who go through the menopause.

The TUC has produced a guide called *Supporting Working Women through the Menopause* which is on the TUC website.

### **STRESS**

When it comes to stress, everyone seems to agree on two things. Firstly that the effects of workplace stress are a major problem in the UK, with over 400,000 people suffering from stress-related illnesses caused by their work every year. Secondly, that the solution is to remove or reduce the stressors. This is best done using the HSE stress management standards which have now been in place for over 10 years. These give a simple and clear process for prevention and are based on a risk assessment toolkit that was developed specifically for employers to use. The HSE emphasises the importance of employee representative involvement in this process.

The HSE define stress as “the adverse reaction people have to excessive pressures or other types of demand placed on them at work.”

The stress management standards cover six key areas of work design that, if not properly managed, are associated with poor health and well-being, lower productivity and increased sickness absence. In other words, the six management standards cover the primary sources of stress at work. These are:

- + **demands** – this includes issues such as workload, work patterns and the work environment
- + **control** – how much say the person has in the way they do their work
- + **support** – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues
- + **relationships** – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour
- + **role** – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles
- + **change** – how organisational change (large or small) is managed and communicated in the organisation.

Unfortunately, many employers are either doing nothing or skirting the real problem. Instead they are claiming stress is a “well-being issue” and are introducing what they call “stress management” programmes.

These programmes focus on the effects not the causes. They aim to support those with stress-related illnesses rather than change the work environment.

An example from another context would be management introducing access to a physiotherapist rather than reducing the manual handling in a factory where the workers were getting back pain because of the lifting and twisting on the production line.

## RESILIENCE?

In recent years many consultants have claimed that the way to improve productivity in the workplace is to make your staff more “resilient” to stress and work demands. There is now an industry being developed to promote this. However, for unions the issue is not how you change the worker to help them cope with pressure, but how you change the workplace to remove unreasonable stress and demands.

As a result stress is made to seem like an individual problem caused by personal weakness.

Employers should do what the law requires, which is to remove or manage the cause of a problem so that it no longer harms workers. Most employers understand this in terms of physical or practical hazards, but often seem unable to apply the principles to stress.

To tackling stress correctly a step-by-step risk assessment approach should be introduced, which uses surveys and other techniques to promote active discussion with employees to help decide on practical improvements. Usually this will mean changing working practices and job design, increasing staffing levels or changing management systems.

Instead, despite clear guidance from the HSE, the majority of employers who do try to deal with stress are trying to fix the workers. The result is hundreds of thousands of people living with totally avoidable depression or anxiety.

Supporting people with stress is not wrong. Unions should welcome it and work with employers in introducing measures to help workers who are ill, whether it is work-related or not, but that is nothing to do with their legal duties on health and safety.

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# 06

## Charter awards and other schemes

A great way for organisations to get recognition for the work they are doing on health and well-being is to work towards an award.

Award schemes also provide a clear framework for taking action on workplace, and many businesses like the structure they provide. Some of the more general national awards such as Investors in People contain an element of workplace health standards but there are others specifically about workplace health and well-being. These are described below.

### **WALES**

In Wales, the Corporate Health Standard is run by the Welsh government and is the quality mark for workplace health promotion. It is presented in bronze, silver, gold and platinum categories to public, private and third sector organisations implementing practices to promote the health and well-being of their employees. The free service is delivered by Public Health Wales. Like other workplace quality initiatives, it is a progressive programme and organisations are reassessed every three years. The work to achieve the standard is consistent with the business excellence model, which drives quality and organisational development in many organisations.

### **SCOTLAND**

Scotland has the Healthy Working Lives Award Programme, which is one of the longest running and successful award schemes. There are bronze, silver and gold awards and they are geared towards ensuring that the organisation takes practical steps towards being a good employer. They cover safety issues as well as well-being. Employers must provide evidence that they are doing what is required for each level and there is an assessment process.

### **ENGLAND**

In England, there is the Workplace Wellbeing Charter. The charter provides employers of all sizes and sectors with a systematic, evidence-based approach to workplace health improvement. It lays out standards for businesses to work towards and aims to help them develop organisational strategy and formal accreditation. The self-assessment tool provides an overview of how far your employer already meets the criteria of the charter, and focuses on eight core charter standards: Leadership, Absence Management, Health and Safety, Mental Health, Smoking and Tobacco, Physical Activity, Healthy Eating, and

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Alcohol and Substance Misuse. By working through a local charter provider, employers are then supported to take further action on workplace health. At the end of the year, they are then assessed – and may receive a charter award of Commitment, Achievement or Excellence depending on their performance.

