CIPD
Championing better work and working lives

in partnership with simplyhealth

ANNUAL SURVEY REPORT

Absence Management 2016

The CIPD is the professional body for HR and people development. The not-for-profit organisation champions better work and working lives and has been setting the benchmark for excellence in people and organisation development for more than 100 years. It has more than 140,000 members across the world, provides thought leadership through independent research on the world of work, and offers professional training and accreditation for those working in HR and learning and development.

Absence Management

Annual survey report 2016

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Acknowledgements

The CIPD is very grateful to those organisations and individuals who gave their time to take part in this research. They include:

- Annette Sinclair, research consultant, for analysing the findings and writing this comprehensive report
- all those who completed the survey
- Simplyhealth, for their support and commitment at every stage of the research.

We hope that you find the research useful when considering your own absence management practices.

Please contact us if you have any questions or ideas based on our findings: **research@cipd.co.uk**

Foreword from the CIPD

We're delighted to present our seventeenth annual *Absence Management* survey results, in partnership with Simplyhealth. The survey of over 1,000 HR professionals provides useful benchmarking data as well as highlights the key absence management trends that UK employers need to be taking action on.

Overall, absence levels have dropped marginally compared with last year, from 6.9 days per employee per year to 6.3 days. However, it's our data about the causes of absence and the methods of managing it that provides the most food for discussion and shows where employer attention needs to be focused.

More organisations are recognising the critical role of line managers in managing absence this year. We asked the HR professionals we surveyed to tell us the top three most effective approaches for managing both short- and long-term absence in their organisation. Notably, more organisations are rating giving line managers primary responsibility for managing absence and giving sickness information to line managers among their most effective approaches.

However, this recognition for the line manager role doesn't appear to be matched by employer support for them to manage absence most effectively. There has been a decrease this year in both the number of organisations saying they train line managers in absence-handling and in the number who provide tailored support for managers – for example, online support or a care conference with HR. Both initial training and ongoing support for line managers is essential if they are to feel capable and confident to manage absence in the appropriate way, create a team culture that supports employee well-being and be able to have what can be sensitive or difficult conversations with staff who are experiencing problems.

The number of organisations that told us they'd seen an increase in stress-related absence and reported mental health problems indicates these are both still causes for concern. Stress has once again topped the list of the most common causes of long-term absence, and is the second most common cause of short-term absence after minor illness. Workload, non-work factors and management style are still reported as the top three causes of stress at work. And similar to last year, around two-fifths of survey respondents say reported mental health problems (such as anxiety and depression) have increased among employees in the past year. Although our findings suggest that many employers are taking action when these issues occur, attention needs to shift to understanding and addressing the root causes. Our survey findings suggest that addressing long hours' cultures and increasing focus on well-being are among the steps required by employers.

This survey provides encouraging news when we look at 'presenteeism' (coming into work when unwell). For the past several years we've asked survey respondents if they've seen an increase in people coming to work sick over the last 12 months. The number of organisations saying they have has remained around three in ten, indicating it is still an issue for UK businesses. However, more organisations this year say they are taking steps to discourage presenteeism (2016: 48%; 2015: 31%; 2014: 32%).

We believe an effective absence management approach is one which is coupled with a focus on health promotion and employee well-being. Proactively supporting well-being can prevent people from going off sick, or help support employees with an issue before it becomes a real problem. Employee well-being is clearly moving up organisations' agendas, with almost half of survey respondents saying their organisation's focus on well-being has increased over the past year. The top reason given by those organisations for increasing their focus on employee well-being was wanting their organisation to be a great place to work, which was cited notably more than other reasons. Improvements can be seen in communication to staff about the well-being benefits on offer and how to access them, and more organisations are making changes to the working environment to promote employee well-being than in 2015.

An increased focus on employee well-being is good news for employees, business and wider society, and we hope trends continue to move in this direction over the coming year. In sum, employers need to focus even more on taking a preventative approach to employee absence, particularly addressing the barriers to having a workplace culture that genuinely supports employee well-being. This involves strong leadership support for a healthy workplace, including role-modelling the appropriate behaviours, as well as investment in line manager training and support, recognising their critical role as the first point of call for employees.

We hope the findings are useful in considering your organisation's approach to both absence management and well-being promotion.

Dr Jill Miller
Research Adviser, CIPD

Foreword from Simplyhealth

This is the seventh year that Simplyhealth has sponsored the CIPD *Absence Management* survey, and we do so because we recognise the value it brings to businesses and organisations across the UK.

Each year, the CIPD *Absence Management* survey delivers invaluable insights into how businesses manage workplace absence as well as the latest key trends and issues both employers and employees face. It's an important tool and piece of research that we're very proud to be a part of.

As you will see, this year's survey highlights that, although workplace absence levels have marginally decreased since last year, the main causes of absence and how employers support employee health and well-being still requires focus and improvement. Additionally, despite more organisations recognising the critical role line managers play in managing absence, this isn't yet matched by employer support to enable and empower line managers to implement this effectively.

The UK has an increasingly ageing workforce that spends more and more time at work than ever before. This is often balanced with the responsibility of caring for family members which has a direct impact on the physical and mental well-being of the individual. This year's survey also shows that organisations have seen an increase in stress-related absence and mental health problems. Stress has once again topped the list of most common cases of long-term absence in addition to other long-term physical health concerns. As a result, employers are being called upon to take more responsibility for supporting employee health, which is now viewed as a shared responsibility between employee and employer. Setting a culture where employee health and well-being is genuinely at the heart of the workplace is an important step for the long-term success of an organisation and its workforce. We can see from the results that there's an increased need to focus on training at line manager and leadership level to ensure ongoing awareness, understanding and a willingness to provide and support employees with positive interventions, while also encouraging and empowering employees to take responsibility for looking after their own health.

We hope that the insights from this year's CIPD *Absence Management* survey will be a helpful tool and resource for organisations to develop their own successful employee health and well-being strategies. Long term, this will help reap positive rewards for both employers and employees, which, in turn, will deliver positive outcomes and opportunities for business success.

Corinne Williams
Director of HR & Engagement
Simplyhealth

Summary of key findings

This report sets out the findings of the CIPD's seventeenth national survey of absence management trends, policy and practice. The analysis is based on replies from 1,091 organisations across the UK in reference to 3.8 million employees.

'The average level of employee absence (6.3 days per employee) has decreased in all sectors and is at its lowest level for seven years.'

Absence levels

The average level of employee absence (6.3 days per employee) has decreased in all sectors and is at its lowest level for seven years. The decrease is greatest in the non-profit sector and smallest in the public sector, where employees have over three days more absence each year on average compared with their private sector counterparts. There is, however, considerable variation in absence levels within as well as between sectors. Absence levels tend to be higher in larger organisations, regardless of sector. Manual workers have 2.1 more days' absence per year on average than non-manual workers.

Cost of absence

A third of organisations monitor the cost of employee absence. The public sector and larger organisations are most likely to do so. The overall median cost of absence per employee (£522) has fallen slightly compared with previous years, corresponding with the decrease in absence levels. This decline, however, masks considerable variation within and between sectors. As in previous years the median cost of absence is considerably higher in the public sector (£835 per employee), where absence levels are highest.

Causes of absence

The main causes of absence are similar to previous years. Minor illness remains the most common cause of short-term absence, followed by stress. Stress, acute medical conditions and mental ill health continue to be the most common causes of long-term absence.

A quarter of organisations report that non-genuine absence is one of their top five causes of short-term absence. The private sector is particularly likely to rank illegitimate absence as well as home/family/carer responsibilities among their top causes of absence. In contrast, the public sector is more likely than the private to rank stress, musculoskeletal injuries and mental ill health among their main causes of absence.

Managing absence

Almost all organisations surveyed have a written absence/attendance management policy and use a combination of methods to manage absence. Over a quarter report that absence management is currently among their top three greatest people management priorities and is a key focus for their organisation.

The most common methods for managing short-term absence are return-to-work interviews, trigger mechanisms to review attendance and giving sickness absence information to line managers. Return-to-work interviews also remain the most common method for managing long-term absence, despite a drop in use compared with previous years. There has also been a reduction in the proportion of organisations managing long-term absence through risk

assessments to aid return to work, capability procedures, health promotion and leave for family circumstances, although there is no corresponding decline in the reported effectiveness of these methods. Use of leave for family circumstances has also declined for short-term absence. The manufacturing and production sector has seen the greatest reduction in methods to manage short- and long-term absence compared with previous years. The public sector remains most active in managing absence.

The methods organisations rank as most effective for managing absence tend to correspond with the methods most commonly used: occupational health involvement and return-to-work interviews for long-term absence and return-to work interviews and trigger mechanisms to review attendance for short-term absence. This year, however, more organisations include giving line managers primary responsibility for managing absence and giving sickness absence information to line managers among their most effective methods for managing both short- and long-term absence, although there is no increase in the proportion that report they do this.

When they need external advice or guidance on absence management, organisations most commonly turn to an external occupational health service. Very small organisations, however, are more likely to turn to an HR consultant.

Work-related stress

Nearly a third of respondents report that stress-related absence in their organisation has increased over the past year, although this rises to half of public sector organisations. Stress is the most common cause of long-term absence and is the second most common cause of short-term absence after minor illness. Just one in nine report that stress-related absence has decreased, although, for the private sector at least, the proportion reporting an increase is lower compared with the previous year. Workload remains the most common cause of stress followed by non-work relationships/family and management style.

Just over three-fifths of organisations are taking steps to identify and reduce stress in the workplace, although a third of those who include stress among their top five causes of absence are not taking any steps to address it. While few organisations overall report a reduction in stress-related absence over the past year, those that are taking steps to identify and reduce stress are more likely to do so.

Organisations that attempt to identify and reduce stress do so using a range of methods. Staff surveys, flexible working options/improved work–life balance and risk assessments/stress audits remain the most common methods used. The public sector continue to be most proactive in their efforts to manage stress, although fewer public sector organisations are providing stress management training for the whole workforce compared with previous years.

Managing mental health

Overall, two-fifths of organisations claim an increase in reported mental health problems (such as anxiety and depression) among employees in the past 12 months. The public sector, however, are twice as likely as the private to report an increase and larger organisations within each sector are also more likely to do so. An increase in reported mental health problems is strongly associated with an increase in stress-related absence. Both are related to a long hours' culture and are less common where there is a stronger focus on employee well-being.

A third of organisations have a policy that covers mental health and a further 12% report they are in the process of developing one. The majority of organisations are taking some action to promote good mental health, most commonly through flexible working options/improved work–life balance, employee assistance programmes and counselling. Our findings, however, suggest that organisations are better at supporting people with mental health problems than actively promoting good mental well-being. Respondents are divided regarding how well senior leaders support mental health and respondents are more likely to disagree than agree that managers are confident and competent to spot the early warning signs of poor mental health. Two-fifths also disagree that staff are well informed about common mental health risks and symptoms.

Employee well-being

One in ten organisations have a standalone well-being strategy in support of their wider organisation strategy, while a further 25% have a well-being plan/programme as part of a wider people strategy. Smaller organisations are more likely to act flexibly on an ad hoc or individual basis. Just 8% are not currently doing anything to improve employee health and well-being.

More organisations have made changes to their well-being approach over the last 12 months compared with the previous year. The most common change, made by two-thirds of respondents, was to improve communications to staff about the well-being benefits on offer and how to access them.

'Nearly half of respondents report their organisation's focus on well-being has increased compared with the previous year and just 3% report it has decreased.'

Most respondents report their organisation provides one or more well-being benefit to all employees. Access to counselling services and employee assistance programmes remain the most common well-being benefits on offer. Overall, nearly half of organisations with well-being activities report they focus equally on physical health, mental health and good lifestyle choices.

While the majority have some well-being provision, organisations are divided in the emphasis they place on employee well-being. Just over half report well-being considerations are part of their people management approach, at least to a moderate extent, while more than two-fifths report that employee well-being is taken into consideration in business decisions, employee well-being is on senior leaders' agendas and that line managers are bought into the importance of well-being. Nearly three-fifths report that their organisation is much more reactive than proactive regarding well-being and a higher proportion this year report a culture of long working hours.

Nearly half of respondents report their organisation's focus on well-being has increased compared with the previous year and just 3% report it has decreased. The most common reasons given for the increased focus on well-being are 'we want our organisation to be a great place to work' and because 'the organisation believes employee well-being is linked to business performance'. In the public sector, however, the most common reason is to lower absence figures.

Organisations that have increased their focus on well-being are more likely to have increased well-being spend over the same period. Overall, nearly two-fifths of organisations that invest in well-being report their well-being spend has increased this year and just 5% report it has decreased. Looking forward, slightly more organisations anticipate an increase in well-being spend in 2017 (46%). Just one in six of those who invest in employee well-being evaluate the impact of their spend. Eight per cent of respondents link well-being metrics with organisation performance metrics.

Most respondents report that, on the whole, employees do use their yearly holiday entitlement. Nearly three-quarters, however, report they have observed 'presenteeism' – people coming to work when unwell – within their organisations. Moreover, three in ten organisations report this has increased in the last 12 months. Nearly half of organisations have taken steps to discourage presenteeism, a considerable increase on previous years.

Level of employee absence

Our findings show that average absence levels have decreased compared with last year and are at their lowest level for seven years. Nevertheless, average absence rates vary considerably within and between sectors. They remain highest in the public sector, which has seen only a small reduction compared with last year. On average manual workers have 2.1 more days' absence each year than non-manual workers.

The majority of organisations (82%) collect absence data.[1] Public sector organisations are most likely to do so (public sector: 95%; manufacturing and production: 83%; private services: 76%; non-profits: 84%).[2]

There is considerable variation in reported levels of absence, with some organisations reporting very high absence.[3] In order to avoid a few extreme cases skewing the results, we report the 5% trimmed mean[4] (Table 1). This suggests that average absence levels have decreased compared with last year and, moreover, are at their lowest level for the last seven years.

Considerable variation across and within sectors

Figure 1 shows that average absence levels have decreased in all sectors compared with last year. The greatest decrease is in the non-profit sector, which shows a general downward trend over the last few years. There is also some evidence of a fluctuating but generally downward trend in absence levels in the private services sector. In the manufacturing and production sector, absence levels have been more stable but have reduced by half a day compared with last year. The public sector shows the smallest reduction in absence compared with last year and considerable fluctuations over the last few years.

'On average public sector employees have over three days more absence each year than their private sector counterparts.'

Table 1: Average level of employee absence, per employee per annum

	Average working time lost per year (%)			Average number of days lost per employee per year		
	5% trimmed mean	Standard deviation	Mean	5% trimmed mean	Standard deviation	Mean
2016: all employees	2.8	3.8	3.3	6.3	8.6	7.5
2015: all employees	3.0	4.4	3.7	6.9	10.1	8.3
2014: all employees	2.9	3.1	3.3	6.6	7.0	7.4
2013: all employees	3.3	3.9	3.8	7.6	9.0	8.6
2012: all employees	3.0	3.3	3.4	6.8	7.5	7.7
2011: all employees	3.4	3.5	3.8	7.7	8.0	8.7
2010: all employees	3.2	1.9	3.4	7.4	4.3	7.7

Base: 736 (2016); 396 (2015); 342 (2014); 393 (2013); 498 (2012); 403 (2011); 429 (2010)

On average public sector employees have over three days more absence each year than their private sector counterparts. Average absence in the non-profit sector is also higher than in the private sector but lower than in the public sector (Figure 1).

Table 2 shows that there is also considerable variation within sectors, although the small number of respondents in each industry means differences should be treated with caution. Non-profit care services, local and central government organisations, public health, and food, drink and tobacco organisations report particularly high levels of absence.

Figure 1: Average number of days lost per employee per year, by sector (5% trimmed mean)

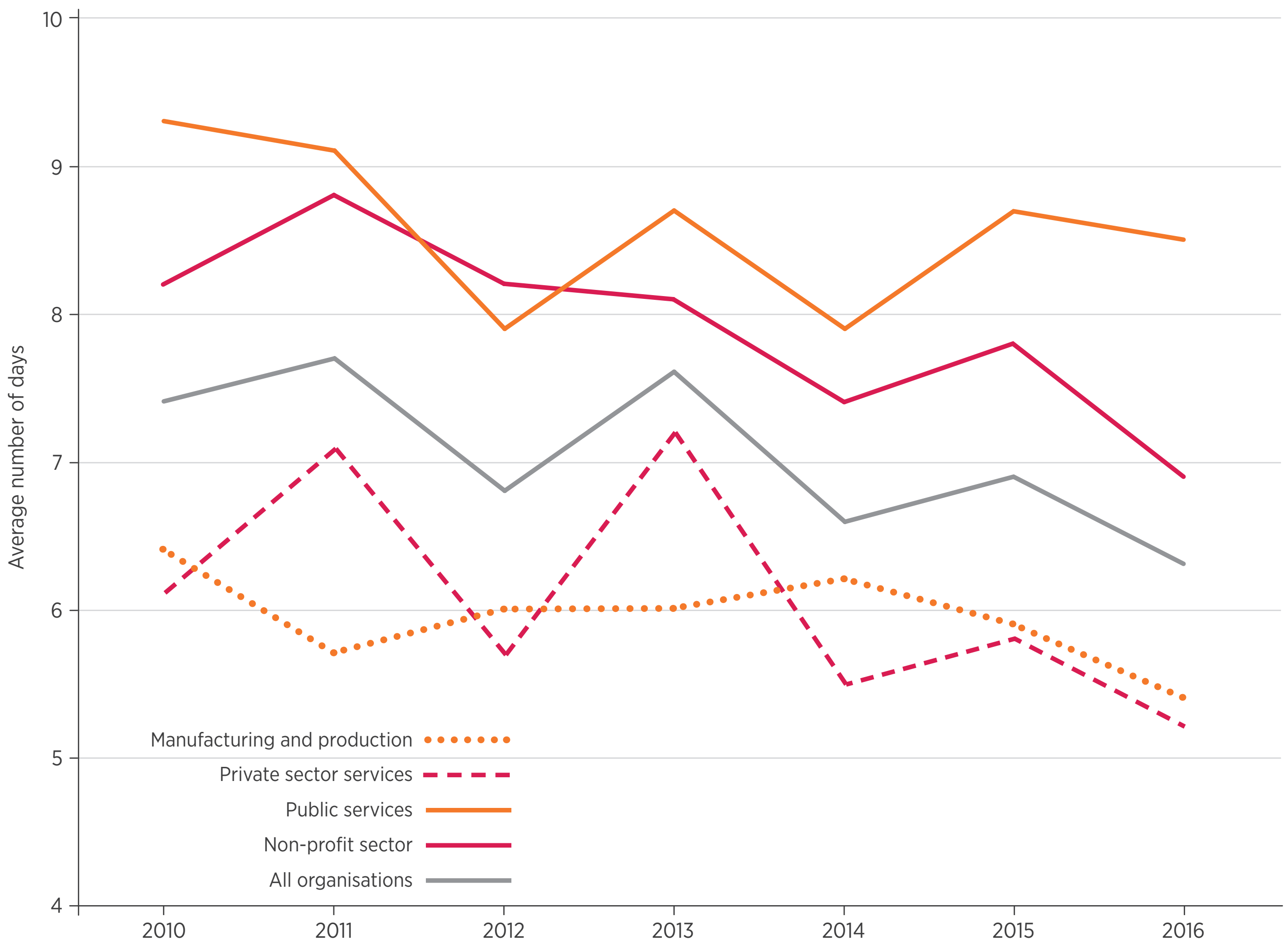


Table 2: Average level of employee absence, all employees by industry

		Average working time lost per year (%)		Average days lost per employee per year	
	Number of respondents	5% trimmed mean	Mean	5% trimmed mean	Mean
Manufacturing and production					
Agriculture and forestry	3	n/a*	1.8	n/a*	4.0
Chemicals, oils and pharmaceuticals	11	2.0	2.0	4.5	4.6
Construction	7	2.1	2.1	4.9	4.9
Electricity, gas and water	7	2.3	2.3	5.2	5.2
Engineering, electronics and metals	24	2.1	2.1	4.8	4.9
Food, drink and tobacco	17	4.0	5.1	9.2	11.7
General manufacturing	5	2.9	2.9	6.6	6.6
Mining and quarrying	2	n/a*	1.7	n/a*	3.9
Paper and printing	4	2.8	2.9	6.5	6.5
Textiles	3	n/a*	3.2	n/a*	7.3
Other manufacturing/production	34	2.2	2.3	5.1	5.3
Private sector services					
Professional services (accountancy, advertising, consultancy)	71	1.9	2.6	4.4	5.9
Finance, insurance and real estate	45	2.6	4.1	5.9	9.3
Hotels, catering and leisure	21	2.2	2.3	5.1	5.3
IT services	23	1.6	1.8	3.8	4.0
Communications	12	1.6	1.6	3.6	3.7
Media (broadcasting and publishing, etc)	8	1.8	1.9	4.0	4.4
Retail and wholesale	29	2.8	3.2	6.5	7.4
Transport, distribution and storage	20	3.1	3.4	7.0	7.8
Call centres	7	2.3	2.3	5.3	5.3
Other private services	83	2.4	2.9	5.6	6.7
Public services					
Education	41	3.3	3.9	7.4	8.9
Central government	22	4.2	4.8	9.6	10.9
Local government	50	4.3	4.6	9.9	10.5
Health	49	3.9	4.8	8.9	10.9
Other public services	32	3.2	3.4	7.3	7.7
Non-profit sector					
Housing association	21	3.4	3.5	7.8	7.9
Charity services	40	2.8	3.1	6.3	7.0
Care services	18	4.7	5.0	10.8	11.3
Other voluntary	27	2.2	2.3	5.0	5.1

*It is not meaningful to calculate the 5% trimmed mean with a low number of respondents.

'Absence may be more disruptive and noticeable in smaller organisations and sick pay schemes tend to be less generous.'

Higher levels of absence in larger organisations

As we've found in previous years, larger organisations tend to have higher levels of absence than smaller ones regardless of sector (Figure 2).[5] Absence may be more disruptive and noticeable in smaller organisations and sick pay schemes tend to be less generous, which may discourage absence or encourage a speedy return to work. The reduction in average absence levels noted this year is observed across small, medium and larger organisations but is particularly notable in medium-sized organisations with 50–249 employees.

Higher levels of absence among manual workers

Some respondents gave average levels of absence for manual and/or non-manual workers as well as, or instead of, all employees. Findings from this reduced sample show that, on average, manual workers have 2.1 more days' absence per year than non-manual workers (Table 3).

Figure 2: The effect of workforce size

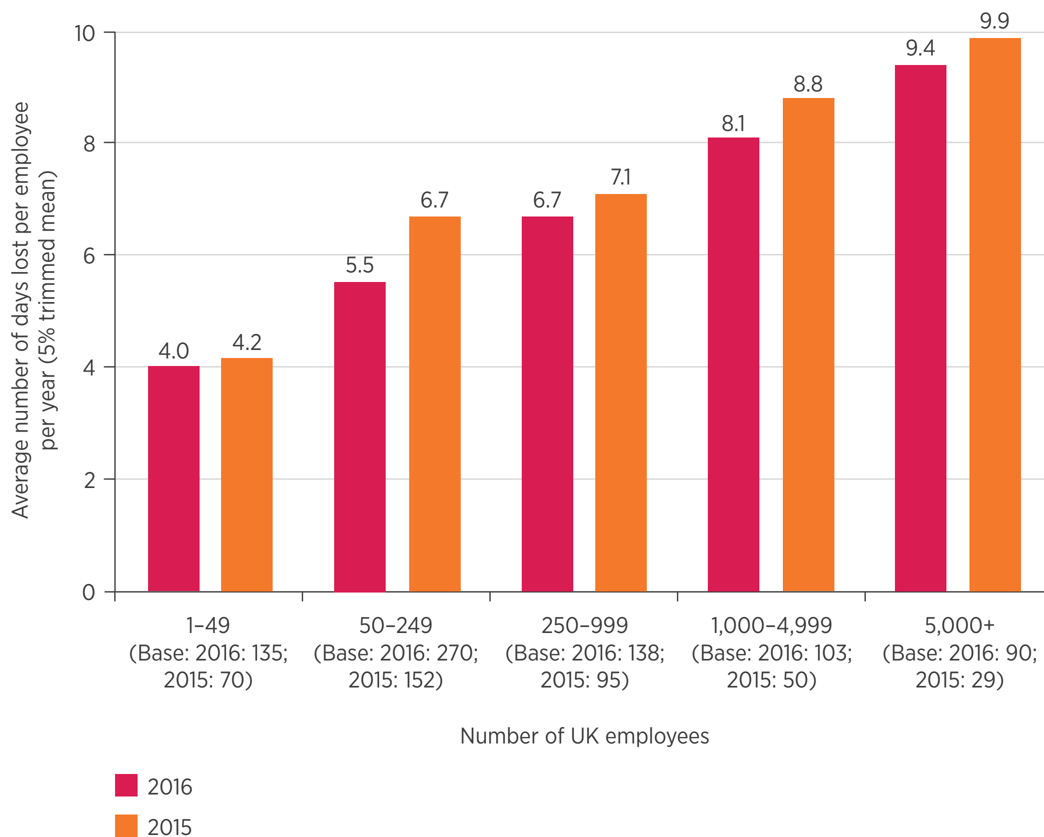


Table 3: Average level of employee absence, by sector for all, manual and non-manual employees

		Average working time lost per year (%)			Average days lost per employee per year		
	Number of respondents	5% trimmed mean	Standard deviation	Mean	5% trimmed mean	Standard deviation	Mean
All employees							
Manufacturing and production	117	2.4	2.9	2.7	5.4	6.7	6.1
Private sector services	319	2.3	4.2	2.9	5.2	9.6	6.5
Public services	194	3.7	4.0	4.3	8.5	9.1	9.8
Non-profit sector	106	3	2.3	3.3	6.9	5.2	7.5
Total	736	2.8	3.8	3.3	6.3	8.6	7.5
Manual employees							
Manufacturing and production	73	2.7	3.4	3.2	6.2	7.7	7.3
Private sector services	64	2.3	4.9	2.9	5.2	11.3	6.7
Public services	31	3.8	3.5	4.3	8.7	8.0	9.8
Non-profit sector*	14	3.9	3.6	4.3	9.0	8.3	9.9
Total	182	2.8	4.0	3.4	6.5	9.2	7.7
Non-manual employees							
Manufacturing and production	72	1.5	1.9	1.8	3.4	4.4	4.0
Private sector services	108	1.7	4.4	2.4	3.9	10.0	5.6
Public services	43	2.8	3.0	3.2	6.4	6.9	7.3
Non-profit sector*	25	3.2	7.4	4.5	7.2	17.0	10.4
Total	248	1.9	4.1	2.6	4.4	9.4	5.9

*Not all respondents gave absence levels for manual and non-manual employees. Sector breakdowns are based on a small number of respondents so should be treated with caution.

The cost of absence

The median annual absence cost per employee (£522) has fallen in comparison with previous years, corresponding with the decrease in absence levels. This decline, however, masks considerable variation within and between sectors. Costs remain considerably higher in the public sector (£835).

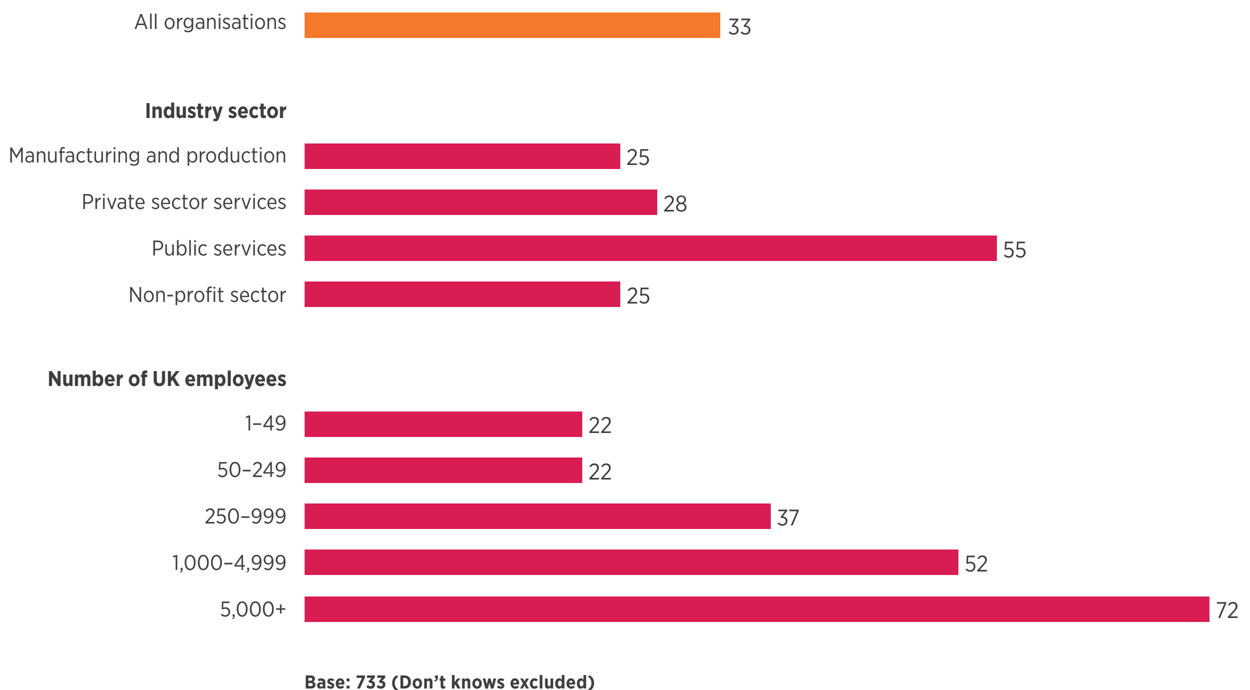
Overall, a third of organisations (33%) report they monitor the cost of employee absence. Larger organisations, and those in the public sector, are significantly more likely to do so (Figure 3).[6]

115 respondents reported their average annual cost of absence per full-time employee. There is considerable variation in the figures reported and some extremely high responses. Some of this variation may be due to organisations including different costs in their calculations (see CIPD *Absence Management* reports 2012, 2013). With this caveat, the median figures are considered to be more representative of the sample than the arithmetic mean and are reported on.

The overall median cost of absence per employee has fallen slightly compared with previous years (Figure 4), corresponding with the fall in the average level of absence. This overall finding, however, masks differences between sectors. Average absence costs show a slight general downward trend in the non-profit sector and have reduced in the manufacturing and production sector compared with last year, but have increased in the public and private services sector compared with last year, despite decreases in absence levels in these sectors. These changes, however, should be interpreted with caution given the small number of respondents who provided this data within each sector and the considerable variation within sectors.

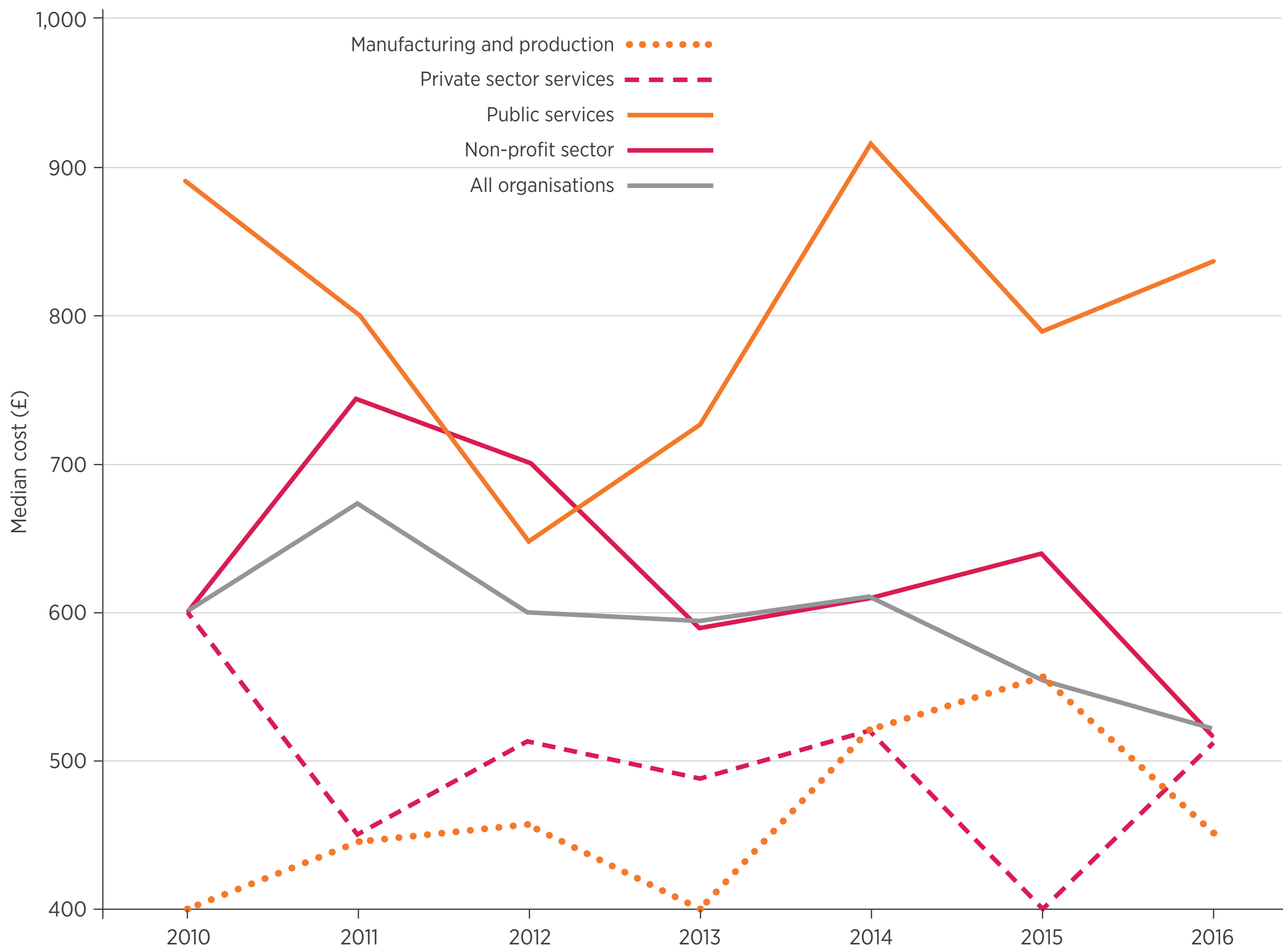
As in previous years, the median absence cost is considerably higher in the public sector, reflecting the higher level of absence and traditionally more generous sick pay schemes in this sector.