Although there is now a national award scheme for England, the Workplace Wellbeing Charter has not been implemented in all areas of the country. The eight standards are the core content that underpin charter schemes across the country. Local providers can build upon these standards – with additional areas for action – depending on local needs and priorities. Hence the scheme may vary in different areas of the country. In some regions there are schemes such as the North East Better Health at Work Award that go further than the minimum standard and insist on independent assessment and trade union involvement.

You can find the nearest provider via the charter website [www.wellbeingcharter.org.uk/index.php](http://www.wellbeingcharter.org.uk/index.php)

#### **LOOK OUT FOR...**

Employers signing up to ad hoc local award schemes because it looks good and they get a certificate that they can put up in their reception area. Any charter or award scheme must be a recognised one. That means the employer actually has to do something to show that they deserve recognition.

This is equally true of “Pledge” schemes where an employer promises to do something. If you find out that your employer has signed up to any pledge schemes, ask them for a report on what they have actually done.

## TUC NORTHERN REGION

The northern region of the TUC set up a pilot Healthy Workplaces Project more than six years ago as a way of involving employees in health improvement activities.

An evaluation of the project showed that 90 per cent of the employers and employees said the project encouraged the employer to implement health and well-being initiatives. Forty per cent of employers reported a fall in sickness absence as a result of the project while more than 70 per cent of employers and 90 per cent of employees reported the workplace to be a better place to work.

As well as the health and productivity benefits, 50 per cent of employees and employers felt that relationships between the management and workplace had improved. Northern TUC also reported that they managed to recruit and train more union representatives and strengthened positive perceptions of unions among both the workforce and management through this work.

As a result of the Healthy Workplaces project the Northern TUC became involved with the north-east Better Health at Work Award (BHAWA), a unique programme used to promote workplace involvement in public health. Since 2013 it has coordinated the BHAWA in partnership with all 12 north east

local authorities and service providers. There are currently (2015) more than 270 employers actively engaged in the award, covering more than 180,000 employees and representing all sectors and sizes, from a day nursery with less than 10 staff to an NHS Trust with 14,000.

The creation of associated workplace Health Advocates has also proven a very effective mechanism to deliver and embed health and wellbeing into workplaces. The health advocates, who volunteer from in the workplace, have responsibility for driving health initiatives forward in conjunction with their local support services and the TUC, in response to employee demands. These advocates are not seen as being an alternative to traditional health and safety representatives, although many union representatives are well-placed to and have successfully taken on the role of health advocate. The north east network of health advocates now stands at almost 1,500.

Workplaces have to demonstrate that they fulfil the requisite award criteria, beginning at bronze, and then progressing to silver and gold and 'continuing excellence' standards. Assessment takes place once a year and full consultation and involvement where there are trade unions is a required component. For more information visit [www.betterhealthatworkne.org](http://www.betterhealthatworkne.org)

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# 07

## Monitoring and evaluation

The measures an employer introduces should be evaluated to see if they are having an effect, and the evaluation system has to be in place right from the start. Baseline data should be established – that is simply measuring what the situation is, before any changes are introduced. That should come from an ‘employee needs’ assessment (see box).

Usually the employer will set targets for what they want to achieve and these need to be agreed right at the beginning along with how they are going to be measured. The best ways of monitoring are usually the simplest, by using information that is already collected, such as sickness absence levels, but sometime the employer may want to use surveys or the results of health checks.

Monitoring also has to be over a long period. This is because the effects of some changes, such as introducing stress risk assessments, may not result in major change for quite a while. Also some interventions may seem to be successful at first, but may be less successful in the long term. This is often the case with weight loss programmes.

As well as employer surveys, the union should also be doing its own monitoring. Even if the employer says that something is working, is that what your members are telling you? The employer may also say that something is not proving ‘cost-effective’, but it is still having a positive effect on your members’ health. After all well-being is not just about trying to improve productivity, it is about making your members healthier.

If targets are not being met, rather than just throw in the towel, ask why. Is there anything than could improve the effectiveness of what is being done? Perhaps people do not know about it, or managers have not been trained in implementing it.