Figure 3: Proportion of organisations that monitor the cost of employee absence (%)



Base: 733 (Don't knows excluded)

Figure 4: Median cost of absence per employee per year, by sector (£)



Base 2016: manufacturing and production: 22; private sector services: 48; public services: 24; non-profit: 21

Causes of absence

Minor illness remains the top cause of short-term absence for most organisations. Stress and acute medical conditions are most commonly responsible for long-term absence (four weeks or more) followed by mental ill health, musculoskeletal injuries and back pain. Non-genuine absence remains among the top causes of short-term absence for a quarter of organisations.

Short-term absence

The main causes of short-term absence (up to four weeks) are similar to previous years. Three-quarters of organisations report that minor illness (including colds, flu, stomach upsets, headaches and migraines) is the most common cause of short-term absence (Table 4). Stress and musculoskeletal injuries are among the top five causes of short-term absence, although, as in previous years, musculoskeletal injuries are more common for manual workers, while stress is more common for non-manual workers. Over a third of organisations include home/family/carer responsibilities, mental ill health and back pain among their five most common causes of short-term absence.

In similar findings to last year, a quarter of organisations report that non-genuine absence is one of their top five causes of short-term absence. Further examination within organisations is required to fully understand the reasons for absence within this category. Those that use flexible working or leave for family circumstances (such as carer/emergency/dependant leave) to

Table 4: Common causes of short-term absence (% of respondents)

	Most common cause			In top 5 most common causes		
	All employees	Manual	Non-manual	All employees	Manual	Non-manual
Minor illness (for example colds/flu, stomach upsets, headaches and migraines)	75	64	81	95	80	88
Stress	13	3	7	47	32	42
Musculoskeletal injuries (for example neck strains and repetitive strain injury, but excluding back pain)	2	13	2	44	48	34
Home/family/carer responsibilities	2	2	2	35	25	33
Mental ill health (for example clinical depression and anxiety)	2	2	3	34	26	30
Back pain	2	10	1	34	45	25
Recurring medical conditions (for example asthma, angina and allergies)	0	1	0	31	24	31
Injuries/accidents not related to work	1	1	0	18	20	20
Acute medical conditions (for example stroke, heart attack and cancer)	1	0	1	16	14	18
Pregnancy-related absence (not maternity leave)	0	0	0	11	7	10
Work-related injuries/accidents	0	1	0	6	15	3
Drink- or drug-related conditions	0	0	0	2	3	2
Absence due to non-genuine ill health (that is, 'pulling a sickie')	1	2	1	24	30	20

Base: all employees 879; manual 271; non-manual 316

manage absence are somewhat less likely to include illegitimate absence among their top five causes of short-term absence.[7]

Sector differences

As we've found in previous years, the public sector is considerably more likely to include stress, musculoskeletal injuries and mental ill health among their top causes of short-term absence (Table 5). This disparity may reflect differences in the nature of work across sectors, the demographics of employees and/or sectoral differences in awareness of stress and mental health issues. Our findings show that public sector organisations are more likely than those from other sectors to report that heavy workloads and considerable organisational change/restructuring are among the main causes of stress at work (Table 13).

The private sector is more likely than the public or non-profit sectors to include illegitimate absence and home/family/carer responsibilities among their top causes of short- and long-term absence. This may be at least partly attributable to more widespread flexible working practices in the public and non-profit sectors (Tables 9 and 11). While it is also possible that ongoing cuts in the public sector may deter employees from taking illegitimate absence, this sector difference has been consistently found in our surveys across the years, including when redundancies were more common in the private sector.

'As we've found in previous years, the public sector is considerably more likely to include stress, musculoskeletal injuries and mental ill health among their top causes of short-term absence.'

Table 5: Top five most common causes of short-term absence, by sector (%)

	All sectors	Manufacturing and production	Private sector services	Public services	Non-profit sector
All employees *(base)*	*(879)*	*(150)*	*(423)*	*(182)*	*(124)*
Minor illness (for example colds/flu, stomach upsets, headaches and migraines)	95	94	96	90	96
Stress	47	27	42	73	50
Musculoskeletal injuries (for example neck strains and repetitive strain injury, but excluding back pain)	44	46	33	61	53
Home/family/carer responsibilities	35	35	41	20	35
Mental ill health (for example clinical depression and anxiety)	34	23	29	52	36
Back pain	34	42	30	34	37
Recurring medical conditions (for example asthma, angina and allergies)	31	25	31	31	35
Injuries/accidents not related to work	18	22	21	11	12
Acute medical conditions (for example stroke, heart attack and cancer)	16	16	14	19	18
Pregnancy-related absence (not maternity leave)	11	7	13	9	10
Work-related injuries/accidents	6	11	5	5	3
Drink- or drug-related conditions	2	1	3	2	2
Absence due to non-genuine ill health (that is, 'pulling a sickie')	24	33	27	15	17

continued overleaf

Table 5: continued

	All sectors	Manufacturing and production	Private sector services	Public services	Non-profit sector
Manual employees *(base)*	*(271)*	*(102)*	*(100)*	*(47)*	*(22)*
Minor illness (for example colds/ flu, stomach upsets, headaches and migraines)	80	83	77	79	82
Stress	32	23	31	49	45
Musculoskeletal injuries (for example neck strains and repetitive strain injury, but excluding back pain)	48	49	38	66	45
Home/family/carer responsibilities	25	28	32	9	14
Mental ill health (for example clinical depression and anxiety)	26	26	22	32	27
Back pain	45	44	39	68	27
Recurring medical conditions (for example asthma, angina and allergies)	24	21	21	34	27
Injuries/accidents not related to work	20	22	24	17	5
Acute medical conditions (for example stroke, heart attack and cancer)	14	13	16	15	14
Pregnancy-related absence (not maternity leave)	7	6	13	2	0
Work-related injuries/accidents	15	16	14	15	18
Drink- or drug-related conditions	3	1	5	0	5
Absence due to non-genuine ill health (that is, 'pulling a sickie')	30	35	32	19	14
Non-manual employees *(base)*	*(316)*	*(99)*	*(137)*	*(49)*	*(31)*
Minor illness (for example colds/ flu, stomach upsets, headaches and migraines)	88	87	91	86	84
Stress	42	30	38	73	45
Musculoskeletal injuries (for example neck strains and repetitive strain injury, but excluding back pain)	34	38	23	51	42
Home/family/carer responsibilities	33	34	39	14	29
Mental ill health (for example clinical depression and anxiety)	30	21	27	45	48
Back pain	25	28	20	35	19
Recurring medical conditions (for example asthma, angina and allergies)	31	28	31	31	35
Injuries/accidents not related to work	20	20	21	16	16
Acute medical conditions (for example stroke, heart attack and cancer)	18	12	18	31	13
Pregnancy-related absence (not maternity leave)	10	6	14	10	3
Work-related injuries/accidents	3	4	3	0	3
Drink- or drug-related conditions	2	0	4	0	6
Absence due to non-genuine ill health (that is, 'pulling a sickie')	20	22	22	14	13

Long-term absence

Stress and acute medical conditions remain the top causes of long-term absence (four weeks or more) followed by mental ill health, musculoskeletal injuries and back pain (Table 6). Nearly a fifth include home/family/carer responsibilities among their top five causes of long-term absence. ‘Pulling a sickie’ is less frequently blamed for long-term than short-term absence but, nevertheless, 7% include it among their top five causes of long-term absence for all employees.

Sector differences

As in previous years, sector differences in the causes of long-term absence correspond with those for short-term absence. Public sector organisations are more likely than those in the private sector to report that stress, mental ill health and musculoskeletal injuries are among their top five most common causes of long-term absence (Table 7). They are least likely to include illegitimate absence or absence due to home/family/carer responsibilities (at least for non-manual employees) among their top causes of absence.

Table 6: Common causes of long-term absence (%)

	Most common cause			In top 5 most common causes		
	All employees	**Manual**	**Non-manual**	**All employees**	**Manual**	**Non-manual**
Stress	29	12	21	53	39	47
Acute medical conditions (for example stroke, heart attack and cancer)	23	20	25	53	45	50
Mental ill health (for example clinical depression and anxiety)	13	8	14	49	34	39
Musculoskeletal injuries (for example neck strains and repetitive strain injury, but excluding back pain)	8	25	9	44	51	37
Back pain	5	12	7	35	43	35
Recurring medical conditions (for example asthma, angina and allergies)	4	2	7	29	27	31
Injuries/accidents not related to work	6	4	4	23	21	22
Home/family/carer responsibilities	1	1	2	18	15	17
Minor illness (for example colds/flu, stomach upsets, headaches and migraines)	7	9	11	18	17	19
Pregnancy-related absence (not maternity leave)	2	1	1	10	9	10
Work-related injuries/accidents	1	4	4	8	18	7
Drink- or drug-related conditions	0	0	0	2	4	2
Absence due to non-genuine ill health (that is, ’pulling a sickie’)	0	0	0	7	9	10

Base: all employees: 764; manual: 232; non-manual: 246

Table 7: Top five most common causes of long-term absence, by sector (%)

	All sectors	Manufacturing and production	Private sector services	Public services	Non-profit sector
All employees *(base)*	*(764)*	*(126)*	*(352)*	*(174)*	*(112)*
Stress	53	38	46	75	56
Acute medical conditions (for example stroke, heart attack and cancer)	53	51	49	60	54
Mental ill health (for example clinical depression and anxiety)	49	39	43	66	56
Musculoskeletal injuries (for example neck strains and repetitive strain injury, but excluding back pain)	44	43	33	67	46
Back pain	35	40	27	44	37
Recurring medical conditions (for example asthma, angina and allergies)	29	32	27	28	31
Injuries/accidents not related to work	23	29	26	16	18
Home/family/carer responsibilities	18	14	21	14	19
Minor illness (for example colds/ flu, stomach upsets, headaches and migraines)	18	18	16	19	19
Pregnancy-related absence (not maternity leave)	10	6	12	8	9
Work-related injuries/accidents	8	15	7	8	4
Drink- or drug-related conditions	2	6	1	0	1
Absence due to non-genuine ill health (that is, 'pulling a sickie')	7	9	9	2	5
Manual employees *(base)*	*(232)*	*(82)*	*(87)*	*(41)*	*(22)*
Stress	39	32	33	56	55
Acute medical conditions (for example stroke, heart attack and cancer)	45	45	39	61	41
Mental ill health (for example clinical depression and anxiety)	34	30	28	51	36
Musculoskeletal injuries (for example neck strains and repetitive strain injury, but excluding back pain)	51	50	45	73	41
Back pain	43	34	44	54	50
Recurring medical conditions (for example asthma, angina and allergies)	27	27	25	29	32
Injuries/accidents not related to work	21	28	17	17	18
Home/family/carer responsibilities	15	9	23	5	27
Minor illness (for example colds/ flu, stomach upsets, headaches and migraines)	17	11	22	15	23
Pregnancy-related absence (not maternity leave)	9	7	14	2	9
Work-related injuries/accidents	18	20	18	12	18
Drink- or drug-related conditions	4	7	2	2	0
Absence due to non-genuine ill health (that is, 'pulling a sickie')	9	11	13	5	0

Table 7: continued

	All sectors	Manufacturing and production	Private sector services	Public services	Non-profit sector
Non-manual employees *(base)*	*(246)*	*(72)*	*(104)*	*(43)*	*(27)*
Stress	47	38	41	81	37
Acute medical conditions (for example stroke, heart attack and cancer)	50	47	46	72	37
Mental ill health (for example clinical depression and anxiety)	39	40	30	53	48
Musculoskeletal injuries (for example neck strains and repetitive strain injury, but excluding back pain)	37	35	29	60	33
Back pain	35	26	30	51	48
Recurring medical conditions (for example asthma, angina and allergies)	31	33	29	33	33
Injuries/accidents not related to work	22	28	22	16	15
Home/family/carer responsibilities	17	14	22	7	26
Minor illness (for example colds/ flu, stomach upsets, headaches and migraines)	19	14	21	21	22
Pregnancy-related absence (not maternity leave)	10	4	16	7	7
Work-related injuries/accidents	7	7	9	0	7
Drink- or drug-related conditions	2	6	0	0	0
Absence due to non-genuine ill health (that is, 'pulling a sickie')	10	10	12	5	11

Managing absence

Over a quarter of respondents report that managing absence is currently one of the top three key people management priorities for their organisation. Almost all organisations have a written absence/attendance management policy and use a combination of methods to manage absence. The public sector remain most active, while manufacturing and production organisations are using fewer approaches than in previous years.

'Over a quarter of respondents report that absence management is currently among their top three greatest people management priorities and is a key focus for their organisation.'

Almost all organisations surveyed (93%) have a written absence/attendance management policy. Even among very small organisations (1–9 employees) nearly two-thirds (63%) have a written policy.

Over a quarter of respondents report that absence management is currently among their top three greatest people management priorities and is a key focus for their organisation (Table 8). Absence management is most likely to be a key priority in the public sector, where absence levels and costs are highest.[8] Indeed, a fifth of the public sector (21%) report absence management is currently their number one people management priority. Regardless of sector, organisations with higher levels of absence are more likely to include absence management among their top priorities.[9]

Managing short-term absence

Most organisations use a combination of methods to manage absence. As in previous years, methods that focus on reviewing, monitoring and deterring absence remain most common (Table 9). Leave for family circumstances and flexible working also remain among the most common methods used, particularly in the public and non-profit sector, although the proportion reporting they provide leave for family circumstances has

Table 8: Top three people management areas of greatest priority (% of respondents)

	All organisations	Manufacturing and production	Private sector services	Public services	Non-profit sector
Recruitment	40	34	43	40	36
Engagement	37	40	42	27	34
Retention	33	32	42	18	27
Change management	29	36	20	40	34
Absence management	27	26	19	44	31
Employee well-being	24	19	22	27	29
Organisation development	21	17	21	21	27
Workforce planning	20	21	17	27	17
Pay and reward	18	17	22	11	20
Employee relations	17	21	16	17	15
Learning and development	17	24	19	11	13
Organisation design	12	9	10	14	16

Base: 1,043

declined compared with previous years across all sectors (2016: 57%; 2015: 73%; 2014: 76%; 2013: 84%). There has also been a reduction in the use of leave for family circumstances to manage long-term absence (Figure 5). There has not, however, been a corresponding decline in the proportion who include it among their most *effective* methods for managing absence.[10]

Line managers take primary responsibility for managing short-term absence in 57% of organisations overall, rising to 72% of the public sector. The public sector is also more likely to report it trains managers in absence-handling and provides them with tailored support.

Just over a quarter (28%) report they attempt to manage short-term absence through an organisation focus on health and well-being,

Table 9: Approaches used to manage short-term absence (% of respondents)

	All organisations	Manufacturing and production	Private sector services	Public services	Non-profit sector
Return-to-work interviews	79	84	72	89	83
Trigger mechanisms to review attendance	70	77	61	88	70
Sickness absence information given to line managers	70	67	66	79	74
Disciplinary procedures for unacceptable absence	59	70	56	61	50
Line managers take primary responsibility for managing absence	57	47	53	72	64
Leave for family circumstances (such as carer/emergency/dependant leave)	57	56	51	67	61
Flexible working	53	41	47	68	66
Occupational health involvement	50	54	35	78	53
Managers are trained in absence-handling	44	40	37	64	43
Employee assistance programmes	42	28	38	53	55
Changes to working patterns or environment	40	30	36	55	43
Restricting sick pay	39	46	44	23	35
Capability procedure	38	40	32	52	37
Risk assessment to aid return to work	38	34	32	55	39
Health promotion	32	25	23	58	31
Stress counselling	31	14	22	62	38
Organisation focus on health and well-being	28	14	25	46	31
Offering private medical insurance	24	27	34	7	13
Tailored support for line managers (for example online support, care conference with HR)	20	9	19	36	17
Specific well-being benefits targeted at preventing the causes of absence	18	12	17	30	12
Rehabilitation programme	18	19	13	32	9
Employees' absence records taken into account when considering promotion	12	12	12	15	7
Nominated absence case manager/ management team	11	5	9	22	8
Attendance bonuses or incentives	8	16	6	4	6
Attendance driven by board	6	6	3	12	8
Access to private GP services	6	8	7	3	3
Attendance record is a recruitment criterion	5	5	4	11	3

Base: 880

32% through health promotion and 18% through specific well-being benefits targeted at preventing the causes of absence, although, again, the public sector is more likely to do all of these (Table 9). The public sector is also more likely to provide occupational health services, make changes to working patterns or environment, have capability procedures, risk assessments to aid return to work, stress counselling and rehabilitation programmes.

In contrast, private sector employers are more likely to offer private medical insurance and restrict sick pay. The manufacturing and production sector is also more likely to offer attendance bonuses or incentives. These sector

Table 10: Most effective approaches for managing short-term absence (% of respondents citing as one of top three most effective methods)

	All organisations	Manufacturing and production	Private sector services	Public services	Non-profit sector
Return-to-work interviews	60	74	55	55	64
Trigger mechanisms to review attendance	52	56	41	76	49
Line managers take primary responsibility for managing absence	28	21	27	31	33
Sickness absence information given to line managers	25	26	25	22	29
Managers are trained in absence-handling	17	13	14	28	19
Disciplinary procedures for unacceptable absence	17	27	18	9	12
Occupational health involvement	13	16	8	20	14
Restricting sick pay	13	16	16	5	8
Flexible working	11	5	14	5	16
Leave for family circumstances (such as carer/emergency/dependant leave)	10	7	12	6	16
Organisation focus on health and well-being	6	2	7	6	8
Changes to working patterns or environment	5	3	7	3	7
Employee assistance programmes	5	3	6	4	4
Offering private medical insurance	5	4	8	1	3
Risk assessment to aid return to work	3	3	3	1	2
Health promotion	2	1	2	4	2
Tailored support for line managers (for example online support, care conference with HR)	2	0	3	2	1
Nominated absence case manager/ management team	2	1	2	4	1
Attendance bonuses or incentives	2	7	1	1	1
Specific well-being benefits targeted at preventing the causes of absence	2	0	2	4	0
Capability procedure	2	0	3	1	3
Stress counselling	2	1	1	3	3
Employees' absence records taken into account when considering promotion	1	1	1	0	1
Attendance driven by board	0	1	0	1	0
Attendance record is a recruitment criterion	0	0	0	1	0
Access to private GP services	0	0	1	0	0
Rehabilitation programme	0	0	0	1	0

Base: 842

differences have also been noted in previous years. This year, however, manufacturing and production organisations are employing fewer methods to manage short-term absence. Compared with the last few years, fewer manufacturing and production respondents report they manage short-term absence through employee assistance programmes, making changes to working patterns or environment, restricting sick pay, health promotion, stress counselling or, as mentioned above, leave for family circumstances. In addition, fewer manufacturing and production respondents report that line managers take primary responsibility for managing absence, that they train managers in absence-handling or provide them with tailored support.

Only a small proportion of organisations have a nominated absence case manager/ management team for short-term absence (11%), although more use them for long-term absence (22%). Even fewer report that attendance is driven by the board (for either long- or short-term absence). Both are more common in the public sector and (regardless of sector) in organisations that report absence is currently one of their top three people management priorities.[11] Nevertheless, it is notable that even among organisations that report absence management is currently their *number one* people management priority, only 14% report that attendance is driven by the board.

Most effective approaches for managing short-term absence

Employers were asked to rank their top three most effective approaches for managing short-term absence. As in previous years, the most commonly used methods, return-to-work interviews and trigger mechanisms to review attendance, are also ranked as most effective by employers from all sectors (Table 10). This year, however, more organisations (across all sectors) include giving line managers primary responsibility for managing absence (2016: 28%; 2015: 17%; 2014: 20%) and giving sickness absence information to line managers (2016: 25%; 2015: 18%; 2014: 21%) among their most effective methods for managing short-term absence. In contrast, the proportion ranking disciplinary procedures for unacceptable absence among their most effective methods has declined (2016: 17%; 2015: 24%; 2014: 26%).

Managing long-term absence

Fewer organisations are using return-to-work interviews to manage long-term absence compared with previous years (Figure 5), although they remain the most common method used to manage long-term absence, followed by occupational health involvement and giving sickness absence information to line managers (Table 11).

There has also been a notable reduction across all sectors in the use of risk assessments to aid return to work after long-term absence, the use of capability procedures, health promotion and

Table 11: Approaches used to manage long-term absence (% of respondents)

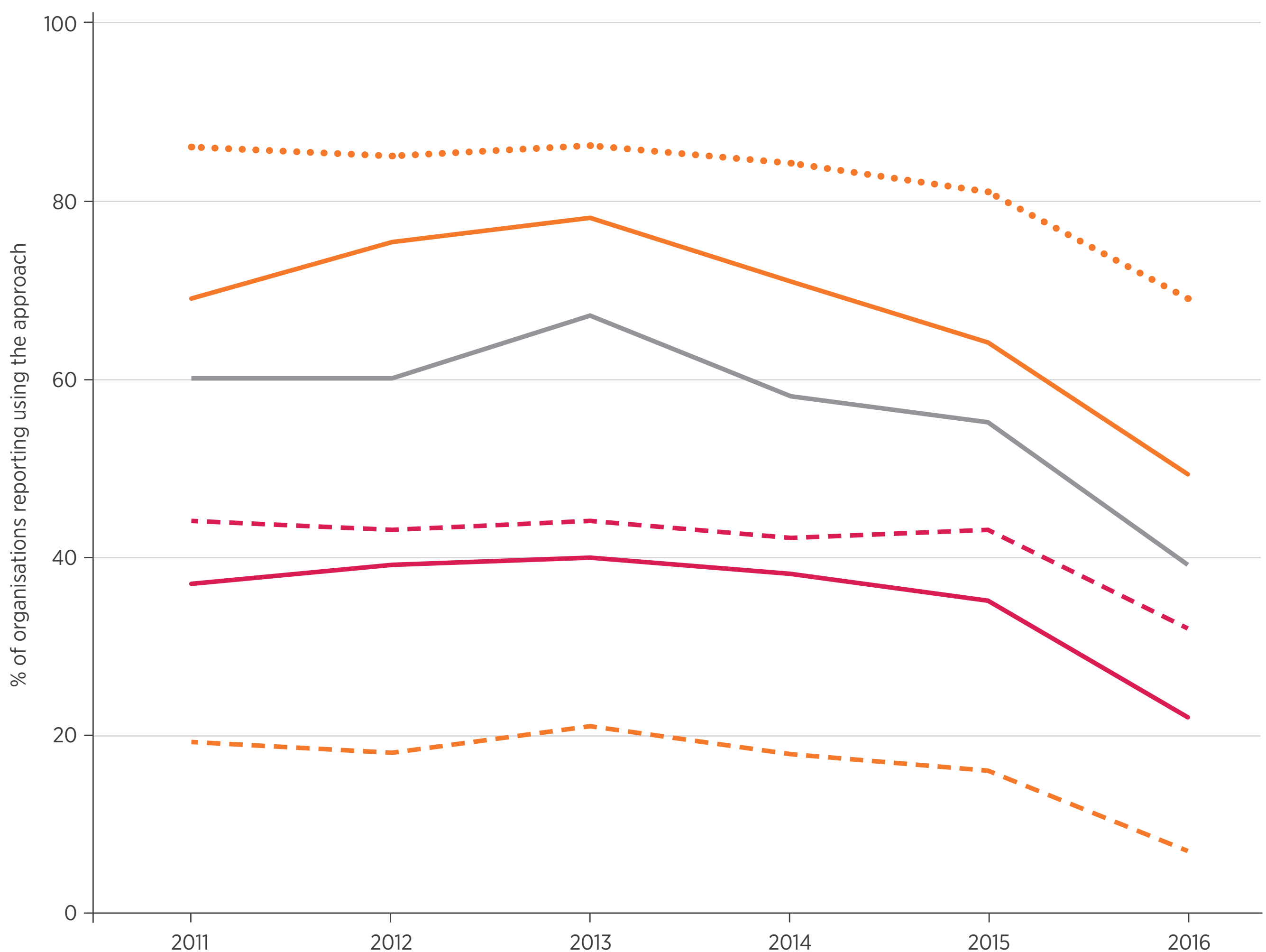
	All organisations	Manufacturing and production	Private sector services	Public services	Non-profit sector
Return-to-work interviews	69	69	63	77	75
Occupational health involvement	61	63	46	82	71
Sickness absence information given to line managers	57	51	49	71	66
Trigger mechanisms to review attendance	55	50	45	76	58
Flexible working	53	39	50	65	62
Changes to working patterns or environment	51	44	43	69	62
Risk assessment to aid return to work after long-term absence	49	47	43	61	54
Line managers take primary responsibility for managing absence	43	26	38	63	53
Employee assistance programmes	40	30	35	52	49
Disciplinary procedures for unacceptable absence	39	43	36	51	26
Capability procedure	39	40	30	55	40
Managers are trained in absence-handling	38	28	29	60	46
Restricting sick pay	38	40	39	34	39
Stress counselling	34	18	24	63	41
Leave for family circumstances (such as carer/emergency/dependant leave)	32	25	27	51	33
Rehabilitation programme	28	32	23	40	24
Tailored support for line managers (for example online support, care conference with HR)	25	21	20	43	20
Organisation focus on health and well-being	24	14	19	44	27
Nominated absence case manager/ management team	22	22	19	36	13
Health promotion	22	14	15	45	18
Offering private medical insurance	21	21	29	7	13
Specific well-being benefits targeted at preventing the causes of absence	17	10	14	27	16
Employees' absence records taken into account when considering promotion	7	7	6	11	2
Access to private GP services	7	11	8	3	3
Attendance driven by board	6	7	3	10	8
Attendance bonuses or incentives	5	8	6	1	3
Attendance record is a recruitment criterion	4	4	2	10	1

Base: 842

leave for family circumstances (Figure 5), although there has not been a corresponding decline in the effectiveness rankings of these methods. Moreover, while few include health promotion, leave for family circumstances or capability procedures among their most effective methods, return-to-work interviews are second only to occupational health involvement among organisations' most effective methods for managing long-term absence (Table 12). There have been no notable increases in the use of any of the other methods.

In addition, echoing the findings for short-term absence, manufacturing and production organisations are less likely to be using several methods compared with previous years, including: occupational health involvement, sickness absence information given to line managers, trigger mechanisms to review attendance, flexible working, changes to working patterns or environment, employee assistance programmes, disciplinary procedures

Figure 5: Changes in approaches used to manage long-term absence: 2011–16 (% of respondents)



Base: 842 (2016); 541 (2015); 482 (2014); 594 (2013); 632 (2012); 538 (2011)

for unacceptable absence, training managers in absence-handling and stress counselling.

As in previous years, risk assessments to aid return to work, rehabilitation programmes, occupational health involvement, making changes to working patterns or environment and having a nominated absence case manager/management team are more commonly used to manage long-term than short-term absence. In contrast, organisations are more likely to use leave for family circumstances, disciplinary procedures and trigger mechanisms to review attendance for short-term absence. Organisations are also more likely to report that line managers take primary responsibility for managing short-term than long-term absence.

Table 12: Most effective approaches for managing long-term absence (% of respondents citing as one of top three most effective methods)

	All organisations	Manufacturing and production	Private sector services	Public services	Non-profit sector
Occupational health involvement	41	49	31	53	50
Return-to-work interviews	30	36	34	18	28
Trigger mechanisms to review attendance	25	25	19	38	24
Line managers take primary responsibility for managing absence	20	10	17	30	24
Changes to working patterns or environment	16	13	16	13	23
Risk assessment to aid return to work after long-term absence	15	14	16	12	18
Sickness absence information given to line managers	15	14	13	14	26
Managers are trained in absence-handling	14	12	11	21	16
Flexible working	13	10	16	6	15
Restricting sick pay	12	10	13	9	12
Rehabilitation programme	11	15	10	9	12
Nominated absence case manager/ management team	11	12	10	13	6
Employee assistance programmes	8	8	9	9	6
Capability procedure	8	14	6	6	7
Tailored support for line managers (for example online support, care conference with HR)	7	8	6	10	5
Disciplinary procedures for unacceptable absence	7	4	9	8	1
Offering private medical insurance	6	8	9	0	4
Stress counselling	4	1	3	6	5
Organisation focus on health and well-being	4	1	4	7	3
Leave for family circumstances (such as carer/emergency/dependant leave)	3	1	4	3	4
Specific well-being benefits targeted at preventing the causes of absence	1	0	2	1	2
Health promotion	1	1	1	2	1
Employees' absence records taken into account when considering promotion	1	0	1	1	0
Attendance driven by board	1	1	1	1	0
Attendance bonuses or incentives	0	2	0	0	0

Base: 837

In line with findings on managing short-term absence, the public sector is far more active in managing long-term absence compared with their private sector counterparts (Table 11). They are more likely to be using most of the methods listed in Table 11, although, as with short-term absence, they are less likely than the private sector to offer private medical insurance and attendance bonuses or incentives. Nevertheless, while public sector organisations are less likely than those in the private sector to restrict sick pay for short-term absence, there is a much smaller (and non-significant) sector difference in the proportion that restrict sick pay to manage long-term absence.

Most effective approaches for managing long-term absence

Organisations are more divided in their views regarding which approaches are most effective for managing long-term absence compared with short-term absence. As in previous years, the top-ranking method for most effectively managing long-term absence is occupational health involvement (Table 12). Return-to-work interviews and trigger mechanisms to review attendance also remain among the most commonly used and most effective methods, although the private sector is particularly likely to rank return-to-work interviews among their most effective methods and the public sector is more likely to include trigger mechanisms.

As with short-term absence, more organisations this year include giving line managers primary responsibility for managing absence (2016: 20%; 2015: 11%; 2014: 12%) and giving sickness absence information to line managers (2016: 15%; 2015: 7%; 2014: 11%) among their most effective methods for managing long-term absence.

Seeking advice on absence management

A new question this year asked respondents where their organisation typically goes when they need external advice or guidance on absence management. Just 18% of respondents (30% of those from organisations with fewer than 50 employees) report their organisation has never needed external advice or guidance on absence management. Half report they typically go to an external occupational health service, while a quarter turn to public and/or voluntary sector organisations (for example Acas, HSE, Mind) and a similar proportion use solicitors. Just under a fifth tend to use HR consultants (19%) or professional membership bodies (18%), while 13% typically go to a healthcare provider (4% of the public sector[12]).

Small organisations (fewer than 50 employees) are less likely to go to an external occupational health service (22% compared with 57% of larger organisations).[13] They are more likely to turn to an HR consultant (35% compared with 15% of larger organisations).[14]

'Organisations are more divided in their views regarding which approaches are most effective for managing long-term absence compared with short-term absence.'

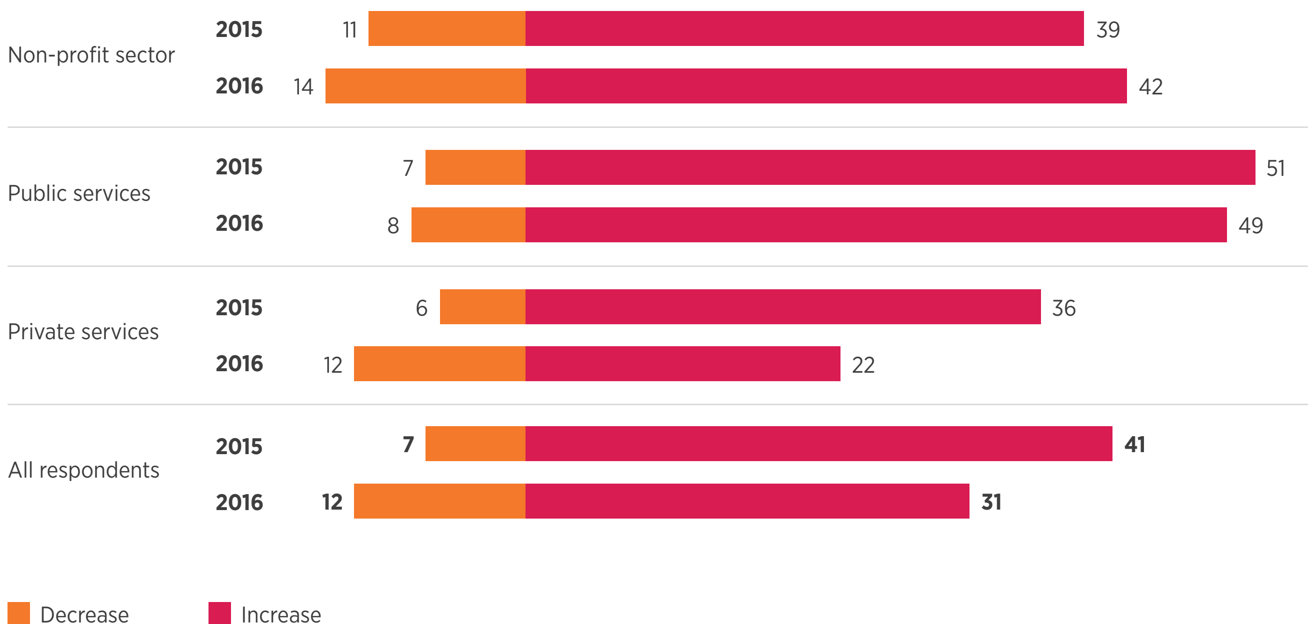
Work-related stress and mental health

Nearly a third of organisations report an increase in stress-related absence over the past year and two-fifths a rise in reported mental health problems. Both are considerably more common in the public sector. Just over three-fifths of organisations are taking steps to identify and reduce stress in the workplace and the majority are taking some action on mental health. Our findings suggest, however, that organisations tend to be more effective at supporting people with mental health problems than actively promoting good mental well-being.