Finally, if what you are doing works, then let others know. We need to share good practice. Get the employer to report what they have done in any trade journals, and if it is a joint initiative with the union make sure that your union knows.

#### **LOOK OUT FOR...**

The survey forms should be returned to, and analysed by, an outside organisation and confidentiality must be guaranteed. Workers need to be confident that there is no possibility of personal information being misused.

### **HEALTH NEEDS ASSESSMENTS**

Some employers conduct surveys of behaviour around exercise, smoking, diet, alcohol, etc. This is used to prioritise what they do and also to provide a benchmark so they can measure what progress is being made. Unions should try to ensure that issues like stress, bullying, workload, and hours of work are included (for some reason employers often omit any questions about work from these assessments). If the union believes that the survey will be helpful they may want to run the survey jointly with management.

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# 08

## Working together

As the TUC Northern Region has shown, a lot can be achieved though working with others.

As the TUC Northern Region has shown, a lot can be achieved though working with others. Unions at local or regional level may want to consider working with other groups in promoting well-being. In addition to working with employers, there may be local projects run by charities with an interest in well-being issues. Also your local public health bodies may be willing to provide some expertise, materials or other support.

Scotland has Regional Directors of Public Health who operate a Scottish Public Health Network; however, most workplace well-being initiatives are developed and run through the Scottish Centre for Healthy Working Lives, who produce a range of resources and run an advice line.

Healthy Working Wales provide a wide range of support services and resources in Wales, including the workplace award scheme.

In England there is no equivalent, although Public Health England does try to develop policies on workplace health issues and has a number of priority areas such as smoking, drugs and alcohol, obesity and dementia. However, local authorities, city regions and Local Enterprise Partnerships are at the heart of promoting much of the public health work including well-being, and you should contact your local authority for details.

Sometimes it may be possible to get funding or support for local well-being work if the project fits with the existing needs and priorities of the funders, although developing a bid can be very difficult and, given the current climate, opportunities are few and far between. It is always worth working with other local organisations as the trade union involvement can help make a project more successful.

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# 09

## Union involvement in workplace well-being

One of the biggest criticisms of well-being initiatives is that management often exclude unions. Sometimes this is just an oversight, but often it is deliberate.

If there are trade union health and safety representatives recognised in the workplace then they have to be consulted on any health and safety matter. The law is very clear on this. Unfortunately some employers are saying that this only applies to health and safety and that well-being is a different issue because it is not about protecting the workers health or safety, it is about promoting health and well-being.

As a result they may set up non-union well-being committees or appoint non-union 'well-being ambassadors'.

Whether this is legal or not depends on the issue, but most well-being issues relating to work organisation, such as stress and workload, are clearly health and safety issues relating to prevention.



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Unfortunately, where employers fail to involve unions they are also making it far less likely that any initiative will succeed. This guide has featured several case studies where unions have made a difference through their involvement.

If your employer is resisting union involvement then the first thing to do is ask “what are they scared of?” Is what they are trying to do something that the union is likely to have concerns about?

There are various ways that you can attempt to encourage your employer to work with you. These could include coming up with some low-cost suggestions that would benefit the workforce and the employer, or offering to promote any initiative that involves the workforce. If, however, your employer continues to refuse to involve the union then it is likely that there are deeper issues around your relationship with that employer and you may wish to raise that with your union at a higher level.

Health and well-being is also an issue that should involve all union workplace representatives. Health and safety representatives have a key role, but so do learning representatives. Stewards and equality representatives may also have an important role. Some union branches have even set up a health and well-being committee.

## CHECKLIST FOR UNION REPRESENTATIVES

Well-being initiatives provide an important way of improving the health and well-being of members. They can also be a way of helping develop a union relationship with your employer. However, employers can introduce schemes as a way of passing responsibility for workplace health onto the worker. There are four simple things that unions should consider before being involved in any well-being proposals.

- Does your employer have prevention measures in place for stress, musculoskeletal diseases and other occupational health issues? If not – that should be done first.
- Have you surveyed your members to find out what health problems they have and are they related to work? This can be done jointly with management.
- Is management involving the union, through its union representatives, in the development of a health and well-being programme?
- Is there an evaluation planned and are there baseline figures available before the programme starts?