'Stress is now the most common cause of long-term absence.'

Stress is now the most common cause of long-term absence and ranks the second most common cause of short-term absence after minor illness (see *Causes of absence*). Nearly a third of respondents report that stress-related absence in their organisation has increased over the past year, while just 12% report it has decreased (16% don't know). Public sector organisations are particularly likely to report stress-related absence has increased (Figure 6), as are larger organisations across all sectors.[15] Nevertheless, for the private sector at least, the figures are more positive than those from last year's survey, with more organisations reporting a decrease in stress-related absence and fewer reporting an increase (Figure 6).

Figure 6: Changes in stress-related absence over the past year (% of respondents in 2015 and 2016)



Base: 761 (2016); 565 (2015)

Table 13: The causes of stress at work (top three causes, % of respondents)

	All	Manufacturing and production	Private sector services	Public services	Non-profit sector
Workloads/volume of work	55	49	56	68	41
Non-work factors – relationships/family	33	38	32	25	41
Management style	32	33	29	33	35
Non-work factors – personal illness/health issue	27	25	29	25	26
Considerable organisational change/ restructuring	26	21	19	41	35
Relationships at work	25	24	21	31	28
Pressure to meet targets	17	15	20	19	8
Long hours impacting work–life balance	15	12	21	9	13
Lack of employee support from line managers	14	20	14	8	15
Poorly managed organisational change/ restructuring	11	14	11	12	8
Non-work factors – financial concerns	7	12	8	3	8
Job insecurity	7	8	7	6	8
Lack of control over how work is carried out	7	5	7	7	8
Poorly designed jobs/poorly designed roles	4	5	5	2	5
Lack of training	3	3	5	1	4
Lack of consultation	1	1	1	1	1

Base: 730

Workload is the main cause of stress

The main causes of stress at work have changed very little over the last few years. Workload remains the most common cause, particularly in the public sector (Table 13).[16] Consistent with this, our findings show that increases in stress-related absence are more common where long working hours are the norm.[17]

The public sector is also twice as likely as their private sector counterparts to rank considerable organisational change/restructuring among their top three causes of stress at work.[18] Unlike last year, however, they are not significantly more likely than respondents from other sectors to include poorly managed change/restructuring among their top causes of stress.[19]

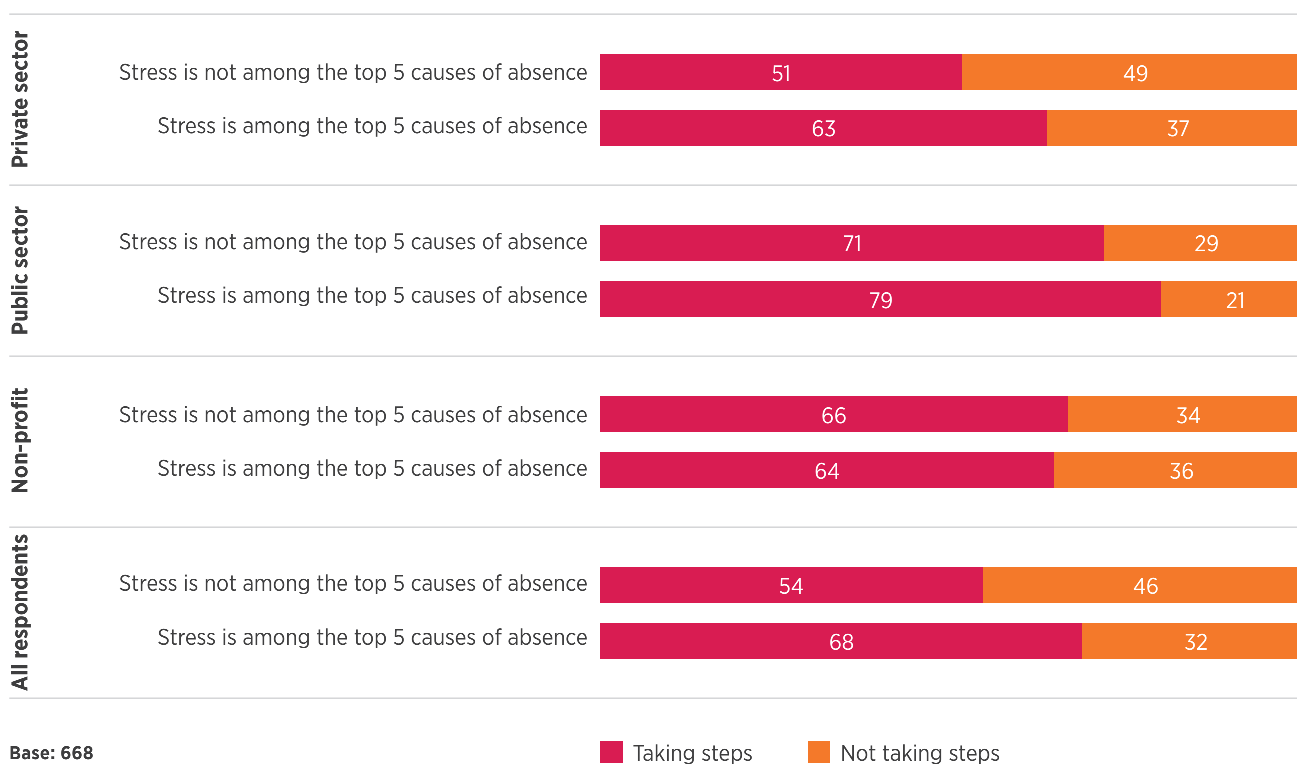
Public sector most proactive in managing stress

Just over three-fifths of organisations (63%) are taking steps to identify and reduce stress in the workplace, a similar proportion to previous years. The public sector is particularly proactive (78%), followed by the not-for-profit sector (65%; private sector: 57%).[20] While few organisations overall report a reduction in stress-related absence over the past year, those that are taking steps to identify and reduce stress are four times more likely to do so (19% vs. 5% of those who are not taking steps).[21]

Unlike public sector and non-profit organisations, those in the private sector are significantly more likely to take steps to identify and reduce stress if it is among their top five causes of absence (Figure 7).[22] Nevertheless, nearly two-fifths of private sector organisations that include stress in their top five causes of absence are not taking any steps to address it.

Organisations that attempt to identify and reduce stress do so using a range of methods. Staff surveys, flexible working options/ improved work–life balance and risk assessments/stress audits remain the most common methods used, followed by training for line managers to more effectively identify and manage stress in their teams. Stress management training for the whole workforce or training aimed at building personal resilience is considerably less common, particularly in the private sector (Table 14). Although public sector organisations are most likely

Figure 7: Is your organisation taking steps to identify and reduce stress in the workplace? (% of respondents)



Base: 668

Table 14: Methods used to identify and reduce stress in the workplace (% of respondents that take steps to manage stress)

	All	Manufacturing and production	Private sector services	Public services	Non-profit sector
Staff surveys	68	55	61	82	74
Flexible working options/improved work–life balance	61	39	60	66	75
Risk assessments/stress audits	56	55	40	78	62
Training for line managers to more effectively identify and manage stress in their team	52	42	51	64	43
Employee assistance programme	50	39	48	55	57
Written stress policy/guidance	32	21	24	54	29
Greater involvement of occupational health specialists	30	32	21	44	30
Training aimed at building personal resilience (such as coping techniques, mindfulness, cognitive behaviour therapy, positive psychology courses)	26	9	18	46	32
Changes in work organisation, for example job role adaptations	24	17	28	19	29
Focus groups	24	17	19	35	25
Stress management training for the whole workforce	22	11	20	31	25
Health and Safety Executive's stress management standards	17	14	10	31	19
Relaxation or exercise classes	13	2	11	21	16
Other	3	2	4	1	3

Base: 422

to provide stress management training for the whole workforce, fewer are doing so compared with previous years (2016: 31%; 2015: 41%; 2014: 51%; 2013: 49%; 2012: 47%). Generally, however, the public sector remains more proactive in their efforts to manage stress and is more likely than other sectors to use most of the methods listed in Table 14.

Managing mental health

Overall, two-fifths (41%)[23] of respondents claim that reported mental health problems (such as anxiety and depression) have increased among employees in the past 12 months, while just 8% report a decrease. The public sector is twice as likely as the private to report an increase (Table 15).[24] In addition, larger organisations within each sector is particularly likely to report an increase (Table 15).[25] However, the proportion of large private sector organisations (more than 1,000 employees) reporting an increase in reported mental health problems has fallen compared with previous years (2016: 47%; 2015: 62%; 2014: 60%).

Increases in reported mental health problems are strongly related to increases in stress-related absence.[26] As with stress, increases in mental health problems are somewhat related to a long hours' culture and a lesser focus on well-being.[27]

A third have a policy that covers mental health

Only a very small minority of organisations (5%) have a standalone employee mental health policy, although a further 29% include mental health as part of another policy and 12% report that while they don't currently have a policy, they are developing one (Figure 8). Public sector organisations are nearly twice as likely to have a policy that incorporates employee mental health compared with their private sector counterparts. In the private sector, organisations are more likely to have, or to be developing, a policy if they have seen an increase in reported mental health problems over the past year (50% compared with 36% of those who haven't seen an increase).[28]

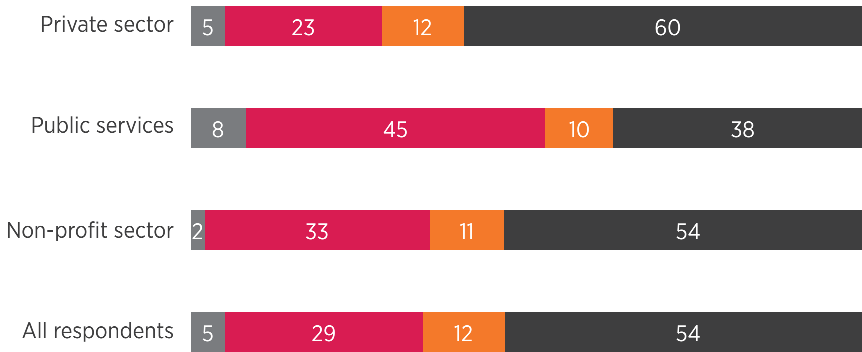
'As with stress, increases in mental health problems are somewhat related to a long hours' culture and a lesser focus on well-being.'

Table 15: Have you seen a change in the number of reported common mental health problems, such as anxiety and depression, among employees in the last 12 months? (%)

	Yes, an increase	Yes, a decrease	No
All respondents	**41**	**8**	**52**
Private sector	32	8	60
Public services	65	9	26
Non-profit sector	43	6	51
No. of UK employees			
1–49	20	7	73
50–249	35	9	56
250–999	48	8	45
1,000–4,999	62	10	28
5,000+	73	4	23

Base: 648

Figure 8: Does your organisation have an employee mental health policy? (% of respondents)



Base: 713

'More than half of respondents agree that their organisation is effective at supporting people with mental health problems.'

Most take some action to promote or support mental health

Most organisations, particularly those in the public and non-profit sectors, are taking some action to promote good mental health and/or support employees with mental health problems (Table 16). Private sector organisations are more likely to be taking action if they have experienced an increase in reported mental health problems over the last 12 months (86% vs. 73% of those who have not experienced an increase).[29] In addition, larger organisations (within all sectors) are also more likely to be taking action.[30]

As in previous years, the methods most commonly used to promote and support mental health are flexible working options/improved work–life balance, employee assistance programmes and counselling. Both employee assistance programmes and counselling, along with greater involvement of occupational health specialists, are particularly common in larger organisations.[31]

Organisations are better at providing support than actively promoting good mental health

More than half of respondents agree that their organisation is effective at supporting people with mental health problems but just two-fifths believe their organisation actively promotes good mental well-being (Figure 9). Moreover, while considerably more respondents agree than disagree that their organisation is effective at supporting people with mental health problems, views are more mixed regarding whether senior leaders support the organisation's focus on mental well-being through their actions and behaviours and respondents are twice as likely to disagree than agree that managers are confident and competent to spot the early warning signs of poor mental health. Two-fifths also disagree that staff are well informed about common mental health risks and symptoms.

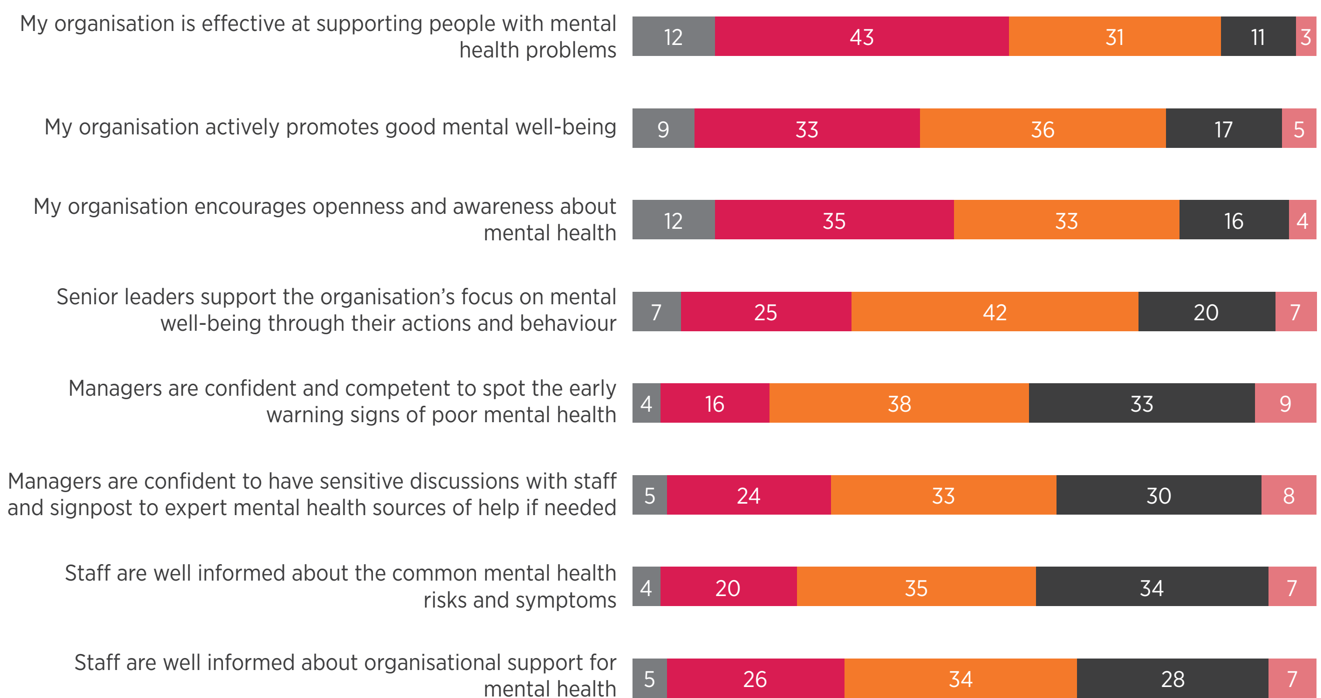
Respondents from the public sector are most likely to agree that their organisation actively promotes good mental well-being, encourages openness and awareness about mental health,

Table 16: Efforts to support employees with mental health problems (% of respondents)

	All respondents	Manufacturing and production	Private sector services	Public services	Non-profit sector
Flexible working options/improved work–life balance	52	36	51	65	56
Employee assistance programme	47	36	45	52	55
Counselling service	43	27	29	73	57
Greater involvement of occupational health specialists	32	34	21	49	39
We are increasing awareness of mental health issues across the workforce as a whole	31	14	24	59	32
We provide training for managers to more effectively manage and support staff with mental health problems	22	13	18	38	22
Tailored support or mentoring for managers when required	22	18	20	28	23
Training aimed at building personal resilience (such as coping techniques, mindfulness, cognitive behaviour therapy, positive psychology courses)	16	5	11	34	19
Sustained support for long-term mental health conditions	15	12	10	28	13
Mental health champions	6	2	2	17	4
Other	3	4	3	1	7
We are not taking any action	17	27	20	7	8

Base: 719

Figure 9: Organisational support and promotion of mental health (% of respondents)

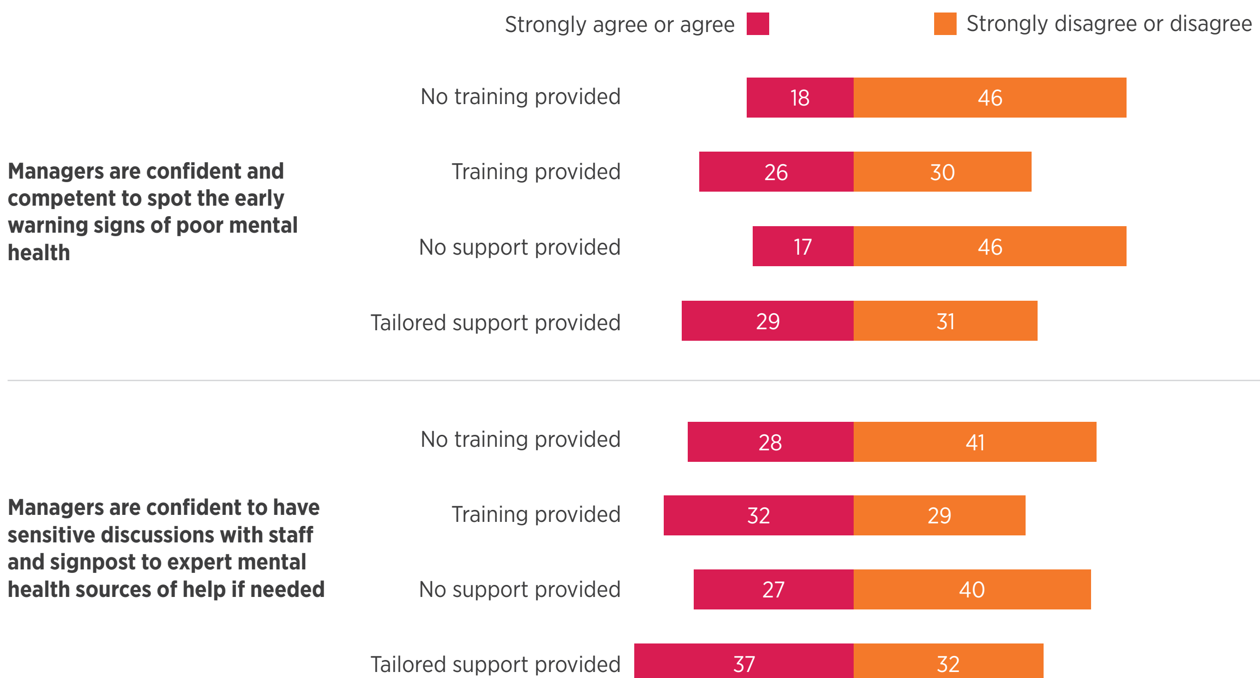


that senior leaders support the organisation's focus on mental well-being and that staff are well informed about mental health risks and organisational support (Table 17). Manufacturing and production organisations appear to be least proactive and supportive, with more than half disagreeing that managers are confident and competent to spot the early warning signs of poor mental health or that staff are well informed about risks and organisational support.