Remember that well-being at work initiatives can be very popular with workers and unions should also use them as a way of recruiting new members and building activist numbers.

## UNIONS IN ACTION

The trade union **PCS** has produced a well-being at work toolkit that aims to help activists in all parts of the union to push the government and the contracted companies that deliver its services towards adopting personnel management practices that create healthy and supportive workplaces. The resources cover health and attendance, learning and skills, performance and appraisal and work/life balance. The union hopes the toolkit will help union representatives resist the attacks on good personnel practice that have resulted from the government's efficiency agenda and to improve policies, procedures and working conditions for all members across the public and commercial sectors of the union.

**Unite** has produced a negotiators' guide on women's health, safety and well-being at work. This covers a wide range of well-being issues and is available on their website.

Teaching union **NASUWT** has produced a number of resources to help both their members and head teachers promote well-being at work. Along with producing guides to managing well-being and managing mental health, it has created a well-being at work survey. Using the responses, the union can also produce anonymised reports on the conditions within a particular workplace. This can identify areas of common concern and allow union representatives to raise issues with the school management. To try to ensure action by schools they have used a statutory requirement for maintained schools in England and Wales to "promote the safety and well-being of pupils and staff" and "lead and manage the school's workforce with a proper regard for their well-being and legitimate expectations, including the expectation of a healthy balance between work and other commitments."

The union **Prospect**, in response to its members' concern over how management was dealing with organisational change, produced a guide, *Fair Change*, for their members. This outlined how best to deal with organisational change. One of the main recommendations was simply involving the workforce through their union.

'USING THE RESPONSES, THE UNION CAN ALSO PRODUCE ANONYMISED REPORTS ON THE CONDITIONS WITHIN A PARTICULAR WORKPLACE'

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# 10

## Well-being at work resources

### **Acas**

The Acas guidance may be helpful in trying to get your employer to see the importance of dealing with the issue through changing the workplace.

[www.acas.org.uk/media/pdf/g/h/Health-work-and-wellbeing-accessible-version.pdf](http://www.acas.org.uk/media/pdf/g/h/Health-work-and-wellbeing-accessible-version.pdf)

### **DWP**

*Working for a Better Tomorrow*

This report by the government's health and work advisor, Dame Carol Black, outlines the link between health and work.

[www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf](http://www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf)

### **HSE**

The HSE website contains guidance on all aspects of prevention of ill health.

[www.hse.gov.uk](http://www.hse.gov.uk)

### **Mind**

Information and advice .

*How to be Mentally Healthy at Work*

[www.mind.org.uk/information-support/tips-for-everyday-living/work/](http://www.mind.org.uk/information-support/tips-for-everyday-living/work/)

*We've Got Work to Do*

[www.mind.org.uk/media/1690126/weve\\_got\\_work\\_to\\_do.pdf](http://www.mind.org.uk/media/1690126/weve_got_work_to_do.pdf)

### **NICE**

The government's National Institute for Health and Clinical Excellence (NICE) has produced guidance on promoting mental well-being at work. There is also NICE guidance on the workplace promotion of physical activity and smoking cessation.

[www.nice.org.uk/guidance/settings/workplaces](http://www.nice.org.uk/guidance/settings/workplaces)

### **TUC**

The TUC website contains advice on a range of prevention issues.

[www.tuc.org.uk](http://www.tuc.org.uk)

There is also TUC guidance for health and safety representatives on dealing with stress.

[www.tuc.org.uk/workplace/tuc-10147-f0.cfm](http://www.tuc.org.uk/workplace/tuc-10147-f0.cfm)

*In Sickness and in Health* – this booklet from the TUC explores the relationship between health and work.

[www.tuc.org.uk/extras/goodwork.pdf](http://www.tuc.org.uk/extras/goodwork.pdf)

### **Work Foundation**

The Work Foundation has produced a number of reports on well-being. The main one, which includes a number of case studies, is *Health and Well-Being at Work in the UK*.

[www.nhshealthandwellbeing.org/pdfs/Interim%20Report%20AppendicesLiterature%20Review.pdf](http://www.nhshealthandwellbeing.org/pdfs/Interim%20Report%20AppendicesLiterature%20Review.pdf)

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**TUC Education offers a variety of training programmes for union workplace representatives. For more information contact the Regional Education Officer for your region:**

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