Across all sectors, respondents from organisations with a mental health policy (either standalone or as part of another policy) are more positive than those without a policy regarding how effective their organisation is at supporting and promoting good mental health and awareness, the support of senior leaders, the competence of managers to spot the early warning signs of poor mental health and how well informed staff are about mental health issues.[32]

Having a mental health policy does not, however, have any apparent impact on the confidence of managers to discuss mental health issues with staff. Further analysis shows that 60% of organisations with a policy on mental health do not provide mental health training for managers and just 31% of those with a policy provide tailored support or mentoring for managers when required. Respondents from organisations that do provide such training and support have more faith in their managers' confidence and competence to identify and manage mental health issues (Figure 10). Nevertheless, even among those that do provide training, less than a third agree managers are confident and competent to identify and manage mental health issues. Similarly, less than two-fifths of those that provide managers with tailored support or mentoring agree managers are confident and competent to identify and manage mental health issues. These findings highlight the importance of reviewing and evaluating training and support efforts.

Figure 10: Confidence and competence of managers to identify and support mental health issues (% of respondents)



Base: 711

Table 17: Organisational support and promotion of mental health, by sector (% of respondents)

	Manufacturing and production		Private sector services		Public services		Non-profit sector	
	Strongly disagree or disagree	Strongly agree or agree	Strongly disagree or disagree	Strongly agree or agree	Strongly disagree or disagree	Strongly agree or agree	Strongly disagree or disagree	Strongly agree or agree
My organisation is effective at supporting people with mental health problems	18	53	13	53	13	61	14	53
My organisation actively promotes good mental well-being	37	27	22	40	13	63	19	37
My organisation encourages openess and awareness about mental health	32	31	20	44	14	65	16	50
Senior leaders support the organisations' focus on mental well-being through their actions and behaviour	37	21	26	29	21	43	26	34
Managers are confident and competent to spot the early warning signs of poor mental health	51	13	41	21	42	21	37	21
Managers are confident to have sensitive discussions with staff and signpost to expert mental health sources of help if needed	37	23	37	31	42	26	37	35
Staff are well informed about the common mental health risks and symptoms	60	12	43	24	30	32	31	27
Staff are well informed about organisational support for mental health	53	16	37	27	22	46	27	38

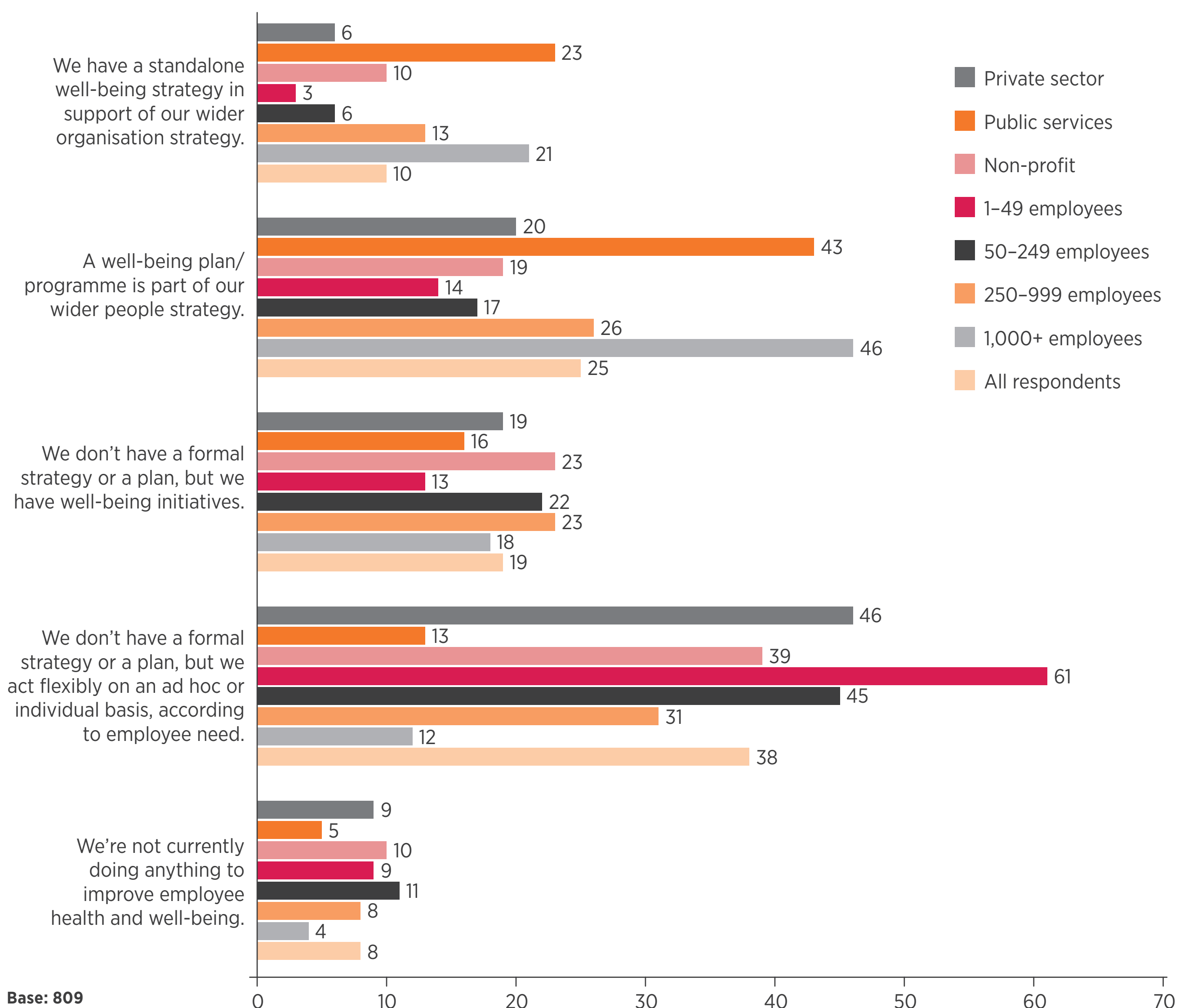
Base: 740

Employee well-being

Most organisations make some effort to improve employee health and well-being, although just a third have a formal well-being strategy or plan and organisations vary considerably in how actively they promote well-being. 'Presenteeism' (people coming to work when unwell) remains a common issue, particularly in organisations where long working hours are the norm. Nearly half of organisations have increased their focus on well-being over the last year and nearly two-fifths have increased their well-being spend over the same period. Only a minority, however, evaluate the impact of their investment.

One in ten organisations have a standalone well-being strategy in support of their wider organisation strategy, while a further 25% have a well-being plan/programme as part of a wider people strategy (Figure 11). Larger organisations are more likely to have formal well-being strategies or plans/programmes while smaller organisations are more likely to act flexibly on an ad hoc basis.[33] In addition, public

Figure 11: Formal well-being strategies by size and sector (% of respondents)



Base: 809

sector organisations are particularly likely to have formal well-being strategies or plans/programmes.[34] Moreover, our findings show an increase in the proportion of public sector organisations with a well-being strategy, plan or programme compared with last year (66% compared with 51% in 2015). Just 8% of organisations are not currently doing anything to improve employee health and well-being.

More organisations have made changes to their well-being approach

Organisations with a well-being strategy, plan/programme or initiatives are most likely to have made changes to their approach over the last 12 months, although more than half of those who just act flexibly on an ad hoc basis had also made one or more of the changes listed in Table 18. Improving communications to staff about the well-being benefits on offer and how to access them remains the most common change made, but a considerably higher proportion report they made this change over the last 12 months compared with the previous year (2016: 66%; 2015: 48%). Other changes, while less common overall, had also increased compared with our findings from 2015 (Table 18).

Well-being benefits

Most respondents report their organisation provides one or more well-being benefit to all employees (Table 19). As in previous years, access to counselling services and employee assistance programmes are the most common well-being benefits on offer.

Nearly three-quarters (74%) of organisations offer some sort of health promotion benefit. The most common initiatives include advice on healthy eating, subsidised gym membership (back up to previous levels after a dip last year) and health screening. There has been a small increase in the proportion of organisations offering the practice of mindfulness to all employees (20% compared with 13% in 2015), particularly in the public sector (46% compared with 26% in 2015). Otherwise there have been few overall changes in the well-being benefits on offer.

As in previous years, three-fifths of organisations offer some sort of insurance or protection initiatives, at least to some groups of staff. Private medical insurance remains most popular, although it is often just provided to particular groups of employees dependent on grade/seniority.

Insurance and protection initiatives, particularly private medical insurance, are considerably more common in the private sector (Table 19). In contrast, employee support initiatives (particularly counselling services) and many health promotion initiatives (particularly mindfulness, stop smoking support, advice on healthy eating and healthy canteen options) are more common in the public sector. A notable exception is the provision of free fresh fruit, which is more prevalent in the private sector.

Balancing physical health, healthy lifestyle choices and mental health

There is considerable variation in the extent to which organisations' health and well-being activity is

Table 18: Over the past 12 months, have you made any of the following changes to your well-being approach? (% of respondents)

	All respondents		We have a standalone well-being strategy or a well-being plan/ programme as part of wider people strategy.		We don't have a formal strategy or a plan, but we have well-being initiatives.		We don't have a formal strategy or a plan, but we act flexibly on an ad hoc or individual basis.	
	2016	2015	2016	2015	2016	2015	2016	2015
Improved communication to staff about the well-being benefits we offer and how to access them	64	48	84	79	73	55	41	19
Made significant changes to enhance the physical working environment to promote well-being	28	10	38	17	28	7	20	7
Introduced or revised how we monitor employee usage of offerings	24	10	37	16	27	10	12	7
Introduced or revised measures to evaluate the business benefits of individual offerings	17	5	28	10	17	5	6	2

Base: 2016: 740; 2015: 512

Table 19: Employee well-being benefits provided by employers (% of respondents)

	All respondents	Manufacturing and production	Private sector services	Public services	Non-profit sector
Employee support					
Access to counselling service					
All employees	56	41	46	81	66
Depends on grade/seniority	2	3	3	1	2
Employee assistance programme					
All employees	52	38	49	62	66
Depends on grade/seniority	2	2	2	1	2
Financial education/access to advice					
All employees	22	15	21	27	26
Depends on grade/seniority	2	1	2	3	1
Emotional intelligence training					
All employees	9	4	8	17	7
Depends on grade/seniority	5	8	6	3	2
Health promotion					
Advice on healthy eating					
All employees	34	26	29	57	28
Depends on grade/seniority	1	1	1	1	2
Subsidised gym membership					
All employees	30	26	29	35	28
Depends on grade/seniority	2	3	3	1	1
Health screening					
All employees	29	32	21	45	22
Depends on grade/seniority	9	12	12	4	6
Stop smoking support					
All employees	25	20	19	48	19
Depends on grade/seniority	1	1	1	0	1
Healthy canteen options					
All employees	24	19	19	47	10
Depends on grade/seniority	1	1	1	1	2
Free fresh fruit					
All employees	22	17	33	8	16
Depends on grade/seniority	2	1	3	1	0
Access to physiotherapy					
All employees	22	18	16	40	17
Depends on grade/seniority	2	4	4	0	1
Well-being days					
All employees	21	15	17	40	14
Depends on grade/seniority	2	2	3	1	3
Mindfulness					
All employees	20	6	14	46	19
Depends on grade/seniority	4	3	5	3	3

Table 19: continued

	All respondents	Manufacturing and production	Private sector services	Public services	Non-profit sector
Walking/pedometer initiatives					
All employees	15	4	11	28	16
Depends on grade/seniority	1	2	1	1	1
On-site massages					
All employees	12	6	12	19	7
Depends on grade/seniority	2	1	2	1	1
Relaxation or exercise classes					
All employees	12	3	8	27	9
Depends on grade/seniority	1	1	2	0	1
In-house gym					
All employees	11	7	9	25	5
Depends on grade/seniority	1	1	1	2	2
Personalised healthy living programmes					
All employees	9	9	6	16	7
Depends on grade/seniority	1	1	2	0	2
Insurance/protection initiatives					
Private medical insurance					
All employees	21	20	32	6	12
Depends on grade/seniority	26	43	32	10	11
Healthcare cash plans					
All employees	20	26	19	10	30
Depends on grade/seniority	3	5	4	3	1
Long-term disability/permanent health insurance/income protection					
All employees	15	13	22	7	3
Depends on grade/seniority	7	10	9	3	3
Group income protection					
All employees	12	11	19	2	3
Depends on grade/seniority	6	9	7	2	2
Dental illness insurance					
All employees	10	11	15	4	4
Depends on grade/seniority	6	9	8	3	2
Self-funded health plans/healthcare trust					
All employees	9	6	11	10	7
Depends on grade/seniority	3	2	5	2	1
Personal accident insurance					
All employees	9	11	12	4	5
Depends on grade/seniority	7	5	11	5	2
Critical illness insurance					
All employees	9	9	13	3	2
Depends on grade/seniority	7	9	10	3	3

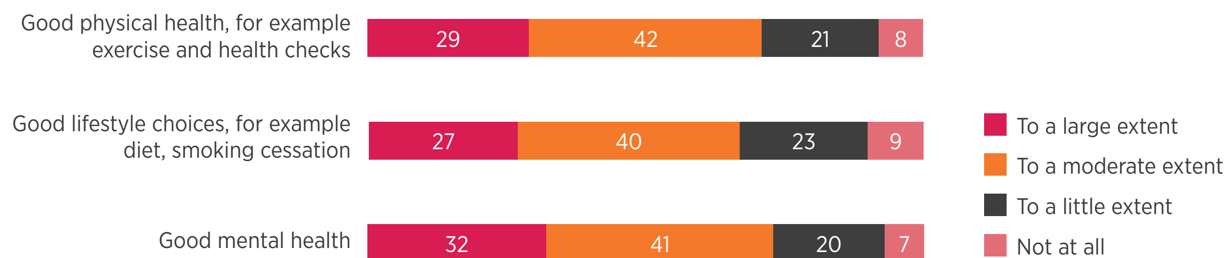
Base: 805

designed to promote good physical health, good lifestyle choices and good mental health (Figure 12). In similar findings to last year, nearly half of organisations with well-being activities focus equally on all three aspects (16% to a large extent, 21% to a moderate extent and 9% to a little extent). Five per cent report their well-being activities are not designed to promote good physical health, good lifestyle choices or good mental health at all.

Public sector organisations are most likely to report their activities focus on promoting good lifestyle choices (38% do so to a large extent compared with 23% of the private sector and 18% of non-profit organisations).[35] This corresponds with the findings above (Table 19) that show the public sector is more likely to provide such benefits as stop smoking support, advice on healthy eating and healthy canteen options.

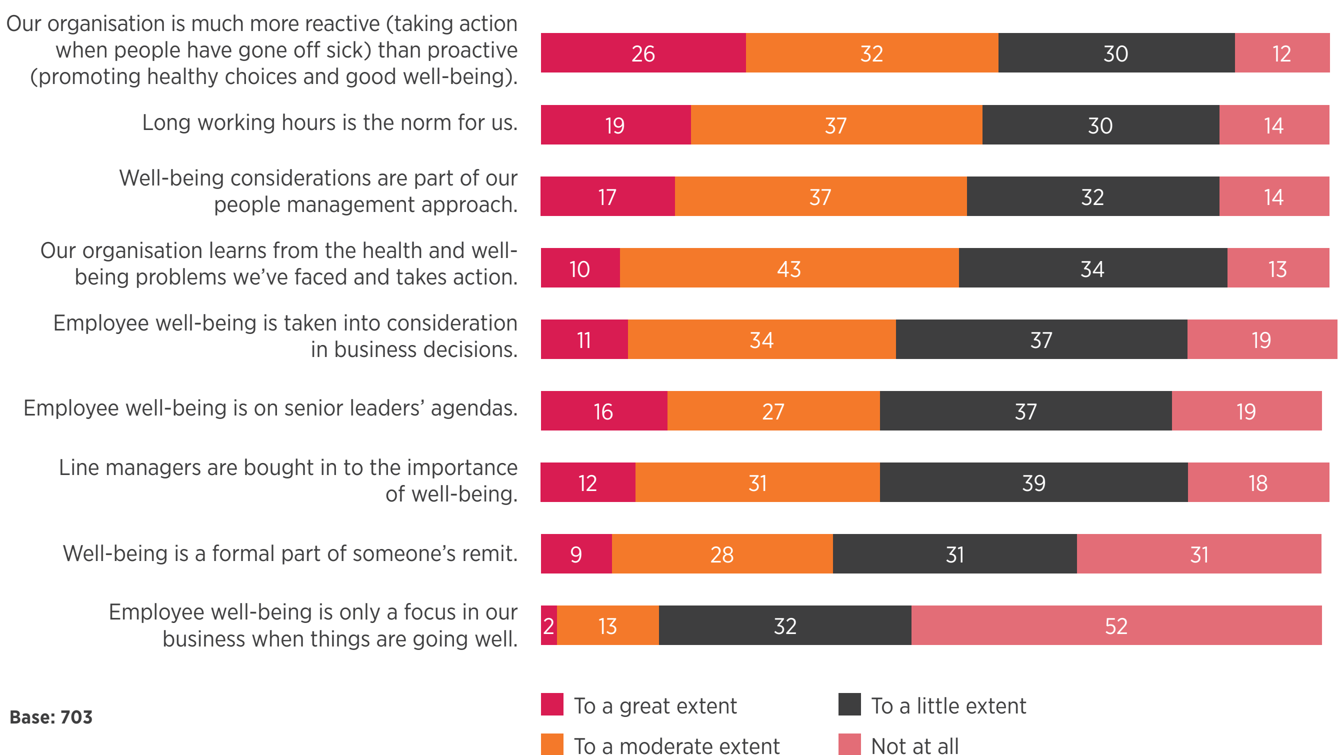
The public sector is also more likely to report their well-being activities focus on promoting good mental health (42% do so to a large extent compared with 29% of the private sector and 19% of non-profits).[36] Again sector differences in well-being activities support this, with the public sector more likely to offer access to counselling services, relaxation classes, mindfulness and well-being days (Table 19).

Figure 12: To what extent is your employee health and well-being activity designed to promote good physical health, good lifestyle choices and good mental health? (% of respondents with well-being strategies/plan/programme or initiatives)



Base: 420

Figure 13: Organisation's well-being focus (% of respondents)



Base: 703

The emphasis placed on employee well-being

Organisations are divided in the emphasis they place on well-being (Figure 13). In similar findings to last year, just over half of respondents report well-being considerations are part of their people management approach, at least to a moderate extent, while more than two-fifths report that employee well-being is taken into consideration in business decisions, employee well-being is on senior leaders' agendas and that line managers are bought into the importance of well-being (at least to a moderate extent).[37]

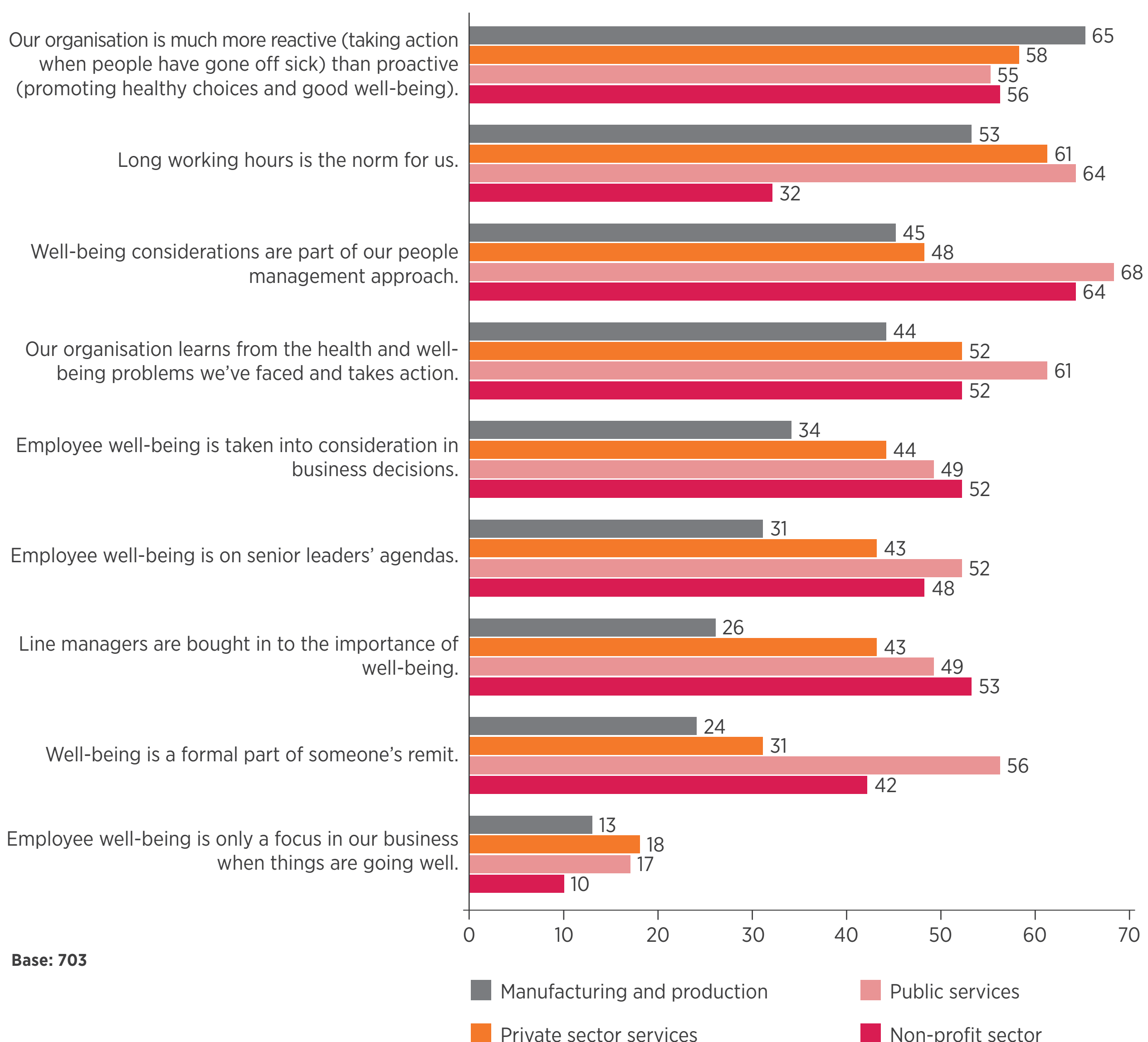
Nearly three-fifths, however, report that their organisation is much more reactive than proactive regarding well-being. While far fewer report that employee well-being is only a focus in their business when things are going well, one in six report this is the case at least to a moderate extent. In addition, a higher proportion this year report a culture of long working hours (56% report long working hours is the norm, at least to a moderate extent, compared with 43% in 2015), which, as we have seen (in *Work-related stress and mental health*) is associated with increased stress and reported stress-related absence.

The public sector and non-profit organisations tend to have the greatest focus on well-being, while manufacturing and production organisations are least proactive (Figure 14). In addition, larger organisations in the private and non-profit sectors are more likely to report that long working hours are the norm and less likely to report that employee well-being is taken into consideration in business decisions.[38]

Increasing focus on well-being

Nearly half of respondents (46%) report their organisation's focus on well-being has increased

Figure 14: Organisation's well-being focus, by sector (% of respondents that report the following apply to a large or moderate extent)



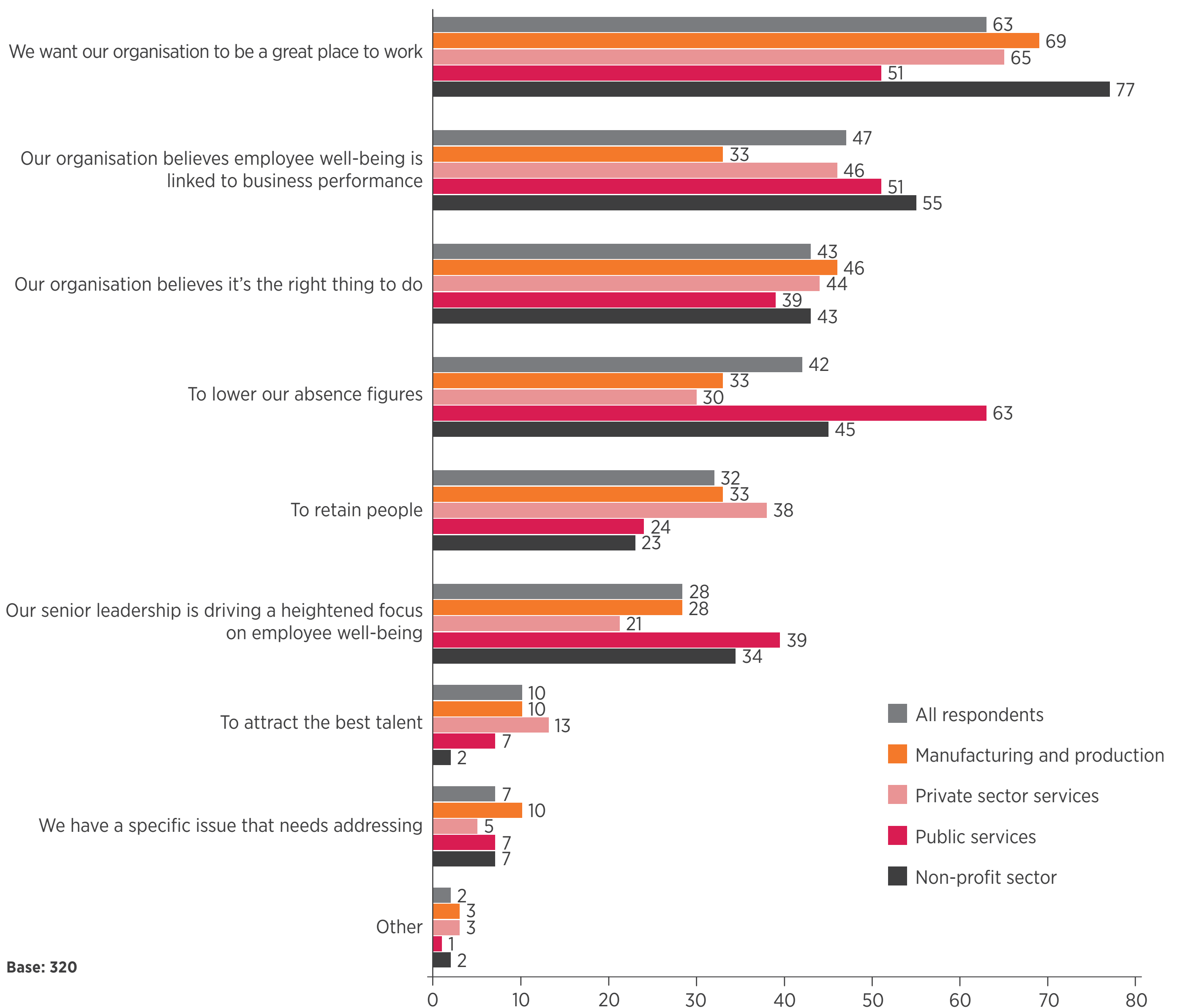
Base: 703

compared with the previous year. Just 3% report it has decreased, while 6% report they don't do anything to support staff well-being. Manufacturing and production organisations are most likely to do nothing (14%) and are less likely to report they have increased their focus (34% compared with 48% of private services, 55% of public services and 43% of non-profits).[39]

Organisations most commonly increase their focus on well-being because they want to be a great place to work (Figure 15). Nearly half report it's because the organisation believes employee well-being is linked to business performance and 43% because their organisation believes it's the right thing to do.

In the public sector, however, where absence levels are highest, the most common reason for increasing their focus on well-being is to lower their absence figures (Figure 15).[40] Along with

Figure 15: What are the most prominent reasons for your organisation's increased focus on employee well-being? (% of respondents who report an increased focus on well-being)



Base: 320

non-profit organisations they are also more likely than private sector respondents to report that their senior leadership is driving a heightened focus on employee well-being.[41] Public sector respondents are less likely than those from other sectors to report focus on well-being has increased because their organisation wants to be a great place to work.[42]

Presenteeism

Nearly three-quarters of respondents, across all sectors and sizes of organisation, report they have observed 'presenteeism' – people coming to work when unwell – within their organisations. Forty-five per cent of these report that up to a quarter of staff come to work when sick, but one in five (18%) report that more than half do (15% don't know the proportion affected). A higher proportion of people coming to work ill is associated with a culture of long working hours.[43]

Moreover, in similar findings to previous years, three in ten organisations overall (29%) report they have noticed an increase in people coming to work ill in the last 12 months (15% don't know), although this rises to two-fifths of the public sector. Organisations that focus more on well-being were somewhat less likely to report increases in presenteeism.[44]

As we've found in previous years, 'presenteeism' is associated with stress-related absence and mental health problems. More than half of those who had noticed an increase in presenteeism report an increase in stress-related absence compared with less than a third of those who hadn't.[45] They were also twice as likely to report an increase in mental health problems, such as anxiety and depression (61% vs. 30%).[46]

More organisations are taking steps to discourage presenteeism

Nearly half of respondents (48%) report their organisation has taken steps to discourage 'presenteeism' over the last 12 months, a considerable increase on previous years (2015: 31%; 2014: 32%; 2013: 34%). Smaller organisations are somewhat more likely to have taken action (fewer than 250 employees: 54%; 250–999 employees: 41%; 1,000+ employees: 35%).[47] Those who had noticed an increase in presenteeism over the last 12 months are not more likely to have taken steps to discourage it, nor is taking action related to the proportion of employees that come to work ill.

While presenteeism is a common issue, most respondents across all sectors and sizes of organisations report that, on the whole, employees do use their yearly holiday entitlement. Just 8% report they don't, while 2% don't know. The vast majority of organisations (87%) encourage or remind people to use their holiday entitlement.

Well-being spend

Nearly two-fifths (37%) of organisations that invest in well-being (and are able to provide information on changes in expenditure) report their well-being spend has increased this year. Just 5% report it has decreased, with no significant differences across sectors or sizes of organisation. Changes in spending are significantly related to changes in well-being focus: 62% of those who report their organisation's focus on well-being increased this year compared with last also note an increase in spending over this period, while 88% of those who report a decrease in focus also report a decrease in spending.[48]

Looking forward, slightly more organisations anticipate an increase in well-being spend in 2017 (46% anticipate an increase, 4% a decrease). Those that have seen increases this year are more likely to predict further increases in 2016.

Few evaluate the impact of their spend

In similar findings to previous years, just one in six of those who invest in employee well-being evaluate the impact of their spend (2016: 17%; 2015: 14%; 2014: 21%; 2013: 18%; 2012: 23%). Fifty-five per cent report they don't, while 28% don't know. Consistent with last year's findings, organisations that have a formal well-being strategy or plan are most likely to evaluate impact (29% compared with 17% of those who don't have a formal strategy but have well-being initiatives and 6% of those who act flexibly on an individual basis).[49] Neither organisation size nor sector have a significant impact once this is taken into account.

Just 8% of respondents overall (15% of the public sector) report their organisation links well-being metrics with organisation performance metrics. Nearly three-quarters report they don't, while 18% don't know if they do or not.

Conclusions

'A higher proportion of organisations this year (nearly three-fifths overall) report that long working hours are the norm.'

The reduction in the average level of absence recorded this year is particularly positive given the record level of employment over this period. Studies have often associated reduced levels of absence with higher levels of unemployment.[50] To conclude, we consider what has changed in policy and practice that may have contributed to the reduction in average absence as well as more concerning trends. Finally, we consider how organisations can move forward to make ongoing and sustainable improvements in absence and well-being.

What has changed in terms of policy and practice?

No change in absence data collection

In similar findings to previous years, almost all organisations have a written absence/attendance management policy and the majority collect absence data.

Fewer methods are used to manage absence

Similarly, there has not been any notable increase in the methods organisations use to manage absence. On the contrary, we have seen a notable reduction in the range of approaches organisations across all sectors (but particularly in manufacturing and production) are using to manage absence. Fewer organisations are using return-to-work interviews, risk assessments to aid return to work, capability procedures or health promotion to manage long-term absence and fewer are providing leave for family circumstances to manage short- or long-term absence.

More changes to well-being approach

Neither have there been any notable changes in the well-being benefits on offer, with the exception of a small increase in the proportion of organisations offering mindfulness. However, nearly half report their organisation's focus on well-being has increased. Compared with last year, a higher proportion report that over the last 12 months they have improved communication to staff about the well-being benefits on offer, made significant changes to enhance the physical working environment to promote well-being, introduced or revised how they monitor employee usage of offerings and introduced or revised measures to evaluate the business benefits of individual offerings.

Greater focus on addressing 'presenteeism'

Our findings also show a considerable increase in the proportion of respondents that report their organisation has taken steps to discourage 'presenteeism' over the last 12 months. Employees coming to work ill can have a negative impact on productivity as well as health.

More concerning trends

Increasing long-hours culture

A higher proportion of organisations this year (nearly three-fifths overall) report that long working hours are the norm, consistent with recent findings from the TUC that the number of people working excessive hours has risen by 15% since 2010.[51] This is a worrying trend given

our findings that workload is the most common cause of stress-related absence and that a long-hours culture is also associated with increases in reported mental health problems.

Decline in leave for family circumstances

Fewer organisations this year report they provide leave for family circumstances, although home/family/carer responsibilities remain among the most common causes of short- and long-term absence. There is also a danger that, without adequate support, carers will feel forced out of work. An online poll from Carers UK found that over 2 million people have given up work to care for a loved one.[52] Currently one in nine of the UK's workforce provide care for a relative or dependant and experts predict that numbers will rise significantly.[53] Monitoring the caring responsibilities of employees and finding ways to support working carers is a growing imperative if organisations are to avoid losing productive staff.

Looking forward

The reduction in average absence this year and the increased focus on employee well-being is encouraging, as are our findings of an, albeit small, increase in the proportion of private sector organisations reporting a decrease in stress-related absence this year. Nevertheless, stress and mental health problems remain among the top causes of long- and short-term absence and far more report these issues are increasing than decreasing. An increasing trend for long working hours coupled with increased uncertainty for some as the UK moves towards Brexit may put further strain on employees if organisations fail to address these issues adequately.

Most organisations attempt to manage absence and promote well-being through a range of practices and initiatives, but fewer take a more strategic or holistic approach. Just over a third, for example, have a well-being strategy or programme, while the rest have well-being initiatives or just act flexibly on an ad hoc basis. Even in the public sector, which has the widest range of initiatives for managing absence and well-being, more organisations are reported to be reactive than proactive.

Moreover, at an organisational level, the emphasis placed on attendance and well-being varies considerably. Very few report that attendance is driven by the board, even where absence management is currently the number one people management priority. Just over two-fifths report that employee well-being is taken into consideration in business decisions, that employee well-being is on senior leaders' agendas or that line managers are bought into the importance of well-being. Only a small minority link well-being metrics with wider organisation performance metrics.

These findings suggest that many would benefit from a more co-ordinated and integrated approach. As stated in the CIPD's 2016 policy report, *Growing the Health and Well-being Agenda: From first steps to full potential*, which presents a framework for a healthy workplace, a well-being culture and environment requires the commitment of senior leaders and managers. Initiatives to get people back to work will be short lived if their working environment does not support health and well-being, particularly where stress and mental health problems are common. Managers, who often

> *'Most organisations attempt to manage absence and promote well-being through a range of practices and initiatives, but fewer take a more strategic or holistic approach.'*

have responsibility for managing absence, also need to be equipped with the confidence and competence to manage absence and spot early warning signs of ill health.

This year's survey findings suggest more organisations are realising the critical role of line managers in managing absence, but fewer are providing the support and training to them to do so most effectively. More organisations this year said that giving line managers primary responsibility for managing absence and giving sickness absence information to line managers are in their top three most effective approaches for managing absence. Yet fewer employers than last year said they are training managers in absence-handling, and there has also been a decrease in the proportion of organisations providing tailored support for line managers. Given the wide research evidence base about the importance of the line manager role in creating a great place to work, this misalignment needs to be addressed.

As the UK prepares for Brexit, organisations (particularly those with high levels of migrant workers or those that plan to relocate) will need to be mindful of the impact of uncertainty and change on employees' well-being and ensure appropriate guidance and support is available. Our latest *Labour Market Outlook*[54] reports that many employers expect Brexit to have a significant negative impact on costs and business investment decisions. Where this creates uncertainty or additional strain on employees, the impetus for a strong focus on well-being will increase. At the same time, resource pressures may intensify the requirement to make a strong business case for support. Understanding the costs and causes of absence and presenteeism and demonstrating the business benefits of existing initiatives can help garner support for appropriate investments in health and well-being, not only to improve productivity through reducing absence, but also through creating a healthy place to work that attracts talent, improves retention and fosters engagement.

Background to the survey

This is the seventeenth annual CIPD *Absence Management* survey. It explores absence management trends, policy and practice in the UK. The survey was completed by 1,091 respondents in July 2016.

The survey consists of 38 questions completed through an online self-completion questionnaire. Many questions remain the same as previous years, to provide useful benchmarking data on topics including absence levels, causes and costs, as well as how organisations attempt to manage absence. This year we also include new questions on the priority given to absence management compared with other people management issues and where organisations go for advice on absence management. We also examine in more detail the issue of presenteeism and organisations' policies and support for good mental well-being.

Sample profile

As in previous years, most respondents (84%) answered the questions in relation to their whole company/organisation, while 12% answered in relation to a single site and 3% in relation to a single division. A minority responded for a region or multiple sites but not the whole organisation.

Respondents come from organisations of all sizes. Medium-sized organisations are particularly well represented (Table A1).

Forty-six per cent of respondents work in private sector services, 17% in manufacturing and production, 23% in the public sector and 13% in voluntary, community and not-for-profit organisations (referred to in the report as 'non-profit organisations'), in a similar distribution to previous years (Table A2).

Note on abbreviations, statistics and figures used

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

'The private sector' is used to describe organisations from manufacturing and production and private sector services. These two groups are combined for reporting purposes where there are no significant differences between their responses.

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 median is used in cases where the distribution is significantly skewed and the 5% trimmed mean where there are some extreme outliers. 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. When the median or 5% trimmed mean is used it is noted.

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

Different statistical tests have been used, depending on the type of analysis and the measures

Table A1: Number of people employed in respondent's organisations (% of respondents reporting for whole organisation)

	2016	2015	2014	2013	2012	2011	2010
Fewer than 50	18	18	14	13	6	12	6
50–249	34	38	37	38	34	30	28
250–999	19	22	21	22	31	28	35
1,000–4,999	14	13	15	14	19	18	16
More than 5,000	15	10	13	13	10	11	15

Base: 912 (2016); 467 (2015); 413 (2014); 499 (2013); 592 (2012); 579 (2011); 429 (2010)

Table A2: Distribution of responses, by sector

	Number of respondents	%
Manufacturing and production	**186**	**17**
Agriculture and forestry	3	0
Chemicals, pharmaceuticals and oils	15	1
Construction	12	1
Electricity, gas and water	8	1
Engineering, electronics and metals	44	4
Food, drink and tobacco	29	3
General manufacturing	8	1
Mining and quarrying	3	0
Paper and printing	9	1
Textiles	4	0
Other manufacturing/production	51	5
Private sector services	**503**	**46**
Professional services (accountancy, advertising, consultancy, legal, etc)	111	10
Finance, insurance and real estate	65	6
Hotels, catering and leisure	35	3
IT services	36	3
Communications	17	2
Media (broadcasting and publishing, etc)	14	1
Retail and wholesale	50	5
Transport, distribution and storage	35	3
Call centres	9	1
Other private services	131	12
Public services	**255**	**23**
Education	62	6
Central government	27	2
Local government	60	5
Health	61	6
Other public services	45	4
Voluntary, community and not-for-profit (‘non-profit organisations’)	**147**	**13**
Housing association	26	2
Charity services	54	5
Care services	29	3
Other voluntary	38	3

Base: 1,091

used in the questionnaire, to examine whether differences between groups are significantly different than could be expected by chance and to examine associations between measures. Non-parametric tests are used where the data did not meet the requirements of parametric equivalents. Tests used include Chi-Square ($\chi 2$) and Spearman’s rho (rs). We report on statistics at the generally accepted level of significance, $p<0.05$.

Further sources of information

Visit **cipd.co.uk/absencemanagementsurvey** to access related products and services and to view previous *Absence Management* survey reports and case studies.

Absence measurement and management
Read our factsheet, which provides guidance on absence policies, measuring absence levels and managing short- and long-term absence.

Acas have published an advisory booklet on how to manage attendance and employee turnover. Available at: **www.acas.org.uk**

Download the guidance produced jointly by the National Institute for Health and Clinical Excellence (NICE) and the CIPD, which offers advice to employers: *Managing Long-term Sickness Absence and Incapacity for Work*.

Well-being
Read our report *Growing the Health and Well-being Agenda: From first steps to full potential*, which builds on the research and guidance that the CIPD and others have already published, examining what a healthy workplace looks like and setting out key policy calls for employers and government.

Take a look at our well-being hub page: **cipd.co.uk/well-being** for links to thought pieces from experts and leading thinkers on different well-being issues and other CIPD publications and resources on the topic.

Stress
The CIPD factsheet *Stress in the Workplace* provides advice on identifying the key indicators of stress and outlines steps that people management specialists can take to manage it.

Read our research insight *Preventing Stress: Promoting positive manager behaviour*. This report is the result of collaboration between the CIPD, Investors in People and the Health and Safety Executive on research into management competencies for preventing and reducing stress at work. Case studies are included of organisations that have implemented the findings from previous stages of the research.

Developing Resilience: An evidence-based guide for practitioners provides a thorough review of the available evidence about how to develop resilience at individual and organisational level.

Mental health
The CIPD factsheet *Mental Health in the Workplace* considers how employers can support employee mental health at work and the importance of incorporating mental health considerations into a wider employee well-being policy.

Managing and Supporting Mental Health at Work: Disclosure tools for managers, produced by the CIPD and Mind, contains information, practical advice and templates to help managers facilitate conversations about stress and mental health problems, and put in place support so employees can stay well and in work.

Read our survey report *Employee Outlook: Focus on mental health in the workplace 2016*, which examines the impact of poor mental health on performance in the workplace and highlights why mental health in the workplace is an issue that employers cannot afford to ignore.

Health and safety
The CIPD factsheet *Health and Well-being at Work* gives introductory guidance on employers' duties to provide a safe and healthy working environment. It introduces the law on health and safety at work and outlines employers' obligations.

Occupational health
Take a look at our factsheet *Occupational Health*.

Flexible working
Read our survey report *Flexible Working Provision and Uptake*, which discusses the types of flexible arrangements employers adopt, the benefits of offering flexible working and the typical barriers faced.

Endnotes

1 2015: 87%; 2014: 76%; 2013: 81%; 2012: 82%; 2011: 81%.

2 χ^2=42.6, df=3, p<0.001, n=1,044.

3 Four per cent of organisations report that 10% or more of working time was lost to absence.

4 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.

5 rs =0.46, p<0.001, n=732.

6 Size of organisation: rs =0.31, p<0.001, n=728; Sector: χ^2=44.1, df=3, p<0.001, n=733.

7 Twenty-one per cent of those that use flexible working report illegitimate absence is a major cause of short-term absence compared with 30% of those that don't use flexible working: χ^2=9.3 with continuity correction, df=1, p<0.01, n=879; 20% of those that use family leave report illegitimate absence is a major cause of short-term absence compared with 29% of those that don't use family leave: χ^2=9.3 with continuity correction, df=1, p<0.01, n=879.

8 χ^2=54.3, df=3, p<0.001, n=1,043.

9 rs =0.32, p<0.001, n=707.

10 Short-term absence 2016: 10%; 2015: 11%; 2014: 8%; 2013: 6%; long-term absence 2016: 3%; 2015: 5%; 2014: 3%; 2013: 1%.

11 Eighteen per cent of those who include absence management in their top three people management priorities have nominated absence case managers/management team compared with 8% of those who don't include absence management in their top three priorities: χ^2 =18.5 with continuity correction, df=1, p<0.001, n=874; 12% of those who include absence management in their top three people management priorities report attendance is driven by the board compared with 4% of those who don't include absence management in their top three priorities: χ^2 =20.0 with continuity correction, df=1, p<0.001, n=874.

12 χ^2 =9.9, df=3, p<0.05, n=481.

13 χ^2 = 37.4 with continuity correction, df=1, p<0.001, n=481.

14 χ^2 = 18.0 with continuity correction, df=1, p<0.001, n=481.

15 rs =0.31, p<0.001, n=636 (don't know responses excluded for this analysis).

16 χ^2 =21.6, df=3, p<0.001, n=730.

17 rs =0.17, p<0.001, n=581.

18 χ^2 =34.4, df=3, p<0.001, n=730.

19 In 2015 20% of the public sector included poorly managed change/restructuring in their top three causes of stress at work. In 2016 this fell to 12%.

20 χ^2 =21.0, df=2, p<0.001, n=682.

21 χ^2 =24.3, df=2, p<0.001, n=585.

22 χ^2 =5.9 with continuity correction, df=1, p<0.05, n=428.

23 2015: 41%; 2014: 43%; 2013: 42%; 2012: 49%; 2011: 45%; 2010: 42%, 2009: 24%. The 'don't know' responses were excluded to improve comparability across years.

24 χ^2=45.0, df=2, p<0.001, n=648.

25 rs =0.33, p<0.001, n=645.

26 rs =0.58, p<0.001, n=581.

27 Long working hours are the norm and increase in reported mental health problems: rs =0.15, p<0.001, n=580; Employee well-being is taken into consideration in business decisions and increase in reported mental health problems: rs =–0.14, p<0.001, n=558.

28 χ^2=9.2, df=2, p<0.05, n=402.

29 χ^2=7.5 with continuity correction, df=1, p<0.01, n=391.

30 rs =–0.20, p<0.05, n=715.

31 Number of employees and employee assistance programmes: rs =0.30, p<0.001, n=715; number of employees and counselling: rs =0.31, p<0.001, n=715; number of employees and greater involvement of occupational health specialists: rs =0.33, p<0.001, n=715.

32 My organisation is effective at supporting people with mental health problems: χ^2=30.4, df=2, p<0.001, n=702; My organisation actively promotes good mental well-being: χ^2=73.7, df=2, p<0.001, n=699; My organisation encourages openness and awareness about mental health: χ^2=45.5, df=2, p<0.001, n=695; Senior leaders support the organisation's focus on mental well-being through their actions and behaviour: χ^2=48.1, df=2, p<0.001, n=699; Managers are confident and competent to spot the early warning signs of poor mental health: χ^2=11.5, df=2, p<0.01, n=698; Staff are well informed about the common mental health risks and symptoms: χ^2=43.8, df=2, p<0.001, n=698; Staff are well informed about organisational support for mental health: χ^2=49.4, df=2, p<0.001, n=697.

33 χ^2=153.7, df=12, p<0.001, n=809.

34 χ^2=107.0, df=8, p<0.001, n=809.

35 χ^2=16.7, df=6, p<0.05, n=419.

36 χ^2=24.0, df=6, p<0.05, n=420.

37 These items are all strongly related (rs =0.57 or higher).

38 Organisation size and long working hours are the norm for us: rs =0.22, p<0.001, n=543; Organisation size and employee well-being is taken into consideration in business decisions: rs =0.16, p<0.001, n=515.

39 χ^2 = 27.3, df=9, p<0.001, n=693.

40 χ^2 = 25.2, df=3, p<0.001, n=320.

41 χ^2 = 9.5, df=3, p<0.05, n=320.

42 χ^2 = 10.1, df=3, p<0.05, n=320.

43 The extent to which long working hours is the norm and percentage of staff coming to work when they are sick: rs =0.12, $p<0.05$, n=398.

44 Increase in presenteeism and well-being considerations are part of our people management approach: rs =0.11, $p<0.05$, n=393; Increase in presenteeism and employee well-being is taken into consideration in business decisions: rs =0.12, $p<0.05$, n=389; Increase in presenteeism and employee well-being is only a focus in our business when things are going well: rs =–0.11, $p<0.05$, n=385.

45 $\chi2=15.9$, df=2, $p<0.001$, n=390.

46 $\chi2=34.4$, df=2, $p<0.001$, n=395.

47 rs =0.17, $p<0.001$, n=683.

48 Change in well-being focus this year and change in well-being spend: rs = .53, p< .001, n=512.

49 $\chi2 = 77.4$, df=4, $p<0.001$, n=674 (37% of those with a formal strategy or plan don't evaluate compared with 62% of those who don't have a formal strategy but have well-being initiatives and 70% of those who act flexibly on an individual basis; 34% of those with a formal strategy or plan don't know if they evaluate compared with 21% of those who don't have a formal strategy but have well-being initiatives and 24% of those who act flexibly on an individual basis).

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Issued: November 2016 Reference: 7389 © CIPD 2016